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The private and public body: Implications for health promotion

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ABSTRACT

The history of attitudes towards the body in society is one centred on fear, played out through a culture of discipline, exclusion, punishment and conditioning which is becoming increasingly internalised through the constant mutual exchange of influence between the public and private spheres. These influences play a significant role in determining health behaviour and receptiveness to health promotion messages through the manipulation of self-esteem. Health promotion itself must find a balance between utilising and doing battle against the effects of these dominant cultural influences in its quest to improve health behaviour. It must speak the contemporary language of the body and understand the culture in which it operates, working within the public and private spheres in order to effectively communicate its message.

We live in a culture which increasingly permits the unashamed display of the human body, where clothing is no longer designed to conceal the human form but rather to celebrate it. Contemporary western society is one where the body is constantly under surveillance and judged as an outer representation of its owner's inner self (Featherstone, 1991).

Traditionally, the idea of 'the private' has been associated with notions of the domestic, the family, the intimate, the personal, the sexual, and seen as a haven from the traditionally public notions of civil society, the state, the market place, the work place, critical public discourse and culture (Duncan, 1996). Whilst the constant monitoring and surveillance of the body in public

space emphasises its distinction from private space on a physical level, the influence and relationship between the two is growing stronger.

The history of attitudes towards the body in society is one centred on fear, played out through a culture of discipline, exclusion, punishment, and conditioning which is becoming increasingly internalised through the constant mutual exchange of influence between the public and private spheres. The implications for health promotion are fundamental – not only do these influences play a significant role in determining health behaviour and receptiveness to health promotion messages through the manipulation of self-esteem, but health promotion itself must find a balance between utilising and doing battle against the effects of these dominant cultural influences in its quest to improve health behaviour.

In the 19th Century the middle classes began to define the proletarian body as the literal embodiment of threatening, unruly behaviour. The bodily pleasures and excesses in which they indulged as their form of leisure, such as drunkenness, sex, idleness, and rowdiness, lay outside of social control and were seen as threats to the social order. As excessive pleasures were allied with the subordinated class, they represented a potential threat and discipline was required to keep them in check (Fiske, 1989). Imposing middle-class meanings on the proletarian body – labelling the bodily signs of excessive, undisciplined pleasure as immoral, disgusting, and unacceptable – became a means of attempting to influence its behaviour.

The bourgeois body was seen as the opposite of the undisciplined working class body, and therefore the socially acceptable body which one should aspire to. The size of the body began to determine how one was perceived – the more body one had (whether fat or muscles) the less cultured and civilized one was expected to be (Bordo, 1993). The clean, aestheticized body, inoffensive in every sense, presents no challenge to the social order (Bourdieu, 1984).

The history of the body in society is a history of imposed meaning. Whether emphasising the distinction between the ruling class and working class body (Dyer, 1986), or the male and female (Bordo, 1993), the central issue remains control through discipline, metered out by meaning.

The public sphere acts as an arena in which bodies are judged against the prevailing set of meanings, expectations and definitions of social acceptability. The distinction between the private and the public remains one of the most important spatial ordering principles in Britain, serving to preserve traditional power structures (Duncan, 1996). A distinction between the public body and the private body is inevitable because, even for those who resist consciously changing the appearance or behaviour of their bodies in the public sphere, it will be read differently by others in accordance with the different rules and expectations which society applies. Indeed those who do appear to resist the distinction represent such a challenge to social order that they are perhaps the most openly and strictly condemned of all – who hasn't expressed disdain, for example, for the man who scratches his testicles in a business meeting, or the person who breaks wind in a lift, takes their false teeth out in a restaurant, or arrives to work in 'inappropriate' revealing clothing?

Foucault argues that in Western societies the body is where social power is most compellingly exerted – a place that serves as the very embodiment of definitions of normality (Foucault, 1978). The contemporary public body is a living incarnation of dominant culture and social rules – a site of intextuation. From the clothes it is dressed in, the style of its hair, the makeup it wears, the way that it negotiates space, interacts, displays itself, hides itself, looks and smells the public body is a mobile set of signifiers, whether it likes it or not (de Certeau, 1984). Increasingly, one could argue that the public body is taking on the role of a performer – constantly attempting to manage an impression of itself and ever fearful of being publicly tripped up by the shifting rules of acceptability (Featherstone, 1991).

The key to maintaining a socially acceptable body is discipline. The body must be managed through constant self monitoring and control to ensure that it does not stray from the ideal (Bordo, 1993). For most people, if not all, the ideal is unattainable, so the process is a constant battle with the self to reach that elusive pot of gold, driven on by the ever-present rainbow of signs and imagery which reinforce both the ideal of body acceptability and the need to attain it. Foucault sees a comparison between the discipline of the monastery and the discipline of the factory (Foucault, 1979) and one could argue that achieving an ideal acceptable body has almost become a form of post-modern religion, requiring both public displays of worship and private prayer to remain faithful. Increasingly, the private world of the individual, rather than a sanctuary from public pressures, has become a zone of anxious behind-the-scenes preparation for a stage-managed presentation of the body which must be played out every time one steps into the public sphere.

It would be wrong, of course, to imagine that every member of society is engaged in the same struggle to conform to notions of the acceptable public body; in fact for some the body represents what Bourdieu calls “*perhaps one of the last refuges of the autonomy of the dominated classes*” (Bourdieu, 1984, p.384). In rejection of the socially acceptable body, those who feel alienated from society can demonstrate their resistance to the hegemony. If the aesthetics of the disciplined body are a representation of class power, then the undisciplined body (with its beer belly, saggy clothing, crass adornments of piercings and tattoos, or whatever other form of non-conformity it may take) can act as a public representation of defiance – a language and a means of participation in subordinate culture (Bourdieu, 1984). For feminist theorists, fatness, for example, can be a public form of defiance against patriarchy (Orbach, 1988).

If self-esteem results partly from achieving a sense of control over one’s life and being valued by the social group in which one lives, or whose approval one seeks to maintain or to obtain (Tones & Tilford, 1995), then this kind of body resistance to the hegemonic culture can be seen as a public form of attempting to preserve the traditionally private concept of self-esteem. Where public acceptance by the dominant social group is seen as completely unattainable, or undesirable because the subordinate group in which one lives is the dominant group whose culture and ideals determine the rules of acceptance within that localized setting, then self-esteem driven resistance to popular notions of body ideals can be a causal factor in negative health behaviour. Lyng, for example, argued that drug-taking and binge drinking,

rather than being self-destructive in motive, were actually attempts to demonstrate mastery and control of one's life and thus to achieve self-esteem (Lyng, 1990 in Tones & Tilford, 1995).

Those who feel sufficiently alienated from wider society that this state of being constitutes their identity will use public space and their public bodies not to demonstrate the extent of their conformity to dominant ideals of the healthy, disciplined body, but rather to demonstrate their resistance to them. Either way, the desire to make a spectacle of oneself remains. This could partly explain, for example, why taking-up smoking in 19-22 year-olds has been found to be associated with feelings of demoralization and social alienation (Winefield et al., 1989). Young smokers have also been found to have lower academic achievement and rebel more against authority than non-smoking contemporaries, as well as being more sexually precocious and drinking more alcohol (Mausner & Platt, 1971; Russell, 1971 in Ashton & Stepney, 1982).

Smoking is a very active way of displaying a challenge to the dominant notions of the ideal healthy body, far more so than simply not exercising, for example. Indeed, the smoker can be seen as a performer whose public body makes a show of their inner reluctance to conform to dominant ideals, just as the jogger makes a show of their willingness to conform. Both serve not only as demonstrations of the individuals' private attitudes but also as reinforcing signifiers of their respective causes – dominance and subordination. One could argue that the role of the public body as a kind of walking billboard for promoting conformity or defiance will only become more powerful with the increasing commodification of leisure and the accompanying reorganization of public space:

“Shopping ceases to be a quick visit down the street amidst neighbours and becomes a more organised expedition into more anonymous public spaces where certain standards of dress and appearance are deemed appropriate. The individual is increasingly on display as he/she moves through the field of commodities on display.” (Featherstone, 1991, p.173)

The public sphere is both an arena for the display of the body and a place where one is immersed in images of the ideal body that should be aspired to. Although the private sphere has traditionally been seen as a place of sanctuary from the pressures of the public sphere, the same messages are now being beamed in by increasingly sophisticated technologies of mass communication. Magazines, newspapers, TV, radio and the internet provide a proliferation of stylised images of the body, emphasising the rewards of body maintenance in creating a more marketable self (Featherstone, 1991). Computer games with their ever more realistic depictions of ideal body characters, and now, thanks to the console, more affiliated with the TV than the PC, provide perhaps the only true examples of 'people' who live 24/7 in the ideal body.

Recent TV programmes such as 'Celebrity Fit Club' shamelessly heap public ridicule on those who fail to present acceptable public bodies and document the regime of masochistic effort which must be put into correcting their flaws. Those who claim that their self-esteem is strong despite their woefully unacceptable bodies are treated as defiant school-children and every effort is

made to shame them without mercy. This kind of programme shows the viewer that no-one is above the law of dominant notions of acceptability; if anything, the celebrity, who is expected to serve 24 hours a day as (quite literally) a public figure, must face even greater punishment and discipline for letting down the culture which has made them successful.

The only sense in which the private sphere remains a sanctuary from the public arena is that whilst one is being briefed by mass culture for one's next public appearance one is (usually) spared the scrutiny of being looked at. The private body may nurse its colds, pick its toenails, lounge around in tracksuit bottoms and break wind but it is made fully aware that this is little more than a fleeting 'time-out' before the bell rings once again and another round of public scrutiny beckons.

The public arena is so unforgiving that a certain degree of self-esteem is desirable just to enter it, and it would be wrong to assume that there is a simple link between non-conformity with notions of the ideal healthy public body and low self-esteem. In fact, a relationship between smoking and extraversion has been well-documented (Ashton & Stepney, 1982), with more extravert people being more likely to become smokers (Cherry & Kiernen, 1976). A study of students in Japan looked further into the issue and found that whilst those who had never smoked had higher cognitive, family, and global self esteem, those who had smoked had higher levels of physical self-esteem (Kawabata et al., 1999). Perhaps extraversion or physical self-esteem allows the smoker to feel confident in publicly defying the accepted ideal, or drives a desire to make a performance of their body in whatever manner is most normal within their own social environment.

Apparent contradictions in the health and body behaviour of all strata of society are perhaps increasingly understandable, as a basic contradiction is actually built in to the dominant cultural messages about these issues:

“Discipline and hedonism are no longer seen as incompatible, indeed the subjugation of the body through body maintenance routines is presented within consumer culture as a precondition for the achievement of an acceptable appearance and the release of the body's expressive capacity.”
(Featherstone, 1991, p.171).

The modernist city of the strolling flaneur has been replaced by a confusing bombardment of ever shifting and reproducing imagery and meanings. Consumer culture tells us that not to have a life filled with pleasure, expression and luxury, as well as discipline, conformity and good health is to have failed, and that the body is the vehicle for all of these things.

Contradictions in attitudes to health are inevitable; for example, it has been found that men are most likely to be dissatisfied with areas of their bodies that seem too small, whereas women focus their self-criticism on parts of their bodies which they perceive as too large (Fisher, 1972 in Polhemus, 1978). A study of Latina women in New York found that they preferred a thin figure for themselves but a plumper figure for their children (Contento et al., 2003).

In reality, very few of us maintain a body that represents either end of the

spectrum of conformity or defiance in relation to health and desirability, but rather one that exists as a set of shifting contradictions – some of them public and some of them private. The post-modern citizen is trapped in a 24 hour frenzy of competing messages, instincts and desires, all playing with their self-esteem.

Body dissatisfaction has become normalised, with the threat of exclusion of the body from the public sphere becoming a private preoccupation. We live in an age where fear of the image has a real hold over society (Evans & Hall, 1999). The array of imagery of dieting, slimming, exercise and cosmetic body-maintenance constantly emphasises the importance of appearance and encourages the adoption of strategies to combat deterioration and decay (Featherstone, 1991). The private body may not be observed but it is expected to occupy its time doing homework to enhance the public body:

“the government of the body is couched in a series of instructions and commandments, namely the dietary table, the manual of exercise and the food chart.” (Turner, 1983 in Featherstone et al. ,1991, p.160).

Foucault (1973) points out that many of the supposedly liberating scientific advances in body maintenance only serve to intensify the means of social regulation of the body.

Living in a culture where even private space is invaded by the unforgiving demands of the public sphere and even the natural effects of ageing are seen as a sign of moral laxitude (Hepworth & Featherstone, 1982) inevitably has an unhealthy effect on perceptions of the whole issue of health. The overall cause of body image disturbance is an environment in which thinness is emphasized and dieting is the norm (Contento et al., 2003).

The punishment for presenting an unacceptable public body is exclusion from the public sphere and the threat of this is kept alive by constant reminders:

“People avoid sitting next to the obese (even when the space they take up is not intrusive); comics feel no need to restrain their cruelty; socially they are considered unacceptable at public functions” (Bordo, 1993, p.202)

Unacceptable bodies are not only a threat to the dominant order but also a frightening reminder of our own body insecurities – being confronted with bodies which noticeably deviate from the norm having a disturbing effect. The deviant public body acts as an unwelcome representation of a fearful private, inner vision of the self, fuelling the urge to force it away, and creating an atmosphere of mutual suspicion between conformist and non-conformist groups (e.g. the fat and the thin) (Fisher, 1973).

The effect of the unforgiving, panoptican-like public sphere coupled with the relentless reinforcement of norms and instructions in the private sphere has been to create a society where body anxiety is the norm and self-esteem is permanently under siege, with tangible effects on health behaviours.

Low self-esteem has been linked to smoking, drinking, drug use, and sexual

activity among high school females, with health-risk behaviours tending to cluster together in those with low self-esteem (Fisher et al., 1991). Such high-risk behaviours can lead to subsequent health problems, like alcohol and drug addiction, as well as teen pregnancy (Modrcin-Talbott et al., 1998). Studies have suggested a link between self-esteem and obesity among adolescents and young adults (Goodman & Whitaker, 2002), and between self-esteem and dietary behaviours such as the intake of fruit and vegetables (Schafer & Schafer, 1999). Self-esteem is also an issue which can affect the individual's chances of changing existing negative health behaviours and adapting to cope with such changes (Roy, 1984 in Modrcin-Talbott et al., 1998); this is of particular significance to health promotion.

The effect of the all-pervasive body-obsession culture on health behaviour, however, is not straightforward. Some studies with predominantly white participants have indicated that ideal body image is associated with poor diet. On the other hand, Latina women who wish to be thinner have been found to have healthier eating patterns which should be encouraged (Contento et al., 2003); the authors of this study express the need for what they call: "*Culturally competent nutrition education incorporating body image issues*" (Contento et al., 2003, p.236).

Health is perhaps traditionally a concept which people associate with the private body, yet health behaviours have become partly determined by the expectations placed on the public body. A study of dieters, for example, showed that viewing diet-oriented ads caused relapses of bingeing, possibly by reminding them of their own failings and acting as a painful reminder of an unattainable body image (Strauss et al., 1994). It is essential to take full account therefore of the cultural pressures which exert themselves on the public and private body, blurring the boundary between the two and contributing to individual's consciously and unconsciously motivated health behaviours.

Conclusion

Health promotion needs to speak the contemporary language of the body and understand the culture in which it operates. It must work within the public and private spheres to get its message across in order to keep up with the sophisticated mass of messages that are already competing for the public's attention. Whereas these messages often make negative associations with health issues, health promotion needs to attempt to reclaim ownership of the health message. Whilst advertising, for example, can encourage dieting by playing on low self-esteem, health promotion needs to encourage the loss of excess weight by building self esteem (Furnham et al., 2002).

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