

Chapter Four

Bodies

Bodies

This chapter interrupts the post structural positioning of the previous chapter through grounding the thesis in the essential materiality of the body itself. The conceptual framework of this chapter is the body itself. The importance here is the materiality of the body and the materiality of the person as body being made present, visible and felt. The dilemma that presents itself is that the more the direct the attempt to bring together the materiality of the body and self as multiple subjectivities, the more the body absents itself from the text. This chapter serves as a literature review wherein the body itself is the text offered for review.



I want to look at the unproblematised medical model which is marked by its supposed gender neutrality. The implicit assumption is that the body is some kind of stable and unchanging given, differentiated simply by its variable manifestation of the signs and symptoms of health or disease, ability or disability, normality or abnormality. At its most schematic, the medical model favours a professional scientific approach in which a reductionist concentration on the pathology of the body serves to dehumanise the 'patient' and reduce her to the status of a malfunctioning machine.
(Shildrick, M. 1997:15)

I wanted to start writing this chapter, keeping it under control, in neat categories and solid with theoretical underpinnings. I typed the heading then Gracie died. I held Gracie in my arms only a day before she died. Her small frame across my knees, held in my arms as I jiggled her, and tried to help break up the tone of her muscles, her eyes holding mine, not a smile – well maybe a glimmer of one, as I told her she was my gorgeous girl. Only four and a half years old, yet with a gleeful yell and a determination to meet the world, Gracie would grin at me when I walked into the school, and she would show off her new walking abilities in her walker. Only a few weeks before she died she joined the school winter lantern walk, in her walker, propelling it with determination, moving foot rhythmically after foot. Grace had cerebral palsy, and had to negotiate a world of difference. She died in her mother's arms. From a virus. And exhaustion. I saw her only hours after she had died, wrapped in her mother's favourite dress, teddy bear in her arms, in the bed, in which she and

her mother had slept. The sun was streaming in through the high window, warming her and lighting her face. Her skin felt warm and soft, eyelashes long and dark, resting closed. Despite her stillness, she was Grace. Still. The family asked me if I would find out what was needed to be done in order to bury her at home, on their property. I started making phone calls.

The next day I saw her again. The teachers of her school had come out and prepared a room for her to lie in. Her skin had tightened against her face, Gaunt. The colour yellowing, muscles pulled back more. I felt that this was a body, Grace's body but not Grace. Or rather that Grace was truly dead. She looked like my father just minutes after his death when I sensed that he had gone, flown with the last beat of his blood, and all that was left was a corpse. Was it just the sun warming her the day before, or was there some element of youth, of life, that had bloomed in her cheeks, had kept a smile hovering, the promise of the fluttering of her eyelashes?

I kept making phone calls: An acquaintance who was a palliative care nurse, who warned me that a body may only be kept at home for 8 hours after death; the undertaker, who told me stories of children buried on properties where the parents had sold up and left; who also gave me lists of numbers and complications; the site must be 200 metres from a watercourse, from a public road, from a residence, the property at least 100 acres and so on; the after hours contact for the local council. It all seemed so difficult.

I walked through the property with Grace's brother. He showed me where they had buried the horse. A large grave marked out with rocks, grey against the browning earth, the roses had been blown away in the wind, he said. There was no need for phone calls, for regulations, for geo-technical reports.

I kept saying to people this must be possible, she was only a very little girl. Eventually after a geo-technical report and the creation of an easement to the site, approval was given and a week after her death Grace was buried, her brothers and sisters helping to shovel the earth onto her coffin. Her body now a part of that land, where at sunset you can sit and look down over the gumtrees and watch the light catch

the creek, the ducks leaving ripples trailing back and out, as they swim towards their night time spots.

The body is an unsolvable dilemma. It is, and represents, the most private sphere, and also the most public expression of self. It inhabits many sites and is a site in itself. The body eludes categorisation and yet occupies innumerable categories. It signifies, and is the signifier for, a bounded concept, a body of knowledge, a body of work, my body, the medical body, the body in medicine. It is a process. It takes in and makes of itself the stuff of the world in which it is situated.

Bodies move us from place to place and yet are our most intimate connection to place. The physical boundaries of skin dissolving and becoming fused with the interaction of atoms and feelings, sensations and bonding.

Cold. Freezing fingertips. Ears hurting along the outer edges. We rug up and get into the car to go and bury Grace. Its early morning and the coldest morning. Good, I think, the cold will have been good to keep Gracie's body from deteriorating overnight. I wonder if she is in the undertaker's, morgue or at home, in her coffin in the half built house her family are building and living in.

As we drive I am transfixed by the beauty of this cold white morning. The frost, white and sharp has fixed the landscape. Ice crystals encase the bushes, and outlines them against the blueing sky. The animals, are still, close to the ground. It is a perfect moment fixed, silent and beautiful, as if the very world has stopped to hold Grace and let her go.

White ice
Etched
Against blue sky

Breathless perfect stillness

“You wouldn’t want to fall into the grave or Gracie would squash you,” says Bella. It takes me moment to realise that Bella is talking of the weight and materiality of Grace’s body in the coffin squashing someone who had fallen into the grave before lowering the coffin. For Bella, Grace’s identical twin sister, Gracie’s body is real and present and is Grace whereas for me and the other adults, Grace has moved into story and memory and her body is discarded.

I ask then, is death the final taboo or is the body the final taboo?

Body... I read the word. It is static. Fixed in this printed form.

Often when I utter the words “ my body”, the weight of its materiality fixes it. It hovers the static and stable body, boundary of self. Yet when I see a photo of myself at three years of age, reaching for the telephone, and another of me, pregnant belly protruding from my maidens body laughing in the pool, and again another soft muscles and flesh flowing with gravity, weight and wobbles the matriarchal aunt in a wedding portrait I see a body that is not static at all.

It is also a process. It takes in and makes of itself the stuff of the world in which it is situated.

Bodies: the word applies to many things concepts. I cannot bound it. There are bodies of knowledge, there is the body politic, there is everybody and there is my body. Bodies that seem constant and bounded but cannot be static. Bodies that change, grow deteriorate, are well one day and not another, that respond to everything that is around them, that are a contradiction in that they are our means of communication with the world, and our separation from the world, that we feel most intensely and are most unaware of.

Bodies into which we place our hands, that we take food into, brush against, sweat and smell. Bodies that we feel – our own and others. Bodies that are warm and alive and changing. Mouths that open and tongues that talk. Voice which is physical and expressive and a movement of air formed and shaped by our larynx and tongue and mouth and throat and lips,

Poignant

full of emotion

moving us

singing its songs

while speaking our poetry.

The body and subjectivity:

At the heart of the learning that occurs in diabetes education, is the body. Essentially what we have to learn is the body. There is a change that occurs in how we learn the

body that is introduced because of the diagnosis of diabetes. There is a linking between learning the body and [well]being. As educators we have to learn about how we learn the body, and as people with diabetes, or other chronic illnesses, or people going through bodily changes that we need to take into consideration, we need to learn about our bodies, how they are constructed and in what ways we can reconstruct them, play with them, study and *be* them.

I want to strip back the layers here and look at the problems of researching learning that occurs with the body at the centre of that learning. There is a fundamental problem that exists when we consider what it is to learn the body – a problem that lies in the research of the body, in the knowledge of the body.

Fix, fixing, fixed.

Three quotes.

The body has thus far remained colonised through the discursive practices of the natural sciences, particularly the discourses of biology and medicine.
(Grosz 1994:x)

For what is it that constitutes a ‘disease entity’ or a ‘new disease’? The physician is concerned not, like the naturalist, with a wide range of different organisms theoretically adapted in an average way to an average environment, but with a single organism, the human subject, striving to preserve its identity in adverse circumstance.
(Ivy Mackenzy in Sacks, 1985:4)

This feeling of exile in relation to the general and to meaning is such that woman is always singular, to the point where she comes to represent the singularity of the singular.
(Kristeva in Somerville, 1999:184)

Three quotes, jiggle uneasily side by side, pulling at me, their intersections and discontinuities intriguing, leading me deeper into a contemplation of the body that leaves me either disembodied, floating in the abstract or overwhelmed with the effort of trying to hold it all here, within my own body. “My head is full, wanting to burst, unable to stuff anymore into it”, I complain to my supervisor

Learning about bodies, our own and others, in a public setting such as the workplace, the hospital or the clinic, raises many dilemmas. The body in this setting inhabits both the private and public sphere, and different models define its boundaries in conflicting ways.

The specificity of the body, its materiality and its place in medicine, as a territory to be colonised, sits uneasily with the tradition of biography in medicine. Yet through the practice of ‘cutting up the world’ and categorising different specialties in medicine we cut off the biography from the body, the liver from the food, the heart from the tears. Simultaneously the patient is consigned through this process of abstraction, to becoming one generalised anatomical body.

The kernel of the problem and the dilemma is uncovered by Leder’s (1990) investigation of the ways in which the body is absent and his theorising about the moments in which it becomes present. Of interest here is his concept of dys-appearance which he defines as when :

the body appears as thematic focus, but precisely as in a dys state – dys is from the Greek prefix signifying “bad”, “hard” or “ill”, and is found in English words such as dysfunctional (84). (...) In dys-appearance, the body is thematized at times of dysfunction or problematic operation(85).

He goes on to theorise that:

Conversely thematizing the body can itself bring about dysfunction. For, as has been discussed, that from which we act or perceive necessarily operates in a tacit fashion. Insofar as we thematize the ‘from’ term we tend to disrupt its ecstatic projectivity. Polanyi gives an example; “if a pianist shifts his attention from the piece he is playing to the observation of what he is doing with his fingers while playing it, he gets confused and may have to stop.” The principle of dys-appearance is thus potentially “bi-directional”, dysfunction and body awareness engendering one another. This need not be the case, for self awareness can allow us to seek help and effect repair. However, it can also exacerbate problems, intensifying anxiety or a slump in performance.
(85)

When I first became a mother, I experienced a marginalisation as my work was no longer considered paid work. I had become a mother, but the work of mothering was not valid. Years later I experienced this same sense of marginalisation as I became a patient. I became an object within the medical world, and I was taught to view my

body as separate from my self, to align my body with the male anatomical body on the poster in the doctor's surgery. My work in learning my body and living with diabetes became invalid.

As a woman I already feel separate from the general, the central positioning of the male body, privilege and language. So my sense of alienation as a patient is a familiar one. From the perspective of a woman, using feminist ways of theorising the world I find a point of reference in which my body becomes a way of theorising difference, and recognising the constitutive powers of the discourses of gender and of the imperfect body.

I retreat once more to the comfortable notion of Cavendish's view that

All corporeal matter is both subject and agent, and that the natural and social worlds and mind and body are joined in fundamental unity. She took issue with Descartes' notion of matter being moved by God, and disputed the idea of man acquiring over nature since he was a part of it... (Oakley 2000:92)

The weighty body

And yet there is a gulf, into which I fall. Disorientated and split, discontinuous, disjointed. I reread Sacks and contemplate his gulf.

The patient's essential being is very relevant in the higher reaches of neurology, and in psychology; for here the patient's personhood is essentially involved, and the study of disease and of identity cannot be disjointed. (Sacks 1985:x)

How can this be different from diabetes, and other chronic diseases which affect the body/ brain and consequently the mind? I ask. One of the sure signs that I am suffering from high blood glucose levels, is my increased irritability, an intolerance to noise, an inclination to spiral into fits of rage, when I am dealing with my children. Somehow the boundaries between me and the world are more permeable, and I am more likely to be swept into the maelstrom of the other, and am changed.

To be located in space, which we all are, and to locate others, which we all do, requires embodiment. ... The intrinsic reference point for temporality, spatial orientation and, therefore, difference is one's own body. (Diprose, 1991:65)

Sacks goes on to argue:

Such disorders, and their depiction and study, indeed entail a new discipline, ...for it deals with the neural foundations of the self, the age-old problem of mind and brain. It is possible there must, of necessity be a gulf, a gulf of category, between the psychical and the physical; but studies and stories pertaining simultaneously and inseparably to both may none the less serve to bring them nearer, to bring us to the very intersection of mechanism and life, to the relation of physiological processes to biography. (1985:x)

In the language of everyday categories there are healthy bodies and unhealthy bodies, there are old bodies and young bodies, there are disabled bodies and able bodies, there are female bodies and male bodies. The categorisation is all about presenting the idea of bodies within a framework of binary oppositions. But the body/self, embodied lived self, is irreducible.

What happens if I insert the category of intersexed bodies?

[There are] ...an infinite number of discursive practices which make differences real by the use of categories which produce and organise them through relations on the basis of sameness. The body is the homespun fabric of this process of organisation and, as such , it is an almost coherent, but somewhat fragile, effect of power and knowledge. (Diprose, 1991:75)

Tossing and turning through the readings.

Tossing through Bordieu

Turning the pages of Gattens.

Tossing and turning in my bed.

I tossed and turned last night. Cramps in my legs. Having to plunge swollen feet, puffed painful ankles into a bucket of cold water , lift them dripping from the bucket up onto the coldness of a leather chair. Some minor relief. I could feel the tightness in my lower legs, the sense of skin being stretched, tight. How could the fluid not leak out? I lowered myself into a cold bath trying to stay immersed, but with my legs and feet still elevated. I could feel the pressure of fluid in the joints of my wrist. Cold and uncomfortable I endured. Earlier I had injected with insulin pushing the needle into the swollen and resisting flesh of my belly. Watching the needle push in the skin concaving in until finally the needle pierces through that layer and the sensation of a

different fabric of flesh is transferred through the syringe into my hand. Some spots are painful. Today I have injected 5 times and I could not find a friendly spot. My skin seemed to resist the injection and now I have 5 small bruises, legacy of the invasion.

I read my writings on the body, collected over the past few years, while I have been reading for my doctoral studies. At each point I start with a comment, then I dissolve into a series of questions. Endless questions.

What are the discourses of bodies? And how are these reflected in the educational material about diabetes? How does this relate to learning?

The medical model outlined in disability literature (Clear 2000; Shakespeare 2000; Hancock et al. 2000) places the focus on the loss or lack of the body with the primary concern being the treatment of the disability. The relationship between the body, its environment and social constructs of the body is discounted. (Clear 2000:167-169) The underlying assumption is that this loss or lack of ability of the individual disabled body is measured against an optimum state of health and being. This sets up a binary pair with one aspect 'the healthy body' representing the positive and any variation on that being categorised as the other. The concept of the healthy body becomes fixed and is not expressed as part of a continuum of being located within a context. (Kirby 1991, Grosz 1994; Somerville 1997;2004)

This binary between the perfect body and the imperfect body relies on two underpinning assumptions: that the body is fixed; the organising system of sameness. The body itself resists and challenges these assumptions.

The view of the body as part of a continuum located within a context is both explored and disrupted by Deleuze and Guattari who theorise the body as a discontinuous, non-totalisable series of processes, organs flows, energies, corporeal substances, and incorporeal events, speeds and durations (In Grosz 1994:164)

Never fixed, but always in a state of unexpected, unexperienced change.

Bigwood (1991:54) constructs the body “as an indeterminate constancy that is culturally and historically contextualised, on the one hand, and yet part of our embodied givenness on the other”.

In this seeming contradiction between the culturally and historically constructed body and our embodied givenness enables the body to become a site of resistance, There is an integral connection between the body, and the embodied self and agency. While our bodies are inscribed by the world, they are also the world expressed. It is through our experiencing and acting on the world that we are able to express our agency and change the discourses that simultaneously construct us.

If our body is not constant, if we are not constant, if we remake ourselves everyday with the food we eat, the rituals we practice, then why are we unable to remake ourselves without diabetes?

It is also a process. It takes in and makes of itself the stuff of the world in which it is situated

I think of food and taking in food and changing food so that it is our body. Our way of consuming the world. I see hundreds of people in cafes talking mouths open eating taking in the food, the hype the place.

The Weighty Body

And in Time,
Images
Like Glacéd Fruit
Are Eaten

We need to work out a new “natural-culture” of the body that goes beyond both the fixed, biological body and the poststructuralist culturally inscribed body. ... As deep ecologists have pointed out, our human being takes place within a natural-cultural relational field: it is not only involved intercultural fields of forces but it is a part of an interconnected web of relations with the non-human (Bigwood 1991:60)

Embattled. I have gone to the doctor and I feel embattled.

I contemplate the word *embattled*. Where is the location of this battle and who are the players? Is diabetes simply the body declaring war, and on whom? Or is it the world that we have created declaring war on all that is human? Is the body the battleground, between the worlds which we have created and our humanity. Is the body the casualty of the world we have created, the expression of what we live, how we live, the place that we live? When we consume the other, take in the world around us to remake our bodies, remake ourselves do we take in a poison? How then do I start this search? I look to the literature on the body. I look to the literature on how we define the body, confine it, set its boundaries, express it. I look to that which linked it to the public, to the private. What models are there? I look at the spaces that bodies occupy in our knowledges, our world, our public and private structures.

Grosz (1994;ix) sees her work in *Volatile Bodies* as a ‘refiguring of the body so that it moves from the periphery to the centre of analysis, so that it can now be understood as the very “stuff” of subjectivity.’



Once upon a time there was a girl with eyes the colour of the sea. They were sometimes green and sometimes grey and sometimes blue and sometimes flecked with colour unknown and deep as the depths of the sea goddess herself.

This girl grew to be a woman and always she returned to the edges of the sea to greet the goddess, to celebrate the great swelling of the ocean. She took her children to the seaside to run free and grow and feel the winds and the spray. In winter the steely grey and the salt invigorated her soul, lifting her heart upwards, and in summer she would bathe, deep in the waters, turning and floating and being part of the bottomless water that shifted with the ocean sands and currents. When her last child was born her first trek was from the high hinterlands of the mountains, autumnal and wide skied down to the ocean to the sea to walk with this baby through the dark dark canopy of multitudinous greens to the shore of the ocean to show him the sea and offer him to the goddess herself in celebration of life. That night on the full moon she crept back out from the cabin that housed her and her children then ran to the beach and swirled and danced and felt her soul lift up and become as great as the whole world and as tiny as one grain of sand, and she sang with the waves and lifted her arms to the sea and celebrated the moment of her woman hood. Here was the moment that hovered as the water on the sand where she would start the crossing from young maiden, young mother to old woman and crone and beautiful witch.

That moment was safe cradled by the thundering cliffs and the waves and the spray and the tumult of the ocean roaring her strength. But once she left that place took her children back into the mountains up to the tablelands the forces of evil followed; crept into the world through a little crack and started to eat away at her knowledge.

It would be nice to think of evil as a figure, grotesque and wrapped in a dark swirling coat – easy to define and easy to flee from howling in terror and calling for help. But evil is far more cunning in its disguises. It crept instead in the form of a man, a telephone call, a letter through the letter box. It came as bills and hunger and desperation and envy. Evil came disguised as the most commonplace and threw chains of conformity and expectation around her body. Evil came as broken promises and mediocrity that relentlessly destroyed her ability to dream and free herself. Poverty and shame tumbled into her world and she started to feel that she was lost. “I want to dance on the beach” she would cry in her dreams. “Where O where are the women who dance in the desert and where is the caravan of laughing dancing people winding up with their huge torch, their fires and their songs to party at the equinox in the centre of desert?”



Schneck argues that our body is not just an instrument by which we express ourselves but rather the body *'is literally ourselves expressed.'*" (in Diprose 1991:66)

My skin seemed to resist the injection. My whole body also resists the insulin. Climbing higher and higher despite the increase of insulin. Exhausted I asked my partner to cook dinner. Had a small bowl only – having eaten potato crisps earlier, licking the salt-desperately craving the salt.

I injected extra insulin. Had a cold bath, but still while reading a story to my toddler my baby, I could feel the familiar lassitude creep over. Reading each word seemed the most monumental effort. I focused all my will power on simply getting to the end of the story. Determined to not let my wide eyed, warm-skinned snuggled-for-bed child down.

As I finished the story, mouth struggling to focus the words, my arm, heavy heavy, fell and relinquished its hold on the book. My eyelids fell. On some level I fought to move up out of the blackness, the heavy leaden depths of unconsciousness- not sleep, no not that wonderful restorative process where everything rests. This was more like the deadness of anaesthesia, a poisoning, a black out.

We speak of [the body] to others as a thing that belongs to us; but for us it is not entirely a thing; and it belongs to us a little less than we belong to it .This thing, that is so much mine and yet so mysteriously and sometimes – always, in the end – our most redoubtable antagonist, is the most urgent, the most constant and the most variable thing imaginable: for it carries with it all constancy and all variation (Paul Valery in Kirby 1991:88)

The body interrupted

I keep feeling that I must write a review of the literature on the body. That it would be useful to trace the work that shows the development of the idea of cultural studies of the body. The body is becoming quite fashionable as a topic in sociology research, and has produced multiple bodies, the medical body, the consumer body, the flexible body, the disabled body, the old body. Gender and sexual difference have become subsumed by these other bodies. The very notion of difference is erased by these categories and by the erasure of the sexed body.

It is as if every time I reach for a set of categories of the body I find that that is the problem. The categorisation – the process of making categories – each of which is a type hierarchy. Each of these categories is a model. And an essential component of a model is both its similarities and its differences from the real world. The model is used to stand in for the real world but must of necessity be different, or else it would no longer be a model (Manion 2002). So how do we begin to talk about differences, when difference is that which is the shared commonality?

Whether there is an essential body, a biological determination, that may of itself be as much a social and environmental [worldly] construction which results in our sexed bodies, does not erase the experience of sexually different functioning bodies. When my body bleeds, my breasts ache with too much breastmilk, my blood glucose levels rise and fall in rhythm with my menstrual cycle or with pregnancy, my body/my self is indivisibly linked to my sex.

Birke (1999:25) in her examination of the representation of and indeed the content of the biological body comments:

bodies then are troublesome. Despite their (re)discovery by social theorists in the last two decades, they remain problematic. How do we begin to think about the body as having an inside – moreover, as having an inside that does things, all by itself? What kind of language do we have to talk about it?

Again I reach for the table of categories. *O God my throat is searing hot and prickly. Each breath in makes my lungs feel overly full, and raw. I cough and cough and cough. It hurts. I'm scared. I can't get enough air in. The sip of water on my lips is soothing and trickling down my throat soothes for a moment.*

Dear Morna,

Please excuse my absence from work this week. Unfortunately I have contracted a dose of the flu and have developed secondary infections. I will be in to collect any essays and will mark them from home,

Cheers

Alison

To Whom it may concern,

My son Jacques/Daniel has been away from school this week with flu. Please excuse his absence.

Yours sincerely,

The washing up is piling up on the sink. I have collected two bags of crumpled used up tissues scattered around the floor. The house has a grubby feel to it – too many sick bodies. Someone mentions that before antibiotics people went to convalescent homes because it took so long to recover. I think longingly of images of sunshine pouring in through large old fashioned windows onto fresh white thick cotton sheets, and pillows fluffed up to support the convalescing person, in their bed. Rest, quiet, a time of recuperation and permission to admit the sick body.

The advertisement shows three young ‘fit’ women – all well within recommended weight range, and a similar body type, with symmetrical features in a convertible car, travelling through a desert. They are carefree; it is a road trip adventure. They pass a group of three young fit men – all within recommended weight range and a similar body type with symmetrical features also in a convertible car – with the cover down. The men’s car has broken down. It is starting to rain. There is a leak in the cover of the women’s car. The woman in the back seat removes a sanitary pad and covers the hole in the roof. The car no longer leaks and the women keep on. Meanwhile the men are struggling to fix their car. In Gibson’s analysis (2003) menstruating women are seen as resourceful. More resourceful than the young men. They are able to fix the leaky car (which stands in for the leaky body) and keep on going. Menstruation is not an impediment to equality, adventure or fitness.

In my analysis the use of a masculine image of a body (the car) with the only difference a hole that needs to be fixed, erased, covered, alludes to the hierarchical binary of the perfect/imperfect body that is not sexed. In fact it is the erasure of the sex of the body – the covering of the hole – that allows the body to exist, as a male gendered body in the world, and this is held up to be the winning state, the optimal position. In this ad menstruation, like the leaky body, needs to be fixed in order for it to be valid in the world.

At Telopea Park High, the lino on the floors swept down endless corridors and into the sick bay. The girls' sick bay was set up with two small trundle beds, grey heavy blankets and hot water bottles. There were two beds there, as there was often more than one girl sick. The solution to bad period cramps was to go to nurse, take some Panadol and lie curled under the blankets with a hot water bottle clutched to your stomach. I still remember that feeling of floating off, away from the intense clutching pains, into a sleep then waking, exhausted and washed out but pain free. I don't remember ever going to sick bay for any other illness or injury. When a girl went to sick bay the rest of us would know then that she was probably having a 'bad' period.

When looked at logically the idea of a perfect body is a fiction (Barnes 1998).

Research in Britain in 1996 concluded that 4 out of every 10 adult women and men have a 'long term illness or disability.' (CSO in Barnes & Mercer 1996:1)

Weedon states that:

the overriding concern of most parents in bringing up their children is with 'normality', the normality necessary for future success in the two privileged sites of adult life, the family and work. (Weedon 1997:73)

She does this to explore the processes of creating a socially defined normality. In doing so she places the workplace and its discourses as a delineator of "normality".

The discourses of the body in the workplace are contradictory and complex. Studies of the body in the workplace are both disruptive and constitutive of fixed discourses of the body and the perfect body. In the workplace a key question revolves around what degree of variation from the perfect body is considered acceptable and by what criteria this is measured and established. Should the workplace be driven by a production model the measure would surely be the cost of the variation of profit to the organisation. In this case the 'normal' body is exhibited by the worker who does not have to claim for a difference in body. The well body then is a body that is need of minimal sustenance and notice.

When doing some research into a work team adjusting to a co-worker with a chronic illness/disability, I was shocked to find my ethics approval negated. The culture of

many workplaces makes the naming of illness a perceived and real threat to workers with chronic illness (McConnell-Imbriotis 2001a; Vickers 1997). And so there is an effective silencing of bodily difference.

From early in my readings I have been drawn to Vickers article entitled: 'Unseen chronic illness and work: authentic stories from "women –in –between"'. As Vickers expands in her abstract these stories are from women 'who reside in between wellness and sickness, junior and senior organisational roles, and home and work responsibilities'. There is something disturbing about the description of the sample of women, who 'strive and live in a "world of hurt" and who as well as being subjected to the 'all the problems reported elsewhere concerning discrimination, glass-ceilings, "invisible" barriers, sexism and stereotyping" also live with the workplace marginalisation and stigmatisation associated with unseen chronic illness' (Vickers 1999b, 2001).

At the core of this disturbance I feel an actual physical unease. As if my bodily knowing of the world, or rather the knowledge that resides within my body, my embodied knowledge is prickling. I sense a disjunction. I'm disturbed, irritated, dismissive. I want to move, pace the floor as the thoughts tumble about in my head trying to fall into a pattern, an explanation of this. I find myself moving out from my chair, searching for food? Coffee? An excuse to move to find the answers in my body, or to move away from this disturbance, calm and sooth my body, and open up the flow of dialogue between this knowing and this abstract cognitive exercise.

I pull myself back to the computer and try to force the flow of thoughts from the pit of my stomach, my head and through my fingers. I am disturbed by the creation of yet another category, that of chronic illness, whereas I am drawn to the idea of the in-between. It is here in the gulf, the in-between the refusal to categorise that I am at peace. In this space exists all possibilities all becomings and beings. Here the body is neither sick, or ill or healthy or chronically ill or fixed. Here the erasure of the body is no longer possible because here its very elusiveness is its home.

Throughout these years I keep thinking about this idea of the perfect body. Is the newborn, in all its helplessness and dependence the perfect body? Or is it the moment

in which the youth, moves gracefully perhaps balancing on a skateboard or snowboard at one with movement and environment? The moment of the dancer, leaping and twisting at one with movement, music and muscle? The moment of beauty and bodily presence that in both athlete and dancer simultaneously creates the conditions that lead to arthritis, damaged ligaments bones and muscles? Or is it the body as it gently fades back to the earth, fragile skin that tears with age, dappled like leaves fallen in autumn? How can those who say they never feel any ill health claim perfect health when it is inevitable that they will die?

That there are times when the body needs rest, that we struggle with viruses, and different flows and energies, is acknowledged in the provision of 'sick bays', of 'sick' pay. That we are in constant search for ways of denying this as the process of our living, is seen in the erasure through advertisements that hook into this desire and encourage us to "soldier on"; to fix the leaky body. The consumer body, the medical body, the flexible body, the aging body, are all other than us. Are fixed. Are a denial that whatever category we devise for the body we are simultaneously all of them either now and/or/in our becoming.

These [discourses] variously locate the body as the site of one's habitat or subjectivity – where the body is constituted in a dynamic relation with other bodies in a societal context of power, desire and knowledge. (Diprose 1991:66)

Within this multiplicity of process our subjectivity is in constant play with our being as we constitute ourselves again and again each time we speak within the historically and culturally defined possibilities. Each time our breath forms words and is fixed, as we represent ourselves as text, as story, as performance.

Post structural discourse entails a move from the self as noun (and thus stable and relatively fixed) to the self as a verb, always in process, taking its shape in and through the discursive possibilities through which selves are made. The maker, for Jones/Butler, is language. For me, it is not some pre-discursive self, ...but an already discursively constituted subject, a subject in process, a subject as a verb, a subject who, like post-structuralist writers, can:

- see the constitutive process;
- read the texts of their 'selving';

- recognise the constitutive power of discourses to produce historically located ideas of what it might even mean to be a self, or engage in 'selving';
- look at the contradictions between discourses (and not reject them solely on those grounds); and
- play endlessly with the discursive possibilities that have been made observable through post-structural analysis.

(Davis 1997b:274)

Breath

Now lie down, arms to your side, palms facing upwards. Become aware of your palms.

*Romeo.: [To Juliet.] If I profane with my unwortheiest hand
This holy shrine, the gentle sin is this
My lips, two blushing pilgrims, ready stand
To smooth that rough touch with a tender kiss.*

*Juliet.: Good pilgrim, you do wrong your hand too much
Which mannerly devotion shows in this;
For saints have hands that pilgrims' hands do touch,
And palm to palm is holy palmers' kiss.*

Shakespeare Romeo & Juliet Act 1 Sc V

Close your eyes and relax. Feel whether your body is straight, or are you twisted? Straighten out your spine, neck. Feel where your body touches the floor and the places it lifts away from the ground.

At this point I start to pace as I speak out the relaxation. Feel boards beneath my feet as I simultaneously feel my own breath.

Just breathe, Feel the breath come in through your nose. How far does it come between your eyes? Where is your tongue in your mouth – is there space around it? Be aware again of your breathing. Take your breath down into your lungs. Do not control it, just be aware of your breathing, the way your chest moves, springing open to receive the air then pushing it out. Let your breath in.

I note the state of the various people on the floor- who is tensing, are they moving into their bodies or resisting it? It is time to bring their attention back to their breathing and I breathe in again, then forming the words with that breath, say:

Feel the temperature in your nostrils, feel it flow into your lungs and then through your body. Be aware of that moment of balance as the air coming in hovers, flows and then the breathing out of your body into the world.

Ah yes the moment of balance, almost fixed but fluttering into the next moment, the next being.

Be one with your breath. Down through the body, your centre, into every crevice. Every cell.

Each new being containing all experiences and beings and breaths of before in the one of becoming, fluid and ever changing.

Imagine you are lying on the edge of a cliff. It is warm. You can feel the sun. Imagine you are made of ice cream and the sun is melting your toes. They melt and dribble down the cliff, down down down to the bottom where it pools. Now your legs are melting... Your face is becoming soft melting down down down... Become aware of your breathing. Of the floor beneath you, your weight, your surroundings.

Time now for me too to return, from that place where I am embodied, grounded and simultaneously at one with every breath in the room, part of the ether.

The actors training is held in my cells and my being and my self and is performed and [re]learnt with every touch of the world and exchange between me, my body my self.

After an interview I ran into a young neighbour. She, young, indigenous, with 5 children under the age of 6, I mid forties, white privileged and burdened with education. I said "I hated it, I did really badly". She replied "You mustn't say those things. They are your words. Your words are important. They are your breath. You. Your body". Humbled, I wondered whether she lived and knew my thesis more truly than I.

Breath. In and out. Life. We do not struggle to breathe in. Our lungs spring open and create a vacuum and the air, the world rushes in. Our effort lies in expelling the air. Pushing ourselves back out into the world. When someone dies we wait for the next breath. But it does not come.

Unfixing

The analysis I use can be, and is, directed at uncovering the inherent instabilities in all discourses, and moreover, its aim is not to falsify past claims so much as to disrupt them. The certainty of categorical distinctions may be shattered, but deconstruction is not synonymous with destruction, and we are entitled to recuperate some elements and look for new – albeit provisional – configurations of meaning and value. (Shildrick 1997: 6)

I am frustrated. I cannot categorise the body without erasing the body that stands in for the signifier of difference. For people with diabetes, or any other ‘chronic illness’, or indeed anyone learning their own body there is a need to establish the validity of a subjectivity that admits difference, that places the body at the centre. Without this validation it is not possible to have a dialogue between say me and my doctor without my erasure. I struggle to express the most simple of experiences. I am different, because every body is different, is located in a different context, and only I can be the expert of that difference. When I wish to discuss my body with a doctor, I am the expert. If difference itself is erased, then my body, my self becomes erased, flickers again out of focus, and there can be no dialogue between the different ways of knowing. How can any education, any learning of the body take place if the body that is being learnt has been erased?

How I represent and know myself is integrally caught up in both my bodily experience and its role in the positions that I take and am taken up by. The positions and the construction of my subjectivity.

And once again I come back to the erasure of gender, of sexual difference in the medical body.

I take refuge in Shildrick’s position which she claims is a specifically feminist take-up of postmodernism. She identifies the following points as markers of this positioning:

a deconstruction of the binary of sexual difference, that neither re-enacts gender indifference or takes up the liberal humanist position; the recovery/discovery of a radical sexual difference, a difference that speaks to the feminine *beyond* the oppositional gender binary – which is underpinned by an Irigarayan reading which *anticipates* a distinction between women and men; a claim to female specificity in which what is [re]claimed is a multiplicity of fluid positions linked only by the in-common experience of a specific body form rather than a homogenous category of women; and an insistence that discursive deconstruction should not entail disembodiment.

In the last morning of my father's life I sat by his bed, listening to his breathing. Every breath filtered through the pooling fluids in his lungs. At first conscious, his eyes and mine embraced. I read him his two favourite pieces of poetry, Wordsworth's *Daffodils* and *Ode: Intimations to Immortality*. The words flowed over him, the images too distant and caught up in the complexity of text to hold him. I breathed with him, spoke images of relaxation. I sang. Lullabies and half remembered psalms. And with my brother and sister, we stood around his bed and recalled our childhood and the stories that Dad and Mum had told us of their youth. It was in the singing, the lullabies and the stories that he was able to relax. To let go of the terrible fight. My father did not intend to 'go peacefully into this dark night', but rather wanted to 'rage, rage against the dying of the light'.

Every rasping breath tore at me, and I found ease and peace in his letting go as he was distracted or soothed, I don't know which, by my songs and the reweaving of the family stories around his bed. Woven in the best way we knew how, to hold him throughout his dying.

What is at the base of this erasure of the body and stories of the body at the centre of our construction of knowledge about how we learn and experience bodies and bodily difference? One thing that strikes me is that even though bodies are central to all sites, attempts to research bodies placed into a living context become marginalised, as happened in my research into my own workplace. Interestingly this marginalisation brought into relief the different interests and investments in the body, OH&S, Equity, Industrial Relations, the Legal interests and so on. Work in the 'disability' field

support the assertion that the interests predominantly flow from the human services industries, and it is argued elsewhere (Shakespeare 2000) that these industries obtain their power from their position to dictate the allocation of resources in our society. At an even more fundamental level the justification of that power comes from the discourses of the body that flow from those industries and the representation of the body as an abstract concept that is examined always and only outside its context. The context of the body in any site, is both the landscape of the body itself and its interconnection to that specific site.

In *Feminist Practice and Poststructuralist Theory*, Weedon (1997:7) signals the main thrust of her work saying:

It is the argument of this book that rather than turning our backs on theory and taking refuge in experience alone, we should think in terms of transforming both the social relations of knowledge production and the type of knowledge produced. To do so requires that we tackle the fundamental questions of how and where knowledge is produced and by whom, and what counts as knowledge. It also requires a transformation of the structures which determine how knowledge is disseminated or not.

Birke (1999) argues that 'refusing to relegate 'the biological' to categories of fixity helps to move us in the direction of integrating social theory with and understanding of the material body, insisting in her work on biology and feminism,' on transformations and change rather than fixity and determinism.

I am grateful for the frameworks these works provide that enable me to shift in my views. To become aware of other discourses of the body while at the same time I lament that the embodied knowing has flown from these texts, elusive as ever, leaving me bereft.

I take the next breath.



In this chapter I explored and made explicit the importance and centrality of the materiality of the body. I found that diabetes education is about bodies learning about bodies. The importance here is the materiality of the body and the materiality of the

person as body being made present, visible and felt, as opposed to it being abstract and removed as occurs in a lot of writing about the body (Somerville 2004).

What then emerged in this chapter was the relationship between the fixed and dead body and the fixed nature of disembodied writing. I explored the disjunctions between materiality, body and life. At this point the thesis shifted, and the methodology that emerged more fully was the use of an embodied writing as a device to bridge the binary divide between materiality and abstract thought; between fixed knowledge, as a point of reference and reflection, and the ongoing and future orientated fluidity of shifting and ever-changing contexts. Here the thesis hovered for a moment, balancing the temporal and the spatial, existing in place and in the moment.