THE BODY IN EVERYDAY LIFE

Edited by
Sarah Nettleton
and Jonathan Watson

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The Body in Everyday Life

We all have a body, but how does it impact upon our day-to-day life? How we experience our bodies is at once both intensely personal and extremely public. This book sets out to explore how ordinary women, men and children talk about their bodies and how they experience them in a variety of situations. The material is approached through four main themes: physical and emotional bodies; illness and disability; gender; and ageing.

The Body in Everyday Life is the first coherent collection of empirical research on this subject and a welcome complement to important theoretical and philosophical developments in this field. The volume brings together a number of leading authors and researchers culminating in a new and fresh approach to the study of the body. This book will be of particular interest to students of sociology, health studies and cultural studies.

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Chapter 1
The body in everyday life
An introduction

Sarah Nettleton and Jonathan Watson

If one thing is certain, it is that we all have a body. Everything we do we do with our bodies—when we think, speak, listen, eat, sleep, walk, relax, work and play we 'use' our bodies. Every aspect of our lives is therefore embodied. Sometimes we may be more aware of our bodies than others but from the moment we wake, we are to a greater or lesser extent, consciously or sub-consciously relying on our body. When we wake up in the morning we may automatically leave our beds and go to the bathroom and carry out our morning 'bodily' routines. Some of us, however, may do this less instinctively, and find that our body is cradled so comfortably within its 'nest' that extricating it from the bed becomes something of a challenge. This may be compounded by the fact that during the previous evening we poured large quantities of alcohol into our bodies and are then, in the morning, struck by the fact that our head is 'pounding', that we have a 'raging' thirst and a 'rasping' throat. For some 'bodies', perhaps those who are babies, or have certain forms of disability, getting out of bed might be something which requires the help of other 'bodies', be they those of parents, carers or partners, or perhaps other technical aids. Once we are 'up' we then prepare our body for public display, we probably groom it and select some clothes which might be appropriate for whatever we are doing on that particular day. We may look at our body in the mirror and notice bodily changes: yet another grey hair, the size of our stomach, a spot that has just appeared on our chin. Even the most minor bodily changes may, for some of us, impact upon how we feel about facing the day and all the social interactions that it may comprise. It may be that the spot on the chin occurred on the day of an interview, a wedding or an eighteenth birthday party.

The extent to which we are conscious of our bodies and how we feel about them will vary throughout our lives and within different social contexts. During our teenage years for example, we are likely to become especially sensitive to the biological changes which our bodies endure and our altered appearance. Such changes can impact upon our social relationships. Our body-image, how we perceive our body, may in turn affect our ability to relate to others and will influence how others respond to us. The physical changes associated with ageing must also figure prominently in how we feel about ourselves, and are tangible reminders of our mortality. A sprained back, the loss of hair, a trip to the optician only to discover that one can no longer read *all* the letters on the optician's eye-test chart, may be an incident which triggers off reflection about the trajectory of one's life.

Everyday life is therefore fundamentally about the production and reproduction of bodies. Given the centrality of the body to everyday life, and the fact that it is something that all humans share, it is perhaps surprising that there has been so little empirical investigation into the body as it is experienced by human beings, who both *have* and *are* bodies. In particular, there has been little research which involves engaging ordinary men and women in talk about their personal bodily experiences. There is however a whole industry of research and scholarship on the body. During the 1990s books have been published on the body (e.g. Gatens 1996; Turner 1996, 1992; Falk 1994; Grosz 1994; Shilling 1993; Featherstone *et al.* 1991; Leder 1990); conferences have chosen the body as their theme; new journals such as *Body and Society* have been launched; and students of sociology and cultural studies are offered courses on 'the body'.

Ironically, whilst only in the late 1980s, sociologists were lamenting the absence of the body from sociology, the sociology of the body has, by and large, ignored the voices that emanate from bodies themselves. This is mainly because this sphere of study tends to suffer from theoreticisim, a condition which implies that attention is limited to theory, which in turn is not grounded in the empirical domain.[1] Perhaps this is to some extent understandable because the study of the body does raise a whole series of philosophical and theological issues. However the lack of empirical data on the body as it is experienced is in marked contrast to a number of related areas of study, prime amongst which is the sociology of chronic illness and disability. Clearly the work in this field offers important insights into our understanding of the body, it has been dominated by research into the *experience* of chronic illness and

disability, and as such has yielded rich empirical data (see for example Anderson and Bury 1988; Charmaz 1983).

The aim of this volume is to bring together a range of empirical studies which have examined how people experience their bodies from the perspectives of the people themselves. As such it 'fills a gap' in the literature on the sociology of the body. Just as investigations which have empirically explored the experience of the illness have generated valuable data which help to develop our sociological appreciation of concepts such as the relationship between the body, self and identity, we hope that the empirical material presented in this collection may be used by sociologists to reflect upon the recent debates within the sociology of the body. In this respect our aim is a modest one. We do not aspire to transform our sociological appreciation of the body, rather we try to inject the contemporary debates with some more grounded material. Approaching the literature in this field of study for the first time can be a rather alienating experience for the student or scholar, again this is rather ironic as the body is something that we all have in common. This is a view neatly captured by Wacquant (1995) who did in fact undertake an ethnographic study of boxers:

> One of the paradoxical features of recent social studies of the body is how rarely one encounters in them actual living bodies of flesh and blood. The books that have appeared in recent years on the topic . . . typically offer precious few insights into the actual practices and representations that constitute the human body as an 'ongoing practical achievement', to borrow an expression from Garfinkel. . . . [T]he newer sociology of the body has paid surprisingly little focused attention to the diverse ways in which specific social worlds invest, shape, and deploy human bodies and to the concrete incorporating practices whereby their social structures are effectively embodied by the agents who partake of them.
>
> (Wacquant 1995: 65)

What all the chapters in this volume have in common is that their analyses of the body derive from the point of view of 'the agents who partake of them'. All the studies take an embodied perspective, that is they assume that action and lived experience may be grasped from the vantage point of the actor who is invariably *embodied.*

Whilst the aim is to counter the overly theoretical trend within the sociology of the body we do not want to lapse into overt empiricism. In

particular there are certain wider social transformations which have both given rise to sociology's recent interest in the body, and which shape how we currently experience our bodies. A central thrust of contemporary studies of the body is, after Foucault (1979), that the body itself has a history and so it is possible to write the history of the body (for a fascinating example see Duden 1991). Any analysis of empirical data must be placed in a broader context. It is for this reason that we briefly review the social transformations which have precipitated the current interest in the body. Analyses of empirical data are also shaped by or draw upon (albeit implicitly or explicitly) certain theoretical perspectives on the body. The various dominant perspectives on the body have been extensively reviewed elsewhere (see Nettleton 1995; Shilling 1993; Turner 1992) and so there is no need to rerehearse them in any great depth here. However, some attention will be devoted to the more phenomenological approaches which do appear to be particularly pertinent to the study of the body as it is experienced. When we examine the body in everyday life, we might therefore more accurately speak of a *sociology of embodiment* rather than a *sociology of the body.* Having set this context we will then delineate some of the themes which have emerged from this collection. We have organised these under the following headings: the 'taken-for-grantedness' of the body; bodily controls, body-image and gender.

Social change and the body

There is a consensus in the literature that the growing salience of the body is related to a number of factors (Turner 1996, 1992; Nettleton 1995; Shilling 1993). First, there has been something of a *politisation of the body.* It was the work of feminist writers and activities which has been of importance here in that they revealed the political status of the body and demonstrated how it was a medium through which women have been exploited by men. An example of this is the way in which women have attempted to reclaim control over their own bodies from a male dominated medical profession. Writers and activists who are concerned with disability provide another illustration of the political status of the body (Oliver 1990). Turner (1992: 12–13) has argued that the body has come to form a central field of political and cultural activity, in that the major concerns for governments revolve around the regulation of bodies. To capture this he describes contemporary society as a 'somatic society'.

Second, *demographic factors* such as the 'greying of populations' have highlighted the changing nature of bodies. The processes associated with ageing now form a substantial field of study some of which are explored in this volume. Such changes raise moral and ethical debates on issues such as euthanasia, and again draw attention to tricky questions which pertain to the 'ownership' of bodies.

Another not unrelated transformation is the *changing nature of the disease burden.* Whilst people are living longer, they are not necessarily healthier as there has been a concurrent rise in people who suffer from long-standing limiting illnesses (Dunnell 1995). As we have already mentioned, chronic illness, like ageing, affords a substantial area of research, which is especially salient to our appreciation of embodiment (see for example Williams 1996; Helman 1990; Kleinman 1988; Murphy 1987). From this literature we have learned how biophysical changes have significant social consequences. The experience of chronic illness can impact upon the sufferers' daily living, their social relationships, their identity and their sense of self. Responses to chronic illness are not therefore simply determined by either the nature of biophysical symptoms or individual motivations, but rather are shaped and imbued by the social, cultural and ideological context of a person's biography. These insights have been developed predominantly by sociologists working within interpretative paradigms.

A third social change is one which is associated with modern industrial societies and that is the rise of the *consumer culture.* Featherstone (1991) and Glassner (1989) have pointed to the proliferation of commercial goods and services which are consumed by those who want to keep fit, retain their youthful appearance or simply 'maintain' their bodies. Appearance, Featherstone (1991: 186) argues, within this context becomes central to a person's social acceptability. This in turn, he maintains, has important implications for ageing.

A fourth way in which wider societal developments may precipitate interest in the body, and indeed impact upon how bodies are experienced, is the advent of *new technologies* (Williams 1997; Featherstone and Burrows 1995). The boundaries between our physical and technological bodies are shifting more rapidly. In this merger of biological and technological technologies of corporeality 'the body is reconceptualized not as a fixed part of nature, but as a boundary concept' subject to 'an ideological tug-of-war between competing systems of meaning' (Balsamo 1995: 215). This is apparent, for example, in relation to differences between biomedical and feminist interpretations of the meaning of the menopause, and specifically

hormone replacement therapy. In this context Wei Leng (1996) drawing on Haraway's cyborg myth (1991) comments that 'against the heritage of metaphysical thought-systems, there is only room for the powerfully heretical; there is only room for the cyborg' (Leng 1996: 49), a hybrid of machine and organism. This in turn may make us more uncertain about what our body is, where it begins and where it ends. Indeed, there is a degree of irony here, as Shilling (1993) has pointed out; the more we know about bodies, the more we are able to control, intervene and alter them, the more uncertain we become as to what the body actually is.

A further factor is the broader social transformations which are associated with the move from modernity to *late* or *high modernity*. The theme of uncertainty is central to the work of Giddens and a number of other commentators such as Beck (1992) and Douglas (1986) who have argued that a key feature of contemporary societies is *risk*. Doubt, Giddens (1991) argues, is a pervasive feature which permeates into everyday life 'and forms a general existential dimension of the contemporary social world'. Within post-traditional societies, our identities and our sense of self are not givens. That is, we can no longer hang on to, or derive our identity from our traditional place in society—be it class, family, gender, or locality. Rather our self and identity becomes 'a reflexively organised endeavour'. Less and less can we rely on continuous biographical narratives but these tend to be flexible and continually revised (see also Featherstone and Hepworth 1991). The reflexive self is one which relies on a vast array of advice and information provided in a myriad of sources. As Giddens points out, the self is of course embodied and so the regularised control of the body is a fundamental means whereby a biography of self-identity is maintained.

> The body used to be one aspect of nature, governed in a fundamental way by processes only marginally subject to human intervention. The body was a 'given', the often inconvenient and inadequate seat of the self. With the increasing invasion of the body by abstract systems all this becomes altered. The body, like the self, becomes a site of interaction, appropriation and reappropriation, linking reflexively organised processes and systematically ordered expert knowledge. . . . Once thought to be the locus of the soul . . . the body has become fully available to be 'worked upon' by the influences of high modernity'. . . . In the conceptual space between these, we find more and more guidebooks and practical manuals to do with health, diet, appearance, exercise, love-making and many other things.
>
> (Giddens 1991: 218)

According to this thesis we are more uncertain about our bodies, we perceive them to be more pliable and are actively seeking to alter, improve and refine them. This of course, empirically, remains to be seen.

Shilling (1993) also sees the *body as a project.* He argues that the body might best be conceptualised as an unfinished biological and social phenomenon, which is transformed, within limits, as a result of its participation in society. For example, styles of walking, talking and gestures are influenced by our upbringing. The body is therefore in a continual state of 'unfinishedness' the body is 'seen as an entity which is in the process of becoming; a project which should be worked at and accomplished as part of an individual's self identity' (Shilling 1993: 5).

The idea that contemporary societies are characterised by change and adaptability has also been postulated by Emily Martin (1994), in her book *Flexible Bodies.* In contrast to the work of Giddens, Beck and others, her thesis is based on an extensive empirical study of American culture. By way of data collected via interviews, analyses of documents, participant observation and informal exchanges she has found that 'flexibility is an object of desire for nearly everyone's personality, body and organisation' (Martin 1994: xvii). Flexibility is associated with the notion of the immune system which now underpins our thinking about the body, organisations, machines, politics and so on. In her interviews with ordinary men and women the idea of developing a strong immune system appeared to be in common currency (see Martin, Chapter 3 in this volume). To be effective, that is to protect the body against the threats of disease and illness, the immune system must be able to change and constantly adapt. This work not only provides a valuable analysis of late modernity but also reveals how our accounts and interpretations of our bodies are historically and socially contingent, and that they are not 'immune' from broader social transformations. How we experience our bodies is invariably social.

Approaches to the study of the body

Within the theoretical debates on the body, tension revolves around the ontological status of the body, between the foundationalists, who assume that the biological basis of the body is a universal given and impinges on our experience of the body, and the anti-foundationalists who maintain that the body is simply an effect of discursive processes

or contexts. This is mirrored by the debate between the social contructionists and the anti-constructionists. The former argue that the body is socially created. The body from this perspective is contingent on the social and discursive context in which it resides. The anti-constructionists on the other hand argue that the body exists independently of its social context, and like the foundationalists see it as a universal physical entity (for a fuller overview see Turner 1992). In practice, within the literature on the sociology of the body, much of the debate has focused on the *extent* to which the body is socially constructed. Most writers (Connell 1995; Scott and Morgan 1993; Shilling 1993; Turner 1992) argue that we ought to accept that the body has a material, biological base, and that this is altered and modified within different social contexts. As such they maintain that the body *is* socially constructed, but they may disagree about the mechanisms and processes which contribute to its social variability. In sum, they argue for a synthesis between these two perspectives. This debate need not concern us here because it is not central to the aims of the volume, suffice to say it is valuable to appreciate the socially contingent nature of the body, and how it is experienced will vary according to how, where and when it is located and the nature of the social relations which prevail.

What we are concerned with here is the salience of bodies to the creation and recreation of everyday life. How do people think about their bodies? Do people think about their bodies? How do people describe their bodies? How do people 'use' their bodies? To what extent do the biological processes associated with people's bodies impact upon their daily routines and how they think about themselves? These are the sorts of questions that we are concerned to address within this collection. Given that our aim is to explore how the body is experienced in everyday life the theoretical insights gained from those working within the more phenomenological frameworks are likely to be useful.

Phenomenology: the 'lived body' and 'embodiment'

Attempts to integrate some of the approaches noted above have argued that a useful way out of this theoretical impasse is to develop the phenomenological approach to the study of the body (see for example Bendelow and Williams 1995; Csordas 1994; Leder 1992, 1990; Turner 1992). We see this not so much as a solution as an *alternative* approach which certainly offers a more appropriate starting point for our themes

in the present volume. A basis for all sound research is using theories, methodologies and research techniques which are appropriate to the research problem, or issue in hand. Our concern is to examine how people experience their bodies and in particular how they articulate their experiences. Given this, we consider that the phenomenological and, more generally, interpretative approaches are the most appropriate paradigms to work within. This is what Turner refers to as 'methodological pragmatism', that is: 'the epistemological standpoint, theoretical orientation and methodological technique which a social scientist adopts, should at least in part be determined by the nature of the problem and by the level of explanation which is required' (1992: 57).

The phenomenological perspective focuses on the 'lived body', the idea that human beings and their consciousness is invariably embedded within the body. The human being is an embodied social agent. The work of Merleau-Ponty, in particular his text, *The Phenomenology of Perception* (1962), has been revisited, and it is regarded by many as critical to our appreciation of embodiment (see for example Crossley 1995; Csordas 1994). Essentially he argued that all human perception is embodied, we cannot perceive anything and our senses cannot function independently of our bodies. This does not imply that they are somehow 'glued' together, as the Cartesian notion of the body might suggest, but rather there is something of an oscillation between the two. This idea forms the basis of the notion of 'embodiment'. As Merleau-Ponty (1962) writes:

> Men [*sic*] taken as a concrete being is not a psyche joined to an organism, but movement to and from of existence which at one time allows itself to take corporeal form and at others moves towards personal acts. . . . It is never a question of the incomprehensive meeting of two casualties, nor of a collision between the order of causes and that of ends. But by an imperceptible twist an organic process issues into human behaviour, an instinctive act changes direction and becomes a sentiment, or conversely a human act becomes torpid and is continued absent-mindedly in the form of a reflex.
>
> (Merleau-Ponty 1962: 88 cited by Turner 1992: 56)

Thus while the notion that embodied consciousness is central here, it is also highlighted that we are not always conscious or aware of our bodily actions, we do not routinely tell our body to put one leg in front of the

other if we want to walk, or to breath in through our nose if we want to smell a rose. The body in this sense is 'taken-for-granted', or as Leder puts it, the body is 'absent':

> While in one sense the body is the most abiding and inescapable presence in our lives, it is also essentially characterised by absence. That is, one's own body is rarely the thematic object of experience. When reading a book or lost in thought, my own bodily state may be the farthest thing from my awareness . . . the body, as a ground of experience . . . tends to recede from direct experience.
>
> (Leder 1990: 1)

If the body is so taken-for-granted, other than in certain bodily states such as disease, pain and death (when Leder points out it tends to *dys*-appear, that is we become conscious of the body because it is in a *dys*-functional state), then this will have implications for the study of the lived experience of the body when it is functioning normally. How can we ask people to talk about something of which they are not aware? If we do encourage people to talk about their bodies will this necessarily be artificial? (We return to this point below.)

The lived body is presumed therefore to both construct and be constructed by the lifeworld. The lived body is an intentional entity which gives rise to this world:

> in a significant sense, the lived body helps to constitute this world as experienced. We cannot understand the meaning and form of objects without reference to bodily powers through which we engage them—our senses, motility, language, desires. The lived body is not just one thing *in* the world but a way in which the world comes to be.
>
> (Leder 1992: 25)

We can see therefore that it is analytically possible to make a distinction between *having* a body, *doing* a body and *being* a body. Turner (1992) and others have found the German distinction between *Leib* and *Korper* to be instructive here. The former refers to the experiential, animated or living body (the body-for-itself), the latter refers to the objective, instrumental, exterior body (the body-in-itself).

The main point of briefly outlining this approach is to highlight that the concepts of the 'lived body' and the notion of 'embodiment' remind

us that the self and the body are not separate and that experience is invariably, whether consciously or not, embodied. As Csordas (1990) has argued the body is the 'existential ground of culture and self', and therefore he prefers the notion of 'embodiment' to 'the body' as the former implies something more than a material entity, it is rather a 'methodological field defined by perceptual experience and mode of presence and engagement in the world' (Csordas 1994: 10). This idea that the self is embodied is also taken up by Giddens (1991: 56–7) who also emphasises the notion of day-to-day *praxis*. The body is not an external entity but is experienced in practical ways when coping with external events and situations. How we handle our bodies in social situations is of course crucial to our self and identity and has been empirically and extensively explored by Goffman (1969, 1971), symbolic interactionists, Garfinkel (1967) and other ethnomethodologists. Indeed, the study of the *management* of bodies in everyday life, and how this serves to structure the self and social relations, has a long and important history within sociology. It highlights the preciousness of the body as well as humans' remarkable ability to sustain bodily control through day-to-day situations. What remains absent, however, is the voices emanating from the bodies themselves. We want now therefore to reflect upon how ordinary men and women *articulate* their bodily experiences.

The 'taken-for-grantedness' of the body

A number of writers have emphasised that in our day-to-day lives our bodies are 'absent' (Leder 1990) or are taken-for-granted. We become aware of them only when they are in pain or suffer from disease or illness—when they are *dys*-functional. Simon Williams (1996) has illustrated this by drawing on the findings of research into chronic illness. He demonstrates how the experience of chronic illness involves a move from an 'initial' state of embodiment (a state in which the body is taken-for-granted in the course of everyday life) to an oscillation between states of '*dys*-embodiment' (embodiment in a dysfunctional state) and 're-embodiment'. He shows that attempts to move from a dys-embodied state to a re-embodied state requires a considerable amount of 'biographical work' or what Gareth Williams (1984) terms 'narrative reconstruction'. This theme is also demonstrated by Seymour (1998) in her empirical study of twenty-four men and women who experienced profound and permanent body paralysis. As the title of her book, *Remaking the Body*, suggests she reveals how these men and women go

about remaking their bodies and accordingly, in doing so, remake their worlds.

Such analyses have provided valuable insights into the nature of embodiment; however, the focus on chronic illness and profound bodily paralysis might reinforce the idea that it is only in circumstances of altered bodily states such as pain, the onset of disability, or suffering, that we become aware of our bodies. Whilst it is quite obviously the case that most of us do, to a significant extent, take our bodies for granted whilst going about our daily routines, one of the salient themes that emerges from reading the chapters in this volume is just how evident the body is in the mainstream of everyday life. How, when people are either interviewed or observed, they appear to be aware of their bodies. Cunningham-Burley and Backett-Milburn (Chapter 8) demonstrate that the body is central to understanding health and change in the middle years, suggesting that their research identifies some of the ways and means in which 'we attend to and objectify our bodies'. Perhaps bodies are not quite so 'taken-for-granted' as has often been supposed by contemporary theoreticians.

Lupton's (Chapter 5) investigation into the dominant discourses of emotions as they were articulated by men and women during interview found that feelings and emotions were articulated as having physical effects. Emotions could manifest themselves by making one feel tired or energetic, failure to express emotion was cited as a possible cause of disease. On reading this chapter it becomes evident that people become aware of their bodies in a whole range of circumstances, for example if one is nervous one's stomach might churn, or the hands may become sweaty. If people have to speak in public they may be conscious that the body may let them down—'Perhaps I might fall over', 'What if I drop my papers?' The bodily presentation of the self, and what Goffman calls the 'easy control' of the body enters the consciousness.

Awareness of physicality is also apparent in the chapters on ageing. As Bytheway and Johnson (Chapter 13) point out: 'The visual signs of age, like the weather, is a universal topic of everyday conversation between adults'. Certainly the impact of ageing is something which is evident throughout the life course; adolescents for example, may be acutely 'aware' of bodily transformations. This also appears to be the case during the 'midlife' years (Hepworth and Featherstone,Chapter 15). Elsewhere, Featherstone and Hepworth (1991) have argued how the process of ageing in contemporary society encourages individuals to devise 'flexible biographical' narratives to contribute to the construction and maintenance of the new identities

which accompany biological ageing. The 'modernisation of ageing', they argue, 'involves a distancing from deep old age—a distancing which is achieved through flexible adjustments to the gradually blurring boundaries of adult life' (1991: 385). Thus ageing may involve an awareness of the physical body and associated attempts to construct narratives about ones new social world. The world has to be constantly 're-made' as one's body alters within it. The men and women interviewed by Fairhurst (Chapter 14) articulate the importance of altering one's dress, behaviour and presentation of one's self, even if this is at odds with what they feel; it seems that it is morally preferable to act one's chronological age even if one does not feel it. [2] This requirement is confirmed in day-to-day social relations. Fairhurst provides in some detail an account by one woman who found that she was ignored by a shop assistant and assumed that this was because she was visibly 'older' than her companion. We may therefore be reminded of our bodies in a wide range of social situations.

Bodily controls

Maintaining control of the body is crucial for the presentation of the self in everyday life. This has been demonstrated by some symbolic interactionists and it has also been a key finding in the literature on the experience of chronic illness and disability. The ability to be perceived and accepted as a competent social actor requires a certain level of competencies. A further aspect of the awareness of the body articulated by many of the men and women in the studies presented in this collection was the salience of keeping control over one's body. Again this is evident in discussions on ageing and is at its most extreme when there is the fear of bodily dependence. There is also the concern that the body will not be able to support the type of activities that people may hope to participate in, in later life (see Fairhurst, Chapter 14). The idea of loss of control was also apparent in the accounts of emotions in Lupton's Chapter 5, where people used terms such as to 'lose your temper' 'lose control', and 'lose it'. Unacceptable feelings might be unleashed from the body.

Higate (Chapter 10) in his autobiographical study of life in the Royal Air Force demonstrates how bodily control was used both intentionally and unintentionally to subvert the regulated bodily movements required within a military context. For example, a senior officer falling onto a desk in front of subordinates as a result of a 'liquid lunch' demonstrates

an unwitting lack of bodily control which potentially undermines accepted hierarchical relations. The more junior men intentionally betrayed bodily controls through acts such as suddenly collapsing to the floor or perusing the 'ritual' of the 'simulated falling backwards'. These represent embodied actions which serve to subvert social relations and undermine the prevailing social order.

Similarly in Bloor *et al.*'s Chapter 2 on bodybuilding and steroid use the informants in the study provided atrocity stories of those steroid 'abusers' (who were never actually the informants themselves) who were not able, knowledgeable or sensible enough to control, regulate and monitor their steroid use. Indeed, the absence of control was equated with abuse. The ability to effectively control one's body was therefore critical to maintaining one's social status and would result in a physical manifestation of this status.

By contrast, Watson (Chapter 9) shows how, for the men in his study, the acquisition of social status can lead to a perceived loss of control over one's body. Marriage is seen as a time when men 'settle down' and 'let themselves go' whilst the advent of children brings with it responsibilities and the social valuing of present, 'hands on' fathering. The physical experience of the 'dance all night', 'play hard' and 'hungover body' of the bachelor gives way to a body more functionally adapted to deal with crowded daily routines and the jostling of various socially ascribed roles. This is a time when some reflect that 'there is nothing happening to my body'.

The loss of bodily control can be associated with a loss of social acceptability. Featherstone and Hepworth (1991) have used the notion of *bodily betrayal* to capture this idea. In a discussion on ageing they write:

> Loss of bodily controls carries similar penalties of stigmatisation and ultimately physical exclusion. . . . Degrees of loss impair the capacity to be counted as a competent adult. Indeed, the failure of bodily controls can point to a more general loss of self image; to be ascribed the status of a competent adult person depends upon the capacity to control urine and faeces.
>
> (Featherstone and Hepworth 1991: 376)

This thesis does appear to accord with some of the empirical data presented in the chapters within this volume on ageing and the emotions. A further illustration of this is in Britton's Chapter 4 on breastfeeding. Here we see that women were taken aback by the

involuntary loss of milk, which is a function of the interrelation between emotional, social and physiological factors. Fluid exuding from bodily boundaries can be experienced as a source of embarrassment and exclusion, and this was articulated by a number of the women in her study. The transcending of bodily boundaries is according to Douglas's accounts of the representational body, the quintessential metaphor of social disorder and chaos (Douglas 1970).

Douglas's (1966) thesis that the social body constrains how the physical body is perceived is the starting point for Williams and Bendelow's (Chapter 6) analysis of children's perceptions of health, risk and cancer. The body as a social representation appears to structure the thoughts and beliefs of young children in that their beliefs about cancerous bodies are found to reflect and reinforce age old metaphors and dominant beliefs in western society. Centuries of accumulated cultural baggage are evident. What is also striking is the diversity of knowledge, ideas and beliefs which are drawn upon by these 9 and 10 year olds when they articulate and depict bodies. They clearly draw upon a range of sources of information, the most evident of which appeared to be the television. But this is a feature of high modernity; there is a proliferation and diversification of knowledge, of advice and of information from which people are able to draw and make choices about their bodily regimes and practices (Giddens 1991). They form part of the body as a reflexive project.

This said, as Bloor and his colleagues (Chapter 2) point out: 'Bodybuilders would eschew any analysis which portrayed their activities as driven by a late-modern crisis', so, we suspect, might many of the other informants and participants of the other research projects within this collection. Nevertheless it does appear to form an empirical illustration of the body as a reflexive project. As Bloor *et al.* write: 'Ethnopharmacological knowledge emphasises the importance of individualised knowledge, of flexibility, change and personalised planning'. It is precisely this 'project-like character' of bodybuilding activities which serves to differentiate steroid use from other forms of drug use.

Bodily controls and their impact upon the self and identity are both internally and externally rooted. Social controls and internal controls of the body and the self are inherently interrelated and mutually reinforcing. Much has been made in the literature on the sociology of the body, of the concept of surveillance, and in particular those practices which routinely monitor and assess bodies. Howson (Chapter 12) taking the example of screening for cervical cancer

illustrates the shortcomings of the Foucauldian notion of surveillance. Taking an embodied perspective, and listening attentively to the women who have actually taken part in these screening programmes, she finds that they participate out of a positive sense of obligation. It forms a dimension of their desire to act as responsible citizens. This she captures in the neat term 'embodied obligation'. This is not a docile body which adheres to a government initiated exercise but an expression of self governance, whereby the women actively negotiate and express a sense of moral urgency and 'embodied engagement with the process of screening'.

Body-image

The image we hold of our bodies will to a greater or lesser extent impact upon how we experience our bodies in everyday life. It may impact upon our sense of self, our degree of confidence in social situations and the nature of our social relationships. The concept of 'body-image' has been developed and much theorised by psychoanalysts, neurologists, surgeons, psychologists, anthropologists and sociologists throughout the twentieth century. It is now a term that is in common currency and was indeed used by some of the participants in the studies presented in this collection. Our body-image is shaped not just by what we perceive our body to look like, but what we see and how we interpret our vision of our body is mediated by our social and cultural context (see for example studies on anorexia: Probyn 1988; Cooper 1987; Lawrence 1984). The act of perception is a socially constructed process. Sault (1994), an anthropologist, captures this integrated nature of 'body-image' when she writes about the 'body-image system' which 'is dynamic, interactive, and so closely integrated that neither the body-image nor social relations has a priority or precedence over the other'. She draws attention to the fact that the body-image system involves both the 'experience of bodily changes' and their 'social perception' (1994: 18). In other words our body-image and our social relations impact upon each other.

The idea that our image of our own body is socially mediated and impacts upon not only how we feel about ourselves but also our social relations is evident in a number of the studies in this collection. Perhaps most conspicuously amongst the men and women who suffer from arthritis in Williams and Barlow's Chapter 7. The men and women interviewed for this study articulated how their physical constraints made them uncomfortable in certain social settings, and how they feared

that their altered bodies might undermine how significant others felt about them. Nevertheless, this was not invariably a passive acceptance, a number of people noted how they made particular efforts to improve on their appearance—to try and bring their perceived body-image more in line with ideal images. For example, men and women described how they would make an effort to exercise or, in the case of one woman go on 'binge shopping' for clothes and make-up, 'to present an image which looks good.[3] These comments reflect those expressed by the men and women who were interviewed by Fairhurst (Chapter 14) in that they described how they made careful attempts to modify their appearance in ways that were not out of kilter with their 'ageing' bodies. This might relate to the clothes that they wear, the colour of their hair, cosmetics used and so on. To appear inappropriately 'old' or to be 'mutton dressed as lamb' in our contemporary society appears to be a source of tension. It can also be associated with loss of status. For example, one woman who was in her twenties, cited in Williams and Barlow's study (Chapter 7), suggested that she felt that she had been 'robbed' of twenty or more years of her life because she said that she 'looked' as though she was in her forties or fifties. A number of theorists have suggested that within a consumer society a youthful body forms the dominant ideal. Indeed it is said to contribute to the body's 'physical capital' (Bourdeiu 1984).

What constitutes the image of old age forms one of the key strands of Bytheway and Johnson's Chapter 13. Having gathered popular media representations of 'old people' they identify three strategies which are used to depict people as old. First, physical appearance, for example wrinkles or gait. Second, relationships in that the 'older' person is presented as being dependent on a younger person. Third, the use of appendages—a popular example being a zimmer frame. Material objects, Schilder (1935) has argued, can themselves be incorporated into the body-image, and once they have been associated with the body retain something of the quality of that body-image. Indeed, material objects can serve to both enhance and undermine ones 'image'.

Gender

A striking feature of this collection is the extent to which lay accounts of embodiment open up masculine experiences to a richer and subtler assessment. 'True masculinity' has almost always been thought to proceed from men's bodies (Connell 1995: 45) but, as Watson (Chapter 9) has noted, the male body has, in this respect, suffered from

'a narrow and partial existence'. The accounts of ordinary men accessed in various ways throughout this volume open up some of the spaces, silences and tensions of male embodiment which themselves are entwined with broader social changes that shape our knowledge of the body. In relation to gender this is clearly seen in Hepworth and Featherstone's study of the male menopause (Chapter 15). They argue that lay accounts of the male menopause have evolved and been legitimised in the context of 'broader changes in gender relations and the social status of men, and the influence of these changes on what it means to be a man, and in particular, an ageing man, in contemporary western society'.

Similarly, the gendered obligations of fatherhood related by Watson (Chapter 9) open up the possibility of new forms of embodied (emotional) interaction with their children. This seems to challenge orthodox accounts of the development of a separated gendered male identity (solid, aggressive, watchful, isolated) which suggests limits to the extent to which men can care for children. For example, Chodorow says that 'boys come to define themselves as more separate and distinct, with a greater sense of rigid ego boundaries and differentiation . . . the basic masculine sense of self is separate' (1978: 169). This view is echoed in Fasteau's (1974) depiction of the American male as a 'male machine' which by its own separateness confronts the world in which it exists (see also Johnson 1992). Yet again, the separateness of male identity is challenged by Higate (Chapter 10) who notes in regard to a group of male clerks in the military that they had 'a particular bodily group identity—a repertoire of bodily actions that symbolised their difference from mainstream military value systems'.

By contrast, Bendelow and Williams (Chapter 11) in exploring lay beliefs about the nature of pain found that 'the attribution to men and women of differential capacities for experiencing, expressing, understanding and responding to pain' was predominantly grounded in 'gender-differentiated processes of socialisation and emotion management'. In that sense, women's sense of identity is not undermined by admission of being in pain compared to men, for whom it may amount to an admission of vulnerability.

A final word about this book

When approaching this book we had presumed that the empirical study of the body in everyday life would yield a particularly vexing methodological problem. This is because we had assumed the body to

be so absent that it would be difficult to access any data on people's experience of it. This may be in part because, with some notable exceptions (e.g. Martin 1989) there have been few attempts to allow people to speak about their bodies. Furthermore as Zola (1991) has pointed out, people need to be allowed, or even empowered to speak about their bodies because of the 'socially structured barriers to hearing and speaking with the voice of personal bodily experience' (1991: 3). Although referring here to people with physical disabilities he also notes that 'it must be equally difficult for the proverbial man and woman on the street when they try to write or speak about their bodies' (1991: 4). Perhaps this is because hitherto they have not been asked.

In this respect it has been noted elsewhere that a key methodological challenge for sociology of embodiment is the need to start developing the 'conceptual tools that would enable the articulation of lay ideas about and experiences of the body that have previously been treated as unexpressible' (Watson *et al.* 1995). At the same time we had fears about the extent to which one could legitimately approach that experience, in settings and circumstances in which a concern with embodiment may be felt to have little obvious validity. The various chapters in this volume demonstrate that accessing lay accounts of the body is possible and offer diverse ways of doing so including: semi-structured and in-depth interviews, focus groups, visual prompts, draw and write techniques, media representations and autobiography. Most of the chapters give some detail on the use of these various approaches to 'bringing the body back in'.

The bottom line is that we have set out to address the everyday realities of what Connell has called 'the body as used or the body-I-am (1987: 83) and in doing so we have taken as our starting point, the embodied experience of individuals within their everyday worlds. What we hope this volume demonstrates is that in many ways, it is from the contradictions and tensions that are present in the interplay between 'biological and physical necessities' (Geertz 1973: 30) and external economic, political and social realities of individual embodiment that provides the terrain for empirical study.

Notes

1 There are however some notable exceptions e.g. Leder (1992) and Scott and Morgan (1993). There is also a considerable amount of work on the

anthropology of the body, much of which is based on empirical research e.g. Blacking (1977), Csordas (1994) and Sault (1994).

2 This notion of changing identity is one that has previously been examined by Berger and Luckman (1967) who have argued that 'identity is a phenomenon that emerges from the dialectic between individuals and society' (1967: 195), and that identity itself is meshed with an individual's 'biological substratum' (ibid.: 201). However, Fairhurst is suggesting that this dynamic has a moral dimension, one that mediates 'bodily activities and experiences' (Blacking 1977: 23; see also Backett 1992).

3 For a useful, but more theoretical overview of the value of the concept of 'body-image' for the study of chronic illness see Williams (1996).

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