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about the author



Kate Cregan is the author of *Sociology of the Body: Mapping the Abstraction of Embodiment* (2006) and *The Theatre of the Body: Staging Death and Embodying Life in Early Modern London* (2009). The majority of her writing and research is based around understandings of embodiment across time, space and culture – with particular reference to medical interpretations of the body, medical technologies, and the representation of the body in images. Two of her allied interests are ethics (human,

social and research) and writing pedagogies, in particular how becoming a writer informs the process of becoming a researcher. She has extensive experience teaching and researching in the humanities and social sciences. Recently, she has co-ordinated the teaching of ethics to medical students across the five years of a medical degree and lectured in sociology at Monash University. Currently, she is co-ordinator and senior lecturer of the interdisciplinary Graduate Researchers in Print writing programme in the Faculty of Arts, Monash University, Melbourne.

introduction

The sociology of the body has, over the past two or three decades, become a recognized disciplinary sub-field within the social sciences. It influences, and is influenced by, parallel work being undertaken not only in other areas of sociology but also in cultural studies, literary studies, anthropology, politics, drama and theatre studies, nursing and allied health studies (to name but a few). This book, like the other publications in the Key Concepts series, is intended to function as a conceptual map, enabling the reader to gain a broad overview of the field, in this case the body in society. That reader is assumed, in the first instance, to be an undergraduate or postgraduate student in any of the disciplines named above. However, the book is written in a style intended to be approachable and accessible to any interested reader.

My approach to the concepts included in this book has been based on a broad survey of the field of research into the body in society. At times that means the entries may be firmly embedded in sociological traditions but they may also stray into the areas that have influenced the sociology of the body, by including a cultural and historical contextualization on given topics. The concepts covered are a combination of abstract theoretical approaches (e.g. Habitus, Discourse, Ethnicity, Feminism, etc.) and key concepts encompassed in the socially embodied effects that are underpinned by those abstract concepts (Ability/Disability, Beauty/Appearance, Clothing, Death, Gesture, etc.). There are 43 individual entries, as outlined in the table of contents, with a number of these covering paired or collocated concepts. Each entry begins with a definition of the term under discussion. This is followed by an explanatory essay that sets the term in a wider analytical and social context. Finally, a short paragraph recommending some examples of further reading, with a list of references, is supplied at the end of each essay for those interested in delving further into a given concept or issue.

What should be said from the outset is that the sociology of the body, and other studies of the body in society, is also one of the outcomes of a historical moment in social, political and cultural theory. While it appears in many theoretically informed robes, it can be shown to have roots in prior social theories. Those prehensile roots of the sociology of the body are sometimes referred to as an absent or 'implicit presence of

the body in ... classical sociology' (Shilling, 1993: 9), in the work of Marx, Weber and Durkheim. Similarly, there is an early and suggestive essay by Marcel Mauss on body techniques in which he prefigured much of the work on the sociology and anthropology of the body (Mauss, 1979). Nevertheless, the greater part of what has become the study of the body in society is in many ways the result of the interplay of a number of post-modern projects

The term post-modern appears explicitly in a number of entries (for example, see **Feminism, Queer**) but I have chosen to describe the importance of it here, rather than provide a separate entry, because it is interwoven in so many ways in the generation of the concepts covered in this book. In the discussion of a number of the specific theoretical approaches to the body in society below, reference has been made to the major shifts in thinking that began post-World War II. One of those approaches was structuralism, which was based in the anthropological theories of Claude Lévi-Strauss. This is a theoretical framework based around the formation of meaning within language, in which terms of binary opposition (see **Gender/Sex**) are said to be a central part of meaning creation across cultures. This tendency to universalism was contested, and followed by post-structuralism, which is more associated with literary criticism and Derrida's work on deconstruction. Derrida showed that individual words can contain binary oppositions that are in fact co-dependent and hierarchizing, using the example of *pharmakon*, which in Ancient Greek meant both medicating 'drug' and dangerous 'poison'. While not a sociological theory, post-structuralism and post-modern deconstruction have influenced areas of sociological study, particularly in relation to the body (see **Colonialism/Post-colonialism, Nature/Culture**). This kind of destabilization of meaning, boundaries and certainties is related to post-modern approaches to social inquiry, which in turn underpin many of the categories here. There have been several major trends in social theory that have given risen to the study of the body in society that are dealt with in detail throughout this book which are indebted to post-modern approaches (see **Cyborgs, Discourse, Feminism, Habitus, Performativity, Phenomenology, Queer**, etc.). However, for our purposes, we are concerned with how that has been reflected within the development of key concepts in the social sciences. Foucault, for example, has been identified as a post-structuralist and his work has in turn been co-opted to post-modern projects, such as Donna Haraway's (**Cyborg**) and Judith Butler's (**Performativity**).

Key thinkers in the body in society, like Bourdieu (**Habitus**) and Foucault (**Discourse**) were conducting their early research in the 1950s and the early 1960s but were not known in English until the 1970s. Nor were Ariès (**Ageing and Childhood**) and Elias (**Civilizing Processes**), although the latter in fact wrote his first major work in the 1930s. The explicit study and theorization of the body in society did not begin to take place in the social sciences until the mid-1960s and did not emerge as a recognized field of study until the late 1970s and early 1980s. The 1960s and 1970s was a period when feminism gained its second wind, gay liberation arose, civil rights movements gained prominence and deeply *embodied* issues became prominent social and political issues. Each of those movements challenged the social and political structures that allowed the proliferation of sexism, hetero-sexism and racism, respectively. The intellectual legitimation of a proliferation of world views – which is a post-modern project – made space for the re-thinking and re-theorization of a plethora of taken-for-granted social objects: one of those objects was the human body. So, while there are many ways of approaching the study of the body in society, and there are many who study the body who would reject post-modern theorizations, understanding what we might know about (the epistemology of) the human body as being contingent upon historical, social, political and cultural contexts is at least in part the outcome of the post-modern breaking down of hardened, positivist definitions.

My aim in writing this book has been to cover all the dominant, relevant themes that run through and inform the varied work around the body in society. My allied aim has been to structure the content of the book to assist the inspired reader to search out further answers, if there are any gaps I may have overlooked. All of the entries in this book relate to one or more of the other entries. To assist the reader, those inter-relationships are clearly identified using in-text cross-references within the flow of the essays, and supplementary definitions of a number of the more commonly used theoretical-conceptual terms (e.g. embodiment) are provided in the Glossary at the end of the book. Therefore, a reader who wants to gain insight into the whole field may read each entry in sequence, but the book functions equally well as a text that can be dipped into to give a clear overview on a selected topic from which the reader can move directly to one or more related entries.

Lastly, I would like to thank several cohorts of students I have taught over the past four years for helping to shape my thoughts on the content

of the book and for helping me to find the most appropriate means of expressing the ideas covered here. In particular, at Swinburne University I would like to thank the students in the *Sociology of the Body* and *Genetics and Society* in 2007–2008, and at Monash University, the students in *Global Childhoods*, the *Qualitative Research Strategies* honours class, and the *Graduate Researchers in Print* participants. My particular thanks go to Dilinie Herbert, Amber Moore, John Waugh, Denise Cuthbert and (my son) Camille Robinson for their direct input on the manuscript in its final stages.

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..... Ageing and Childhood

Definition Childhood is stage of life that can be said to be a period of growth and physical maturation. The United Nations (UN) defines childhood as the period from birth to 18 years of age (see especially the UN Convention on the Rights of the Child (1989)). This is a very broad and sometimes unworkable span of time: it doesn't necessarily fit with the lived realities of people across all social and cultural differences. The UN's intention is to protect the rights of young people who might be seen to be vulnerable because of their age, and who may not enjoy full rights under the law within a society (see also **Youth and Children**). In contrast, ageing is the process of growing older – which might occur at any stage of life although, in practice, it generally refers to the later stages of life. It is often described in terms of bodily decline (see **Death and Dying**) but it can also be seen in terms of 'positive ageing', which focuses on prolongation of the individual's physical activity and social productivity. Both the very young and the ageing or aged are implicitly, and sometimes explicitly, contrasted with the normative adult (generally a white, able-bodied male) and frequently found to be deficient in this comparison.

French social historian Philippe Ariès is famous for being the first to claim, in *Centuries of Childhood*, that childhood as we think of it in contemporary modern societies is a social and cultural invention. He argues that the concept of childhood has gradually taken shape over the past five centuries and most particularly in the past two or three. Ariès' basic argument on childhood is that, in its current form, it is a construct of bourgeois sentimentality that arose as part of the identity formation of the rising middle classes of Europe. He claims that childhood and the differentiation we would understand between infant, child, adolescent, youth, adult and aged infirmity only came into being in the seventeenth and eighteenth centuries. On the basis of representations in art and in educational manuals, Ariès argues that this evolution of childhood is observable through shifts in the positioning of games, clothing and education that are in turn related to age and social strata. So, the evolution of the idea of childhood took hold through bodily techniques: age-specific

clothing such as skirts for small boys before they could wear breeches (knee length pants); sports intended to train up a body to a specific physique and ideal of health; and education that entailed physical requirements (sitting still) and that involved physical correction when its requirements were not met (corporal punishment). The intertwining of these techniques marked out, using Bourdieu's terms, the *habitus* of childhood (see **Habitus**). Foucault, in *Discipline and Punish*, also placed a great emphasis on the controlling nature of education in bringing young bodies into docile agreement with the forces that work through educational institutions, although the focus of his study was on the effects of diffuse power (see **Power**) and its endpoint in adulthood rather than infancy and childhood. Nevertheless, both Foucault and Ariès saw the training up of the young by physical means – whether through sport, manners, or classroom discipline – as being of central importance.

Using medieval and early modern illustrations in support of his thesis, Ariès argues that the major physical differentiations between life-stages are respectively between the infant in the cradle and the neophyte-adult; and the aged and the bed-ridden (imbecilic) infirm who have returned to an infant-like state. The illustrations he provides track life-stages through embodied changes but do not include a period that is recognizable as 'childhood'. First came infancy, followed by a remarkably extended youth or the prime of life, and eventually old age. As he describes it, the idea of adolescence – a period in which one became a social being – did not exist. Rather, '[t]he idea of childhood was bound up with the idea of dependence: the words "sons", "varlets" and "boys" were also words in the vocabulary of feudal subordination' (1962: 26). So, conversely, a 'lad' or 'boy' could be in his twenties. (We can see that the latter term of subordination continued to be used well into the twentieth century, as applied pejoratively to adult African-American males.) Small children, Ariès argues, were considered unimportant because they were likely to die: recognition only came with the likelihood of survival. The shift towards the invention of a sentimentalized childhood is evident in the inclusion of infants in funerary monuments and family portraiture in the seventeenth century (1962: 46–7).

Subsequent historians have criticized Ariès' evidence for his claims and it is quite true that what appears in art or an educational manual is not necessarily good evidence of lived realities. Representations almost always serve other purposes than simply to reflect reality (see **Media and Representation**), and educational manuals might be said to hold up an

ideal rather than be sound evidence of the actual behaviour of children. It is also demonstrably untrue that infants were considered unimportant, both from the evidence of literary sources (memorial poetry) and from legal statutes for the prosecution of crimes such as infanticide. However, few deny his general thesis that our understanding of childhood has changed over time, as has our expectation of what is and isn't appropriate in the treatment of children. Up until at least the seventeenth century, seven was considered the age of rational thought in Western Europe and it was from this age onwards that children might be sent into other households as apprentices, or indentured servants, or, when a little older, into the military forces such as the navy.

Indeed, what Ariès started has flowed outward to many other disciplines and is particularly important in understanding the cultural specificity of ideas of childhood, such as those upheld in the United Nations (UN) Convention on the Rights of the Child (1989) and in the International Labour Organization's (ILO) *Convention on the Worst Forms of Child Labour* (1999). In such documents the UN explicitly and implicitly promotes an idea of childhood as a time of innocence and vulnerability, which is a historically and culturally contingent construction that is not necessarily appropriate or helpful in situations where people under the age of 18 can be shown to be agents in control of their lives. The young in Europe were once considered to have the ability to take all that life offered or required of them from a much earlier age than we are inclined to think of now, much as children in developing countries might be active and productive contributors to the family economy today. However, the UN and ILO have shown some understanding of the ability (and need) of children in developing contexts to combine forms of employment with gaining education. (See also **Youth and Children**)

The body in society is not static; it changes over time and can be perceived differently in different contexts (cultural, spatial and experiential). The body is interpreted or experienced at either an individual or social level. This becomes clear in discussions in many of the sections in the current book (for example, **Appearance and Beauty**, **Difference**, **Queer**). When we consider childhood and ageing, these life-stages each bring up particular ways in which power is exerted, autonomy is questioned and control is sought over the body at these times in our lives. Childhood and ageing are the periods in our lives when our bodily capacities are generally considered to be less competent than the 'normative body' that is expected of the life-stages in between: although the

‘normative body’ is a fiction that quickly falls apart in relation to many of the concepts discussed in other sections of this book (see **Colonialism/Post-colonialism, Difference, Disability/Ability**).

Both childhood and ageing are embodied *processes*. In ageing, at an individual level that process may involve loss of embodied capacities and competencies, either physical or mental, to a greater or lesser degree. Ageing is generally recognized by and through the physical changes that happen to the human body over time such as changes to the quality of the skin and hair, the diminishing capacity to maintain a desired body shape and the gradual degeneration of the major systems of the body (vascular, muscular, skeletal and nervous). Ageing, as understood at a social level, is subject to a range of discourses on ageing (see **Discourse**) that become part of the shaping of an ageing person’s identity (Hepworth, 2000). In the developed world those discourses are largely concerned with aesthetics (Twigg, 2006), medical implications and government responsibilities.

In the developed world, these physical signs of ageing are often seen as something to avoid or overcome (Blaikie, 1999; Featherstone and Wernick, 1995). At the simplest level that might involve using sunscreen and make-up or dying one’s hair, and at the more interventionist end it might involve complicated cosmetic surgeries. The medical implications of ageing across populations, that is, shifts in the demographics as a result of lower birth rates and longer life expectancies, have led to an increasing anxiety about the likelihood of a rise in the numbers of people living with Alzheimer’s disease (along with other age-onset diseases) and how they are to be cared for. Public health messages over the past 15–20 years have become far more concentrated on the prevention of diseases that are likely to occur and become chronic in later life. This has, in turn, led to support for increasingly contentious research into treatment options to combat the processes, not just the logical consequences, of ageing itself. This includes therapies such as stem cell therapy, genetic therapies and nanotechnologies – treatments that are still associated with science fiction, that raise concerns as to their socio-political and ethical consequences (Cregan, 2005), and that are increasingly being applied in clinical practice.

It should be emphasized that these are largely concerns of developed countries, where life expectancies are higher and these specific implications of ageing are more pressing. In developing countries, there are related concerns with ageing but more in terms of people increasingly developing age-onset diseases related to dietary changes (see **Food and**

Eating) where preventable or treatable conditions may affect the whole population (e.g. malaria, tuberculosis, polio) in circumstances of under-resourced medical care and lower overall life expectancy. There are serious issues of inequity inherent in any discussion of ageing and childhood when looked at from a global perspective.

It should also be said that there are more positive stories to be told about ageing. In many non-Western cultures, the aged continue to be revered and cared for in the home within a family and/or community structure rather than that responsibility and duty being relegated to medicalized professional care in institutions like nursing homes and hostels (see **Death and Dying**). Unlike the public health discourse of 'positive ageing' – the underlying message of which is keeping elderly people active, productive and *independent* – in cultures where independence is less important than group allegiance there are more overtly reciprocal understandings of care. The young who were cared for will, in turn, care for those who cared for them, which inevitably includes the most basic forms of bodily care: washing, dressing, toileting. Within sociology, both childhood and ageing have become major areas of inquiry, in which we can see there are basic concerns of embodiment that are specific to life stages.

FURTHER READING

See also readings under **Youth and Children**.

There have been a number of critical responses to Ariès' (1962) work from within history for which Margaret King's *Renaissance Quarterly* essay (2007) provides a sound contextualization, rehearsing the main debates around Ariès' work while acknowledging its enduring worth as well as its shortcomings. There are numerous alternate readings of the history of childhood from feminists such as Pollock (1983) and Luke (1989), through to more recent historians like Heywood (2001). Jenks (1996) and the edited collection by James and Prout (1997) are representative of psycho-social research into contemporary childhoods, that is, underpinned by the modern notion of childhood as conceived within the UN Convention. An early sociological introduction to an embodied approach to ageing in popular culture can be found in Featherstone and Wernick (1995), and in Blaikie (1999) in a more extended form. Arber and Ginn's collection (1995) takes a more concentrated approach to the study of the relationship between gender and ageing, while Hepworth (2000) analyses fictional representations of ageing in relation to identity

formation. Twigg (2006) writes of the practical and policy implications with respect to medical care in the UK and includes chapters on both ageing and infancy.

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..... Anorexia/Bulimia/Obesity

Definition Anorexia nervosa, bulimia nervosa and obesity are medical diagnostic terms for what are often grouped under the heading of eating

disorders.¹ Obesity is more likely to be treated as a physical disorder that is a public health issue with social determinants. Anorexia and bulimia are classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and are predominantly treated as psychological or psychiatric conditions. In the simplest terms, anorexia is characterized by a refusal to eat and a perception of oneself as 'fat', despite having a low or very low body weight. Bulimia usually manifests in practices of bingeing (eating to excess), purging (vomiting, taking laxatives) and/or obsessive exercise, aimed at maintaining an average body weight. Obesity is the term for a body weight that is a medically defined percentage beyond a calculated norm for a given height and frame.

From the medical perspective, the diagnosis of each of these conditions is based on means and norms of ranges of 'healthy' bodyweight. The simplest way of calculating the parameters of what are considered low, median and high body weights is the Body Mass Index (BMI). This is a calculation of weight in relation to height expressed as kilograms per metre squared (kg/m^2) of body mass. However, the BMI can only be taken as indicative not prescriptive, as it does not take into account the variability of the proportions of an individual's fat, muscle and skeletal frame. Despite the WHO maintaining a database on global variability of BMI (<http://apps.who.int/bmi/index.jsp>) and recommending different category ranges for a variety of body types (WHO, 2004), the predominant scale remains based upon a normative Caucasian body type. So, it is a rationalization of the body into abstract metrics that can affect an individual's perception of themselves – that is, their identity (**Identity**) – both at an individual and a cultural level. The national definitions of the ranges of the BMI scale also vary but in general terms it is grouped into the categories of underweight (below $18.5 \text{ kg}/\text{m}^2$), 'normal' ($18.5\text{--}25 \text{ kg}/\text{m}^2$), overweight ($25\text{--}30 \text{ kg}/\text{m}^2$) and obese (over $30 \text{ kg}/\text{m}^2$).

From a social perspective, the simplistic medicalization of anorexia and bulimia is highly contentious. The grouping together under the medical heading of 'eating disorders' tends to pathologize the person

¹I have chosen not to name this entry Eating Disorders because it prioritizes the medical categorization for the complexes under discussion, whereas the individual terms are (slightly) less loaded.

with the eating behaviour: that is, people who 'have an eating disorder' are understood to be psychologically unwell. When medicine 'discovered' anorexia, in the late nineteenth century, it did so in terms of female psychopathology: hysteria. Freud's diagnoses of food refusal reflected his wider theories around sexual drives and familial tensions (**Psychoanalysis**). For him, anorexia was a form of hysteria in which an inability to come to terms with sexual impulses resulted in food refusal, that is a rejection of the impulse to eat (and survive). In later psychoanalytic theories this was transmuted into theories of anorexia as a rejection of a mature woman's body in favour of retaining the asexual child's body (Hepworth, 1999). Bulimia is also within the range of hysteria, but the bodily effects – excoriation of the oesophagus and degradation of the teeth due to persistent vomiting – are less obvious as near-normal weight is maintained. We can see, in this, notions that persist in contemporary media representations of anorexia (and bulimia): that is that it is a problem almost exclusively of young females and often put down to poor family dynamics. The public reporting of Princess Diana's bulimia was often cast in terms of her immaturity, or, her lack of control over her life. In each case the categorization as 'suffering from an eating disorder' is cast in gendered terms of irrationality and passivity, which were characteristics widely seen to be a natural part of femininity (**Gender/Sex, Nature/Culture**). The psychoanalytic pathologization of eating behaviours simultaneously robs the sufferer of any legitimate causal relationship in the development of the condition (the patient is 'wrong-headed' by definition) and of any capacity for agency (the patient needs to be treated and cured by the doctor).

Feminists have argued that such passivity is not necessarily an accurate way of describing 'eating disorders'. It is undeniable that the body in society is frequently subject to attempts to shape and control it (see **Ageing and Childhood, Civilizing Processes, Power**), and to ideals and images of bodily perfection that are largely unattainable, but which nevertheless can be internalized (**Appearance and Beauty, Media and Representation**). However, the ingestion of food and its expulsion from the body can also be seen as a means of exerting and displaying control to the world: that is, as a site of agency (Orbach, 1986). Consequently, there are a number of ways of understanding eating disorders in social and cultural contexts that affect the body in society.

An anorexic's obsessive fear of fat may well be related to an unrealistic (psychological) self-image, but at least a part of that image is dependent

on external representations of ideal body shapes that exist within a social context (Bordo 1993; Orbach, 1986). Idealized body shapes change over time and according to culture. A quick glance at the portraits of females by Reubens, or Lely's portraits of King Charles II's mistress Nell Gwyn, shows that the attractiveness of the 'fubsy wench' of the sixteenth and seventeenth centuries was unashamedly plump. Hour-glass figures (the result of corsetry) were popular in the nineteenth century, and again in the 1950s. As we shall see below, fuller body shapes for both men and women remain the ideal in some cultures, particularly in the South Pacific. However, a public association of slimness with good health has been a persistent factor since the formation of the health (and eugenics) movements of the late nineteenth century and is closely allied to modern medical views of the human body (**Medicine and Science**).

In recent years, concern over anorexia and bulimia has seen regular popular criticism of the fashion and film industries' desire for models and actresses of a low to very low body weight. There is widespread condemnation of these women as poor examples of a realistic body shape for girls and young women. There are also socially and culturally inflected studies that involve detailed research, including interviews with those who display given eating behaviours – some in relation to their use of pro-anorexia websites (Burke, 2009) – that show a high degree of self-control and self-determination that can be exerted through controlling the ingestion or expulsion of food from the body (Orbach, 1986). That is not to say that anorexia is a laudable political act, but that its bases and expressions are highly complex, that they extend beyond an individual pathology and they deserve detailed contextualization.

At the same time, but at the other end of the spectrum of these medically diagnosed 'eating disorders', is the increasing concern with obesity, which is rapidly coming to constitute a moral panic. The means of attempted social control exerted through public health initiatives aimed at reducing weight pervades primary and secondary schools, popular culture, community campaigns and preventive medicine regimes across many industrialized nations.

Each of these eating patterns can also be seen as a problem of socio-political development and prosperity, and each is a relatively modern concern in so far as being understood as pathologies (Hepworth, 1999). For example, in a prior European religio-moral framework, eating to excess and obesity were characterized as one of the seven deadly sins

(gluttony), and, conversely, where food was less abundant fat was a bodily marker of prosperity and social status, as it remains in some contemporary societies such as Samoa or Tonga. Currently, obesity is generally linked to abundance and the over-consumption of food – cheap, processed, high in fat and low in nutritional value – in combination with a lack of exercise (Hinde, in Dixon and Broom, 2007). Reality television shows where obese contestants compete in a discourse that reinforces that the fat-self is a false, complacent self (the slim ‘I’ is the real, motivated ‘I’), assist in this process. In a social context, we know from the sociology of health literature that each of these descriptions flattens out just who those most likely to become obese are in the developed, and increasingly in the developing, world: that is, people from low socio-economic (LSE) backgrounds (Friel and Broom, in Dixon and Broom, 2007). It is not simply an abundance of food that may lead to obesity but one of cheap high-calorie food and a lack of availability of affordable low-calorie unprocessed food. This may also be combined with a lack of knowledge, a lack of time and/or a lack of desire to know how to prepare it. In Bourdieu’s terms, our habitus informs what we see as appropriate foods, so people eating what may be considered to be a medically inferior diet will not necessarily respond to greater education around food.

Acceptable weight is also culturally determined, so what might be considered obese in developed countries today may in the past have been considered voluptuously desirable, or in contemporary societies with an overall lower access to food may still be seen as a sign of high social status and prosperity. Similarly, in cultural context, anorexia may be an ascetic choice based on a conscious cosmological decision to privilege spiritual attainment over and above physical or material satisfaction. On the diagnostic criteria of the DSM, most Catholic Saints as depicted in medieval and Renaissance paintings would have been diagnosed as anorexic (Hepworth, 1999), as would many gurus or Buddhist monks and nuns be today. In response to the pathologization of consumption behaviours that lead to non-normative body shapes, there have been counter-movements in developed countries, particularly in the US from the ‘fat acceptance movement’ (Brazier and LeBesco, 2001) and via online anorexia- and bulimia-support websites (Burke, 2009). Less contentiously, there have also been advertising campaigns by a particular soap company based around promoting acceptance of the variable body shapes of ‘real women’, in which Susie Orbach was personally involved. As conditions affecting bodies in society, none of these