Embodiment

Other perspectives

- Cognitve social critique?
  - Measurement, examination and analysis is essential if we are to understand our bodies (cf Foucault)
- Social psychoanalytical critique?
  - No focus on unconscious drives in either of the other two critical perspectives
  - A lot of what we do with our bodies is unconscious - we don't necessarily think deeply about what statements we are making by dressing or modifying our bodies in a particular way

Burkitt - combining the critical perspectives

- Agreement in both critical perspectives that dualisms (mind-body, ind-soc, agency-structure) should be resisted, but differences of emphasis
- Burkitt - (re)defines embodiment as experience intertwined with social, cultural, historical dimensions (of discourse?)
  - 1. Productive body - life changing activities possible
  - 2. Communicative body - able to symbolise meaning through speech / gesture
  - 3. Powerful body - can change conditions of our life
  - 4. A thinking body - agency and communication require thought
- Discursive counter-critique may be that it is too agentic a view, however!!

Phenomenological view

- Agency <-> Structure debate
  - We can reflect on who we want to be and make choices
- Individual <-> Social dualism debate
  - Finlay - Ann's MS is encountered intersubjectively (socially) in relationship with children etc. - counter-critique to discursive accusation that phenomenological perspective is overly individualistic
- **Evaluation**
  - **+ve : Lived experience is focussed on in examples such as Ann (Finlay) - assists with understanding of MS**
  - **+ve: contributes to policy, medical practice etc.**
  - **-ve: Discursive argues research is too descriptive**
  - **-ve does not take account of impact of discourse on subjectivity**
  - **-ve: nothing meaningful outside of discourse (Foucault) - focus on individual is wrong**
- **1. Consciousness of the body**
  - Subjective body - "I am my body" - Merleau Ponty : Lived body is embodied, fludily and reflexively engaged with the world - Sartre
  - Objective body - observation & objectification of others; awareness when ill (Finlay)
    - van Manen - objectification disrupts the unity of a pre-reflectively lived body - we become clumsy, self conscious
- **2. A body-world interconnection**
  - Heidegger - body and consciousness is intertwined - the body = our view of the world and our being in it
  - Embodied selfhood reaches beyond our skin - e.g. by pointing, leaning as a ball is kicked, drinking from a cup, a tattoo to show gang membership
  - Body and world merge - e.g. Young - own pregnancy - baby is within her and prevents her moving freely
- **3. A case study - Finlay: Ann the MS sufferer**
  - Method: in-depth interview; describes lifeworld; epoche used
  - Narrative from verbatim quotations; systematic readings using Wertz analytical method - 7 existential dimensions of the lifeworld
  - Examples - flu leaves Ann unable to write; arm becomes "it" - objective body
  - Loss of co-ordination leads to bodily alienation - fear of losing "mummy" role
  - Split between objective/subjective body complicated
  - Illness is encountered intersubjectively (socially) in relationship with children etc.

Historical view

- Mind and body separate - Cartesian Dualism
- Biological view - reductionist and monist - there is only one kind of stuff; mind is what the brain does.
- Body has been largely absent from psychology as a result
  - Connell - but bodily experience is biology + social world

Body as identity project

- Can change our body - e.g. Michael Jackson
- Implies identity not fixed or genetically determined
- Western preoccupation with body seen in fashion, exercise - Giddens
  - Can also be used to challenge norms - e.g. tattoos, piercings - Holland
- Is our Western preoccupation rational when issues such as climate change are more pressing? - Shilling

Discursive view - Foucault

- Agency <-> Structure debate
  - Chernin - tyranny of slenderness; historically situated ideas of beauty (e.g. Marilyn Monroe)
- Individual <-> Social dualism debate
- **1. Discourses contain shared social meanings**
  - Burns: meanings are created and maintained in socially and culturally relevant discourses; historically situated
    - e.g. Michael Jackson dark skin -> light skin - reinvention of ethnic identity
  - Bordo: Feminist critique - eating disorders are women colluding with men's standards of femininity
- **2. Discourses are historically situated**
  - Categories of illness change over time - e.g. depression as a diagnosis not used until 1930s (Gergen)
  - Foucault - rise of capitalism and the way bodies become "productive" and "docile" by subjugating discourses
  - Use of "disciplinary technologies" - e.g. diets, body projects ...
- **3. Discourses contain power relations**
  - Foucault - no separation between power and knowledge
  - Scientific standards of normality become unwittingly used - e.g. need to label ME and legitimise it - Horton-Salway
  - Foucault - "disciplinary regimes" - who is sane/insane; healthy/ unhealthy - power - who's purposes are served by discourses?
- **4. Discourses constitute the body and its practices**
  - Foucault - "productive" discourse - e.g. contain version of how people should be "normal" - taken up as "truths"
  - And discourses can be used to challenge normality -e.g. Queer theory (Loren Cameron self portrait)
- **Evaluation**
  - **-ve: The body is lost in discourse - too much emphasis on the social**
  - **-ve is there really nothing outside of discourse? What about lived experience? Playing sport, dancing for example?**
  - **-ve Illness is always experienced through the body**
  - **+ve Research supports case that bodies and practices should be viewed as discursive and socially constructed**
  - **+ve: Highlights importance of shared cultural meanings, located in historical context**
  - **+ve Critiques the "natural order"**
  - **+ve: Discourses can undoubtably have pernicious effects - e.g. pathologising gender, illness ...**