

# What Is Health? Thinking through the Boundaries of the Body

We need only reflect that it is quite meaningful to ask someone ‘Do you feel ill?’, but it would be quite absurd to ask someone ‘Do you feel healthy?’ Health is not a condition that one introspectively feels in oneself. Rather, it is a condition of being involved, of being in the world, of being together with one’s fellow human beings, of active and rewarding engagement with one’s everyday tasks. (Gadamer 1996:115)

A key question to confront at an early stage in this book concerns the very notion and nature of health. Medical sociology, it is fair to say, has traditionally been concerned with matters of illness *qua* ‘deviance’ rather than health: an imbalance which has only recently been redressed. Parsons’ (1951) early formulation of illness as deviance and the sick role, for example, alongside subsequent debates within the interactionist paradigm over the labelling of deviance (Gerhardt 1989), are classic cases in point. Whether illness can be seen as deviance, of course, given its prevalence within the community and the potential for conformity to the sick role, is a moot point (Pflanz and Rhode 1970).

Turning away from these traditional debates, however, what of health? How are we to theorize and understand health in the current era? What dilemmas and contradictions does health symbolize and evoke? And what does this tell us about the very nature and boundaries of bodies themselves? This chapter seeks to address, if not answer, some of these questions. The aim, in doing so is less a detailed exposition, still less a comprehensive review, of the vast lay concepts literature<sup>1</sup> - much of which, again, has been preoccupied with ideas about illness and disease causation as opposed to health - than a focus on various perspectives and debates on health and the boundaries of the body in late/postmodernity: an era of unprecedented social transformation and change. Within this late/postmodern landscape, as we shall see, a variety of ‘bodies’, or, perhaps more correctly, perspectives on and dimensions of embodiment, appear, themselves part and parcel of the complex, if not contradictory, nature of health and healthism in late/postmodernity.

## **Capitalizing on bodies: habitus, health and lifestyles**

Our starting point, on this corporeal trail of health, concerns Bourdieu’s insights into what, in effect, amounts to health as ‘capital’: a perspective which casts a critical light on issues of class, health and the struggle for social distinction through associated notions of habitus, capital and field. Bourdieu, in this respect, provides one more or less promising explanation for the relationship between class, health and lifestyles, forged within the practical logic of everyday life. This, in turn, goes some way toward explaining the conundrum, for health educators and promoters alike, of the ‘gap’ between knowledge and action, and the readiness to adopt so-called ‘healthier’ practices.

Already, however, a number of terms have been introduced which themselves require further explanations en route to a fuller Bourdieuesque appreciation of ‘tasteful’ bodies and health as ‘capital’. First, the notion of habitus.<sup>2</sup> Habitus, for Bourdieu, in keeping with his emphasis on practical logic and the desire to transcend the sterile objectivism-subjectivism

divide, pertains to an 'acquired system of generative dispositions', which is objectively adjusted to the particular conditions in which it is constituted (Bourdieu 1977: 95). It is through the habitus that the 'structure which has produced it governs practice', engendering in turn 'all the thoughts, all the perceptions, and all the actions consistent with those conditions, and no others' (1977: 95). The habitus, as this suggests, is a 'structuring structure', a '*socialized subjectivity*' which gives rise to and serves as the classificatory basis for individual and collective practices. As such, it provides individuals with class-dependent, predisposed, yet seemingly 'naturalized' ways of thinking, feeling, acting and classifying the social world and their location within it.

These dispositions and generative principles are literally and metaphorically embodied in human beings. For Bourdieu, indeed, the very ways in which people treat and relate to their bodies reveal the 'deepest dispositions of the habitus' (1984: 190). This in turn is further underlined through his associated notion of 'bodily hexis', which relates directly to forms of body posture, deportment, style and gait -the socially inscribed manner, that is to say, in which individuals 'carry themselves' (1984: 218). Bodily hexis, according to Bourdieu, is 'political mythology realized, *embodied*, turned into permanent dispositions, a durable manner of standing, speaking, and thereby of feeling and *thinking*... The principles embodied in this way are placed beyond the grasp of consciousness, and hence cannot be touched by voluntary, deliberate transformation, cannot even be made explicit' (1977: 94). The power of the habitus and bodily hexis, as this suggests, stems from the largely unthinking nature of practice and habit, rather than from consciously learned rules and principles (Jenkins 1992: 76): a 'practical logic', that is to say, based on the 'logic of practice'. Whilst habitus is meant to function as an 'open system of dispositions', there is indeed a 'relative irreversibility' to the process (Bourdieu and Wacquant 1992:133). As the 'unchosen principle of all choices', habitus is largely determined by the social and economic conditions of its constitution (Bourdieu and Wacquant 1992:136).

Here we encounter the other two concepts mentioned above, namely capital and field. The habitus, together with the trajectories and strategies which are produced, is operative within the context of various '*fields*'. Fields, Bourdieu explains, have their own internal logics and dynamics, themselves characterized by the struggles of various agents concerned with maintaining or improving their position vis-à-vis the particular forms of '*capital*' at stake. A field, therefore, is a structured system of social positions. It is also a structured system of force or power relations in the sense that positions occupied within the said field stand in relations of domination, subordination, homology, to one another by virtue of the access they afford or deny to goods or resources, conceived as capital. Capital, in this respect, pertains to any of the following: *economic* capital, *cultural* capital (legitimate knowledge of various sorts), *social* capital (various kinds of relations with significant others) and *symbolic* capital (prestige and social honour). The body too becomes a form of capital, referred to either as 'physical capital' or more generally under the rubric of 'cultural capital'. Like habitus, Bourdieu stresses, capital does not exist or function except in relation to a field (Bourdieu and Wacquant 1992: 101). As a space of potential or active forces, a field, then, by definition, is also a 'field of potential struggles aimed at preserving or transforming the configuration of these forces' (Bourdieu and Wacquant 1992: 101). Herein lies the dynamic elements in Bourdieu's theory of habitus, capital and field.

As for matters of health, the application of Bourdieu's analysis to the class and lifestyles debate is suggestive on a number of fronts. Whether one is looking at concepts of health in particular or health-related practices in general (see, for example, Blaxter 1990; d'Houtaud and Field 1984; Radley 1989), it is the (class-related) habitus - itself expressive of bodily tastes and dispositions - together with the volume and composition of capital within particular social fields, which is at work

here: a relationship, that is to say, between *position* and *disposition*. Stated succinctly, what we have here is the following formula: ‘[(habitus) (capital)] + field = practice’ (Bourdieu 1984: 101).

The power of Bourdieu’s position, as this suggests, lies in its ability to explain the relative durability of differing forms of health-related behaviour, or practice, addressing both structure and agency in the process. This, in turn, brings to light the manner in which the very pursuit of health and the cultivation of lifestyles are themselves caught up in various (class-related) struggles for social recognition or ‘distinction’. This, for example, includes the ‘symbolic violence’ which the dominant classes exercise over the ‘vulgar’ bodily forms and practices of the working classes: the latter, it is held, possessing a more instrumental versus *expressive* relation to their bodies. Bourdieu too serves to remind us that whilst economic factors (capital in his terms) are clearly an important part of the health and lifestyles equation, ‘taste’ and the underlying body-schemas the habitus engenders (themselves expressions of these broader factors and relations) are equally important to consider. The habitus, Bourdieu argues, engenders a ‘taste for the necessary’, adjusting ‘subjective expectations to objective probabilities’. As such, it steers people into food choices, exercise and sporting activities, and the like, which are *broadly congruent with their underlying bodily schemas*. Even when different classes and class fractions pursue similar activities, the meaning and function of these, Bourdieu maintains, is likely to differ considerably. With respect to sport, for instance:

It would not be difficult, to show that the different classes do not agree as to the effects expected from bodily exercise, whether on the outside of the body, such as visible strength of prominent muscles which some prefer, or the elegance, ease and beauty favoured by others, or inside the body, health, mental equilibrium etc ... Class habitus defines the meaning conferred on sporting activity, the profits expected from it; and not the least, of these profits is the social value accruing from the pursuit of certain sports by virtue of the distinctive rarity they derive from their class distribution. (Bourdieu 1978: 835-6)

Bourdieu’s analysis of health as ‘capital’, therefore, has its merits, linking lifestyle ‘choices’ via the bodily habitus to the broader economic, cultural, social and symbolic dynamics of which they are a part (see also Chapter 3). It also, however, has its drawbacks. Bourdieu, for instance, has been charged with stripping agency of any real agency, with habitus tending to operate in a largely unthinking fashion ‘behind actors’ backs’ (Jenkins 1992).<sup>3</sup> Lifestyles, moreover, as writers such as Giddens (1991) stress, may well be ‘routinized’, but the routines followed are reflexively open to change, amidst a pluralization of options and choices in late modernity. This, in turn, raises broader questions to do with the merits of a class-based analysis itself in an era of rapid social change (see Chapter 3). What we have here nonetheless, these critiques notwithstanding, is a more or less promising view of health as ‘capital’, which in turn may be capitalized upon in relation both to inequalities in health in general, and to health across the lifecourse in particular (see Chapters 3 and 4).

### **Ambivalent/dilemmatic bodies: the disciplines and delights of health**

If Bourdieu’s analysis takes us so far, but not perhaps quite far enough with respect to the enigma of health (Gadamer 1996), then Crawford (1984, 2000), in many respects, provides the missing ingredients, shedding further corporeal light on the tensions and contradictions, dilemmas and dramas, routines and rituals inherent in the health-related habitus of middle-class Americans: a ‘baroque modern’ habitus, in Mellor and Shilling’s (1997) terms, which confirms and refutes its Protestant roots.

On the one hand, Crawford notes, it is possible to interpret the very pursuit of health in daily life as organized around the disciplinary practices and imperatives of corporeal 'control'. Health promotion encourages and cajoles, exhorts and commands us to adopt a 'healthy' lifestyle with strong echoes of the Protestant work ethic: a rationally disciplined or calculative way of life which itself is intimately bound up with the reflexive project of self (cf. Giddens 1991). Risk therefore replaces sin, whilst 'working out' becomes the modern day passport to health and success in all walks of life. The boundaries between the ascetic and aesthetic, in this context, become blurred. Disciplining the body, from this viewpoint, is as much about the cultivation of 'outer' appearance through youthful corporeal ideals as it is to do with 'inner' concerns for physiological functioning or optimal 'fitness' (Featherstone 1991). The adage 'no pain, no gain', and the motto 'looking good, feeling great', similarly suggest that the emotional payoffs of these reflexive strategies of body maintenance may themselves be more or less pleasurable if not euphoric (as the endorphin buzz testifies). Monaghan (2001), for example, speaks clearly to these issues in his ethnographic study of the vibrant physicality of body-building and the erotics of the gym. The 'addictive' potential of body-building, he argues, should not blind us to the sensual pleasures and pragmatic benefits of anaerobic exercise, just like those associated with other aerobic forms of activity. Particularly within today's fitness-orientated culture, it seems, the 'active/strong/disciplined/self-controlled body' - itself often 'chemically/nutritionally/pharmaceutically enhanced' - has become a 'central site for sensual embodied pleasure and the construction of subjectivity'. Without doubt, Monaghan asserts, 'popular gym culture is the domain where experiential and emotional bodies (irrespective of class, age and gender) come to the fore', opening up important possibilities to experience 'hidden visceral processes and vibrant physicality' (2001: 351).

Discipline, then, may harbour its own embodied pleasures. The fears and anxieties of health as 'control', nevertheless, are equally important to stress, providing, at best, a mixed bag of possibilities. Take coronary heart disease (CHD), for example. The risks of CHD, we are told, are associated *inter alia* with a variety of hereditary, lifestyle and environmental factors, much of which we are encouraged to do something about. So, as a 41-year-old man who falls well within the remit of various well-person check-ups and health screening devices, I should get my cholesterol levels measured, my blood pressure monitored, watch my weight, eat sensibly, reduce saturated fats, take regular exercise, avoid or reduce my exposure to stressors of various sorts, stay off the cigarettes, drink red wine (not too much mind), and so on. Risk profiling in this context, and its subsequent reduction or prevention through remedial measures, becomes a watchword or a way of life, particularly for those of us (un)fortunate enough to be labelled the 'worried well': a middle-class sport or pastime *par excellence*.

The rational disciplines of health as control, as this and countless other examples suggest, are fuelled if not premised, in part at least, on a series of fears and anxieties in risk society, including the limits of expertise itself. Whilst rational control, through the disciplined, tightly bounded body/self, may bring some degree of comfort here, the proliferation of risks in contemporary society means that one cannot rest easy (for long). We should, in fact, continually be on guard in order to reflexively monitor or manage, reduce or prevent the latest health 'scare', from the purity of body fluids in the era HIV/AIDS (Kroker and Kroker 1988) to the dangers of GM food, and from the BSE crisis to the threat of meningitis and multi-resistant super-bugs, not to mention the apocalyptic prospect of bioterrorism (Williams 2001c).

This, of course, is not to suggest that everyone is running around anxious and panic-stricken about their bodies and health in 'risk society' or 'reflexive modernity' (Beck 1992; Giddens 1991). Davison and colleagues (1991, 1992), for example, have drawn attention to the 'healthy' degree of scepticism within the lay populace, given official pronouncements

on risk reduction or preventive policies. On the one hand, many of the factors that went into the assessment of coronary candidacy, in this study of lay thinking/epidemiology in South Wales at least, appeared to be linked to those highlighted in contemporary health promotion programmes - especially regarding smoking and weight control. On the other hand, examples were readily given of individuals who provided living testimony to the limits of official wisdom and contemporary risk profiling. This, quite literally, was embodied in the figure of 'Uncle Norman', an overweight, red-in-the-face folk hero who lived to a ripe old age despite his heavy drinking and smoking habits (Davison et al. 1992: 682). To this, moving to the opposite extreme, we may add the 'lithe jogger' and 'healthy' if not 'happy' eater, who drops down dead of a heart attack at the age of 50. A prevention paradox emerges here, as these authors suggest, in which lay epidemiological reasoning, based on traditional notions of fatalism, luck and chance, exposes the limits of current expertise based on probabilistic reasoning. Lay epidemiology, in short, 'readily accommodates official messages concerning behavioural risks within the important cultural fields of luck, fate and destiny'. This, in turn, constitutes both a 'rational way of incorporating potentially troublesome information, and a potential barrier to the aims of health education' (Davison et al. 1991: 1; see also Williams and Calnan's [1994] study of GPs' perspectives on coronary heart disease prevention).

It is precisely at this point that the other of Crawford's two dominant modalities of health looms large: the cultural mandate of health as 'release'. An economy based solely or simply on the disciplinary imperatives of control, Crawford comments, would be 'ruinous'. Consumption *qua* playful, fun-loving, pleasurable 'release' is equally crucial therefore to the health and wealth of late capitalism. To let go, to relinquish these tightly bounded, rationally set controls, to indulge one's whims and passions, to pursue one's desires and wishes, these and other manifestations of cultivated or civilized release, both real and imagined, are central to consumer culture: a Romantic ethic, in Campbell's (1987) terms, as the modern day complement to Weber's Protestant work ethic.<sup>4</sup> The trick of consumer culture, it seems, rests precisely on these (false) promises and (illusory) ideals of the good life, including the imaginative fantasies and projections of consumers themselves, as the guarantee of ever-renewed consumption (Falk 1994).

Health, through this modality, is about the pursuit of well-being via the corporeal pleasures of release: a relaxing or relinquishing of former disciplinary mandates in more or less satisfying or gratifying ways. Too heavy an emphasis on health as control, too great a reliance on the disciplines of the flesh, is indeed, from this viewpoint, self-denying if not self-defeating. A slavish adherence to a rigorously set, expert-approved, 'healthy' lifestyle, in other words, is itself 'unhealthy'. The language of will-power, self-control and careful regulation, therefore, gives way to one of well-being, contentment, relaxation, enjoyment and 'the good life': a view summed up, playfully perhaps, by the axiom 'if it feels good it can't be all bad' (Crawford 1984: 81).

It is in this context, as I have argued elsewhere (Williams 1998b, 1999b), that the transgressive dimensions of health are glimpsed, or, perhaps more correctly, that health as a potential site of corporeal transgression can be discerned (see also Crawford's [1999] reply). The so-called 'hedonism' of modern day consumption *qua* release is not, however, the hedonism of old - a far cry, indeed, from the grotesque realism of Rabelaisian carnival culture, in medieval times, with its overbrimming abundance of festive corporeal excess (Bakhtin 1968). What we have here instead, as Campbell's (1987) deliberations on the Romantic ethic and the spirit of consumerism suggest, is a new (late) modern version of 'rational hedonism': a civilized, calculative, cultivated, yet playful, form of consumer bliss, based on the 'controlled decontrol of emotions' (cf. Elias and Dunning 1986) and the pleasurable tensions it evokes. The history of corporeality, Falk remarks, is

not merely about the 'disciplining' of the body or the 'destruction of its sensuality', any more than it is about the 'great emancipation' of the body's potential, but a paradoxical combination of the two (1994: 66). As borders multiply, as regulations become ever tighter, corporeal transgression itself becomes ever more complex, subtle and sophisticated - though primarily, Falk argues, in the *experiential* as opposed to the *expressive* realms (1994: 65).

Translated into the contemporary dilemmas of health, what we have here is something akin to a ritual dance, played out in the moral contexts of everyday life, the aim of which is to 'resolve', 'balance' or 'bridge', however precariously, these seemingly contradictory mandates of control and release. 'A healthy lifestyle', indeed, as Lupton and Chapman's (1995) study of media coverage and lay responses to the cholesterol controversy suggests, may well 'be the death of you': 'everything in moderation' is seen instead as the favoured way of managing this confusion and controversy surrounding diet. As Crawford puts it, in the American context:

The still mysterious but imaginatively rich relations of mind and body are incorporated into a script which, in endlessly playing out the moral tensions between denial and pleasure, must remain improvisational. Both denial and pleasure, the achievements of work and pleasurable fulfilments are essential to the perceived well-being of contemporary Americans. The dual conditions of a 'healthy' economy are replicated in two expressions of 'healthy' disposition. Like the ambivalence generated by opposing economic mandates, middle-class Americans *want both* the 'health' promised by a medicalized regime of self-control and the 'health' of pleasurable escapes from the 'stress' of renunciations, (2000: 227)

In these and other ways, in short, health provides a potent metaphor for the contradictions of life and living in late capitalism: dilemmas, it seems, which are first and foremost the problem and privilege of the contemporary (American) middle classes (a sign of distinction perhaps?).

### **Flexible/immunological bodies**

Whilst Crawford's dominant cultural mandates of health as control and release capture important FACETS of life and living in late capitalism, other writers push these themes further, pointing to the emergence of new discourses and forms of power which are changing our very conception of bodies and their 'productive' relations with other bodies in the late/postmodern era. Martin (1994, 2000), for example, using data from her own ethnographic fieldwork in America, discusses an emerging conception of bodies which, she argues, has the potential to lead to new forms of discipline and control. People in all walks of life, she observes, are coming to see their bodies not as a set of 'mechanical parts', but as 'complex, non-linear systems'. This, in turn, is underpinned, in part at least, by an enormous

cultural emphasis on the immune system, which has moved to the very centre of the way ordinary people now think of health. Many people are reaching for a way of imaging. a *fluid, ever-changing body*, a body containing turbulence and instability, in constant motion, a body that is the antithesis of a rigid, mechanical set of parts. This new body is also in a delicate relationship to its environment, a complex system nested in an infinite series of other complex systems. (Martin 2000: 123, my emphasis)

From the science lab, through AIDS organizations, to the corporate capitalist boardroom, the immune system, it is

claimed, is permeating the ways we think about health and work: discourses which imply a 'dramatic departure' from the taken-for-granted conception of health and the body which prevailed even a decade ago. This shift, Martin stresses, is happening for 'good reason'. It 'dovetails well', in fact, with 'changes in the kind of person and worker regarded as desirable - indeed, necessary, if one is to survive - in the fiercely competitive and rapidly transforming corporate world' of late capitalism (2000: 125). The immune system, from this viewpoint, has begun to function critically as the new key to health and the marker of 'differential survival' for the twenty-first century (2000: 125). The body at stake through these new discourses, moreover, becomes a kind of 'training ground', in which 'educating' or 'nurturing' the immune system, from vaccination to dirt exposure, exercise, stress avoidance and other 'healthy' practices - and the 'immune system machismo' which frequently accompanies it - becomes increasingly important. This, in other words, is an era of flexible bodies, conceived as complex systems, designed to 'fit' into the complex, flexible, workaday world of late capitalist imperatives and controls (2000: 128-38): a new kind of 'balance' indeed, which extends and develops Crawford's insights in important new ways (see also Tauber's [1997] illuminating study of 'the Immune Self').<sup>5</sup>

Haraway (1991) too raises similar immunological themes, albeit in a more postmodern vein, in her 'leaky' deliberations on cyborgs and the reinvention of nature. Since the mid-twentieth century, she argues, biomedical discourses have been 'progressively organized around a very different set of technologies and practices, which have destabilized the symbolic privilege of the hierarchical, localized, organic body' (1991: 211). What this amounts to, she argues, is a new biopolitics of postmodern bodies: a 'translation', that is to say,

of Western scientific and political languages of nature from those based on work, localization, and the marked body to those based on *codes, dispersal, networking, and the fragmented postmodern subject.*, the body ceases to be a stable spatial map of normalized functions and instead emerges as a *highly mobile field of strategic differences*. The biomedical-biotechnical body is a *semiotic system, a complex meaning-producing field*, for which the *discourse of immunology*, that is, the central biomedical discourse on *recognition and misrecognition*, has become a *high stakes practice in many senses*. (1991: 211, my emphasis)<sup>6</sup>

We can refrain, at this point, from a detailed discussion of the merits of Haraway's analysis, except to say that the prime aim, in keeping with her cyborg manifesto and postmodernism in general, is to reimagine and rethink 'natural' bodies in ways that 'transform the relations of same and different, self and other, inner and outer, recognition and misrecognition into gendered maps for inappropriate/d others', and in doing so to 'acknowledge the permanent condition of fragility, mortality and finitude' (1991: 3-4).

Dangers lurk nonetheless in this current configuration of possibilities. Could it be, for example, returning to Martin, that this new emphasis on 'flexible' bodies and immunological discourses, postmodern or otherwise, provides the opportunity for new forms of discrimination to emerge? HIV/AIDS, for example, is a case in point, ushering in what some have described as a new era of 'body McCarthyism' based on the purity of body fluids (Kroker and Kroker 1988), together with a 'fetishization' of the HIV test as a way of regulating bodies (Lupton et al. 1995). What we have here, Crawford (1994) argues, is a new 'cultural politics' for reconstructing the 'healthy' self/'unhealthy' other, in conformity with intensified mandates of control and heightened concerns and anxieties about the robustness/flexibility of one's immune system. A new 'inflexible form of flexibility' may well be emerging here, Martin warns, extending far beyond a concern with HIV/AIDS, whereby some 'rigid' folk will fall by the wayside in a neo-Social, Darwinian stampede based on the survival of the fittest.

These new 'flexible' bodies, in short, are also 'highly constrained': 'they cannot stop moving, they cannot stabilize or rest, or they will fall off the 'tightrope' of life and die' (2000: 143-4). Not quite so flexible, then, as things may seem.

### **Nomadic bodies (without organs): 'beyond' health?**

Talk of the biopolitics of postmodern bodies in turn brings us face to face with the corporeal agendas of other writers within this genre, including calls to go 'beyond' the very boundaries of health as conventionally understood, nomadically or otherwise. Frank (1991a), for example, seeks to recover in Parsons' (1951, 1964) own formulation of health, illness and the sick role, a postmodern health role. Health, from this deconstructive viewpoint, is not something which resides 'in' the body, but that which circulates or flows *between* bodies. As a communicative medium of exchange, health is based on the *teleonomic* capacity of bodies - the capacity or propensity, that is, to undertake successful goal-oriented action - within an interactive system (see, for example, Parsons 1978). Health, then, conceived in this way, provides a bridge between any one organic body and its environment: a property of 'neither the body nor the environment, but that which exists between them' (Frank 1991b: 207). To this postmodern Parsonian conception of *health as medium*, Frank argues, we should add the following:

From Michel Foucault, we add that health is a medium of imposed bodily discipline. From Jean Baudrillard, we question whose teleonomy is involved; thus the second modification is 'teleonomy mediated'. From Jürgen Habermas, we understand that the nature of health as a medium is to be 'non-discursive'. Finally in Pierre Bourdieu we return to Parsons' notion of circulation to suggest health as 'physical capital' ... These modifications are in no sense discrete from one another, but, as Parsons would be the first to recognize, they interpenetrate. (1991 b: 207)

Nicholas Fox goes further in this postmodern direction, 'beyond health' in fact. The 'Anti-Oedipal' writings of Deleuze and Guattari (1984, 1988), as noted in Chapter 1, provide a key point of reference here, particularly their emphasis on the *productive* nature of desire and the *Body-without-Organs* (BwO) - a term originally coined by Antonin Artaud (1988) to denote a philosophical and political surface of intensities, investments and flows, as opposed to the anatomical body with organs. It is in this context, Fox argues, given the biomedical *territorialization* of the body-without-organs (as an anatomical body with organs), that the notion of so-called *archè-health* arises, with the postmodern *nomad*, as opposed to the modernist *detective*, at its heart. *Archè-health*, we are told, is a process of

*becoming*, a de-territorializing of the BwO, a resistance to discourse, a generosity towards otherness, a *nomadic*, *subjectivity*. It is not intended to suggest a natural, essential or in any way prior kind of health, upon which other healths are superimposed, it is not supposed to be a rival concept, indeed the reason for using this rather strange term is its homage to Derrida's notion of *archè-writing*, which is not writing but that, which supplied the possibility of writing, that is, the system of difference upon which language is based: *différance* - that which differs and is deferred. (2000: 342, my emphasis, except the last)



*Archè-health* then, to deconstruct and decipher this arcane language, is a process of *becoming*, which by definition defies definition. As such, it can never become the object of scientific investigation without falling back into the territorialized discourses of health and illness. An absent/ presence indeed.

We have, to be sure, traversed new terrain here, promisingly or otherwise, wandering nomadically in the boundless postmodern realms of *archè-health*. Again, however, echoing points raised in Chapter 1, a series of questions arise in relation to this latter strand of postmodern thinking.<sup>7</sup> To what extent, for example, are former binarized modes of thought and practice really overcome in this way, given that Fox's analysis itself proceeds through a series of juxtapositions, including bodies with and without organs, territorialization versus deterritorialization, the detective and the nomad, and so on? Can biomedical territorializations of the body with organs, moreover, simply be written off or dismissed in this way (and if so at what cost)? To this we may add the nagging doubt as to whether or not this very commitment to difference and the endless process of becoming other - a politics of 'disembodiment' in Fox's (1999: 133-4) terms - is itself a route to political 'indifference', thereby undermining or compromising more collective or identity-based political struggles. Finally, we must surely ask whether recourse to such inscrutable language, itself somewhat elitist or exclusionary, is really necessary or desirable in order to make the simple (yet important) point that: (i) biomedical readings of the body have their limits; (ii) the world is complex and diverse; and (iii) new ways of relating to and caring for one another which respect this complexity and diversity may profitably be found (see also Scambler's [2002] assessment of the pros and cons of postmodernism). From here it is only a short step to the last of our corporeal examples of health in late/postmodernity.

### **Holistic/effervescent bodies: the sacred and the profane**

No discussion of the shifting boundaries and contested meanings of health in late/postmodernity would be complete without recourse to so-called 'holistic' health, and the movement to back it up. As part and parcel of a broader health consciousness or 'healthism' discussed above, this includes a diverse array of healers and an even larger group of adherents (some more zealous than others), including individuals who have turned many of its principles into a 'new way of life' and a more 'ecologically informed' vision of the world (Coward 1989; Crawford 1980).<sup>8</sup> Healing methods range from homeopathy to meditation, naturopathy to biofeedback, massage to acupuncture, nutritional therapies to movement or dance therapy, osteopathy to faith healing and iridology. Health and illness, from this perspective, are never solely or simply physical matters but also mental and spiritual ones. Holistic health, in this respect, becomes a new "way of being", an interrelation or balance of body, mind and spirit, a concern with "high-level wellness", "super health" or "joy of life" (Crawford 1980: 366). Emotions, as this suggests, play a crucial role. Perhaps more than anything, Coward notes, it is attention to emotional states and personality predispositions, coupled with life forces and vital energies, which informs the idea of 'whole person' treatment (1989: 71).

People may indeed be turning to these therapies in their droves (or at least certain segments of the lay populace), but again this supposed 'challenge' to biomedical hegemony and the 'warm embrace' with Mother Nature it entails - one which echoes theories of humoral 'balance' way back in the Middle Ages - may be more apparent than real (see Chapter 9). Whatever the therapy, *personal* responsibility and lifestyle change is invariably placed high on the agenda, thereby deflecting attention away from the wider political economy of health and illness - a 'privatization', in effect, of the struggle for

generalized 'well-being' (Berliner and Salmon 1980; Crawford 1980). To this we may add the problematic use of the term 'natural' and the fact that, despite an emphasis on the unity of mind and body, an underlying hierarchical form of dualism remains (with mind accorded primacy over body in the 'healing' process). 'Holistic health' also, as noted in Chapter 1, contains important elements of both 'de-medicalization' and 're-medicalization'. On the one hand, as Lowenberg and Davis (1994) note, the locus of causality is firmly restored to the individual and status differentials between providers and clients are seemingly minimized, thereby suggesting a process of de-medicalization. On the other hand, the exponential expansion of the 'pathogenic sphere' and remit of the holistic health movement (that is, lifestyle modification, mind-body continuity) simultaneously suggests a drastic increase in the medicalization of life in late Western society (see also Armstrong 1986). Seen in this light, the 'liberatory' potential of 'complementary' therapies and 'holistic health' takes on a more troubling hue, as important elements of 'continuity' with biomedicine and consumer culture are instead thrown into critical relief (Sharma 1996). This, coupled with the more general questions of 'authenticity' it raises - the search, that is, for 'authenticity' in an 'inauthentic age' (cf. Meštrovic 1997) - means that the 'dilemmatic' aspects of health are once again symbolically expressed and ritualistically 'resolved' within these 'new' (health-conscious) movements.

Discussion of these issues, in turn, connects up with broader (more wild or fanciful) claims regarding the 'resensualization' or 're-enchantment' of society. Writers such as Michel Maffesoli, for instance, celebrate what is seen to be the contemporary shift from Promethean to Dionysian values in Western culture. What this amounts to, in sociological terms, is a shift from the Weberian Protestant ethic (of productivist modernity) towards a society, or, more precisely, a form of 'sociality', governed by the Durkheimian logic of emotional renewal and collective effervescence: themes which echo, in spirit if not content, Bataille's championing of the sacred over the profane, the heterogeneous over the homogenous (Evans 1997).

We are, Maffesoli claims, living at a decisive moment in the history of modernity, one in which the 'rationalization of the world' is being displaced if not replaced by a parallel 're-enchantment of the world'. This is a process in which 'emotional renewal' comes to the fore. In contrast to writers such as Giddens and Beck, therefore, Maffesoli stresses what he takes to be an age characterized by the 'decline of individualism' and a 'return of the tribes': a form of 'sociality' based on a new 'culture of sentiment' and multiple forms of 'being together' (or *proxemics*). The 'sacred canopy' has all but collapsed, on this reading, only to be replaced by a looser, more shifting or fluid series of alliances and sensual solidarities which, taken together, spell a resurgence of the 'sacred' in a multitude of disparate, vibrant, effervescent ways (see also Chapter 9).

For Maffesoli this 'underground centrality' of sociality - the antithesis of arid Apollonian culture or Promethean instrumental rationality - bestows strength, vitality and effervescence to social life as an antidote to the cultural 'crisis' of individualism. From New Age movements and alternative therapies to the 'relativization of the work ethic', and from networks of 'amorous camaraderie' to the importance of dress and cosmetics, the emblematic figure of Dionysus, he claims, is giving rise to what Weber termed ' "emotional cults" as opposed to the atomization characteristic of bourgeois or aristocratic dominance' (Maffesoli 1996: 156). As a 'fusion realm' or 'communalized empathy', sociality constitutes all those forms of 'being together' which, for the past few decades, have been transforming society. 'Loosing one's body' either literally or metaphorically within the collective body, Maffesoli claims, is a 'characteristic feature of the emotional or affective *community* that is beginning to replace our utilitarian "society"' (1996: 154). The 'divorce induced by objectivity', in short, is slowly but surely

giving way to the intuition of experience ... we are moving towards 'experiential communication' [and a] ... 'fundamental compassion' - defined in the true sense of the term ... To take the most, obvious examples, astrology, *macrobiotic food*, *ecological movements*, *alternative medicines*: the importance of nature, regional loyalties and the stress on 'locality' all show that the '*keep your distance*' stance, which was common to epistemologies and social practices alike, is giving way to a more 'participatory' mode of being. (Maffesoli 1996: 150, my emphasis)

Maffesoli, to be sure, is open to criticism on a number of counts, not least concerning his over-felicitous view of any such resurgence of the 'sacred' (see, for example, Evans 1997; Mellor and Shilling 1997). Again we return here to the problems as well as the promises of postmodernism. Holistic, if not effervescent, bodies, nonetheless, are very much part and parcel of the broader discourses and debates on health at the dawn of the new millennium: the 'sacred' and 'profane' indeed.

## Conclusions

What conclusions may be drawn, given the diverse themes and issues addressed in this chapter? The answers, surprisingly enough, are quite simple. Health, as we have seen, is a contested notion and an elusive phenomenon: one glimpsed, through the perspectives discussed, as 'capital', as 'control'/'release', as 'flexibility/immunity', as a 'nomadic' pursuit, and/or an 'holistic/effervescent' possibility. This, to repeat, is to imply not a series of mutually exclusive bodies, but a variety of (complementary/ competing) perspectives and discourses on health in late/postmodernity. Health, it seems, is many things to many people, with a huge 'industry' to back it up, much of which itself appears quite 'unhealthy',

The boundaries of the body, in this respect, are themselves thrown into critical relief. Herein lies the other main conclusion to draw in this chapter, concerning the *risks* as well as *opportunities*, *problems* as well as *possibilities* embedded in notions of flexibility, fluidity and flows: vehicles perhaps - even when they feel like 'liberation' - for new forms of domination and oppression in the global era (cf. Martin 1994). Holding on to some sort of boundaries therefore, including the very integrity of bodies *qua* organisms in the face of their 'dispersal' into codes or information, may well be important, in health as elsewhere (Birke 1999). The (ritual) dramas of health, meanwhile, roll on.

## Notes

1. Classic studies here, for example, include the following: Blaxter (1983, 1990); Calnan (1987); Cornwell (1984); Herzlich (1973); Williams (1990). Studying lay concepts, it is argued, is important for the following reasons: (i) lay people draw upon this knowledge to make sense of signs and symptoms; (ii) lay knowledge may influence health- and illness-related behaviours and patterns of help seeking; (iii) lay perspectives are important in the evaluation of health care and medical technology (Calnan 1987). To this we may add their importance for health promotion. Lay concepts, moreover, as this chapter attests, tell us much about relations between nature and culture, body and society, including the moral dimension of health and illness, both past and present. We may also question just how 'lay', lay concepts are in fact, in conditions of late/postmodernity (Bury 1997; Shaw 2002; Williams and Calnan 1996a, b).

2. The term 'habitus', it should be stressed, has a long, illustrious history in Western thought, featuring in the works of thinkers as diverse as Aristotle, Mauss and Elias. Bourdieu, in this respect, appropriates rather than coins the term in his theorization of these matters.
3. For a detailed discussion of the links between habitus, reflexivity and the social body, see Crossley (2001), who himself goes some way toward rescuing Bourdieu from his critics in doing so.
4. See Boden and Williams (2002) for a critical discussion of Campbell's thesis in relation to recent sociological work on embodiment and emotion.
5. In the same sense that our personal identity remains a philosophical problem, Tauber argues, so our current theories of immune identity - involving the identification and integrity of self - seek answers to these age-old philosophical questions. *Self*, as a metaphor, Tauber states, has 'achieved an unassailable status in immunology, not because it is a precise scientific term, but because it resonates with our understanding of core identity, which in actuality is a most nebulous concept' (1997: 7-8). Tauber moreover, echoing Martin, notes how metaphor serves to project immunology well beyond the confines of the laboratory to the broader culture, making its own particular contribution to understanding ourselves.
6. See also Haraway's (1997) more recent work on the Biomedical TechnoService Complex™, and Chapter 8 of this volume. Montgomery (1991) too provides an interesting discussion of these issues in his analysis of the biomedical transition from combat to *codes*.
7. Other (more embodied) strands of postmodern thought, as we shall see in subsequent chapters, provide somewhat more promising ways forward. I do not therefore wish to write postmodernism off completely here, simply to provide a critical point of commentary on some of its 'wilder', more fanciful, if not 'excessive', claims regarding medicine, health and the body.
8. Sharma (1996), however, takes issue with some of these broader claims made by authors such as Coward, stressing instead a series of more pragmatic reasons for these trends.