‘She was becoming too healthy and it was just becoming dangerous’: health, image and embodiment

Abstract

This paper builds on recent theoretical developments in sociological and feminist theory to explore the embodied dimensions of ‘health’. Drawing on qualitative interview data with young people about their body work practices, the paper unpacks the complex ways ‘health’ is conceptualised and embodied in relation to social life. Health was described in interviews as a set of practices, activities or performances that involve the body and have social dimensions. Health is commonly understood to entail a state of being that can be attained through a series of practices such as diet and exercise. However, as participants describe, the experience of ‘health’ is not the straightforward result of undertaking ‘healthy’ practices, and these practices require negotiation so as not to slip over and become ‘dangerous’ such as through under-eating or over-exercising. The paper argues that understanding health and embodiment as states of becoming (rather than being) can assist us to understand the complex and contradictory ways health is understood and lived. This approach can also assist in problematising links between health and ‘healthy’ practices, and health and appearance.

Introduction

Featherstone (2010)has argued that consumer culture is obsessed with the body, and that through consuming products and pursuing health ‘strategies’, the positive benefits of bodily transformative work are ubiquitous. Here, cosmetic transformations and the ‘look good, feel

good' logic of consumer culture 'is presented as within the reach of all' (Featherstone 2010: 202). Numerous authors have theorised the link between cultural developments with an emphasis on consumption and the effect this has had on the way the body is approached as an 'object' to be worked on and improved (Bartky 1990; Bordo 2003; Crossley 2006; Dworkin & Wachs 2009). During the second half of the twentieth century, a shift occurred in the culture of advanced capitalist societies in which conspicuous consumption became central in the ethos accompanying hard work in the realm of production (Featherstone 1982; Shilling 2007). As a result of this shift, embodiment and the physical body came to be treated as both a 'project' and a 'form of physical capital' (Bourdieu 1977; Shilling 2003, 2007).

Current discourses of health and body image in consumer culture can be understood as ways that bodies become 'organised in socially and culturally recognizable ways' (Coleman 2009: 142). Crossley (2006) argues that the particular conditions accompanying consumer culture logic in the current neoliberal context enables people to reflexively 'self fashion' their bodies and selves through consuming a range of products. The cosmetic, beauty, fitness and leisure industries all cater to the self-consciously constructing consumer (Featherstone 1982: 21). The implicit individualism of consumer culture's attitude to the body means that any structural and cultural disadvantages and inequalities are made invisible. In this context, certain lifestyles are privileged and marked with morality, while others are marginalised and excluded and the effects of social inequalities and locations such as gender, class, race and sexuality are obscured, masking the structural production of health disparities (Dworkin & Wachs 2009: 21).

Theory

Stemming from feminist sociological work drawn on the theoretical perspectives of Deleuze and Guattari (1987), I approach the body as an assemblage rather than a discrete entity. To describe the body as an assemblage references the ontological perspective of the body as 'a physiological and social institution, a relationship, an intense capacity that is sensed...it is a site where forces engage with each other' (Goodchild 1997: 43). This perspective of the body as an assemblage explores the body's numerous relations, including micro and macro forces and how these affect or are affected by the body.

'Becoming' can be understood as the outcomes of those affective relations between bodies and things. Deleuze's (1992) framework of becoming proposes that all things, bodies and matter continually connect. The term 'becoming' refers to this process, and to the particular ontological perspective that bodies are not autonomous entities (subjects or objects), but are constituted through their connections. Becoming refers to a focus on bodies as intensities, rather than entities. Rather than asking 'what are bodies', or questioning the *being* of bodies, Deleuze (1992) asks 'what can a body do?' To study becoming is to study the micro-processes of change that occur through affect and relations. Bodies are thus understood in the context of the connections and relations that are formed and their potential for becoming.

From this perspective, the current social, cultural and economic contexts form the 'unstable assemblages in which humans are caught up', and affect what the body can and cannot do (Rose 1996: 184). Dominant discourses of health, for example, and its links with consumer culture and broader individualised responsibility are key forces affecting the body. In this way, broader ideologies of health and individualism currently affect what the body can and cannot do. Analysing the specific practices and events that form bodies in this study such as

cosmetic surgery, weights training and a multitude of others, enables an analysis of what bodies can do, how they connect, affect and are affected in the context of the unstable assemblages that form them.

Methods

Through 22 in-depth semi-structured interviews with men and women aged 18 - 33 in Melbourne, Australia, I explored participants' experiences of body work and broader understandings of health and gender. I recruited through asking personal contacts to forward electronic advertisements to their friends (not known to me) through Facebook and email, which enabled participants to self-select to be involved in this research. Participants self-selected to participate, and were mainly white, middle class and heterosexual; range of professions and education levels. The aim was to explore how body work is done and how bodies are understood by those who self-selected to participate. Participants discussed a range of body work practices related to their identities such as exercising through jogging, attending classes at a gym or weights training, as well as diet, wearing make-up, tattooing and cosmetic surgery (see Author, 2013a, 2013b). Many of these practices were undertaken by both men and women, with the exception of wearing make-up, tanning and cosmetic surgery, which were exclusive to women in this study. Only body work practices participants described as related to 'health' are discussed in this paper.

Health, image and the body

All participants highlighted health as an important aspect of their body work practices. Health was discussed in varying ways: as a set of ideas, linked to morals and individual

responsibility (Kate says ‘I don’t feel as healthy as I should’) and applied to others’ bodies (Adam respects ‘people who respect their body and respect their health’; as a feeling (Gillian, Clare and Peter discuss the embodied sensations linked to exercise such as increased heart rate and endorphins); as related to identity and the experience of the self (‘I just want to feel healthy so that I feel happy’, as Paul says; Sam, Jason and Finn say they feel ‘better’ about themselves when they are ‘fit and strong’) and as linked to image and appearance (Angela, Kim and Victoria say that exercise helps them to maintain a ‘healthy shape’). These themes related to health – as discourse, image, and relation to the self – interconnect, and operate in complex ways (see Author 2014).

Ben, an ex-professional baseballer, continues to lift heavy weights most days despite no longer professionally participating in the sport. His physique contributes directly to his identity and sense of self, and how others see him (‘as a big strong guy’). He says the nickname ‘Hercules’, given to him by his teammates and friends is ‘a lot to live up to’, and is becoming more difficult as he grows older: ‘I’m 32, and I wonder how long I can keep that up for?’ Ben, however does not understand his body work activities as related to health. Ben actively disconnects notions of health from his body work of weights: ‘I could say it was for the health benefits and everything, but...I can’t really say that’s the main reason for it.’ He notes that health is available as a discourse to help him to justify or explain his body work, but admits that health has not been an important goal in his body work or in his attitude to his body.

Most participants in the study described a healthy male body as looking muscular, and specified that it is ‘healthy’ and ‘natural’ for men (not women) to be muscular. Ben’s body exemplifies the healthy ‘masculine’ body, and it is this ‘image’ that is becoming more

difficult to ‘live up to’. Ben says when he was younger he ‘would have done anything, steroids, anything to make [him] a better athlete’, but there is a sense that his focus on his body in terms of image only is changing, as he is beginning to consider his body differently as he grows older. Towards the end of the interview, Ben said he was becoming more focused on ‘inner health’ (such as moderating his cholesterol levels and reducing blood pressure through making changes to his diet), as opposed to his ‘image’.

The following examples focus on instances described by participants which go beyond ‘health’ to show the contingent and unstable ways in which health is constructed and experienced.

Health as ‘becoming dangerous’

Sara and Daniel, among others, referred to body work practices such as going to the gym and exercising as being potentially ‘addictive’, saying ‘people can get obsessed with it’. In Sara’s example, she makes a clear distinction between health and people who practice ‘exercise’ routines ‘every day’:

Sara: Men and women can both become, like almost obsessed with it [working on their bodies], and do their routines every day and exercise and eat well and all that sort of thing, sure.
Julia: So...you’re saying that people can get obsessed with going to the gym and things like that? Do you know people like that or...?
Sara: I know people like that, and I know people who you know, how guys can use steroids or drugs to make themselves look better, and I’ve heard stories that once they start doing it, it becomes addictive and they have to do it every day... Like, you can look good but you don’t have to, it doesn’t

have to be an obsession, you can work out twice a week and be healthy. You don't have to go every day.

Julia: So you think that's the better way to be?

Sara: Yeah definitely, do it, like, healthily. (Sara, 26, dental nurse)

There is 'nothing wrong' with wanting to 'look good' in Sara's opinion, so long as this is done in a 'healthy' way: 'you can work out twice a week and be healthy', but steroids transgress the boundary of health, she argues.

Clare clarifies that a specific 'healthy' practice, such as exercising, has a limit, and may tip over into being 'unhealthy' if done excessively, or as the result of an 'incorrect dosage'. In Clare's example, excess is referred to in paradoxical ways: first in the dangers of 'indulgence' in the context of food, which is acceptable as long as it is a 'small dose'; and second, in exercise to 'work off' the 'small dose' of indulgence, which too has the danger of becoming something that can be undertaken excessively, which would lead exercising towards becoming unhealthy. Clare, unlike most others in the study, problematises and complicates 'health' and practices that are generally understood by others as 'healthy'. A reason for this is Clare's former best friend's experience of suffering anorexia. It is this which Clare describes as the central example of what can happen when seemingly 'healthy' practices of eating 'healthily' and exercising can be taken too far and 'become dangerous':

One of my, um, she used to be my best friend, we're not close any more - she got anorexia this year through stress and just, very bad treatment - like, she's very fit and healthy but all she ever did was exercise. And she, she ate, all I'd ever see her eat was lettuce. And she got to the point where she was becoming too healthy and it was just becoming dangerous. (Clare, 18, VCE student)

Here, the notion of health as being straightforwardly positive is unsettled; health has the potential to become dangerous. Clare describes that the practices themselves are not essentially 'good' and may become problematic if they are done 'too much'. Here, 'health' as practices can be just as dangerous, if not more so, than 'unhealthy' practices. 'Unhealthy' practices were particularly typified in Clare and others' examples of people they knew who were 'very overweight', who 'eat a lot of junk food and don't exercise'. Clare describes 'healthy' practices as doses of 'health', but the practices in of themselves are not healthy, since they can be taken in the wrong 'dosage'. Others, including Gillian and Paul also refer to healthy practices as a 'dose'. For example, Gillian says, 'I think a healthy dose of exercise is necessary to keep the body in shape'. The notion of health as something to be practiced or administered in 'doses' supports arguments that health is increasingly medicalised (Crawford 2006). As Suissa (2008) has argued, medicalisation of behaviour can have particularly strong individualising effect, as problems which are primarily social are tested and treated as medical or pathological.

Clare views 'health' as existing beyond the boundaries of so-called 'healthy' practices. She conceives of health more holistically than most other participants, as being a physical and mental state:

If you're fit, if you do the right thing to your body, then that's good, within reason.....[but] I think to be healthy you've gotta be happy as well, you've gotta be happy in yourself at least.

The multiple understandings and definitions of health mean that 'health' is not confined in any set of practices, and cannot be simply understood a state of 'being' to be worked towards or attained. Whilst most participants pinpoint particular 'limits' of what is or is not considered a 'healthy' practice or activity, as these examples show, the boundaries of 'health'

may shift and are understood differently by different participants in the contexts of the relations between theirs and others' bodies. Many used other's bodies to define these limits, such as overweight acquaintances (a girl Clare knew at school), steroid users (men Sara knows through her partner, or men Ben sees at the gym), women who do not eat enough (Clare's friend at school who suffered from anorexia, or Paul's criticism of idealised women's bodies in the media) or people who over-exercise (in Adam's description of the women he sees running endlessly on the treadmill at the gym) (for an expanded discussion see Author 2014).

Discussion: Health as a becoming

Conceptualising health as a becoming (rather than fixed state that can be attained or achieved) speaks to the ambiguous, contingent and intensely personal dimensions of physical, bodily experience. Based on these examples, theories which emphasise the multiple, contingent and unpredictable aspects of experience and embodiment are useful to enable more expanded understandings of health. Stemming from a theorisation of bodies as unstable and in process, health as it is understood by participants can be seen as a force or discourse that is engaged with in a range of different ways, and creates different 'conditions of possibility'. Health can be understood as an assemblage, as it creates the 'conditions of possibility for identity, establishing the psychic substrate that both defines a person's capacities and his/her limits' (Fox & Ward 2008: 1009)

Because key discourses surrounding health and bodies specify the link between health and appearance (look good, feel good), health is prioritised as a key aspect informing how bodies are worked on, and how they are lived. I have intended to show in this brief paper however that health as a concept and discourse is much more complex, and is lived out in surprising

ways, such as in Clare's friend whose anorexia was explained in terms of 'becoming too healthy'.

A focus on image as separate from health is defined by participants as an 'unhealthy' preoccupation or even 'addiction', for example, when Sara discusses that men who use steroids to 'look better' overstep boundaries associated with body work and 'health'. Through body work practices, the body may be worked on towards a desired 'image', yet the body is 'not a thing with a fixed or determined image' (Featherstone 2010: 208). It is no wonder that Ben finds it so difficult to 'live up to' a static, fixed image or identity. The possibilities open to Ben for living his body are changing beyond his identification with 'Hercules', towards a notion of 'health' disconnected from appearance; as internal (through lowering his cholesterol and blood pressure), rather than visible.

Conclusion

The dominant 'images' of health are often static – that of lean, toned, tanned muscularity, or slenderness. However experience, and lived physicality and embodiment is fluid, contingent and shifting. Through body work practices, the body may be worked on towards a desired 'image', yet the body is 'not a thing with a fixed or determined image' (Featherstone 2010: 208). Health, too is not a 'fixed thing with a determined image', so understandings of health as such are clearly problematic. This has implications for how 'health' is promoted and discussed in a range of settings, including education settings and health services, as discussions of health should centre not on how a person 'looks' but rather on lived, experiential factors. From a conceptual perspective, approaching health and embodiment as becoming, rather than something that may be fixed, objective or static, can assist us to understand the complex and contradictory ways health is experienced and lived. This

approach also assists to further problematise links between health and 'healthy' practices, and health and appearance.

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