

Introduction

The body has usually been thought of as belonging to the biological sphere, but as it is not possible to separate our body from who we are and what we do in the social world, embodiment is an appropriate social psychological topic.

The chapter covers:

- Connections between body, personal identity and the social world
- Discursive and phenomenological views of the body - and their contrasting stances

Many examples are about health/illness - of critical importance to understanding how we have often been positioned as passive recipients of medical/legal interventions.

The chapter shows ways in which the mind-body dualism can be overcome.

Resisting a body-mind-social split

Descartes - mind and body are separate - influential in setting the debate for centuries. Western culture often unknowingly reproduces this dualism.

Dualisms are seen in psychology too - e.g. questions of the 'mind' have been to the forefront in psychology, with those concerned with the 'body' being ignored.

Biologically oriented psychology is reductionist to biology - i.e. of the brain. It is a monist position - there is only one kind of stuff, not two, as **Descartes** suggested.

For many social psychologists, both mind-body dualism and biological reductionism are seen as unhelpful - **Burkitt**. Instead, social psychology in general argues for people to be seen as encompassing the biological, psychological and social.

SPM Chapter 7 - Embodiment

Connell - bodily experience is a combination of biology and our experience of the social world. Body differences between men and women are not just biologically based and a physical given, but we transform them both intentionally and unintentionally in response to society.

The extent to which our body and biology shape who we are is constantly challenged. If our identity comes from our body, can we change our identity by changing our body? And what role does society play in shaping our body and identity?

These are questions of individual-social and agency-structure dualisms - explored next.

Body as 'identity project'

Does changing the shape/colour of our body or parts of it change our identity and experience of the world - e.g. Michael Jackson - used surgery to blur his identity in terms of gender, race, age. A socially rooted, personal body project (power relations in Western societies play a part - e.g. black-white?) which in turn produced social effects on how he was perceived.

Such examples imply identity is not fixed or determined (genetically) by our bodies.

In the West, we appear to have opportunities to choose our own identity through fashion and exercise to enable use to pursue a particular lifestyle - **Giddens**.

An example - our focus on individual health and responsibility for our bodies while potentially catastrophic climate change is occurring - **Shilling**.

Body projects are also used to challenge accepted societal ideas about 'normal' - e.g. tattoos, piercings (**Holland**, 2004).

Within social psychology, it is the respective weights given to the factors of body, personal identity and the social world that causes disagreements, not that the factors themselves.

Phenomenology - lived experience of embodiment is central. As we can reflect on our choices, we have some agency over deciding who we want to be.

Discursive - body projects are about the pervasive influence of society - we are constrained by the structure of the meanings available in our culture. We are not as free to choose as we think - e.g. Marilyn Monroe's figure was a product of its time - to curvaceous to be seen as 'normal' under the current 'tyranny of slenderness' - **Chernin**.

Mind-body dualism gives rise to other binaries - e.g.

- Reason-Passion
- Self-Other
- Psychology-Physiology

Grosz - one element is always subordinate to the other. Suggests instead we should view the mind-body as a Mobius strip - no obvious inside or outside, a unity between mind and body.

While there is agreement between the phenomenological and discursive perspective about the need to resist the mind-body, individual-social and agency-structure dualisms, how the merging happens is argued to be different by both perspectives and can be contrasted.

Discursive psychology and the body

Foucault - the material world is only meaningful through discourse. Even though the body is part of the material world, meanings of signs, symptoms, behaviour and practices are discursive.

Four key features of this approach:

1. Discourses contain shared social meanings
2. Discourses are historically situated
3. Discourses contain power-relations
4. Discourses have effects in constituting the body and bodily practices

1. Discourses and shared social meanings

Burns - bodily meanings are not from within the individual. They are found within socially and culturally meaningful discourses and are historically situated. The body simply represents meanings and ideas.

e.g. MJ's unhappiness with wide nose and dark skin could be interpreted as an attempt to reinvent his ethnic identity; bodily practices of eating disorders express cultural values and highlight inequalities.

e.g. **Bordo** - eating disorders should be understood as women colluding with male standards of femininity - e.g. anorexia = 'voluntary' self-surveillance to conform to norms.

Both examples also illustrate social power-relations

2. Historical context of discourses

Discourses change over time - e.g. illness categories.

Gergen - depression not used as a diagnosis until the 1930s, but now is a significant entry in medical textbooks and is regarded as having several sub-types (e.g. bipolar, unipolar) and treated with antidepressants as if it has solely biological causes - but **Butler and Beck** produced evidence that psychological and social interventions are effective.

Foucault - plots the genealogy of the way discourses are taken up. e.g. - bodies considered useful and productive in early C18 (rise of capitalism) - so Subjugating discourses arose to ensure 'docile bodies'.

Bodies are also controlled through disciplinary technologies - e.g. body projects, health regimes, slimming programmes ...

3. Discourses and power-relations

Foucault - power is embedded in social organisations and discourses.

Power and knowledge are intertwined - e.g. through the language and practices of science - controlling people through measurement, examination and analysis.

Scientific standards of 'normality' become discourses that people unknowingly use - a reason why so many need illnesses like ME to be labelled and legitimised through medical diagnosis - **Horton-Salway**.

Foucault - disciplinary regimes are created in language to enable us to describe/explain our bodies are normal/abnormal, healthy/unhealthy, sane/mad, thin/fat etc. Power: Who's interests are served by these?

ME/CFS sufferers pursue a diagnostic test - linked to the need to have a 'gold standard' of proof by the dominant discourse of empirical science.

It is possible to resist discourses - e.g. feminist writers like **Oakley** urge women to take back control.

4. Discourses constituting the body and body practices

Foucault - discourses are 'productive' - containing versions of how people should be in terms like 'being real' or 'being normal' for example. Discourses applied to a 'normal body' then get taken up as 'truths', invalidating other accounts. e.g. able-bodied = normal seems to constitute disability are being abnormal, unattractive etc.

Again, 'normal' discourses can be challenged. 'Queer Theory' does this by disrupting binaries of gay/straight, male/female. Transgenderism is an example of how it can also disrupt bodily binaries - such as sex.

e.g. Loren Cameron (and self-portrait) queers the male/female binary blending sex and gender so none is prioritised.

Evaluation of the discursive approach

Positive:

- Research makes a strong case we should view bodies and bodily practices as discursively constructed.
- Highlights shared cultural meanings, locates them in historical context.
- Critiques the 'natural order' of things
- Discourses have pernicious effects - e.g. illness, medical science, gender.

Negative:

- Is there really nothing outside of discourse? Phenomenologists would centre-stage our lived experience as missing from this account - e.g. what it is like to experience playing sport or dancing.
- While supporting the use of qualitative evidence, phenomenology would argue this perspective sidelines real bodily experience.
- You have to have a body to experience illness - Foucault ignores actual experiences of illness, sexuality etc.

Phenomenological accounts of lived experience

Describe 'lived experience', meanings and consciousness. Interested in how bodies are experienced subjectively and intersubjectively.

Nietzsche - primacy of the body emphasised and no mind-body dualism.

Merleau-Ponty - 'the body is the vehicle of being in the world'.

Phenomenological accounts of the body have two key ideas:

1. Bodily consciousness
2. A body-world interconnection

1. Consciousness of the body

There is a distinction between:

Subjective body - as lived and experienced. 'I am my body' - **Merleau-Ponty**. The lived body is an embodied consciousness, fluidly and reflexively engaged with the world - **Sartre**.

Objective body - as observed and scientifically investigated. We observe and objectify other people's bodies - **Finlay**. We become aware of a body as being contained and material. We also do this to our own body, taking it for granted until we become ill. Illness shifts attention - **Toombs**. 'Lived body' is transformed to 'object-body'.

- but these are two different facets of the same body - not a dualism.

van Manen - objectification results in the unity of a pre-reflectively lived body to be disrupted - e.g. under a critical gaze of an observer, we may become clumsy. We become self-conscious - gaining awareness of self and others.

2. A body-world interconnection

Body consciousness is intertwined with everyday (embodied) activities and our relationships. Therefore, the body = our particular view of the world and our being-in-the-world - **Heidegger**.

There is a difference between corporeal things and the body - embodied selfhood can reach beyond our skin. For example, the act of pointing. Perception also enables us to reach out into the world, beyond our physical body.

e.g.

Footballer leaning as a ball they have kicked swerves towards the goal.

A cup becomes part of our body as we drink from it.

A tattoo and the reason for getting one ties the physical body to the social world of a gang member.

Merging of body and world might be counterintuitive, but **Young** - feminist psychologist - documents this in terms of her pregnancy. Her baby is within her, yet prevents her from moving freely as the boundary of her body expands during pregnancy.

Experiencing MS - a case illustration

Finlay - case study of Ann. Analysis of what Ann's body feels like subjectively, via an in-depth interview. Shows that embodied experience is complex and ambivalent.

Describes Ann's lifeworld - assumption is her expressions reflected her perceptions of it.

Epoché - bracketing - researcher sets aside previous assumptions and knowledge of Ann during the interview. First question - 'What is living with MS like for you?' Concrete examples prompted for afterwards.

Analysis:

1. Narrative created from verbatim quotations.
2. Repeated, systematic readings using **Wertz** analytical method - seven existential dimensions of the lifeworld:

Embodiment, selfhood, sociality, temporality, spatiality, project, discourse

Act like spectacles to view the data through.

Examples from the analysis:

Ann has had flu - leaves her unable to write. Her right arm becomes seen as 'it' - a life of its own. Has to learn to do household tasks with the other arm.

Arm becomes part of her objective body - separate from her subjective body.

Seeks to preserve 'mummy role', even though fatigued and has loss of co-ordination. Threat of losing this is her 'worst nightmare'.

Loss of co-ordination => bodily alienation

However, carries on trying to reclaim her body despite illness and fatigue. Split between object/subjective body is clear but complicated!

Illness is encountered intersubjectively - e.g. in her relationship with her children. Experience of having/being in a body with MS cannot be separated - 'no inner man - man is in the world' - **Merleau-Ponty**.

Evaluation of the phenomenological perspective

Positive:

- Value of research findings like Ann means lived experience is focussed on. Poignant: insights touch all readers and help them to have a better understanding of the experience of MS.

- Therefore, can have implications on policy and practice

Negative:

- DP would agree with use of qualitative methods, but argue research is too descriptive and does not take account of the influence of discourse on subjectivity.
- There is nothing meaningful outside of discourse - so therefore a focus on individual meanings (subjectivity) is wrong. Meanings arise from social discourses. [IS dualism?]

A possible reconciliation between crit. Perspectives

Burkitt - embodiment = experience intertwined with social, cultural and historical dimensions.

Re-materialises the body (lost in discourse) but acknowledges its social construction. Body and experience are multidimensional - active, communicative bodies in time and space, but also seen as the source of symbolic understanding of the world.

A four-fold model of the person is proposed, which means we are simultaneously:

1. A productive body (can undertake life-changing activities)
2. A communicative body (able to symbolise meanings via speech and gesture)
3. A powerful body (can change conditions of our life)
4. A thinking body (human agency and communication require thought)

The body therefore is not constrained solely within social relations - we are agentic and so can go beyond the agency-structure dualism.