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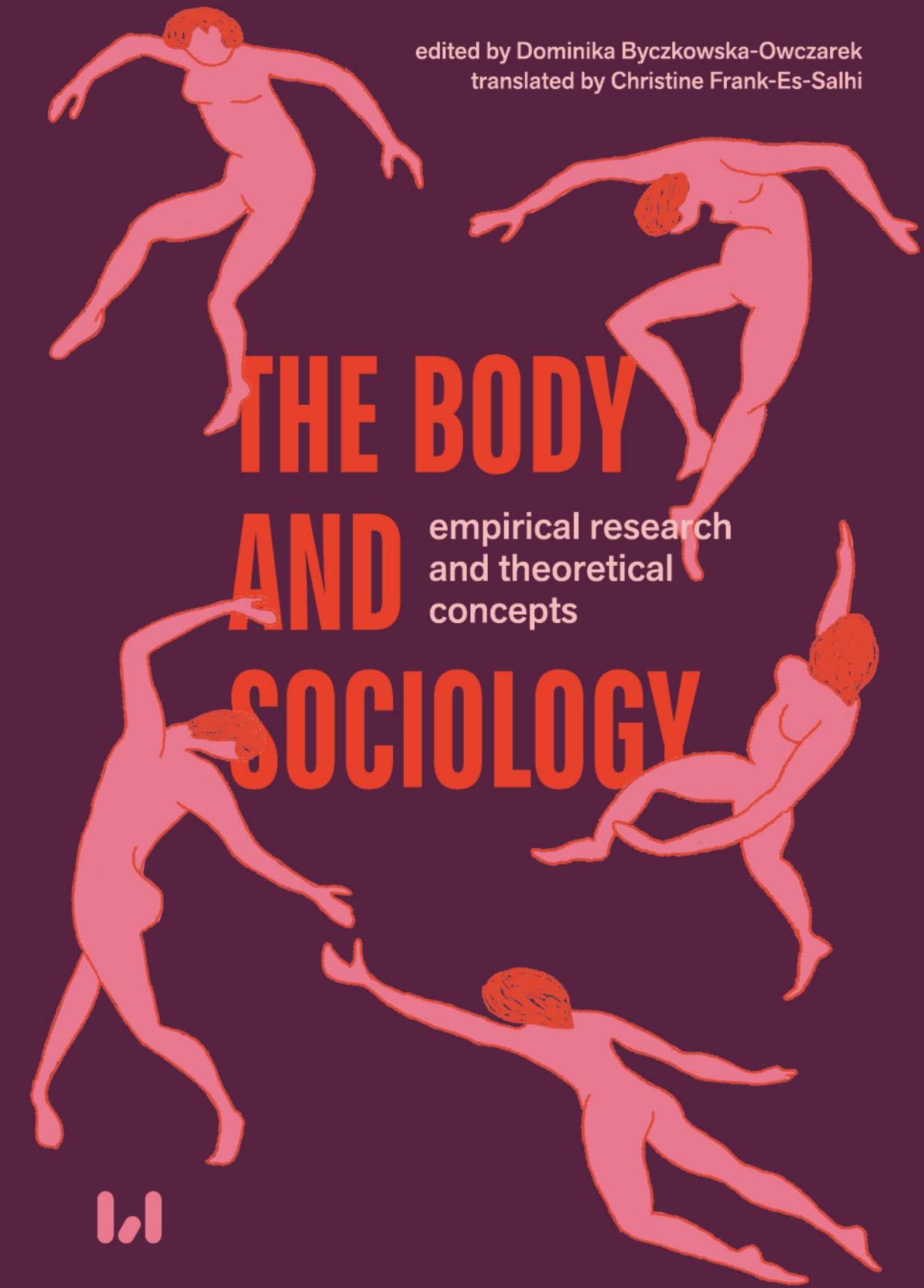

THE BODY AND SOCIOLOGY

empirical research and theoretical concepts

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Dominika Byczkowska-Owczarek

The Body and Sociology

I walk into one of the first classes on sociology of the body of the semester. The group consists of about twenty people of different genders and cultural backgrounds. I ask the students to do an exercise. They are to tell the other person something they can do that the other person can't. It could be blow-drying their hair with a brush, eating with chopsticks, reverse parking, crocheting, doing a yoga asana, dribbling a ball – anything they feel good at. Before they start talking about the activity, I ask them to immobilize their hands, by, e.g., interlacing them or sitting on them. Soon, interesting things start to happen on a cognitive, emotional, and interactional level. At first, the students start to smile, express surprise, embarrassment, and helplessness. Immediately afterwards, the first attempts to talk about the selected activities begin, often illustrated – instead of with hand gestures – by moving their shoulders and nodding their heads. Sometimes these attempts end in laughter. What do we learn when we discuss this exercise? For example, that it is difficult to talk about what we do without using our bodies; that immobilization of the body causes a lack of access to knowledge that we freely have at our disposal on a daily basis; that every action, whether related to work, art, sports or everyday activities, is rooted in our bodies; that we cannot separate action in a social context (taking care of one's appearance, health, carrying out a profession, eating, hygiene practices, etc.) from the body.

The aim of the book is to present this inseparable relationship between the human body and social processes or phenomena. Just like the students, who, thanks to the aforementioned exercise, have discovered how diverse and omnipresent the aspect of embodiment is in our actions, we are going to discuss the various contexts and spheres of social life of which the human body has always been a key element. We are going to describe in many ways how the body and society are interconnected.

This book is addressed to sociologists, other members of the academia, students, and practitioners of work on and by means of the body. The knowledge contained in its pages can be used in various ways. Since issues related to the body are often unconscious, readers can find in them references to their own practices, which to a greater or lesser extent affect their daily, professional, and private lives. The content of the monograph can be treated as a compendium of knowledge about the achievements of the sociology of the body in the thematic areas we have selected.

The content of individual chapters refers to different types of knowledge – theoretical concepts, practical aspects, empirical issues, and the achievements of related fields.

This monograph can be used by lecturers during classes. This applies to both sociologists – the book was prepared with a course in sociology of the body in mind – and the representatives of other fields of science, e.g., medicine, media studies, economics or political science, who want to enrich the issues discussed during their classes with a corporeal aspect.

The book can also be a source of support for people conducting research in various fields of knowledge, from purely scientific to more practical, like marketing. It presents a wide range of issues, including those related to appearance, health care, the aging process, and gender equality. They refer to many aspects of everyday life, in which issues of the human body translate into specific actions and choices, like consumer decisions.

Undoubtedly, the content of the book may also be useful for practitioners in various fields, e.g., sports, food services or human resources management, because the authors repeatedly refer to research conducted in various social contexts, as well as to their results which may translate into practical solutions to problems encountered by customers and employees.

When preparing this publication, from the very beginning of the work, we focused on such a description of the issues contained in it that would allow readers to look at the widest possible scope of the discussed content. Therefore, it is of a review nature. In it, we present the achievements of various thematic fields within sociology of the body or related fields (psychology, pedagogy, anthropology, philosophy, etc.)

The book is also proof that, despite the growing trend of individualism in the academic world, cooperation between scientists is doing well and is effective. The idea for it arose during a discussion at the Virtual Seminar on the Sociology of the Body, conducted as part of the activities of the Sociology of the Body Section of the Polish Sociological Association. It was during these meetings that the members of the Section, its supporters, and invited guests presented research projects they were preparing or conducting or books they had published. Thanks to the work of the Virtual Seminar, we had the opportunity to learn more about various issues and topics undertaken by researchers, theoreticians, and people dealing with the body in practice. This wide range of topics made us realize how much the Polish publishing market lacks a publication that gathers the research achievements of the sociology of the body, as well as related fields and topics.

I began work on the book by inviting members and supporters of the Sociology of the Body Section of the Polish Sociological Association to submit proposals for thematic chapters. In response, I received many interesting proposals, and although not all of them ultimately became chapters of this book, I would like to thank each and everyone who submitted them at the time. They enabled a review of the issue of the body in sociology and related sciences. The chapters that became part of this publication were prepared by specialists in various issues related to the subject of sociology of the body. The authors of the chapters have been involved in research

on various aspects of the body vs. society relationship for many years, publishing articles and books on the presence of the body in social sciences, and also dealing with the subject of the body in practice.

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How to read this book

Sociology of the body is interested in everything that happens at the intersection of social phenomena and the human body. The following pages show how many of these places of contact between social processes and the practices of the human body there are.[1] Sociology of the body is not a homogeneous subdiscipline, if only for the reason that the researchers who practice it come from many theoretical and methodological traditions. Different perspectives on the body in sociology include perceiving it as a text or a type of narrative, the living and experiencing body, a means of mediation and experience through the body, the body as a tool for carrying out actions, or the body as a starting (and target) point of social identity. All of the categories mentioned here are discussed in this book as part of the presentation of research or theoretical concepts.

The authors of the chapters in this book represent different methodological and theoretical perspectives. This diversity is proof of the many points of view from which the relations between the human body and social phenomena can be subjected to reflection and research. Such perspectives as the naturalistic, postmodernist, or constructivist can be successfully used by those interested in the issues of sociology of the body.

Bodily phenomena in social contexts are also studied using various qualitative, quantitative, and experimental methods, as well as combinations of these data collection methods. Researchers who work with these issues also use different data analysis strategies. Importantly, the body in the social context is a phenomenon that can potentially escape traditional data collection techniques because they are based on narrative. Therefore, much of the research conducted in this area

1 It is worth mentioning that the relationship between the human body and culture is not unilateral. Not only does culture affect the human body, but the structure and physiology of the human body allowed our ancestors to create culture. Characteristic features of the human body, such as a developed brain, speech apparatus, bipedal locomotion or the structure of the hand enabled the development of communication processes, the creation of abstract concepts, and the use of tools.

is methodologically challenging and requires flexibility in addition to creativity (Turner, Wainwright 2003: 270; Konecki 2005: 55; Byczkowska 2009).

The book consists of twelve chapters, including an introductory chapter, while the remaining eleven provide a detailed discussion of the subject matter in the context of both classical concepts and notions, as well as the conducted research studies and their results. Each chapter ends with a list of the most important concepts, a few questions to check the assimilation of the subject matter discussed in it, and a bibliography, enabling the reading of subsequent literature items. Each chapter of the book is a separate essay discussing issues of sociology of the body in a thematic area. At the same time, the content of the individual texts is interconnected, based on a thematic division agreed on between the authors. The chapters can, therefore, be read separately if the reader is interested in one or two types of subject matter, e.g., gender and beauty, or illness and medicine.

In the **The Body and Work** chapter, I address the issue of the relationship between the bodies of individuals and the social situation of work. Positions, employment conditions, workplaces, and professional identities are gaining importance in contemporary societies, especially in connection with the changes of recent decades such as the pandemic and the development of technology. Thus, it is worth paying attention to the fact that employees are embodied social actors. Their health and safety depend on their actions at work, be it in the individual, macrosocial or even global dimensions.

In the first part of the chapter, I present issues in relation to the human body in the social situation of work. I discuss the relationship between the body and work in sociology, including research on the industrial period, conducted by Karl Marx and Max Weber, among others, and the achievements of studies on workplace relations. I also present the way in which the subject of the body in the context of work was raised by the classics of sociology: Michel Foucault, Pierre Bourdieu, Maurice Merleau-Ponty, Erving Goffman, and Anselm Strauss, in addition to the anthropologist Marcel Mauss, and a researcher of professional work – Richard Sennett.

Later in the chapter, I deal with more detailed issues and present the most important concepts concerning the relationship between the body and work in sociological concepts and research. The first issue is the so-called industrial body, or the phenomenon of adapting the body to the technology of work in the factory on a global scale. It includes industrial solutions, among others, by Henry Ford, and Frederick Taylor, as well as the concept of McDonaldization described by George Ritzer, which was developed as a consequence. In addition, I present the issue of gender and work in the context of sociology of the body, also in a historical perspective, with particular emphasis on male-dominated and female-dominated professions. I also discuss issues related to sex work, reproductive work, emotional work, and the constructivist nature of occupational health and safety regulations. I additionally address the subject of work in professions dealing with the bodies of others (*body work*), including hairdressers, fitness trainers, dentists, care assistants, doctors, nurses, cleaners, and therapists.

The third chapter, entitled **The Body and Sport**, authored by Honorata Jakubowska, presents various perspectives on the body and embodiment that are present in the sociological analyses of sport. The author begins with a presentation of the achievements of the classics of sociology, whose concepts are used within the sociology of sport. She focuses on three authors: Michel Foucault, Pierre Bourdieu, and Norbert Elias. In the case of Foucault, the author discusses the concepts of disciplining, controlling and subjection of the body, the docile body, and discourse. In relation to Bourdieu, she focuses on the concept of habitus, and to a lesser extent, taste, while in relation to Elias – on emotions and controlling the body. This part also includes the phenomenological perspective by Maurice Merleau-Ponty and the concept of body techniques by Marcel Mauss. Later in the chapter, the author presents important concepts related to the body/embodiment present in the sociology of sport, such as cyborgization, (body) empowerment, hyperandrogenism, naturalness, supercrip, and embodiment and embodied knowledge. Then, she presents four areas of research on the (gendered) sport body: 1) research on gender differences in the performance of movements by girls and boys, 2) research on the acquisition of the boxing habitus, 3) research focusing on the experience of the body in sport adopting a phenomenological perspective, and 4) research on images of the sports body in the media. The chapter ends with a summary presenting the significance of sport as an area of research for the development of sociology of the body and with some review questions.

The next chapter, **The Body and Beauty** by Mariola Bieńko, is an attempt to reflect on the invasive beautifying bodily practices in contemporary consumer culture. The issues taken up by the author in this chapter refer to several areas. The first concerns physical attractiveness as an individual and socio-cultural project in private and public space. The control of an individual's body image is connected with the symbolic representation of their identity, which is becoming increasingly a matter of choice. Managing body appearance is associated with the tendency towards "creating oneself," as well as with the revaluation of beauty as a social value. The normalized and standardized model of body appearance, susceptible to the influence of the medical and media expert system, is subject to subjugation by disciplining mechanisms, such as plastic surgery. These manifestations of caring for the body are associated with exercising control over oneself, self-discipline, and hard work. The media culture of makeover, by proposing a complete change of appearance, resembling celebrities, places the subject in the position of the entrepreneur of one's own self, who must "invest in the body" in order to compete with others in the wider global market. This is especially true for women, whose "docile bodies" in the regime of physical perfection are more often the subject of discipline than men's bodies.

The second area of the issues presented by the author focuses on aesthetic surgery procedures, which are interpreted in mass culture as a necessity due to the compulsion to have a beautiful body and the phenomenon of the "shame" of old age. The culture of plastic surgery ("nip and tuck") is a consequence of the consumer logic of late capitalism and the neoliberal concept of social life. Surgeons create

"new" bodies, replacing psychotherapists. The threads discussed in the chapter prove that beautifying procedures using surgery imply a multitude of problems of a psychosocial, legal-political, ethical-moral or socio-cultural nature. Among others, the problem of standardization, fragmentation, and pathologization of the human body in addition to the image of objectified femininity in patriarchal culture under the influence of the "male gaze" is exposed.

The author also reviews selected empirical analyses, particularly those adopting intersectional and transnational approaches. Aesthetics are defined by age, place of residence, and affiliation to a specific class, race, and gender, reproducing the structural axes of inequality. Aesthetic body modification practices from a feminist perspective illustrate feminine and masculine beauty technologies in Euro-American culture. "Ethnic cosmetic surgery" in Brazil, China, and the Middle East, by erasing anatomical "markers," is an attempt at conforming to Western beauty norms.

The theoretical concepts presented by the author in the chapter, as well as the research results, show to what extent the implementation of the project of an "improved" "normalized" human with specific physical parameters is an expression of control and management; to what extent it is an expression of individualism and emancipation of the individual; to what extent plastic surgery is the effect of a subject's subjugation as a result of the forced disciplining of "docile bodies," and to what extent it is rather a reflective way of managing one's own life by the individual.

In the chapter, the author also explains the differences between cosmetology, aesthetic medicine, plastic, reconstructive, and cosmetic surgery, describes the categories of body dysmorphic disorder, aesthetic labor, in addition to the phenomena of body shaming, body policing, body neutrality/body positivity, etc.

According to Sylwia Breczko, the author of chapter five entitled **The Body and Media**, sociology is interested in media messages about the body, assuming that the media constitute one of the basic socializing institutions – it is through them that we learn social norms about the body. As the author claims, the media enable us to go beyond the strict circle of family and local community, confronting us with the global culture and social expectations, very often also gender-based. Social ideals regarding the desired figure have a significant impact, especially on the generation of young women.

In this chapter, the author presents key sociological concepts that can be utilized to analyze the impact of the media on the experience of corporeality. She introduces the concepts of individualization of the body, consumer culture, symbolic violence, and bodily capital, as well as presents concepts by Jean Baudrillard, Anthony Giddens, Pierre Bourdieu, and Erving Goffman, among others.

In the section devoted to the most important studies, Breczko focuses on the topics of the representativeness of media images and (self-)surveillance of the body in social media. The author analyzes the symbolic annihilation taking place in the media and presents research on how the media's underrepresentation of certain social groups (e.g., people with disabilities or sexually non-normative people) can lead to a false image of the world. She also draws attention to the omnipresent

fatphobia and fat-shaming, which affect the body image and self-esteem of groups most susceptible to media messaging, i.e., children and teenagers. The chapter ends with a reconstruction of the development of body self-awareness on the example of Polish media during the transformation period in the 1990s.

The authors of the chapter **The Body and Gender**, Krystyna Dzwonkowska-Godula, Emilia Garncarek and Julita Czernecka, address the issue of the body and corporeality from a gender perspective. In their text, they assume that the body is perceived and functions socially as a gendered body, filled with cultural gender content. By referring to various concepts employed within the sociology of gender, they show what gendering of the body consists in and how it manifests itself, what it means for the individual and what social significance it has.

In the first part of the chapter, the authors introduce the issue of body and embodiment in the gender perspective, then discuss the transformations of gender. Next, they address the issue of the significance of the gendered body for an individual's gender identity, the social role it plays, and the gender division of labor, in addition to gender relations and inequalities. They also draw attention to the issue of intersectionality in embodiment, as well as the concept of body as an aesthetic capital of individuals. In the individual subchapters, they define the most important concepts related to body and corporeality from the perspective of the sociology of gender. The chapter ends with review questions and a list of publications, the reading of which will allow readers to deepen their knowledge of the topics discussed in the chapter.

In the seventh chapter entitled **The Body and Sexuality**, Magdalena Wojciechowska addresses the issue of human sexuality in the context of the body, referring to classical literature on the subject, in addition to more contemporary field research in this area. The author's aim is to present various analytical approaches in the process of problematizing and reflecting on how people give meaning to sexuality, experience it, and act in the sphere of sexuality. She also shows how these phenomena are approached by social sciences, in particular – sociology of the body. In the first part of the chapter, she presents "classic" sociological works in which the issue of sexuality was taken up, in order to outline a general theoretical framework conceptualizing human sexuality as an object of reflection and research. To this end, she briefly discusses the works of John Gagnon and William Simon, Michel Foucault, Pierre Bourdieu, Ariel Levy, Jean Baudrillard, and Anthony Giddens. She also offers a review of the approaches to human sexuality from the perspective of queer theory and symbolic interactionism. In the next part of the chapter, she presents concepts, phenomena through terms that often appear in the literature on the subject in the area of sexuality studies. She then moves on to discuss selected works that address the issue of human sexuality from the perspective of individuals experiencing it. The author's intention is to show different ways of conceptualizing specific substantive areas of human sexuality in addition to how it is experienced and embodied. To this end, she focuses on highlighting specific analytical frameworks that have marked out interpretative paths for the areas of human sexuality that are

being considered. In this context, she discusses: how internalized social norms and values impact human endeavors; how assigning meaning (to sexuality) takes place in relation to specific contexts (e.g., situational or interactional); how "deviance" is socially constructed; how gendered dominance leads to conflictual interactions and affects the lack of a point of reference when (sexual) violence affects the person that is supposedly dominant; and, finally, how the way of social communication shapes sexual socialization. The chapter ends with a summary of the discussed topics and review questions.

The aim of the eighth chapter, entitled **The Body, Food and Eating**, set by its authors – Agnieszka Maj and Anna Wójtewicz – is to present selected connections between the socio-cultural construction of the body and eating, understood as a practice resulting from a biological need and, at the same time, something which is culturally entangled. The consumption of food and beverages is socially regulated. Society influences the form of food, the type and amount of food, as well as the rituals related to eating a meal. Regulations translate into body values such as body size, desired body shape, and weight. Social expectations related to this change depending on the era and culture.

In this chapter, the authors present classic works by authors dealing with eating as a cultural activity, some of which can be included in the achievements of both cultural anthropology and sociology. They include Claude Levi-Strauss' concept of the "culinary triangle," and Mary Douglas' works, which focused on describing the cultural significance of a meal and analyzing dietary exclusions in Judaism, which were based on the distinction between "pure" and "impure." More contemporary studies include the works of Sidney Mintz (1985), who, by analyzing the history of sugar, described the formation of the global trade system and the beginnings of the world system, as well as studies conducted in the neo-Marxist trend, along with the later critique of this movement, leading to the inclusion of analyses of alternative food distribution networks and consumer behavior studies in food studies.

In the text, the authors also explain the reasons for the long absence of issues related to body and eating in sociology. They also indicate newer directions for the development of reflection on these areas, necessarily focusing only on selected topics. They touch upon, among others, the subject of the body, food, and social inequalities (including those based on gender), referring to the works of such authors as Norbert Elias, Pierre Bourdieu, and Chris Shilling. The authors also describe the issue of the impact of models proposed by the media, both in terms of the ideal body and regimes that are supposed to shape it in accordance with this ideal, among which diet and eating habits occupy an important place. Such messages, influencing the recipients' awareness of nutrition or the model of the ideal figure, include, among others, advertisements and programs on culinary topics.

In addition, the chapter's content refers readers to descriptions and analyses of issues that often directly affect people living in the contemporary society. These are primarily issues of dietary regimes and the need for individuals to function in the diet culture, in which how we look, what we eat, and even what exercises we do are treated

as a manifestation of moral virtues. The so-called appropriate appearance symbolizes important values, such as hard work or self-discipline, while an inappropriate appearance is often stigmatized. The content also includes issues related to the fat body and the meanings attributed to this type of body. In this context, the authors discussed the assumptions of the body positive movement. The most important issues raised in the chapter also include the connections between the body, food, and politics (including climate policy). The authors assumed that the body is at the center of the discussions about the changing realities of food cultivation and production, while also drawing attention to the broadly understood consequences of the modern way of producing food for the climate and the role of consumers in this process.

At the end of the chapter, the authors indicate the areas of research related to the body and food in contemporary sociology, and list the most important concepts that may prove helpful in further studies of the subject of the body and food.

In the chapter **The Body and Medicine**, Magdalena Wieczorkowska presents the body as a link between medicine and sociology. She presents sociological concepts of the body, which are based on the consequences of medical achievements. She also indicates that the contemporary model of health and disease would be incomplete without knowledge of the socio-cultural conditions of these states.

The aim of this chapter is to show how medical knowledge influences the perception of the body, its meaning, and transformations. The author discusses theoretical concepts in chronological order, starting from the humoral theory, through the medieval model treating disease as a punishment for sins and imposing bodily regimes, to modern medicine and the biomedical model of health and illness. The culmination of contemporary processes placing the body in the shackles of medicine are the processes of medicalization, which appropriate subsequent areas of human life and body, making them the subject of medical intervention and control. The next concepts discussed by the author concern remedial medicine, preventive medicine, as well as fulfilling desires and their impact on the social construction of bodies. The next thread is a comparison of the assumptions of modern and alternative medicine in relation to the perception and treatment of the human body. In the next subchapter, the author presents medical imaging as a way of looking at the body using various medical devices that strip it of privacy, intimacy, and often also dignity.

The human body is mortal, but before the inevitable happens, medicine subjects the body to life-sustaining and life-saving procedures, often associated with pain and suffering. The body's connection with medicine does not end with death, however, because a person can be an organ donor, and also issue instructions regarding the use of their body e.g., for scientific purposes.

Medical achievements are also modifying the perception of our body in the near future, raising questions about the limits of intervention, the boundaries between repairing the body and improving it, and thus the boundaries of humanity; this is what the last of the discussed theoretical concepts deals with in the context of cyborgization.

In the second part of the chapter, the author presents the most important concepts along with their synthetic discussion, while in the third part readers will find a short description of research on medicalization, geneticization, donations, and transplants.

In the tenth chapter, entitled **The Body, Illness and Partial Disability**, Katarzyna Kowal and Michał Skrzypek take up various theoretical and empirical threads characterizing the relationship between the body and illness and the situation of an individual's partial disability. Looking from a sociological perspective at chronic illness and partial disability, they draw attention to identity-creative activities, which are a consequence of violating the bodily substance of personal identity. The authors present significant works by several scholars. They indicate that Maurice Merleau-Ponty has initiated reflection on this issue by describing the phenomenon of feeling a non-existent limb (imaginary limb syndrome). The non-existent organ remains "on the horizon of life," resisting the transition to the stream of past events. Drew Leder has pointed out that the dysfunction of the body causes it to enter the stream of consciousness; it becomes a felt phenomenon, it emerges from the background of bodily experiences.

The inclusion of the biological aspects of the body in sociomedical research was postulated by Stefan Timmermans and Steven Haas, who proposed building a bodily-anchored sociology of illness. A comprehensive picture of the identity consequences of chronic illness and partial disability was provided by Kathy Charmaz, who described how changes in the body shape the identity goals of an individual. The reflection of Anselm Strauss et al., referred to by the authors of the chapter, in turn brings about an appreciation of the interactional dimension: the body is an inalienable condition of actions and interactions; it represents a person, it is the condition of their agency in the world. Human actions are the material of identity, and when they become impossible in a situation of illness, the "self" is lost and the reconstruction of personal identity (i.e., biographical accommodation) becomes necessary.

The concepts discussed in this chapter emerge from qualitative research conducted in groups of chronically ill people. Kathy Charmaz has argued that these people report their suffering in the "language of loss" concerning those aspects of the "self" that have been altered by changes in the body. Karen Yoshida has provided a description of the work on personal identity performed by people after spinal cord injury. It takes the form of pendular reconstruction: these people move between alternative versions of personal identity – towards the version that integrates disability and towards the one that is based on the situation before the injury. The manifestation of optimal adaptation is the "middle self," which is determined by the awareness of being a person "in a wheelchair" and the acceptance of the situation that the disabled and "able-bodied" aspects of the self have become the material of identity. The situation of surgical mutilation of the body also implies work on personal identity. Michael Kelly, in his studies of people after panproctocolectomy, documented the bodily anchoring of social interactions. The sociological analyses of identity dilemmas initiated by bodily changes discussed in this chapter complement the view of illness and disability from a biomedical perspective with knowledge about the processes taking place in the psychosocial sphere of individuals.

In the eleventh chapter, entitled **The Body and Time**, Monika Dorota Adamczyk compares these concepts that we use so often. We understand them intuitively, like a "wrinkle or a calendar page" and we are convinced that nothing new can be said about them. The **The Body and Time** chapter presents a different, new perspective, placing both phenomena on more and less obvious levels. The considerations presented in the chapter lead readers through thematic areas explaining the mutual connections between the body and time, in the context of social processes and phenomena such as the development of consumer culture and the accompanying "cult of a young body," the aging of the global population, in addition to the development of science and technology. The author devotes individual parts of the chapter to the characteristics of the most important theories describing both conceptual categories, as well as the most important issues related to their understanding. The concepts of quantitative time, qualitative time, sequences or chain of phenomena, and social time are illustrated with examples linking them to the concept of the body. This approach brings readers closer not only to the meaning of individual concepts, but also indicates the permanent interconnection of both conceptual categories at the individual and social levels.

The **The Body and Religion** chapter by Malwina Krajewska is devoted to the relations and dependencies between the human body and various forms of religious life. She discusses them, taking into account normative, theoretical, and practical aspects. The issues taken up by the author initially refer to the historical perspective, in which the starting point is the contradictory medieval and Renaissance ways of perceiving the human body in Christian Europe. Some of them perceive the human body as a source of sin and ethical corruption, while others interpret it as a tool enabling the experience of eternal happiness. The next narratives referred to by the author concern the reception of the human body in world religions. She refers to Islam, in which the approach promoting care and concern for the body is common; Hinduism, in which the body is a home for the soul, being only a temporary manifestation entangled in the cycle of rebirths; and Buddhism, for which the body is a tool for liberation from the cycle of suffering and achieving a state of enlightenment.

The chapter also deals with methods and techniques of using the body as practiced in various world religions. It discusses bodily regimes that are supposed to tame human drives, facilitate the maintenance of social order, and support productivity. Max Weber's classic text provides a basis for the considerations of practices, norms, and values encountered in Protestantism. Additionally, the author also refers to other religions in which techniques of disciplining the body are an important element of everyday practice. It presents the philosophical foundations of the yoga practice, and the functions and results of Buddhist fasting meditation. It also discusses the assumptions and principles of preparing and eating meals in Judaism.

In addition to discussing the ways of interpreting human body and the methods of using it, the author devotes a great deal of attention to the role of the body in ceremonies and rituals. It touches on the important, multi-faceted symbolic

dimension referring to the bodies of lay people and saints, as well as the deceased and relics. In addition to numerous examples of interpretation, shaping and engagement in religious practices, readers will also find in this chapter many examples of theoretical narratives by classical and contemporary sociologists and anthropologists. Among them are Arnold van Gennep, Émile Durkheim, Max Weber, Mary Douglas, Randall Collins, Philip Mellor, Chris Shilling, and Bryan Turner.

Classical and contemporary theories in sociology of the body

Below, allow me to briefly present the achievements of researchers and scholars whose works have had the greatest influence on the development of sociological reflection on human embodiment, as well as on the emergence of the subdiscipline of sociology of the body.[2] Such a theoretical introduction may be important for those who have not yet had contact with the achievements of the scholars described below. It may also be useful in the context of recognizing threads related to sociology of the body in well-known works. Such a discussion enables one to develop a perspective in which the human body is perceived by its researchers. It also provides an opportunity to initially familiarize oneself with the most important concepts or notions used by the authors of individual chapters.

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The name René Descartes appears many times in this book. His figure is a kind of an antihero of the last few centuries, at least when it comes to reflection on the human body in broadly understood humanities. Cartesian dualism, named after him, consists in dividing human existence into two spheres – the physical body and the soul which is a kind of mechanism that sets the former in motion. In this concept, only the human soul is able to doubt, understand, and feel. It can also exist without a body.

Such a strict distinction between body and soul has far-reaching consequences for the scientific treatment of corporeality. The soul, according to the claims of Claudius Galen, an ancient physician who studied the brain and to whose works Descartes referred, is located in the heart and brain (Thornwald 1986). This view has become deeply rooted in Western culture and has shaped our thinking about the human body for many centuries (Jakubowska 2009: 103–104), including health, the relationship between the individual and society, differences between people and animals, and gender issues. The development of this perspective on human corporeality was also supported by Christian thinkers, despite the fact that there were alternative concepts

2 I also leave aside the consideration of whether and to what extent individual scholars can or should not be considered sociologists of the body. Our interest is focused on their research achievements and theoretical works.

within the Catholic Church. One of them was presented by Saint Hildegard of Bingen, who in the 12th century created a medical-philosophical-spiritual system, where one of the main assumptions was the unity of the human soul and body.

The influence of Descartes' thought was so significant that in the Western tradition it caused a distinction to be made between the sciences dealing with the body and the products of human reason. The former include biology, medicine, pharmacology, while the latter include, for example, psychology, sociology, and philosophy. For centuries, the areas of interest of these sciences were largely separate, and the body "belonged" to biological and medical sciences. Scholars dealing with sociology or philosophy tended not to reflect on the human body. This attitude towards the body in the social sciences dominated until the somatic turn in the 1980s.

Among sociologists interested in the human body as a field of social influence, Pierre Bourdieu and Michel Foucault were certainly among the most important scholars.[3] The former contributed to the development of research on corporeality in the social context, primarily by creating the concept of habitus (often referred to in this book). This is a cognitive perspective acquired in the process of socialization. The phenomenon of habitus also includes body aspects. Through the internalization of different habituses, individuals experience their bodies differently: women, men, homosexuals, able-bodied, and people with disabilities (Bourdieu, Passeron 1990). An element of habitus is physical capital, which is manifested in specific ways of walking, eating, adopted body posture or types of sports practiced in a given group (in: Wainwright, Williams, Turner 2006: 536–537). This capital, like any other type of capital (financial, cultural, etc.), can be used by an individual to create their place in the social structure. Bourdieu therefore connected two phenomena – the physical body and the social structure. This structure was to be inscribed in the body of individuals and to be a kind of a label, equipment, and disposition of the individual assigning them to a specific social class.

Bourdieu (2001) also presented the ways of socially constructing corporeality using gender roles as an example. Masculinity is socially defined as dominant, active, and belonging to the public sphere. This translates into the "publicly" observable body parts: face, forehead, eyes, mouth, and chin. Boys learn how to use their bodies appropriately from an early age, and it is an important element of their identity. The private sphere of the body is covered, shameful, and stereotypically reserved for women (Bourdieu 2001). The penetration of the social structure into the bodies of individuals consists, in this case, primarily in the different perception of the same body parts by representatives of both genders.

The second of the mentioned scholars, Michel Foucault, is best known among social researchers of the body for his description of the process of disciplining bodies in a historical context. In *Discipline and Punish: The Birth of the Prison* (Foucault 1977) he referred to the disciplining of the bodies of soldiers, patients,

3 Out of necessity I will omit a discussion of the achievements of earlier researchers; this is a topic for a separate, extensive study.

and schoolchildren. In Foucault's concept, power is exercised through control and discipline, and it applies to all spheres of life. Its success lies in the fact that through constant practice and intervention in every sphere of life it is internalized, and to some extent, penetrates the bodies of individuals. Each element of an individual's body: soldier, student, or patient, must correspond to the pattern imposed in the regulations by the hierarchical, disciplinary power. The body is, therefore, an emblem of the values professed by a power. Transforming, training, and disciplining the body in accordance with the requirements and needs of power seems to be one of the key elements of Foucault's concept.

Foucault also undertook a philosophical and historical analysis of human sexuality. In *The History of Sexuality* (Foucault 1978), he discussed the problem of the absence of sexuality in the discourses of the Western world. He distinguished two procedures for producing the truth about human sexuality: art – *ars erotica* – characteristic of the Eastern world, and science – *scientia sexualis* – practiced in the Western world. This sphere of human existence is discussed in the language of medicine and morality rooted in Christian religion. Two more important concepts are related to these phenomena: biopower and biopolitics. In short, they consist in exercising control over the bodies of individuals and social groups. Biopower is power over biology, over human bodies, and biopolitics is the practice of biopower. Michel Foucault's works are cited on many pages of this book because the processes he has described are used in the analysis of many social phenomena related to corporeality.

Norbert Elias is a researcher whose work is also used by sociologists of the body. His works are philosophical and sociological in nature. They concern the process of civilizing society through individuals, their bodies, and education related to the developing ways of mastering the body. Elias (1994) understood the process of civilizing as related to the growing number of mutual relations and interactions between people, which results in the need to predict the effects of one's actions. This is followed by self-control over emotions, as well as the satisfaction of needs, including physiological ones, by individuals. With the progressing process of civilizing, subsequent aspects of human emotionality and corporeality are withdrawn from the public space to the private one, hidden from the sight (hearing, smell) of others. Elias presented the discussed issues in a historical perspective, discussing the process of civilizing the body, i.e., *de facto* the growing control over it exercised by society, also represented by the individual possessing a body. Self-control over the body is manifested here through the occurrence of feelings of shame and embarrassment, as well as taking action on subsequent body parts, features or functions (such as sweating, sexual arousal, defecation, body hair, etc.)

Among sociologists dealing with issues of the body, Erving Goffman is also often mentioned. For him, the human organism, mainly the face and gestures, is a key instrument for an individual's actions, performance or negotiation of meanings and constructing the order of interaction (Goffman 2005). An individual always puts it on the front line in contacts with others (Turner 2007: 504). Goffman's works focus on interactions, and corporeal threads can be found, for example,

in the concept of stigma. One of its types are physical features, including racial features, able-bodiedness or disability, experienced illness or profession (e.g., cleaner, a person washing corpses). Another topic taken up by Goffman is the concept of role, commonly known in sociology. An important component of it is the way of being, i.e., also the way of "wearing" one's own body, adapted to the requirements of the role – facial expression, gestures or body posture. Face-work – understood both metaphorically and directly – is of great importance for the concept of social image, including reputation. Goffman was also one of the first mainstream researchers to examine the way people of different genders were presented in the media. In *Gender Advertisements*, he presented how stereotypes were reproduced through the context in which the figures of women and men were presented in advertisements. Nevertheless, as already mentioned, Goffman contributed to the development of sociology of the body primarily by drawing attention to the role of corporeality and its management in interactions that reproduce the social order.

Another researcher whose work is an inspiration for many sociologists of the body is Anthony Giddens (1991, 2006). He has focused his interests on late modernity, i.e., the period from the turn of the 21st century. It is characterized by a multitude of complex technical and social systems, chaos, individualization, and increasing globalization. The body is an element of this social reality—it has, above all, become the subject of reflection by individuals, and as a result, is transformed into a project. Individuals use various types of bodily regimes to enable themselves to create a body that corresponds to their identity, which cannot be provided by changing roles and social statuses.

Zygmunt Bauman (1992, 1995) also worked in the trend of the criticism of the social reality called late modernity. For him, the body was a project, the aim of which was for the individual to maintain control over their own self. Due to changing statuses and social roles (similar to Giddens), the instability of such institutions as family, local community, and profession, individuals seek stability in their own bodies, mainly in taking care of their appearance and counteracting aging.

Human corporeality is also the subject of interest for the representatives of other fields of science, the achievements of which are eagerly used by sociologists of the body. Marcel Mauss, a representative of anthropology, is one of the authors important works on the relationship between culture and the body. His interest focused on the techniques of the body (*techniques du corps*) (Mauss 1973). What is important in Mauss' concept is the treatment of the body as a tool used by people. It is a tool that is exceptional as it mediates the use of all other tools. The way in which individuals use their bodies depends on gender, age, physical ability, and other characteristics of the individual, but also the culture of their group. Mauss, like the aforementioned Pierre Bourdieu, drew attention to internalization in the process of socialization of the ways in which individuals treat and use the body. Consequently, the body "used" by an individual is always a class body since we learn how to use it in a specific social context – class, group, and national culture. Mauss went further, however, and noted that the ways of using the body acquired in social relations had purely physical consequences for the structure of the body.

The work of the philosopher Maurice Merleau-Ponty (1974) is important for the sociologists of the body, especially those working in the phenomenological perspective. He drew attention to the individual's experience of their own corporeality as a social phenomenon, independent of the "actual" state of external reality. Corporeality exists mainly in the individual's consciousness; it is a means of the so-called being in the world, through which we interact with other individuals and social groups, and undertake actions (Merleau-Ponty 1974). According to Merleau-Ponty, it is important that the body is given to us constantly, and is, therefore, on the margin of our experiences as long as it does not hinder our functioning, e.g., through illness or disability (Merleau-Ponty 1974). The body is a place of creating meanings; a social phenomenon also because it can be socially shaped in order to experience or perceive oneself in a given way, e.g., dependent on the social situation. For example, a bikini and lingerie cover the same parts of the body but are used in two different social contexts. In one of them, e.g., at the pool or beach, exposing them does not cause embarrassment, in another, e.g., when you are at the doctor's in just your underwear, it can be intimidating (Merleau-Ponty 1974). The phenomenological character of the body is also manifested in the fact that the objects we use are incorporated into our body (e.g., a wheelchair is treated by people with mobility disabilities as part of their bodies) (Merleau-Ponty 1974). The body is not only an objectively existing physical entity but a social phenomenon which we experience in various ways and which we transform in accordance with our own will or social requirements. Through it, we communicate with others and are able to understand their experiences – as embodied subjects.

The work of Helmuth Plessner (1970), a German philosophical anthropologist and sociologist, is also worth mentioning. He created a distinction between the living and experiencing body (*Leib*) and the material physical body (*Körper*). The concept referring to the dual nature of the human body, "being a body" (*Leibsein*) and "having a body" (*Körperhaben*), allows Cartesian dualism to be overcome. The work of this scholar was used by, among others, Maurice Merleau-Ponty.

Mary Douglas (2002) is another name worth knowing when dealing with the body in social relations. The researcher was an anthropologist drawing on the work of Norbert Elias, whose work is an inspiration for the researchers of the body from the perspective of social order and disorder, control and regulation of the body, and dirt and purity. According to her research findings, the level of social control affects the level of self-control over the bodies of the members of a society. All natural body fluids (urine, blood, sweat) in societies with high control are treated as objects that exceed the social boundaries of privacy. Natural physiological processes are also treated as undesirable and dangerous to others (cf. Elias 1994). Therefore, people tend to hide natural smells and replace them with perfumes or antiperspirants (in: Jakubowska 2008: 198; 2009: 119–121).

Another researcher of the issue of corporeality – Naomi Wolf – became famous for her publication *The Beauty Myth* (Wolf 2015). She has rejected the popular theory that beauty is the result of evolution and biological adaptation. According to her, the

body is beautiful when it presents important social values (fertility or wealth). The ideal of beauty, therefore, depends on the historical era: agricultural, industrial, and information ages. Some practices applied to the body, such as sunbathing, weight loss, plastic surgery, and teeth and skin whitening, are ways to adapt the body to existing social norms. In a patriarchal culture, it is mainly women who have to adapt to the practices, and they are supported by a developed market of goods and services that help in this.

Pierre Bourdieu's student, Richard Shusterman (2008), also deals with the body from a philosophical perspective. He is the author of the concept of somaesthetics, referring to an interdisciplinary approach to the body, not only as an object possessing specific socially desirable aesthetic values such as beauty or grace. Shusterman draws attention to the subjectivity of the body as an experiencing entity, perceiving these features and somatically experiencing the aesthetics of pleasure that accompany them. He has also postulated going beyond theoretical philosophy and focusing on disciplined work on the body as a type of somatic self-improvement.

Feminist,[4] gender, and queer researchers are also interested in the human body. In particular, scholars who deal with gender distinguish between biological sex and social/cultural gender. They also point out that this dimension of human corporeality is of fundamental importance in constructing hierarchies and social inequalities. We owe to the researchers of these phenomena, among other things, the notion of the importance of the influence of cultural norms on the formation of the identity of women and men rooted in the body, as well as the different ways of using the body, independent of biological equipment.

Contemporary concepts of sociology of the body

In sociology, as in other sciences, no scholar operates in a vacuum. The emergence of the concepts described above meant that the body existed, albeit on the margins of sociological reflection. The boundary point in the development of interest in the human body in sociology was 1984, when Bryan S. Turner published a book entitled *The Body and Society. Explorations in Social Theory* (Jakubowska 2009). Its publication is considered to be the beginning of the subdiscipline of sociology of the body. The main assumptions presented by Turner regarding the emergence of a new sociological subdiscipline are:

- the need for deep and systematic analysis of the social aspects of corporeality, achieved through methods adapted to its research,
- drawing attention to the issue of corporeality in sociological theory,

4 Simone de Beauvoir can be considered one of the first feminist researchers. In her classic book *The Second Sex*, she addresses, among others, the issue of the somatic difference in the context of the subordination of women and the elderly, and the different interpretation of the effects of hormones on female and male bodies.

- understanding the group and social nature of embodiment,
- constructing the body as a social phenomenon influenced by history and culture,
- the relationship between body and power, i.e., the so-called corporeal citizenship, implemented, for example, through regulations on abortion, euthanasia, parenthood, etc.

Turner also introduced the concept of somatic society to describe current social phenomena. This term is a generalization referring to the prominence and omnipresence of body images in culture, in addition to the social pressure of pleasure and desire. The author associated their appearance with the development of popular culture, consumerism, post-industrialism, and postmodernism.

Another scholar who has devoted much of his work to the issue of the body in relation to society was Mike Featherstone (1991), co-author of *The Body: Social Process and Cultural Theory*. He was one of the first to point out that the body in post-war consumer culture had ceased to be a source of stable meaning and identity. It began to be treated as if it were a moldable material, an element of personal capital that could be managed and from which cultural and social benefits could be derived. Moreover, in consumer culture the body is the center of pleasure, and as a result of actions the real body comes closer to idealized images of youth and health, which increases its "exchange value."

Chris Shilling is one of the most well-known sociologists of the body, if only because of his book *The Body and Social Theory* (Shilling 2003), but not limited to it. His work is based on a critique of Cartesian "disembodied" sociological concepts. He draws attention to the corporeal conditions of social action and the consequences of social structures. He has developed sociological concepts that allow a better understanding of the significance of embodiment in the social world by examining a wide range of social, cultural, technological and religious issues. He is also the creator of body pedagogics in which he draws attention to the way cultures and institutions shape embodied subjects. In this regard, his works on "body pedagogics" examine how cultures endure and change over time through the influence of their institutions on the human body.

John O'Neill is a Canadian sociologist whose research interests focus on embodied knowledge, as well as embodiment as a phenomenon shaped by family ties and social policy. Influenced by Merleau-Ponty's work, he created the concepts of the social body, the productive body, and the political body (Featherstone, Kemple 2020: XVII). O'Neill also described the impact of capitalism, especially corporate capitalism, on the objectification of bodies, their machinization in the production process, and the conversion of their value into money (O'Neill 1972, 1989, 2004).

In *Body/Embodiment: Symbolic Interaction and the Sociology of the Body* (2006), edited by Dennis Waskul and Philip Vannini, the authors of the chapters address sociology of the body in relation to symbolic interactionism and the work of scholars such as John Dewey, William James, Charles Peirce, Charles Cooley, and George Herbert Mead. This work explores the ways in which the body, the self, and social interaction are intimately connected and constantly reconfigured.

Among the English-language publications, the books by Kate Cregan are also worth mentioning: *The Sociology of the Body. Mapping the Abstraction of Embodiment* (Cregan 2006) and *Key Concepts in Body and Society* (Cregan 2012). The former provides the reader with a critical analysis of the works of key theorists that have had the greatest influence on the perception of human embodiment in the social sciences. On their foundation, the author builds her own theoretical framework for the concept of embodiment. The latter defines and explains the basic issues related to the human body, presenting it as a social phenomenon. It is a kind of a guide to the basic concepts, their interconnections, and also provides material for further exploration of the described problems.

The Polish achievements in the field of sociology of the body are also quite impressive, and we have been observing their development in two decades. The growing interest in corporeality in Polish sociology since the mid-1990s (Jakubowska 2009) is evidenced by the emergence of many interesting publications, the organization of conferences and seminars on this subject, as well as research projects submitted to grant competitions. The growing interest in research in the field of sociology of the body in Poland is also evidenced by the development of this subdiscipline in several academic centers, including Adam Mickiewicz University in Poznan, the universities of Wroclaw, Warsaw, and Lodz, and Nicolaus Copernicus University in Torun.

The authors of publications on this subject undertake to analyze various aspects of embodiment in social contexts. It is impossible to list here all the works created within this subdiscipline. This is successfully done by, among others, the authors of the individual chapters of this book. At this point, however, I would like to draw attention to early Polish works that approach the body from a sociological perspective, and also list those that have entered the canon of Polish sociology of the body. The selection of texts was also determined by their usefulness for people who are only developing their interest in sociology of the body, which is why my selection is subjective and does not constitute a systematic review.

The first Polish sociological publications dealing with the issue of the body include the works of Zbyszko Melosik and Dariusz Czaja. In the book entitled *Tożsamość, ciało i władza w kulturze instant* [Identity, Body and Power in Instant Culture] (Melosik 1996), Zbyszko Melosik analysed the issues of sexuality, corporeality, and the identities of women and men in the rapidly changing 1990s. In turn, *Metamorfozy ciała. Świadectwa i interpretacje* [Body Metamorphoses. Testimonies and Interpretations] edited by Dariusz Czaja (1999) was a publication that broadly described the experiences of the body from the end of the 20th century, and also asked questions about its status in the social reality of that time.

The middle of the first decade of the 21st century also abounded in interesting publications in the discussed field. *Społeczne tworzenie ciała. Płeć kulturowa i płeć biologiczna* [The Social Construction of the Body: Gender and Sex] by Adam Buczkowski (2005) was one of the first Polish books on the subject of social influence on the bodies of women and men in the context of medicalization, individualization,

and in a historical perspective. Further, *Praktyki cielesne* [Corporeal Practices] edited by Jacek Kurczewski (2006) was a publication discussing the apparent liberation of the private body, which is subject to social shaping and social interpretation. In 2007 and 2008, two volumes of *Ucieleśnienia* [Embodiments] edited by Joanna Bator and Anna Wieczorkiewicz were published. The first volume, with the subtitle *Ciało w zwierciadle współczesnej humanistyki* [The Body in the Mirror of Contemporary Humanities], analyzed the problems of the relationship between thought and the physical condition of humans. In turn, the second volume, *Płeć między ciałem i tekstem* [Gender between Body and Text], analyzed the issues of gender, its social construction, and its relationship to identity.

The collection entitled *Antropologia ciała* [Anthropology of the Body] edited by Małgorzata Szpakowska, published in 2008, presented in a shortened form the most important works of social researchers, anthropologists, and philosophers dealing with the body. In the same year, a book edited by Marek S. Szczepański, Beata Pawlica, Anna Śliz, and Agnieszka Zarębska-Mazan (2008) entitled *Ciało spieniężone? Szkice antropologiczne i socjologiczne* [The Monetized Body? Anthropological and Sociological Sketches] was published, in which the authors analyzed the contemporary cult of the body, beauty, and slimness as one of the main features of contemporary social reality.

In 2009, Honorata Jakubowska published the groundbreaking *Socjologia ciała* [Sociology of the Body]. It was a kind of summary of the achievements of sociology of the body in the world and in Poland to date. The author discussed in detail the status of the body in contemporary culture, and also thoroughly analyzed the works of classics in addition to philosophical, anthropological, and sociological perspectives in relation to the issues of corporeality. She referred to various sociological reflections on the body: as an element of identity, interactional games, capital, commodity, a place of social control, a recipient of impressions, as well as a source of knowledge and experience. This was certainly the book thanks to which sociology of the body has become a permanent fixture in Polish sociology. For those who want to become more familiar with the issues of gender, sport, and the body in sociology, I recommend her other works, including *Gra ciałem. Praktyki i dyskursy różnicowania płci w sporcie* [Body Play: Practices and Discourses of Gender Differentiation in Sport] (2014).

Another interesting publication is *W stronę socjologii ucieleśnionej* [Towards an Embodied Sociology] by Izabella Bukraba-Rylska (2013), in which the author deals with the dominant theoretical trends in sociology, the cognitive consequences of which have influenced the shape of the discipline, and confronts "pure" cognition with the corporeal-material experience of the world. In 2014, the publication *Etnografie biomedycyny* [Ethnographies of Biomedicine] was published, edited by Magdalena Radkowska-Walkowicz and Hubert Wierciński. Although this book focuses more on medical issues, it takes up in an interesting way various aspects of the human body in the context of culture: reproductive health, disability, cancer, and genes.

Polish books recommendable to readers interested in exploring the subject of sociology of the body certainly include publications by researchers from the Wroclaw center. *Moralne obrazy. Społeczne i socjologiczne (de)konstrukcje seksualności* [Moral Images: Social and Sociological (De)Constructions of Sexuality] edited by Ewa Banaszak and Paweł Czajkowski (2008) or *Corpus delicti – rozkoszne ciało. Szkice nie tylko z socjologii ciała* [Corpus Delicti – The Delightful Body. Sketches Not Only from Sociology of the Body] (2010) and *Ciało korporalne* [The Corporeal Body] edited by Katarzyna Konarska (2011) are collections of texts exploring corporeal experiences, perspectives, and images of the body in various contexts. In 2012, the team of Ewa Banaszak, Paweł Czajkowski and Robert Florkowski also published *Fenomeny kontroli ciała* [Phenomena of Body Control], a work in which they described body control viewed from many sides and on many levels. Another interesting publication is *Trickster: społeczno-kulturowe konteksty doświadczania ciała* [Trickster: Sociocultural Contexts of Experiencing the Body] edited by Ewa Banaszak, Paweł Czajkowski, Robert Florkowski, and Dorota Majka-Rostek (2016). The body and embodiment are analyzed in this publication from the perspective of contemporary psychotherapy, psychology, choreography, cognitive science, linguistics, sociology, anthropology, etc. The texts published in the collection analyze various aspects of the body, such as smell, a tool of expression, disability, sexualization, and social control. Another publication prepared in this center is *Eksperiencje nagości* [Experiences of Nudity] by Ewa Banaszak (2017). It describes the experience of nudity as a phenomenon created socially: through the language of narration about it, ways of dealing with it or expectations, and even hierarchies and classifications of nudity.

The works of researchers from the Lodz center are also worth special attention. In the book *Is the Body the Temple of the Soul? Modern Yoga Practice as a Psychosocial Phenomenon* Krzysztof Konecki (2015) discusses, among others, the status of the body in the practice of yoga as an element of contemporary Western culture. Another publication from this center entitled *Społeczne* światy. *Teoria – empiria – metody badań. Na przykładzie społecznego świata wspinaczki* [Social Worlds – Theory – Empirics – Research Methods. On the Example of the Social World of Climbing] by Anna Kacperczyk (2016), presents, among others, the ways in which climbers perceive and use the body. It is also worth becoming acquainted with two works discussing women's sexual work: *Agencja towarzyskie – (nie)zwykłe miejsce pracy* [Escort Agency – An (Un)Usual Workplace] by Magdalena Wojciechowska (2012), and *Praca kobiet świadczących usługi seksualne w agencjach towarzyskich* [The Work of Women Providing Sexual Services in Escort Agencies] by Izabela Ślęzak (2016). People interested in the issue of the body in the context of gender, parenthood, and intimate relationships may find scientific articles by Julita Czernecka, Emilia Garncarek, and Krystyna Dzwonkowska-Godula interesting.

In addition to collective publications and monographs by individual authors, it is worth reaching for thematic issues of journals in which this research topic was taken up, such as *Ciało w przestrzeni społecznej: współczesne problemy i wyzwania socjologii*

medycyny [The Body in Social Space: Contemporary Problems and Challenges of Medical Sociology] edited by Teresa Zbyrad published in volume 7, issue 1 of the journal "Studia Sociologica" in 2015, the thematic issue of "Przegląd Socjologii Jakościowej" (2012) volume 8, issue 2 edited by Anna Kacperczyk and myself entitled *Ciało w przestrzeni społecznej* [The Body in Social Space], and the thematic issue of "Qualitative Sociology Review" (2018) volume 14, issue 2 entitled *Sociology of the Body – Research Practice in Poland*, which I also had the pleasure of editing.

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This book is a record of the state of sociology of the body, including sociology of the body in Poland, at the beginning of the third decade of the 21st century. Its content reflects the interests and areas in which research is conducted. It is also a kind of a guide to the issues of corporeality in the social context, indicating some trodden research paths and new areas of analysis. It shows the omnipresence of corporeal practices in various social contexts, which is proof that the body and society are inextricably linked.

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The Body and Work

1. Introduction

As Carol Wolkowitz writes in her groundbreaking book *Bodies at Work*, "we need to remember that although everyone has a body, not everyone has the same relation to its economic and symbolic significance" (2006: 6). The bodies of people from different professions – a construction worker and a professional athlete, a flight attendant and a pianist, a sex worker and a miner – are largely similar, yet they are used in very different professional contexts. Although we all have bodies, the work we do shapes our bodily skills, abilities, and habits in different ways. In this chapter I will present how doing different types of work shapes workers' bodies. I will also discuss the body in industry, in the service sector, in sexual and reproductive work, as well as describe the relationship between the body and gender in addition to class. Additionally, I will present the most important concepts, notions, and research on this topic.

The subject matter discussed in this chapter is important in the context of the social changes of recent decades. Positions, employment conditions, workplaces, and professional identities are gaining importance in contemporary societies. Employees are often focused on competition, spending long hours at work, functioning in the context of organizational cultures that interfere with private life, as well as various motivational tools (positive and negative) aimed at increasing employee effectiveness. Ignoring these phenomena leads to the current epidemic of stress, overwork, and depression. To be able to counteract this, it is necessary to draw attention to the fact that employees are embodied social actors. Their health and safety depend on their actions at work, both in the individual and macro-social dimensions.

The human body is deeply involved in every aspect of paid work, to which we often devote many hours a day. Performing a specific job plays a large role in shaping what Schatzki and Natter (1996) called "social and political bodies." This is less deliberate than physical exercise, training or dieting. It often takes place unconsciously – through the implementation of social, group or interactional

norms. In carrying out professional duties, we constantly monitor and manage our bodies to match the requirements imposed by the performance of a given professional role. In turn, the organized and disciplined bodies of corporate employees contribute to the reproduction of their organizational cultures and the generation of its profits (Wolkowitz 2006: 55). For example, the introduction of appearance requirements by banks: an elegant jacket or suit, shirt, and well-groomed face and hands are not only aimed at building the company's brand as a trustworthy institution. Building trust in contact with a bank employee is also intended to cause the client to take out a slightly larger loan than initially expected, or to agree to apply for a credit card, even if they had not planned to do so.

The close relationship between body and work also has a global dimension. First, a significant part of production has been relocated to countries where wages are lower, and environmental protection or labor law restrictions are less rigorous. This is associated with difficult, sometimes even inhumane working conditions for residents of entire cities or regions. In turn, workers in wealthier Western countries are increasingly concentrated in the service sector, where issues of appearance or course of interaction are of great importance. This means that different types of individual experiences related to the body, as well as health problems resulting from work, are concentrated in different parts of the world. Second, a similar division applies to reproductive work (including tasks related to supporting and providing services for the current or future workforce, e.g., childcare). A large proportion of workers performing this type of work in wealthier countries now come from abroad, relying particularly heavily on labor migration from poorer countries (Wolkowitz 2006: 149).

The status of work in sociology of the body

The relationship between body and work is nothing new in the sociology of work. Nevertheless, for many decades it was treated superficially. This was due to several reasons. Traditional studies from the industrial period (e.g., by Karl Marx or Max Weber), now classic, focused on jobs performed by men. As a result, the issue of the body was unconsciously present, as if "by default" – the always similar, male bodies of workers did not attract researchers' attention. They did not show the impact of bodily differences (gender, race, disability, etc.) on the way work is performed. Also, much later studies on workplace relations initially focused on male workers. Classic studies of this type concerned fishermen (Tunstall 1962), truck drivers (Hollowell 1968), and workers in manufacturing and processing plants (Nichols, Beynon 1977; Burawoy 1979; Collinson 1992). It was not until the 1980s that researchers began to pay attention to the experiences of women working in factories (Pollert 1981; Westwood 1984).

It is not true, however, that no researcher has addressed the issue of the body earlier. This reflection existed, but it was less direct. The aforementioned Karl Marx (1996, first edition: 1867), whose work has constituted one of the first and key perspectives for the further development of this subject, drew attention to the mutually constructive relationship between the body and work: bodies are both the source of work and its products. He noted that tools, land, and the products of

human work are a kind of material record, an extension of the worker's body (Scarry 1985: 247). The worker transforms his body through work, providing himself with food and other useful goods. Thanks to the resources from work, he can provide his body with food, shelter, clothing, and renews his strength. Among the classics of the sociology of work, Max Weber also attached importance to the embodiment of social actors, drawing attention to its significant role in the analysis of charisma as a form of power. The period of industrialization was also marked by the activity of Frederick Taylor, who focused on increasing the efficiency of laborers' work, among others, by analyzing the movements, postures, and efficiency of their bodies (Morgan 1997).

As Pasi Falk (1991, cited in: Shilling 2012: 124) wrote, the lack of interest in the body in the sociology of work was the result of researchers focusing on the subject–object relationship, both in the employee-material relationship and the artist-work of art relationship. Therefore, the amount of work that people did on their bodies was underestimated. Chris Shilling (2012: 124) has pointed out that performing everyday work on our own bodies (e.g., washing it, feeding it, taking medicines, shaving, and applying make-up) brings us specific health benefits. It is worth noting that it is also an element of the reproduction of the social order, which requires control over one's appearance and the embodiment of values represented in society.

The absence of the body in the sociology of work can also be seen in the fact that in Western culture the body is associated rather with sensuality, play, pleasure, and spontaneity. We associate bodily issues much less often with work, often understood as coercion, routine, and duty (Scarry 1985; Wolkowitz 2006: 9). It is precisely the perception of the body as something natural, extra-cultural, and, therefore, pre-social; that is one of the important reasons why the body was indirectly present in the sociology of work. Chris Shilling (2012) called this phenomenon a "naturalistic" view of the body. The body understood in this way exists outside the power relations that affect it. Moreover, in Western culture, although not exclusively, most of the activities that directly serve the body have traditionally been carried out outside the labor market and the public sphere – by women in the roles of wives and mothers (Smith 1988; Wolkowitz 2006: 14). They were, therefore, not perceived as work.

As a consequence of the changes in many sectors of the economy, the 1990s saw the beginning of broader research on the organization of work in new, rapidly developing sectors: hospitality, retail, knowledge work, and cultural production. Work in these sectors involved new roles, relationships, and identities (Kunda 1992; Lash, Urry 1994; Adkins 1995; Macdonald, Sirianni 1996; Black 2004; Pettinger 2004). As women began to play an important role in these new sectors, the issue of gender in the workplace became more visible. Attention was also finally being paid to people in low-paid jobs in feminized professions (e.g., cleaners, waitresses, and supermarket workers). A significant contribution to understanding the realities of this work was made by female journalists who undertook such work themselves and described the experiences of female workers in the sector (Toynbee 2003; Ehrenreich 2002).

2. The most important theoretical concepts

The body and work in the concepts of sociology classics

The subject of work in the considerations of great sociologists, including sociologists dealing with the body, was not often been taken up. Nonetheless, one can find certain threads in the works of Michel Foucault, Pierre Bourdieu, Maurice Merleau-Ponty, Erving Goffman, and Anselm Strauss, which may be useful in considering the body in the situation of work. Below I will present this part of the achievements of the classics, and later in the chapter the works of two researchers – Marcel Mauss and Richard Sennett, who bring closer the relationship between the body and the performance of work.

Michel Foucault, mentioned many times in this book, has pointed out that the body is the basic object through which power influences the individual and governs social life. One of the most important concepts he introduced to sociology was biopower. This type of influence on individuals consists of the increasingly rationalized management of biological matter through surveillance technologies and expert knowledge (Foucault 1979). Looking at the contemporary world of corporations and employee control, we can see that this phenomenon manifests itself, for example, in routine urine tests for drug use by employees (Ehrenreich 2002) or appearance guidelines in service professions.

Biopower becomes a feature of the relationship between the employee and the organization, which wants to have as much information about their health as possible. The healthier the employee, the better investment they become, the longer and more effectively they can work for the organization. A subtle manifestation of biopower is, for instance, the promotion by the company of employees commuting to work by bike, e.g. by paying a salary supplement or other benefits. A healthy employee's body is a profit for the company.

In Foucault's works, we also find references to the dominant action of technology. The human body becomes submissive to it and passively endures regulations and supervision (Foucault 1991). This was clearly visible during the pandemic when the technology of thermometers or thermal cameras checked the body temperature of workers in factories and office buildings, who in addition were required to wear masks or gloves. Foucault, however, did not associate submissiveness with weakness, but rather with productivity. Power affects individuals, realizing its goals through them, not against them (Garland 1990). Foucault's works that may be useful in understanding the relationship between the body and work in today's world are those concerning power over the employee, realized through modern technological solutions, as well as the more subtle management of workers' bodies (Foucault 1979, 1991).

The second classic, who we often mention in this book, is **Pierre Bourdieu**, the creator of the capacious but also useful concept of habitus in research on the body in the work situation (Bourdieu, Passeron 1990). By creating this concept, Bourdieu

placed the body at the intersection of the social (structure) and the individual (agency, action). According to Bourdieu, society penetrates the body of an individual through the dispositions of the social structure that creates the framework for bodily behavior: body posture, body skills and competences, embodied aspects of language in the form of speech habits, vocabulary, accent, and so on (Wolkowitz 2006: 19–20). An example of this is the change in the way of writing that has taken place in recent decades. Owing to the development of technology, we write progressively less by hand and increasingly more often on a smartphone keyboard, using only two fingers, which in consequence causes, for instance, spine problems. The aforementioned dispositions also affect the workplace and work situation, and what is more, they can be an invitation or an obstacle when trying to obtain a specific position. The values embodied by the habitus of a representative of a class may be consistent with or contradictory to the values of an organization or the expectations of customers.

Maurice Merleau-Ponty is another scholar whose work has had great significance for the development of interest in the human body also in the context of work. He was a philosopher, phenomenologist, and author of classic works on the body or rather embodiment. He wrote that the body was given to us constantly, it existed on the margin of our experiences, and we did not become aware of its existence unless, for example, disease forced us to deal with it (1974). It is also the basic object through which we understand other people (Lussier-Ley 2010: 203). Through the body, which is constantly under the influence of consciousness, we experience reality in its various contexts (Merleau-Ponty 2005: 99, 208). This often happens in the context of work, a good example of which are the experiences of people providing sexual services described later in the chapter. The context of work causes the employee to enter a professional role, and their body experiences events from this very perspective.

The body and its experience are, therefore, not unchanging or static, but constitute a social phenomenon. We not only experience it in a situation-dependent manner, but also transform it into one that is consistent with social norms or the expectations of other "embodied entities" with whom we interact. This theoretical perspective can provide solutions for people working in modern organizations or in services, where the issues of the expectations of others, e.g., regarding appearance, are an important aspect of constructing a professional social role.

The work of Maurice Merleau-Ponty has provided researchers of the body in relation to work with an interesting perspective on the use of tools. According to Merleau-Ponty, by entering into constant, repeated interactions with objects, we incorporate them into the resources of our body and we attach new tools to ourselves (Merleau-Ponty 2005: 104, 166). Tools (of work) become part of our body, like a baton in the hands of a conductor or a steering wheel in the hands of a professional driver. This happens because knowledge about an object permeates the body with each successive use of the object. An individual acquires bodily habits and uses the tool as if it were part of their body. They can also become addicted to it. Each of us has felt at some point "as if without a hand" when we lacked the tool of our work (professional or domestic).

We can also apply Merleau-Ponty's perspective on the body to the analysis of the impact of work technology on the individual and their body. The concept of "body schema" (*schéma de corps*) proposed by him refers to the individual's experience of where their body is in time and space. The body, supplemented by embodied tools, is measured, valued, and objectified by economic organizations, incorporated into machines or computer systems that set the pace of work.

Erving Goffman's work is important for both sociology of the body and the sociology of work, especially from an interactionist perspective. From the point of view of the subject of this chapter, it is worth paying attention to that part of Goffman's work that refers to people's management of their bodies in the work situation (1955, 1963, 1971, 1976). He considered this aspect of the role an essential and constitutive element in maintaining social order (Crossley 1995). For him, the body also played a fundamental role in mediating the relations between one's individual identity and social identity (Shilling 2012: 86). This is evidenced by works on gender advertisements[1] or stigma (Goffman 1963, 1976). In the former, the author has focused on the differentiation of images of both genders in advertising, which symbolically assigns women and men to different orders, embodying different values, including work, professionalism, and profession. In *Stigma*, Goffman examined the influence of "spoiled identity," which is often rooted in disability, illness, and physical otherness, on interactions. It has a major impact on attributing stereotypical traits to stigmatized people, which are important, for example, when making decisions about cooperation, employment, or performing one's job. This concept can also be useful in the case of studies on stigmatizing professions (Wojciechowska 2012a, 2012b, 2012c; Ślęzak 2016a, 2016b, 2018a, 2018b).

In the works of **Anselm Strauss**, the body is seen as one of the symbolic objects towards which social actors act. As a symbolic interactionist, Strauss has pointed out that the body is a symbolic object, just like its individual systems and elements. The social actor assigns specific meanings to each of them and takes action towards their body on the basis of these meanings. This means that the relationship with the body is not only individual or biological, but is the result of socialization. In interaction and action, interpretation is always present – one's own or someone else's. The body and mind of the social actor are inextricably linked; they are part of every action and every interaction, with the exception of purely impulsive reactions (Strauss 2017: 113).

Anselm Strauss and his colleagues (1982, 1985) studied the work of medical personnel and the experience of illness for many years. They analyzed, among others, work on the trajectory of illness, taking into account the interactional dimension of the treatment process. They drew attention to the multidimensionality of medical work, the mutual dependence of its various aspects, in addition to the actions taken by many social actors focused on treating the patient. They included medical technologies as important determinants of the course of medical work,

1 This term refers to the representation of gender in advertising. The reader will find more about this in *The Body and Media* chapter.

but also the organization of hospital work understood as a set of work sites, thus drawing attention to the influence of the social context on the course of performing professional tasks. During this research, the concept of sentimental work, which is so crucial for the sociology of work and sociology of the body today, was also identified. Its detailed description can be found in the part of the chapter presenting the most important concepts. Anselm Strauss was also one of the co-authors of the book entitled *Boys in White. Student Culture in Medical School* (Becker et al. 1961), which describes the results of research on the process of becoming a doctor, taking into account not only medical aspects, but also the acquisition of manual or interactional skills necessary in this profession.

Marcel Mauss was an anthropologist who was one of the first to take an interest in the body. His work is described in the introductory chapter, and in this part of the book I will present the significance of his concept in considering the relationship between the body and work. In his classic text on the techniques of the body, he pointed to the importance of culture and cultural differences in the use of the body by people from different parts of the world. Mauss treated the body as a primary instrument that must be learned to use. And where there is an instrument, there is a technique for using it. At the same time, every technique using another instrument must be preceded by learning the technique of using one's own body (Mauss 1973: 75). Mauss cited many examples of different but effective uses of the body, differentiating them according to gender, age, and physical fitness (Mauss 1973: 83–85). He has emphasized that these methods translate into the structure of the individual's body. This means that performing work through the body transforms that body into one that meets the requirements of social norms functioning in a given culture (profession), but can also be consumed by that work.

Mauss' work on the issue of ways of using the body was introductory. Nevertheless, its significance was great because he has drawn attention to and supported his conclusions with evidence that the body and the ways of using it are similar to the use of an instrument. He has also pointed out that culture, upbringing, prestige, and other social phenomena enter the body and shape it, not only showing how to use it, but also that they have physical and biological consequences.

Another researcher who has drawn attention to the issue of the body in the context of work is **Richard Sennett**. From the perspective of this book, an important work of his is *The Craftsman*, in which he deals with profession, including its bodily dimension. When writing about professionals, Sennett has in mind people who share several common features regardless of the industry in which they work. A carpenter, a laboratory technician, a conductor, and a surgeon are professionals because they try to do their job well for the sake of doing it well; they are characterized by commitment and practical knowledge (Sennett 2008). The skills they possess are bodily in nature; they are a physical competence (or, using Bourdieu's language, an element of physical habitus), acquired through long-term practice. For Sennett, repetition is key in acquiring skills. In developing professional skills, exploration, including mistakes, is also necessary because it enables the development of

experience and understanding of the rules of work (Sennett 2008). Psychologist Daniel Levitin, quoted by Sennett, has calculated that the time it takes to prepare a professional is ten thousand hours of practice in a profession. This is how much time must pass before complex skills take root in the professional's body and turn into tacit knowledge (Sennett 2008).

Richard Sennett has devoted much attention to touch as a sense, but also as a type of competence developed by specialists. Through touch, a specialist enters into a relationship with the object on which he is working. In this way, he acquires material consciousness (Sennett 2008), that is, a competence that is difficult to verbalize, related to "understanding" by touching the density, structure, heaviness or fragility of the material.[2] Sometimes, when interacting with an object, a specialist anthropomorphizes the raw material or the object of their work. They give it human characteristics, primarily will, desire, accuse it of stubbornness, lack of cooperation, and when it does not want to give up, a disciplinary "conversation" with the object also occurs (Sennett 2008).[3]

From the perspective of a specialist's work, Richard Sennett considered the hand to be a key part of the body. It is so important because it is capable of performing the greatest number of movements subject to our control (Sennett 2008). At the same time, the hand is shaped to a very large extent through exercises, and in the vast majority of professions it does not require a specific anatomical structure. It is also a very plastic tool – with its help, specialists from various industries perform many different tasks. The system of the "intelligent hand" that allows the realization of professional skills comprises: the eyes, hand and brain (Sennett 2008).

Richard Sennett is a researcher who focuses on a slightly different topic than the authors described earlier. He observes the bodily phenomena that take place during the acquisition of a profession and the performance of work. Unlike Michel Foucault or Pierre Bourdieu, he does not talk about systems in relation to the body, but about the body in the situation of work.

Key issues and concepts

Above, I have presented the most important concepts of the classics of sociology, whose works have shaped the imagination of researchers for decades. Below, I will describe the issues and concepts concerning the relationship between the body and work in sociological concepts and research.

2 For example, the neurosurgeons I observed used touch mediated by surgical instruments to recognize the fragility of blood vessels, the hardness and cohesion of excised tumors, and their demarcation from healthy tissue.

3 During my research, I have often witnessed neurosurgeons, anesthesiologists or nurses having difficulty performing a task, address the object of their efforts in a way that indicated their anthropomorphization. This was often accompanied by negative emotions.

The industrial body

A very interesting issue from the perspective of studying the relationship between the body and work is its transformation during the period of industrialization. Of course, in earlier eras the body was also shaped by work or the performed profession. Nonetheless, this influence was not of such a mass nature, but rather manifested itself in local or regional norms and values related to the body. Industrialization was a breakthrough in the history of societies because in various places around the world similar technological solutions began to be introduced. The invention of the steam engine had not only economic but also social effects. It caused mass migration from the countryside to cities, most often unprepared for such a large influx of people.

The factory forced the individual to adopt a completely new way of working, in comparison to work in a craft workshop or in agriculture. Employees became part of the machine, having to submit to it, perform their tasks according to its dictates. Seemingly separate employees were gathered in one, closed workplace, arranged in space so that several controllers could observe many people at the same time. The individual became an element of the whole located in a specific place, moving and having an impact on the work of other elements (Foucault 1991: 164). The previous psychophysical system characterizing the independent worker has become unnecessary. It was replaced by the division of labor, in which the employee performed a small part of a larger process. This caused work alienation, stress, and fatigue, but, at the same time, it was more effective than ever before (Wolkowitz 2006: 58). Therefore, many concepts or management theories were created around this division of labor, which were supposed to improve it (Morgan 1997).

One of the most famous creators of such solutions was Henry Ford. He aimed to create a "new sort of worker" who could develop within the rigid framework of new production methods (Yanarella, Reid 1996: 182). The worker in his factory was to become an addition to the machine, as if one of its limbs serving the assembly line. Standardization, therefore, concerned not only the technology and the product, but also the worker.

Frederick Taylor used a similar approach to workers. Acting in accordance with the most important principle – standardization – through the design of machines, processes, and products, he considered differences as a problem that needed to be solved (Banta 1993). Workers' bodies, as they could not be completely standardized, were perceived as anarchic, dangerous, and politically threatening (Bahnisch 2000). As Freund (1982, cited in: Shilling 2012: 118) has claimed, the body becomes a machine, but it is not able to endure as much as a machine.

The perspective in which a person becomes part of a large organization, a machine in which they perform a small part of its main task, became very popular in the 20th century. Whether in the manufacturing, bureaucratic or service sectors, these and similar solutions were adopted. George Ritzer (1996) described this phenomenon perfectly in *The McDonaldization of Society*. The employee's body must submit, like other elements of an organization, to four main principles:

- predictability – by standardizing the appearance and demeanor of employees, including emotional reactions to difficult customer behavior,
- calculability – through such work organization, including the division of the day (e.g., night and day shifts forcing the subordination of sleep to work), it is possible to calculate how much work an employee can do and how it translates into the achievement of the organization's goals,
- efficiency – such fulfillment of the body's needs (e.g., a set break for lunch, to go to the toilet, for a cigarette) that will disrupt the functioning of the organization to the least extent possible,
- control – using solutions that influence people's actions, but which they are not aware of and that are often contrary to their interests, e.g., installing seats without a backrest so that one does not spend too long on a break.

The above-described ways of treating the body in industrial production, or more broadly, in machine organization, have become the object of interest of various researchers. Ernest Yanarella and Herbert Reid (1996: 200) have pointed out that in the production systems of modern factories, humans are increasingly adapted to the possibilities of microelectronics, and not the other way around. To describe this phenomenon, they propose the term "humanware," which was first put forward by management consultants from the Massachusetts Institute of Technology.

The second concept that reflects the way of thinking about the transformation of workers' bodies is the concept of "flexible bodies" (Martin 1996). This concept emphasizes the connection between the demands of a flexible labor market, as well as the emergence of new subjectivities and modes of embodiment (Wolkowitz 2006: 59). Workers have to adapt their bodies, sometimes multiple times during their working lives, to the constantly changing demands of a given job. This was very visible at the beginning of the COVID-19 pandemic, for example during the transition to remote work.

Work and gender

The relationship between work and gender is probably the oldest type of the division of labor in human societies. In traditional societies, due to reproductive issues, women and men had traditionally designated roles. In most societies, women took care of babies, children, the home and the farm, as well as animals. Regardless of whether a society had this or a reverse division of labor, "professional" roles were strictly assigned to the gender of the person performing them.[4] Class division was always embedded in the social roles performed by both genders. In Pierre Bourdieu's language, bodies have a class habitus. It is acquired in the process of socialization on the basis of various patterns present in an individual's social environment.

In Western societies, the male body was most often associated with work outside the home, paid and gainful, professionally performing public functions and power. An important model of the working class was the male body as strong and durable.

4 More on the relationship between gender and the body is described in the chapter *The Body and Gender*. Here I will describe the relationship between the gendered body and work.

Thanks to having such a body, a man could provide for his family, as well as ensure security (Thiel 2007: 241). This habitus was shaped from the beginning of industrialization and did not cease to exist after the collapse of the heavy industry in Western countries. The industrial body was from the beginning a white male working body. According to Banta (1993), the exclusion of both women and various minorities was a central element of the constitution of the body during industrialization (Wolkowitz 2006: 64–65).

The strong, masculine, industrial body was once a carrier of cultural capital. After the collapse of the heavy industry, it was torn away from its field of meaning. Work that ensured the maintenance of a "truly masculine body" no longer guaranteed it, and the old strategies ceased to work. As a result, the popularity of activities that can provide a field where such a habitus still commands respect, such as bodybuilding, boxing, and even male striptease, has increased among the working class (Charlesworth 2000, cited in: Wolkowitz 2006: 66).

Although the worker's body is by default a male body, if we look at factory production as a whole, it turns out that women have played a significant role in manufacturing all over the world (Wolkowitz 2006: 66). Their work was of key importance for industry, for example, during the First and Second World Wars. When men fought on the front lines, women took their place in the heavy industry or armaments. This change was of great importance for the massification of women's work outside the home, and its symbol is the heroine of the *We Can Do It!* poster by J. Howard Miller.[5] Her image combines worker attributes – a blue shirt and a position indicating physical strength with feminine attributes – a red scarf on her head, well-groomed eyebrows, painted lips, and a curl in her hair. In Poland, the phenomenon of the massification of women's work outside the home took place, among others, in my city, Lodz. The textile industry, which had been developing here since the beginning of the 19th century, resulted in the development of a professional group of female textile workers. They were hard-working and low-paid women whose history in Lodz, including the "bodily" one: living conditions, together with malnutrition, occupational diseases, miscarriages, sexual harassment, was described by Marta Madejska (2019) in her book *Aleja Włókniarek*.

The change in the work style in the last decades of the 20th century, resulting from, among others, the development of technology, caused an increase in the number of people doing office work. As in the case of manual workers, a male standard of appearance dominated in this sphere, mainly consisting of wearing a suit, shirt, and tie. The bodies of middle and upper-class men doing this type of work were shaped around slightly different values than those described above. Their appearance was to reflect individuality, competence, and professional success. Linda McDowell (1997) conducted research among men working in the City of London. Compared to older workers, young workers were distinguished by their youthful appearance, energy, activity, and masculinity, and they were also "seriously sexy, in a self-confident,

5 Also known incorrectly as Rosie the Riveter.

masculine way" (McDowell 1997: 185–188). According to McDowell's research, almost all young men, like women, were aware of the importance of self-presentation at work, including hygiene, physical fitness, and choice of clothing. This indicates that the differences in the requirements for the appearance of women and men in corporations are decreasing. Appearance in a broad sense is becoming one of the elements of the habitus of an employee in a modern corporation.

This leveling of differences between women and men in corporations is the result of yet another process. The employee's body is also sometimes treated by organizational discourse and practice as disembodied, non-sexual, and non-gendered, or, in an idealized way, as rational and obeying bureaucratic rules (Holliday, Thompson 2001: 117). Such a programmatic disembodiedness of the ideal employee sidelines and deliberately fails to notice embodied features such as charisma or gender stereotypes (including self-stereotypes) internalized by employees. However, this is only a kind of an utopian organizational assumption. The body, including gender, does not become unimportant or non-existent just because it is left on the margin of organizational life. It is sometimes included in the formal framework of organizational regulations of employment principles. This happens when minimum body "measurements" are established in male professions, and maximum ones in female professions (Shilling 2012: 126).

In turn, the role of women, as I mentioned, has always been associated with working at home, with taking care of dependent family members, i.e., children, the sick, and the elderly. Women taking up a place in paid work outside the home was a kind of protest against the traditional division of labor. Women performing male professions were controversial also because it required them to wear men's clothing. This disrupted the bodily social order in which each gender was assigned specific role attributes through clothing. An example of research exploration (because they were not research studies in the strict sense) of this problem comprised the studies conducted in the second half of the 19th century by Arthur J. Munby on women mining coal in small English mines. He was fascinated by the physical characteristics of working women: thick skin, wide backs, ruddy faces, tanned skin, and work-worn hands and feet. They contrasted greatly with the delicate, white hands and smaller, more delicate feet of middle-class girls. These women, dressed in men's trousers covered by aprons, stained by soil and coal, were a kind of counterculture in Victorian England, iconoclastic and threatening to degenerate society. Their work was not a short episode, however, because women mined coal for almost two hundred years. The first mentions of this phenomenon date back to the 17th century, while in 1842 a law was introduced prohibiting women from working underground in mines. Nevertheless, this did not cause them to withdraw from this work. They continued to do it dressed as men and also worked for lower wages.

Even today, in the 21st century, the presence of the female body in work outside the home is still characterized by a certain necessity to conform to standards created for the male body. Robyn Longhurst (2001) has argued that even a pregnant female

body is perceived as out of place in the public sphere because it causes some to fear the release of bodily fluids. Another problem described by Longhurst is the appearance of mothers of young children in the workplace. Evidence of childhood illness, tears, and sleepless nights is hidden, for example under make-up, rather than presented (Wolkowitz 2006: 91–92). In the case of services, the appearance of the employee is particularly important for the quality of the work performed. This results from the specificity of this type of task: the co-presence of the employee and the customer during the performance of the service. This means that interpersonal, embodied interactions with customers shape the work process to a greater extent and more directly in the service industry than in the case of industrial work (McDowell 1997, cited in: Wolkowitz 2006: 71).

An example of this phenomenon is the work performed by flight attendants, who are treated as embodied carriers of the organizational ethos, which Arlie Hochschild described, among others, in the book entitled *The Managed Heart: Commercialization of Human Feeling* (Hochschild 2012). During the recruitment, training, and supervision of these employees, special emphasis is placed on the requirements regarding appearance, which is of a standardized nature. Fulfilling the requirements of "body work" by employees (Shilling 2012) requires a great deal of time, effort, and resources devoted to maintaining a specific body state and is part of their professional duties. The ability to adapt and standardize one's appearance to the requirements of the organization and specific instructions is part of their professional training. In the past, they could also lose their jobs as a result of exceeding the permissible "measurements": body weight, and the width of thighs, bust or waist. The standardized requirements for the bodies of flight attendants are not limited to their appearance, but extend also to their behavior: soft steps, a friendly smile, and eye contact with passengers. During the flight, flight attendants are almost constantly in the passengers' view. This makes their work with their body particularly taxing. In addition to the work associated with ensuring the safety of passengers, serving food and beverages, helping to operate equipment, and other duties, they must constantly monitor their bodies and be aware of how they appear to passengers. This body image seen through the eyes of customers becomes internalized, and its internalization is part of the recruitment and training process. A flight attendant's body is supposed to look and behave as if this standardized way of being was "natural." There is no room for revealing its undisciplined or uncontrolled elements (Tyler, Abbott 1998, cited in: Wolkowitz 2006: 82–83). Such disciplining of bodies and their subordination to the requirements of work organization causes serious health consequences for the representatives of this profession, which include varicose veins, back pain, bunions, hearing loss, circadian rhythm disorders, weakened lung capacity, eating disorders, and early menopause.

The traditional division into female and male jobs and professions, despite the progressing equality on the labor market, still functions. It manifests itself somewhat less, also allowing women to perform "typically male" jobs and "typically female" jobs

for men. Nonetheless, this does not happen simply, but is supported by various types of legitimizing apparatuses. An example here is care work, which is predominantly performed by women. Interesting research among nurses was conducted by Urszula Kluczyńska (2017, 2021). She has drawn attention to caring masculinity, which is different from the definition of masculinity in mainstream culture, and also describes the process of men entering the feminized profession of nurses and the male career paths pursued there. An analysis of practices is important from the point of view of implementing professional tasks: the desexualisation of male touch, interaction strategies related to overcoming gender stereotypes, and building trust with patients and their families. Urszula Kluczyńska's research is important from the perspective of the changes related to the increasing transition of women and men to professions stereotypically reserved for the opposite sex. Usually, men performing care tasks professionally are either positioned as exceptions, such as doctors (Hughes 2002), or perceived as unmanly or as homosexuals. In turn, in certain types of professions or organizations, women may be recruited to "male" professions and men to "female" ones if they are willing to accept, at least to a small extent, the masculinized or feminized habitus that governs a given profession or workplace (Wolkowitz 2006: 85, 153; Kluczyńska 2017, 2021).

Another interesting issue is the influence of the gender of employees on business decisions. For example, in the British meat and livestock industry in the late 20th century, pressure began to appear to increase the employment of women. This was intended to soften the public image of the industry, including discouraging consumers from becoming vegetarians. As it turned out, this change also improved the taste of the meat. Decisions made by women resulted in the creation of slaughter conditions that gave the animals more peace (Leask 2000).

Sex work

Sex work has only recently become a subject of interest in sociology. I believe it is worthwhile discussing in this chapter for two reasons. First, the relationship between the body and the performance of sex work is direct, if only because it is often performed naked and involves the use of intimate body parts and functions. Second, as I mentioned at the beginning of this chapter, each society makes its own definition of what is and what is not work. The recognition of broadly understood sexual services as "real work" is related to the cultural (media, social) redefinition of sex and human sexuality that has been taking place in recent decades.

The concept of sex work includes many types of paid work related to providing sexual services and contacts. It is, therefore, much broader than the concept of prostitution, which has a negative connotation. As Izabela Ślęzak and Urszula Szczepankowska (2018: 7) wrote, the term "sex work" was created by Carol Leigh (1997).

The concept of sex work encompasses "a variety of sexual activities undertaken as a result of a commercial transaction […] such as various forms of prostitution, erotic massage,

telephone and internet sex, striptease and erotic dancing, acting in pornographic films, nude posing, and others" (Ślęzak, Szczepankowska 2018: 7).

In Polish sociological literature, the dominant approach to sex workers is focused on the normative dimension of such behaviors and treats them as a manifestation of deviation (Kowalczyk-Jamnicka 1998; Kurzępa 2001; Jędrzejko 2006; Pospiszyl 2008; Gardian-Miałkowska 2016). This approach focuses on sex workers as passive victims and on the ways of helping them (Kwaśniewski 2000: 92). Sex work is treated much less often as a profession, and the workers as active subjects acting in a specific social context (Wolkowitz 2006: 127). In Polish sociology, the representatives of this approach include Magdalena Wojciechowska and Izabela Ślęzak. In their works (Wojciechowska 2012a, 2012b, 2012c; Ślęzak 2016a, 2016b, 2018a, 2018b), they have drawn attention to the interactional,[6] bodily, interpretative, identity, and organizational dimensions of the work of people providing sex services.[7] Many aspects of sex work were also included in the thematic issue of "Przegląd Socjologii Jakościowej" edited by Izabela Ślęzak and Urszula Szczepankowska (2018).

Sex work is not only performed by people who do it openly, providing sexual services. In other professions, especially in the service sector, there are informal and sometimes formal requirements to have sex appeal as part of one's bodily habitus. This is more common for female workers than for male workers. Employers expect, although not always consciously, that female workers will use their gender and (hetero)sexuality to help grow their clientele and profits. Through the interactional strategies used by female workers who use their sex appeal, male clients derive pleasure from female attention and sexuality. This is a kind of supplement to the basic tasks associated with their work (Tyler, Abbott 1998; Hancock, Tyler 2000). One of the first studies in this area was a case study by Lisa Adkins (1995), which focused on women working in the hospitality and leisure industry in England. The author drew attention to the role of gender and (hetero)sexuality in the service sector (Wolkowitz 2006: 81–82). In Poland, Honorata Jakubowska (2018) dealt with the issue of sexualization, objectification, but also subjectification in the profession of hostesses working at sports events, especially motor sports.

6 Elisabeth Anne Wood (2000: 26) described an interesting experience of strippers from this point of view. It consists in attracting the attention of the men in the club, which gives them a sense of sexual power. They also gain a sense of power through the use of appropriate make-up, clothing, accessories, facial expressions, and ways of moving. Agency in interactions understood in this way is, of course, embedded in patriarchal, normative heterosexuality, focused on caring for the male ego (Wolkowitz 2006: 140).

7 Chapkis (1997) has pointed out that sex workers, like other people whose work involves paid emotional labor, are able to distinguish themselves from the roles they play at work (quoted in: Wolkowitz 2006: 129).

Reproductive work

Reproductive work is another type of work that has become a subject of study by sociologists of work relatively recently.

Please note that in the past, the work of domestic servants consisted largely in pushing aside, separating, factually and metaphorically, all kinds of evidence of the bodily, physiological functioning of their masters (from the upper class). The bodies of maids or cleaners were both metaphorically and actually polluted through this work, similarly to the case of the untouchable caste in India. Even a single instance of physical contact with members of this caste constitutes a stigma. It disrupts the social division of labor based on caste division. Contact with the manifestations of the physiological functioning of human organisms is limited to people from the lower classes. By fetching water for washing, handling stained laundry, and removing garbage or the contents of the chamber pot from the house, servants enabled the middle class to keep their own bodies out of the public eye (Wolkowitz 2006: 38).

Reproductive work, according to the European Institute for Gender Equality, constitutes all the tasks associated with supporting and providing services for the current or future workforce – people who undertake or will undertake productive work, including childbirth and raising children (eige.europa.eu). The term, therefore, refers to the workforce in the form of paid caregivers, cleaners, and beauticians working inside and outside the home. This work is most often provided to people working outside the home and involves meeting many life needs, including the physical needs of themselves and their children. In the past, it was mainly men who were able to avoid reproductive work, passing it on to wives, mothers or sisters, as well as servants (Wolkowitz 2006: 156).

The lack of visibility of this type of work in sociological research to date has resulted from several factors. First, it is usually less public than other service sector activities, and is, therefore, less frequently observed by outsiders. The procedures involved are often intimate and even when they are carried out outside the home, e.g., in kindergartens, hospitals, and beauty salons, they are usually undertaken "behind a screen" (Lawler 1991).

Their invisibility is reinforced by the fact that this work, e.g., cleaning offices, is often done at night or during night shifts. Moreover, this work is not always paid well, which means that it is more willingly performed by immigrants, including illegal immigrants, who want to remain invisible. Even if they work in modern organizations, they are treated rather as bodies to perform a specific task than as entities that are an important resource of the organization (Wolkowitz 2006: 67).

In Polish sociology, the topic of reproductive work was addressed by Anna Kordasiewicz in her book *(U)sługi domowe. Przemiany relacji społecznych w płatnej pracy domowej* (2016). The author addresses issues related to the history of this type of work, changing definitions of the domestic services, relations between people providing this work and their employers, as well as how this type of work is a manifestation of the interpenetration of different social orders.

The constructivist nature of occupational health and safety

The legal regulations related to occupational health and safety (OHS) is a rather neglected topic in sociological research. Research rarely addresses the topic of occupational health and safety, which has always concerned the body in the social context of work. One of the reasons for not including OHS in the sociology of work or in sociology of the body is that these regulations are based on a biomedical perspective on the perception of the body. The body is treated as a kind of a machine, thus, the individual experiences of individuals as embodied subjects are perceived as subjective. Consequently, they are considered inadequate to create "objective" laws based on exact sciences (Wolkowitz 2006: 107).

The organization of work itself, e.g., the requirements placed on the industrial body described earlier, has a major impact on the health of employees. Subordinating the body to the machine, or more broadly – to the economic and cultural norms of the industrial world, is not only situational in nature, but also affects the biographies of employees. Aida Edemariam (2005) has listed the types of health risks of working at night and stated that it is more harmful to health than smoking 20 cigarettes a day. In women of all ages, it carries a significant increase in the risk of breast cancer, and in workers of both sexes an eightfold increase in the risk of stomach ulcers. Working at night also raises the likelihood of developing coronary heart disease by 40%, while the risk of depression and mood swings is 15 times greater.

The regulations and principles that make up OHS, like other legal rules, are formalized social norms. Therefore, their shape is not objective or unchanging, and does not arise in a social vacuum. What is considered work and what is not, or what factor is considered harmful, is defined socially. An interesting analysis of occupational health and safety from the perspective of reports or descriptions of interpretations of accidents at work may be interesting for a sociologist of both work and the body. The possibility of applying for compensation depends on how a thing that happened in the past is defined (e.g., exposure to carcinogenic substances at work) (Wolkowitz 2006: 102).

Wolkowitz has pointed out that depending on the place of a professional group in the social hierarchy, its representatives are provided with greater or lesser guarantees of protection or compensation. For example, illegal or non-union workers, as well as migrants, are more exposed to worse and riskier working conditions, and are also more likely to work while sick.

The fact that OHS regulations are socially constructed based on the norms functioning in a given culture is evidenced by several examples. The first refers to the different treatment of health risks of work, depending on whether a given profession is masculinized or feminized. As Carol Wolkowitz writes (2006: 104), men are more likely to suffer from sudden, traumatic accidents, while women are more likely to suffer from diseases that develop over time (such as poisoning with chemicals used at work) (European Agency for Safety and Health at Work 2003). A similar situation

occurred in Poland, where occupational safety and health issues were much better secured in male professions in the heavy industry than, for example, in the textile industry dominated by women (Madejska 2019). A forced body position, noise, and work at night caused damage to the health of female employees, but not as suddenly as in the case of miners or steelworkers.

It is not only the regulations or interpretations of work situations as harmful to health that are influenced by gender stereotypes. Their implementation and application also have a similar dimension. As Paul Bellaby (1999: 91) has claimed, the application of external regulations in traditionally male professions is considered unmanly. During his research in English pottery workshops, he found that the men working there believed that "they must master their bodies with their minds, in order to sustain attendance to and performance in work, and that in so doing they would grow fitter and more resistant to invasion of their bodies by the work-environment and by germs." This also indicates that occupations associated with risk are higher in the hierarchy of male professions.

Another example of the social construction of OHS norms is the need raised by Karen Messing, Lucie Dumais and Patrizia Romito (1993) to redefine OHS concepts and research methods in order to address women's work-related health problems. To illustrate this they compare occupational diseases among chimney sweepers and sex workers. The discovery of the prevalence of scrotal cancer among chimney sweepers was a significant step in the study of occupational diseases. However, the prevalence of cervical cancer among prostitutes is almost never mentioned in the context of occupational diseases. Women sex workers also suffer from physical violence, sexually transmitted diseases, the side effects of hygiene products, and health problems related to night shift work. This shows that tacit assumptions about the concepts of "work" and "working bodies" have a major impact on the construction of OHS as a field of study and as a set of formal rules.

Other studies cited by Karen Messing (1998b) indicate that working fewer hours does not necessarily translate into a lower risk of illness. A study of bank employees found that women working part-time were mainly employed at the counter to serve customers during peak customer service hours. They were less involved in banking procedures that could be performed while sitting at a desk. This puts them at the same risk of musculoskeletal disorders as full-time employees, even though they work fewer hours. Two issues should be noted here. First, employing women in customer service positions is based on gender-based assumptions, which are discussed in more detail elsewhere in this chapter. Second, the requirement that customers be served by a counter employee is based on cultural or organizational assumptions about proper customer service.

The aforementioned, tacitly accepted concept of the human body as a machine, an object that can be studied objectively, beyond the subjective experience of the embodied individual, is the result of over two hundred years of the tradition of the industrial body, as well as the Cartesian dualism of body and soul rooted in Western civilization, described many times in this book. Nevertheless, new times,

new types of employment, and a new concept of the human body pose new challenges to the researchers of occupational health and safety. As long as the concept of the "work environment" was used in reference to industrial work, it was justified. Yet, as professions emerge, especially those involving customer service and service provisions, the subjective experiences of employees and the role of social interactions are gaining importance (Allvin, Aronsson 2003: 101). Working and employment conditions are also becoming increasingly flexible and diverse. These changes were very visible during the course of the COVID-19 pandemic, when a large group of employees switched to remote work. This type of work did not disappear when the pandemic ended, but became a permanent fixture in many organizations. Another example is the increasingly frequent ergonomics training in many corporations, or a flexible workplace – a desk that enables work in a standing or sitting position, or work in a quiet zone. This means that the rigid concept of the work environment as something objective and material is no longer an adequate reference for statutory rules and regulations (Allvin, Aronsson 2003: 105).

Working on other people's bodies

An interesting type of work in which the relationship between body and work is of particular importance is professional tasks in which the employee uses their body to perform a service on the client's body or in contact with the client's body fluids or excrements. In the section on important concepts, I described the distinction introduced by Wolkowitz (2006: 147) between bodywork – sports and aesthetic treatments intended to keep the body "in shape" and body work – work on the body. The professions described in this section can be classified as representing the latter category. It concerns those types of tasks in which the body is the direct "site" of work. The content of the work is often intimate contact with the body of a stranger, sometimes dirty, naked or semi-naked, or with its fluids. In most instance of such work, the employee expresses their willingness to undertake this "dirty" work, thanks to which the client's body or its surroundings are cleansed (Wolkowitz 2006: 168). This work is performed close to the client's body and it often involves touch. Performing similar tasks is part of a wide range of professions, including hairdressers, beauticians, barbers, fitness trainers, dentists, care assistants, hygienists of various specialties, doctors, nurses, medics, masseurs, cleaners, therapists, midwives, and many more.

The professions mentioned above, especially those that do not require higher or secondary education, have not often been the subject of interest for social researchers. This may be the result of an unconscious but internalized perspective of perceiving work based on Cartesian dualism. Work involving cleaning, contact with dirt or the human body is seen in this perspective as worse, less important, and requiring low competences. This is contradicted by, for example, research by Karen Messing (1998a), in which she presented the perspective of cleaners working in a Canadian hospital. Apparently, representatives of this profession encounter many problems, including the invisibility of cleaning, lack of respect,

the perception of cleaning as not requiring competences, and its particular ease. Cleaners do not receive support from the administration either, although they themselves try to combat these stereotypes. According to Messing, in the researched hospital, there was a hierarchy among employees based on professional status: at the top there were doctors providing treatment, slightly lower there were people (nurses, therapists) providing care and treatment. At the bottom of the hierarchy there were people responsible for maintaining cleanliness, including cleaners. Messing's conclusions were also confirmed by research that I conducted with two other researchers in a Polish hospital (Byczkowska-Owczarek, Kubczak, Pawłowska 2020). The disproportions in the status of employees were observable, for example, during interactions between people with different positions in the hierarchy (e.g., a conversation between a doctor and a nurse). It often happened, for example, that a nurse entered the doctor's room with a question for the doctor, who was busy with other tasks and did not answer her. It was also significant that there was almost no contact between cleaners and doctors. Another study conducted by Liz Hart (1991) among cleaning workers in a hospital showed that an element of their work culture was the distinction between work "at the top" consisting of dusting tables and shelves, and the more "dirty" "work at the bottom" consisting of washing floors and cleaning beds. This distinction was based on the division of space based on an imaginary line dividing the patient's body in half.

The work of the representatives of various professions on the bodies of clients is usually associated with performing emotional labor. It is burdensome, requires the control of one's own emotions, and often makes it difficult to perform the actual task. These workers construct various strategies for dealing with these problems. In medicine, especially surgical medicine, such a solution is to put patients to sleep, also in the case of procedures where general anesthesia is not necessary. The neurosurgeons who were the participants of my research on specialist work performed through the body claimed that operating on an anesthetized patient exposed them to a much lower risk of unpredictable reactions to surgical stress, and resulted in a faster, less risky operation (Byczkowska-Owczarek 2024).

Research conducted by Irena Madjar (1997) in a burns unit showed that nurses working there also developed various strategies for working with patients. Those who performed more painful procedures on patients developed a more depersonalizing attitude towards patients than other nurses. They also had more distance from the subjective reality of their patients. Pearl Katz wrote about a similar phenomenon, but concerning the entire professional group of surgeons, in her book *The Scalpel's Edge: The Culture of Surgeons* (Katz 1999). In it she has argued that centuries of working in contact with suffering patients, to whom surgeons inflicted great pain during operations, resulted in the development of a culture of the surgical profession in which one of the key protective strategies of doctors is emotional distance from the patient.

Even if the client's body is not injured, suffering, disabled or otherwise communicating its subordination to the procedures performed by the specialist, the worker uses other strategies to make the work easier. In addition to anesthesia, the

worker may immobilize the patient's body in various ways, recommend changing into a gown, putting on a compress or a face mask. In this way, the worker makes the client temporarily dependent on them and makes it difficult for the patient or the client to interrupt the procedure, get up and leave (Wolkowitz 2006: 164).

3. Key concepts

Body work and bodywork – a distinction introduced by Carol Wolkowitz (2006: 147). Body work is paid work involving "the care, pleasure, adornment, discipline and cure of other's bodies." This term is used to conceptualize professions in which the subject of work is the body or its fluids or "waste." The term bodywork is a non-sociological concept, referring to "hands-on therapies geared to health, healing and relaxation."

Sentimental work – this concept is related to the interactionist theoretical perspective in work studies, and the authors of the concept created it in the context of research on medical work and the trajectory of illness. They argued that it is an ingredient in any kind of work where the object being worked on is alive, sentient, reacting – an ingredient either because deemed necessary to get the work done effectively or because of humanistic considerations. Sentimental work has its source in the elementary fact that any work done with or on human beings may have to take into account their response to that instrumental work (as with medical work); indeed their responses may be a central feature of that work (Strauss et al. 1982: 254).

The types of sentimental work include: (1) interactional work and moral rules, (2) trust work, (3) composure work, (4) biographical work, (5) identity work, (6) awareness context work, and (7) rectification work (Konecki 1988; Niedbalski 2012). Each of these types of work involves work through the body and in contact with the body of another person. It manifests itself, among others, through holding hands, a soothing touch, appearance adapted to the requirements of the interactional situation, facial expressions, and nonverbal communication during interaction.

Dirty work is a concept from the field of interactionist work studies, introduced by Everett Hughes in his 1962 text entitled *Good People and Dirty Work*. It refers to socially necessary professions that are simultaneously stigmatized by society. Dirty work is often physically demanding, sometimes considered immoral, and its performers are considered "dirty." It can also involve performing tasks that burden the employee mentally, emotionally, morally or socially, as in the case of a lawyer defending a murderer. According to Everett Hughes, the most important feature of this work is the social reluctance to notice it, to admit that it has to be done. Representatives of dirty work include orderlies, executioners, gravediggers, and slaughterhouse workers (Hughes 1962; Lesiak 2019).

Emotional labor – Arlie Hochschild (2012) used this term to describe work that involves managing and manipulating one's own emotions in a way that is required by the employer. It involves showing or not showing emotions through facial expressions, posture, and body movements. Emotional work consists of three components: (1) direct contact, face to face, (2) evoking specific emotional states in other people, and (3) training and supervision of the employer over the emotions of employees. Emotional labor can take place on two levels: through surface acting or deep acting. Surface acting is primarily about hiding feelings, pretending to feel something different than in reality while deep acting involves actually changing what an individual feels during interaction (Hochschild 2012). According to Hochschild, emotional labor is predominant among feminized professions because women are socially considered to be more predisposed to focus on other people's emotions, care for others, and suppress their own emotions. Importantly, when mentioning emotional labor within employment, it should be noted that: (1) the employer's control over emotions is never total; employees find ways to vent emotions or various forms of resistance; (2) it is not limited to paid work, but is also performed in private life and is then referred to as emotion work (e.g., when we feel compelled to feel joy at a wedding), and (3) the rules of feeling certain emotions are socially constructed and changeable. Great emphasis is placed on performing emotional labor in the rapidly developing service sector.

Embodied knowledge – this phenomenon concerns the bodily nature of cognition, and the acquisition of knowledge and skills. Embodied knowledge is a type of non-discursive knowledge and is often described as body know-how. This knowledge is acquired as a result of experience, work, and training. It is acquired in practice, which is why it is also not fully verbalizable; it is also rather implemented, used in action than described or generalized. Despite this, the transfer of embodied knowledge is an element of secondary socialization in a profession. Its possession is necessary to perform the tasks facing the employee (Jakubowska 2017). Margaret Archer (2000) has indicated that embodied knowledge is one of three types of knowledge, alongside discursive knowledge and practical knowledge. The latter type of knowledge can be embodied and then becomes an element of embodied knowledge (Jakubowska 2017).

Cultural feminization – a phenomenon of increasing emphasis on physical fitness and appearance as an integral element of success in the workplace. It concerns both women and men. The specificity of this phenomenon is that under its influence men care about their appearance (e.g., through exercise, diet, self-discipline, and style of dress) and begin to assign importance to it in achieving professional success, which was previously the experience of mainly working women (Adkins 2001, cited in: Wolkowitz 2006: 94).

4. The most important studies

I have often illustrated the issues described in the chapter with examples of research from sociology and related fields. In this part of the text, I would like to introduce readers to other interesting studies conducted by researchers dealing with the issue of the body in the context of performing a specific profession or job. I have mentioned some of them earlier, and in this part of the chapter I will describe them in more detail. The aim of this presentation is to indicate how wide a range of the phenomena of interest to sociologists of work relates to experiences concerning the body. Owing to the limited scope of this study, the descriptions I have presented are in the form of a short summary of the issues described by researchers.

Studies on the standardized appearance of flight attendants, and restaurant and hotel workers – Melissa Tyler and Philip Hancock, with Dennis Nickson, Christopher Warhurst, Anna Maria Cullen and Anna Witz

I would like to add the brief conclusions of Melissa Tyler and Philip Hancock (2001) to the studies on the work of flight attendants described in this chapter. These authors have suggested that airlines use the bodies of their (mostly) female employees – flight attendants – as "material signifiers" of the brand. Due to the small differences between companies in a given sector (e.g., low-cost or luxury airlines), these signifiers enable companies to distinguish themselves from their competitors. These conclusions do not have to be limited to airlines, but also apply to hotels, restaurants, spas, and other entities offering similar services, in industries where it is difficult to distinguish oneself from another.

In a similar context, the appearance of restaurant and hotel employees was studied by Dennis Nickson, Christopher Warhurst, Anna Maria Cullen and Anna Witz (2001). They have claimed that the bodies of employees of stylish bars, hotels, and restaurants are treated as a kind of animated décor. Similar to interior design, tableware, and decorations, they are supposed to create a specific image of the place, on which its popularity depends to a large extent. In this sector, a large part of their work consists precisely of "looking good" and "sounding good" (the vocabulary used by the staff, tone of voice, etc.)

Research on bouncers in music clubs – Lee Monaghan, Stephen Moss

Lee Monaghan (2002) conducted research on bouncers in nightclubs. The results have indicated the importance of physical capital in this profession. Performing this job is largely dependent on the build of the body and the technique of using it. The values embodied by the representatives of this profession focus on gender stereotypes, primarily male physical strength. Physical fitness is not only strength, but also the appearance of a well-built body, emphasized, for example, by a tight T-shirt that highlights the muscles. Thanks to having these physical attributes, a bouncer can perform his professional role well, e.g., control the club's territory or manage the effects of the club's strategies for encouraging alcohol consumption.

The importance of not only strength but also appearance in the job of a bouncer has been confirmed by the findings of journalist Stephen Moss (2005) published in an article in the Guardian. In the text, he recounted his conversations with men working as bouncers in nightclubs. These included comments about his appearance as a potential bouncer. The comments Moss quoted included: "You're well-built, but you don't have the right look… You have the wrong kind of smile." Moss' body posture was also a problem, and he was told to hold his hands so that his stomach looked flatter. He also wore the wrong color shirt (blue, not black). Moss' account of the self-conscious stylization of the appearance and preferences of bouncers is close to the problems of sociology of the body in the context of work. Styling activities can be interpreted as an image of the body being used as a "material marker" sending specific messages to the club's customers.

Work in escort agencies – Magdalena Wojciechowska, Izabela Ślęzak

The research by Magdalena Wojciechowska and Izabela Ślęzak, which I mentioned in the section on sex work, is worth additional description. Both researchers study sex work as a profession, using the perspective of symbolic interactionism. In the context of using the body in work, these researchers observed many interesting strategies and experiences of people providing sex services. Magdalena Wojciechowska analyzes, among others, the issue of the sense of ownership of one's body by people offering sexual services (2012a), the interactional aspects of selling sexual services (2017), and their use by clients (2015). In turn, the research by Izabela Ślęzak shows the relationship of workers with their own bodies (2018a). The author lists three types of relationships, depending on the context of action: the present, partially present, and absent body. As for other issues related to the body in the work of sex workers, in Izabela Ślęzak's works one can also find references to their experience of sexual pleasure in contact with a client (2017b), alcohol use (2016a), and experiencing violence (2017a).

Exotic dancers at work – Carol Rambo

Remaining on the subject of sex work, it is worth noting the in-depth research of Carol Rambo. In her youth, she worked as a stripper during her university studies. Her works refer both to her own experiences of working in a club, where she describes strategies for inducing sexual arousal in clients (Rambo Ronai, Ellis 1989) or analyzes the issues of aging erotic dancers (Rambo Ronai 1992), and to broader cultural patterns related to the sexualization or commodification of the female and male body (Rambo, Renee, Mynatt 2006). The undeniable value of her works is the knowledge of the issues studied from the perspective of a person experiencing them, as well as great sensitivity to the problems of people involved in sex work.

Construction worker research – Darren Thiel

Another interesting study was conducted in London by Darren Thiel on construction workers. The author worked on a construction site for a year while conducting participant observation. In the book *Builders. Class, Gender and Ethnicity in the Construction Industry*, as well as in his other works (2007, 2012), he focuses on the analysis of the relationship between the socially created concept of masculinity based on work and physical fitness, the use of physical capital as a source of income, class division and economic order. In the case of men from the lower and working classes, the exchange of physical capital is aimed at gaining not only economic capital, but also respect and esteem in their own social environment. The concept of masculinity in these classes is based on physical strength and endurance, and, consequently, all its aspects, including sports exercises, strong alcohol, as well as heavy food, support this cultural construct. In his works, Thiel devotes a great deal of attention to the issues of physical work in relation to the embodied knowledge used in the work of construction workers, stereotypically associated only with performing physical work.

The research I conducted also belongs to the trend of research on work through the body. The first of them concerned ballroom dancers (Byczkowska 2012a). It focused on children and young people practicing this type of activity. To a large extent, however, it also analyzed the work of adults, e.g., those who work as ballroom dance trainers, run dance clubs or judge performances at dance competitions. In my research, I focused on the issue of the body in the everyday work of dancers, which translates into issues related to teaching body skills (Byczkowska 2012b), in addition to the interactions and relationships of dancers with their own bodies (Byczkowska 2012c).

The second of the studies on the role of the body in work was published in *Batutą i skalpelem. Ciało w zawodach wysokospecjalistycznych* [With baton and scalpel. Body in highly specialized professions] (Byczkowska-Owczarek 2024). The aim of the study was to describe and explain the regularities associated with work based on highly specialized theoretical knowledge, implemented through the body in the professions of neurosurgeon and orchestra conductor. Success in both professions is conditioned by manual or, more broadly, bodily skills and proficiency in using theoretical knowledge in work utilizing the body. Operating either a baton or a scalpel requires great awareness of one's own body and many years of practice under the supervision of teachers and practitioners.

5. Summary

As I have mentioned several times in this chapter, the body and work are not separate phenomena whose connection should be sought in an artificial or over-theorized way. This is a relationship that has always existed, but has only recently been noticed and consciously described by researchers. The interest in the body among the representatives of social sciences, as well as cultural and demographic changes,

have led to the inclusion of the subject of the body in the issues raised by sociologists of work. Economic changes, including the development of the service industry, the cosmetics industry, and the increased demand for reproductive work, have led to the need to include the issue of the human body in research on work. In recent years, resulting from, among others, the entry of younger generations into the labor market, standards regarding, for example, the appearance of office workers or the methods of communication between employees have been relaxed. Furthermore, although not only because of the COVID-19 pandemic, trends of the "holistic" treatment of employees are developing in corporations. People have begun to realize that a person is not a machine (not only in factories, but also in offices). The current trend consists in, among others: the fact that increasingly more training courses are appearing in the broadly understood scope of self-care – coping with stress, with emotions, healthy eating or combining professional and private life. This is caused by the observation of the phenomenon of professional burnout, which translates not only into the employee's health or their comfort of life, but also their work efficiency. The inseparable relationship between body and work is also becoming noticeable to management practitioners.

In writing this chapter, I did not intend to provide an encyclopedic list of all the researchers and studies on the relationship between the body and work. My intention was to present various types of work, work situations, or the practices of the representatives of various professions, in order to show how inextricable and multifaceted the relationship between these two phenomena is. Over the centuries, through the industrial era, the cultural changes of the 1960s and 1970s, and the development of the service industry, this relationship has existed and been transformed. Despite the emergence of new professions and the redefinition of professions that have always existed (as in the case of prostitution and sex work), this relationship remains virtually inextricable. It has different dimensions, depending on the age, race, gender, or class of workers, but studying it is a fascinating activity. This is also because research on work, including its relationship with the body, has the potential to be used to improve working conditions. And since, as I have mentioned, contemporary people are very focused on work, devote an abundance of time to it, and construct their social statuses based on professional identities, such research can bring about real social change.

6. Review questions

1. List the reasons for the emergence of body issues in the sociology of work.
2. How did industrialization affect the physical aspects of factory workers' work?
3. Compare the role of the body in manufacturing and service jobs.
4. Why are health and safety issues an important part of sociological research on the body-work relationship?
5. Describe reproductive work and its role in the contemporary economy.
6. Provide and discuss a definition of sex work.

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The Body and Sport

1. Introduction

It is difficult to question the central role of the body in sport and sports competition. Although sport is an area shaped by cultural, social, political, and economic factors, the tools of direct competition are the bodies of female and male athletes who fight against their opponents, as well as against the weaknesses and fatigue of their own bodies. Corporeality is subject to various modifications, it is improved through continuous training, but also by means of prohibited forms of doping or the processes of body cyborgization (described later in the chapter), as is the case with disabled athletes. However, corporeality is important not only in the context of sports competition, but also in the context of socio-cultural visibility and recognition. The athletic body has long remained synonymous with the male body, while the bodies of female athletes are still more valued for their physical attractiveness than their sports predispositions, and the bodies of disabled athletes, unless they are close to normative patterns, remain almost invisible. At the same time, sport is a field for questioning the prevailing ideals of physicality, mainly in the case of the female body, fighting for the legitimization of various patterns of female and male bodies and undertaking activities traditionally associated with the opposite gender.

The body in sport can also be viewed from the perspective of a person practicing sport, experiencing effort, fatigue, and pain, but also the pleasure associated with overcoming one's own weaknesses, an increase in adrenaline or improvement in fitness. In this case, the researchers' interest falls on amateur sport, often also physical activities undertaken by them. On the one hand, research focuses on professional sport – on the production of the sports body, its control and images, while on the other – on the experience of the body during sports training. Nevertheless, this does not exhaust the common areas of sociology of the body and the sociology of sport.

Two chapters may be helpful in presenting them*: Body Studies in the Sociology of Sport: A Review of the Field* by Cheryl L. Cole published in the *Handbook of Sport Studies* (2000) and *Sport and the Body* by Pirkko Markula published in the *Routledge Handbook of Sociology of Sport* (2015). Both authors, among the main researchers of the issue of the body and gender in sport, review the literature, indicating the

main areas of research. Cole has distinguished three forms of the body that appear in sports studies: (1) the contemporary athletic body, (2) the deviant/transgressive body, and (3) the commodified body (Cole 2000: 440). In the first context, she draws attention to, among others, the significance of the athletic body in creating identity, both individual and collective (e.g., national), the role of science and technology in the "production" of the athletic body, as well as contemporary corporeal discourses and norms. In relation to the deviant body, she points to, among others, research on violence in sports, research on bodybuilders, also in the context of crossing gender boundaries, and analysis of the images of athletes affected by addictions or diseases. And finally, in the third context, the athletic body becomes the subject of research into consumer culture, for instance, in relation to advertising or the fitness market.

Markula (2015), referring to Cole, has distinguished four issues in her literature review: (1) the physically active body as a representation of identity construction, (2) studies of "embodied subjectivities," (3) Foucauldian studies of disciplinary techniques of the body, and (4) calls for the inclusion of the material body in social analyses (Markula 2015: 272). In the first area, the author mainly refers to numerous studies of the images of athletes' bodies presented in the media, analyzed from a gender, race or class perspective, in addition to an increasingly intersectional one, i.e., combining the above-mentioned social categories. In the second area, she indicates studies analyzing the construction of individual identity through embodied experiences (lived body experiences), as well as studies of practices that reinforce or resist existing norms concerning the body. Finally, in the third area, in which Markula's own publications are also important, she lists examples of studies of disciplinary practices in the field of sports and recreation that serve as tools to maintain domination.

The following chapter is consistent with the literature review presented by both the above-mentioned authors, but places greater emphasis on the issue of the body rather than sport. Sport is a field in which various issues related to the body and embodiment are analyzed. At the beginning of the chapter, readers will be introduced to the use of classical sociological concepts related to the body in sports research. Then, concepts related to the body and embodiment appearing within the framework of social analyses of sport will be presented, and in the further part, important research in this area. The chapter ends with a short summary and review questions. The review is not exhaustive because, as mentioned, it is impossible to separate the body from sport, and, as a result, a significant part of research in the field of the sociology of sport also refers to the body/embodiment. The key used in the selection was mainly that of the achievements of sociology of the body and the most important researchers from its point of view, as well as concepts and notions.

2. The most important theoretical concepts

Classics of sociology (of the body) about the athletic body

In sociological analyses of sport, both amateur and professional, there are references primarily to three classics of sociology, whose works are also widely used in sociology of the body. They are: Michel Foucault, Pierre Bourdieu, and Norbert Elias, to whom entire chapters or significant parts are devoted in textbooks on the sociology of sport, such as the *Handbook of Sport Studies* (2000) or the *Routledge Handbook of Sociology of Sport* (2015). Marcel Mauss is referred to in the sociology of sport to a lesser extent. At the same time, with the growing popularity of research on the experience of the sports body, the phenomenological perspective is gaining importance, and thus the concept of Maurice Merleau-Ponty.

Michel Foucault

Using the scientific achievements of Michel Foucault within the sociology of sport is not surprising since the body – including the techniques of disciplining and managing it – was the focus of this researcher's interest (Markula, Pringle 2006; King 2015). Foucault was interested in controlling the body both in relation to the individual and to society or the state, and both of these dimensions appear in analyses of the body and sport. As an example, we can give considerations on the status of physical culture in communist countries, which show that the authorities encouraged practicing sports in order to create healthy, vital, and strong employees and members of the nation (Jakubowska 2021). At the same time, as Peter Roubal (2003: 10) noted, docile bodies were not only produced to be used, but also to be displayed, as was the case during mass gymnastics shows organized in Central and Eastern Europe during communism, and also today, for example in China or North Korea.

The key concepts from Foucault's theory used in social analyses of sport are: disciplining and controlling the body, the subjection of the body, the docile body, and discourse.

Analyses of contemporary sport, which is mainly driven by individual motivations, also refer to the concept of disciplining the body. Although a healthy and fit body is still more effective from a social (state) point of view, we ourselves are increasingly the subjects of disciplining it, which refers us to Foucault's (1977) subjection of the body. At the same time, the body is disciplined through imposed training regimes, diet, rest, spatial arrangement, etc., which also becomes the subject of analyses in relation to both professional and amateur sport (see, e.g., Markula, Pringle 2006; Barker-Ruchti, Tinning 2010). Representatives of social sciences also draw on Foucault's concept of the "technology of the self," focusing not only on the disciplinary nature of sport, but also on the possibilities of self-creation that it offers (see, e.g., Markula, Pringle 2006).

As King (2015: 98) noted, "it would be difficult to overestimate the influence of Foucault's discourse theory on the sociology of sport," rightly stating, however, that it was not manifested "in extensive or profound analyses of his writings on the subject," but rather in ubiquitous analyses of discourse on the sports body. These analyses are often undertaken from a feminist perspective, which also uses Foucault's concepts in sports studies. The conducted discourse analyses show how the visual representations of athletes and sports commentaries sustain dichotomous and stereotypical thinking about gender and male dominance in sport. The authors who contributed to the development of this research trend include Margaret Duncan, Cheryl Cooky, and Michael Messner.[1]

Pierre Bourdieu

Pierre Bourdieu is another of the classics of sociology, whose concepts are widely used in social analyses of the sports body, as well as in the sociology of sport more broadly (Clément 1995; Grenfell 2015). It is worth mentioning that he is the author of the article *Program for a Sociology of Sport* published in the "Sociology of Sport Journal" (1988), as well as other publications relating to sport, although it was never the main area of his scientific interests. In social analyses of sport, there are references to Bourdieu's concept of the "field" (see, e.g., Connolly, Allen-Collinson, Evans 2016; Broussard 2020), but the concept of "habitus," which is key from the perspective of sociology of the body, is primarily used. Its dissemination in the sociological studies of sport was largely contributed to Loïc Wacquant (one of Bourdieu's closest collaborators), which will be discussed later in the chapter. The concept of "habitus" is referred to, among others, by researchers of sports and martial arts (see, e.g., Sánchez García, Spencer 2014); this concept is also used in research on other sports, e.g., Angela Pickard analyzed in her publications the process of acquiring the dancer's "habitus" (Bailey, Pickard 2010; Pickard 2012).

The concept of "habitus" and, above all, "taste" is also important in physical activities differentiated by class, which Bourdieu presented in one of his most important books – *Distinction: A Social Critique of the Judgment of Taste* (1984). In Poland, using Bourdieu's theory, Michał Lenartowicz (2012) examined this phenomenon.

Practicing a specific sport, the "marks" it leaves on the body (muscles, tan, slimness, etc.), as well as the place and company, are, according to Bourdieu (1984), tools for emphasizing belonging to a specific social class and distinction. Another criterion for both class and gender division is the (non-)contact nature of the sport.

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1 A list of selected publications by the indicated authors can be found, among others, on Michael Messner's website: http://www.michaelmessner.org/research/sports-media/ (accessed: 14.10.2021).

Middle and upper classes choose sports that require a certain financial outlay and allow them to separate themselves from other social groups; examples include golf and sailing. Sports practiced by the lower (working) class, such as football or boxing, involve greater physical effort and physical contact. And although many physical activities have now become accessible to the general public and, thus, play a less distinctive role than before, the physical predispositions and tastes associated with specific sports remain dependent on the socio-cultural context in addition to the capitals generated in the classes.

According to Bourdieu (1988: 154), all sports can be placed on a continuum, where the place of each of them is determined by the relationship to the (opponent) body required in a given sport. Contact sports are attributed to lower social classes, but are also more often defined as "masculine" (where masculinity is defined by physical strength, direct confrontation, and physical advantage as is the case in lower social classes), which is related, among others, to the creation of specific habituses in the process of gender socialization. This process is examined by numerous authors, using Bourdieu's scientific achievements, as well as the achievements of gender studies in their research (see, e.g., Brown 2005; Thorpe 2009).

Norbert Elias

Norbert Elias is another important author, both from the point of view of sociology of the body and the sociology of sport (Murphy, Sheard, Waddington 2000; Malcolm 2015), although his presence in analyses of the sports body is less visible than in the case of the aforementioned Foucault or Bourdieu. Nevertheless, as Malcolm (2015: 58) noted, Elias's considerations, especially those concerning the interdependence of "nature" and "culture" (nature – nurture), have become the basis for research on the body in sport. Figurative sociology, of which Elias is considered to be the founder, developed in this subdiscipline focused, on the one hand, on research on sport, health, body control, as well as both the external and internal regulation of behavior or emotions (see, e.g., Malcolm 2011), and, on the other, on the relations between sport and the environment (see, e.g., Mansfield 2009).

Norbert Elias is mostly associated with the field of sport through his publication *Quest for Excitement. Sport and Leisure in the Civilizing Process* (1986), written together with Eric Dunning. It refers to the process of civilizing society described by Elias (1980), indicating that one of its consequences was the need to create enclaves in which one could find and experience excitement. According to the authors, one of these was sport perceived as a type of "mimetic activity." This means that the feelings associated with it are similar to those experienced in "real life," but are only their imitation because they are not based on real danger (although it should be noted that sport can be dangerous), and the essence of sport is a "controlled lack of control over emotions" (Elias, Dunning 1986: 96). For athletes, sports competition becomes a substitute, an exciting alternative to violence and fighting, which is why, as Elias (Elias, Dunning 1986) has emphasized, the element of competition, including physical competition, is so important. The process of civilizing society is

also referred to in the analyses of the process of the sportification of certain sports activities or games conducted, among others, in relation to mixed martial arts (Sánchez Garcia, Malcolm 2010).

Maurice Merleau-Ponty

The use of the phenomenological approach, and thus the concept of Maurice Merleau-Ponty (1962), concerns the growing popularity of research on the experience of the body in sport, the process of teaching sports skills, embodied or tacit knowledge (Jakubowska 2017), in addition to the increasing awareness of the researcher's own embodiment and its impact on the research process. The usefulness and application of the phenomenological perspective in sports research have been presented in numerous publications, among which one should mention the book edited by Irena Martínková and Jim Parry (2012) entitled *Phenomenological Approach to Sport*, as well as articles by Jacquelyn Allen-Collinson and John Hockey, which will be discussed later in the chapter (for more sources, see Jakubowska 2017).

The phenomenological approach has become the basis for analyses of, among others, martial arts, where the book *Martial Arts as Embodied Knowledge: Asian Traditions in a Transnational World* (2011) edited by D.S. Farrer and John Whalen-Bridge can be cited as an example. The authors of the book's chapters focused on the forms of knowledge defined as "being in the world" (Merleau-Ponty 1962) and embodied practices. Importantly, embodiment is understood here as "both an inevitable fact of martial arts training and a methodological guideline" (Farrer, Whalen-Bridge 2011: 1).

The phenomenological perspective is also present in the studies of the process of acquiring dance skills, e.g., in the perceived seminal publications by Sandra Fraleigh (1987) or Maxime Sheets-Johnstone (1999), as well as in later publications, e.g., Leena Rouhianen (2007; Ravn, Rouhianien 2012) and other publications on dance. Phenomenology has also become a theoretical basis in the study of other sports or physical activities, e.g., football (Hughson, Inglis 2002) or yoga (Morley 2001).

In Poland, it is worth mentioning the publications of sociologists from Lodz who research corporeality and the experience of the body in such physical activities as dance, yoga, or climbing (see Byczkowska 2012; Konecki 2012; Kacperczyk 2016).

Marcel Mauss

Of the authors mentioned, Marcel Mauss is less popular among sports sociologists or the representatives of other social sciences analyzing this area of everyday life. Nonetheless, one can find studies in which the authors refer to the concept of "body techniques" (Mauss 1973) or reflexive body techniques (Crossley 2005). Crossley, discussing the concept of "body techniques," has stated that it enables the study of embodied knowledge and the "translation of 'embodiment' into a researchable format" (Crossley 2001: 87), as well as illustrated his considerations with an example from the world of sports – the knowledge acquired by a swimmer. Similar to the earlier theoretical approaches, exemplifications of the use of the indicated

concepts are again provided by analyses of sports and martial arts (see, e.g., Spencer 2009) and dance (see, e.g., Faure 2000). It is worth adding that the authors often refer to both the concept of "body techniques" and "habitus," as was done, for example, by Faure and the aforementioned Pickard. This is also practiced by some of the sports and martial arts researchers mentioned in the chapter.

3. Key concepts

Overview of concepts related to the body/embodiment present in the sociology of sport

Cyborgization – a concept referring to improving the "natural" body of athletes. It can be related to the use of various forms of doping, to prostheses replacing "natural" body parts, as well as to sportswear that helps achieve record results in sports competitions, an example of which are swimming suits called "shark skin," and currently, for example, shoes used by runners. The cyborgization of athletes raises various dilemmas (see, e.g., Magdalinski 2009; Nosal 2014; Łątka 2020), e.g., those related to distinguishing technology employed to treat athletes and enable them to participate in sports competition from technology used to improve their results, those related to unequal access to new technology or the question of to what extent we are still dealing with a display of "natural" human predispositions. The processes of cyborgization of the sports body also question the concept of disability in sports, which was best illustrated by the performances of the runner Oskar Pistorius with his carbon fiber prosthetic legs (see, e.g., Norman, Moola 2011; Nosal 2017). The use of special prosthetics not only questions the concept of disability, but can be treated as having an "unnatural" advantage over other (able-bodied) competitors. Here, we can refer to the distinction proposed by Shilling (2005: 187) between "physical substitution," when prosthetics replace "natural" body parts, and "physical enhancement," when prosthetics increase the capabilities of the "natural" body. As Corrigan et al. (2010: 292, cited in: Nosal 2017) noted, Pistorius "negated the prevailing bodily hierarchy in which able-bodied people are superior to disabled people". What is more, he led to the creation of a new category – "neither disabled nor able-bodied, but too-abled" (Corrigan et al. 2010: 299–300).

Empowerment (body empowerment) – in relation to the body, it means that the body – its image or undertaken activities – becomes a source of subjectification or strengthening of the individual. In sports studies, this concept is most often used in the studies of sports and physical activity of women (see, e.g., Bradshaw 2002; Lim, Dixon 2018). It is indicated that despite the ongoing changes and the increasing accessibility of sports for women, it is still dominated by men and heteronormative images of the female body. Athletic female bodies contradict the frailty myth (Dowling 2000), and, at the same time, attract attention not only because of their appearance, but also their physical capabilities. Studies have shown that female

athletes practicing, for instance, contact sports, by developing physical strength, become more confident in their bodies, perceive them more positively, while the skills they acquire and the experience of the physical capabilities of their bodies become a source of their empowerment (see, e.g., Velija, Mierzwinski, Fortune 2013; Paul 2015; Liechty, Willfong, Sveinson 2016). The concept of "empowerment" in relation to sport often appears in the context of the studies of countries in the Global South, where the participation of women in physical activities and sports programs is treated as one of the sources of their empowerment (see, e.g.,Toffoletti, Palmer, Samie 2018). Additionally, this concept is also used in relation to people with disabilities (see, e.g., Ashton-Shaeffer et al. 2001; Purdue, Howe 2012), for whom sport becomes a source of physical and mental empowerment.

Hyperandrogenism – this term means the excessive secretion of androgens in women. According to the regulations of the International Association of Athletics Federations IAAF (currently World Athletics) established in 2018, in order to compete in running events from 400 m to 1 mile (1609 m) women diagnosed with hyperandrogenism (a testosterone level of 5 nmol/L or higher) must reduce their testosterone level and maintain it for 6 months before the given sports event.[2] This decision was made after studies have shown the advantage of female athletes with hyperandrogenism in those running distances. Without reducing their testosterone level, they could compete in unofficial competitions with other women and/or in official competitions in the men's category. This issue came in the public's focus in 2009, when Caster Semenya became the world champion in the 800 m race. After her victory, doubts arose regarding the athlete's gender, described many times in the literature on the subject and numerous press articles. According to sports organizations, the new regulations contribute to ensuring equal opportunities in sports competitions, but, at the same time, they raise numerous controversies related to defining gender, normativity, crossing gender boundaries, etc. In their context, it is also worth familiarizing oneself with the history of gender tests used in sports from the mid-1960s to the 1990s, aimed at verifying whether the competing female athletes were actually women (Jakubowska 2014a, 2014b; Montanola, Olivesi 2016; Erikainen 2020).

Naturalness (the construct of the "natural" body) – "naturalness" is a socially constructed category used in sports to judge fairness and equal opportunities (Miah 2006, after: Nosal 2017). The construct of the "natural" body, as Tara Magdalinski has noted (2008: 38; see also Jakubowska 2014a), is built by a hierarchical opposition, one side of which is represented by the "natural," "pure" or "authentic" body, and the other by the "unnatural," "polluted," and "inauthentic" body. This opposition is, however, problematic, as it is difficult to define what "naturalness" or the "natural" body is today, and to set the boundaries between what is "natural" and what is not.

2 As of 18 October 2021.

Magdalinski, describing these boundaries, points to their characteristic features: (1) fluidity and changeability over time, (2) their hierarchical nature, (3) difficulty in the practical determination of them, and (4) the presence of "gatekeepers" who watch over the boundaries and decide on the possibility of crossing them. The discourse of naturalization in fact marks the division into "normal" and "abnormal," acceptable and unacceptable (McCullough 2010: 6 et seq.); it is also used to maintain the division into "female" and "male" (Jakubowska 2014a). According to many authors, references to "natural" differences are among the dimensions of strengthening male domination and discrimination against women in sports. Pierre Bourdieu (2001) has written about this in a broader context, arguing that the relation of domination is legitimized by being inscribed in biological nature, and the biological difference between the sexes may present itself as a natural justification for the socially constructed difference in genders.

Supercrip – a term used in relation to disabled athletes, perceived by sports researchers as a negative stereotype describing them. It presents disabled people (athletes) as people who must overcome their own disabilities and limitations in order to achieve incredible "success" (Silva, Howe 2012). The negative connotation of this term results from the fact that almost every activity of a disabled person is considered a success, everything that would be considered "ordinary" in the case of able-bodied people. In relation to disabled athletes, terms such as "super heroes" or "super people" are used – although it should be noted that they are used less and less often – which, paradoxically, deprives them of the status of "real athletes" (Silva, Howe 2012; see also Niedbalski 2015). Often, in accordance with the stereotype, participation in sports competition itself, regardless of sports achievements, as is the case in able-bodied sports, is treated as a success. Attention is also drawn to the negative impact of this stereotype on disabled people, who are unable to do many of the things that disabled athletes do (Silva, Howe 2012), and, at the same time, the existing discourse suggests that disabled people can overcome their disabilities if they want to and put in enough work.

Embodiment – the concept of embodiment originating from phenomenology (Merleau-Ponty 1962; Allen-Collinson 2009) used in social studies of sport refers to the experience of the body during physical activity, as well as the acquisition of specific sports skills that become part of the embodied "self" (see embodied knowledge and the experience of the body in sport in the next part of the chapter). Its growing popularity is related to a turn that can also be observed in sociology of the body, where, in addition to the studies of body representations, discourses on the body or the body as an object of social control, there are also analyses of the experience of the body (Hockey, Allen-Collinson 2007; Woodward 2009).

Embodied knowledge – the concept of embodied knowledge appears in social analyses of sport mainly in relation to the process of transferring and acquiring specific skills (Jakubowska 2017). This type of knowledge is inevitably associated with sport as sporting skills are acquired through the body, practice, and embodied during training. The body is both a source of knowledge and a tool for acquiring it. Jaana Parviainen and Johanna Aromaa (2017) distinguished three main approaches to the study of embodied knowledge in the area of sport and physical activity. The first one is based on the post-structural theory and is widely used in the analyses of physical education. The second approach emphasizes the practical nature of knowledge and motor skills, and emphasizes the embodiment of learned skills. There are references here, among others, to the concept of tacit knowledge (Polanyi 1966, see also Jakubowska 2017), in addition to body techniques (Mauss 1973). Finally, the third approach is related to the adoption of a phenomenological perspective and is largely inspired by Merleau-Ponty's work, and hence by the concepts of habitus and body schema. According to Crossley (2001: 123), the latter concept means "embodied know-how and practical sense; a perspectival grasp of the world from the 'point of view' of the body." Thanks to "body schema," a person "knows without knowing", e.g., how to swim or ride a bike.

4. The most important studies

Research on the (gendered) body in sports

The following review of studies and publications presents, on the one hand, works and authors whose analyses of the body/embodiment are well-recognized in the sociology of sport, and, on the other, those issues and studies that scientifically inspired me to conduct my own analyses of the sports body from a gender perspective. As a consequence of such a choice, this part of the chapter describes: (1) Iris M. Young's article on gender differences in the performance of movements by girls and boys, (2) Loïc Wacquant's research and book on the acquisition of the boxing habitus, (3) publications by Jacquelyn Allen-Collinson and John Hockey important for the development of a phenomenological perspective in the study of the sports body, and (4) studies on the images of the sports body in the media.

Throwing like a girl

Iris M. Young's now classic article *Throwing Like a Girl: A Phenomenology of Feminine Body Comportment Motility and Spatiality* was first published in 1980. Referring to Maurice Merleau-Ponty's concept of the "lived body" and Simone de Beauvoir's "situation of woman," among others, the author stated that "there is a particular style of bodily behavior that is typical of female existence, and this style consists of particular 'modalities' of the structures and conditions of the body's existence in the world" (Young 1980: 141).

Differences in the ways of moving and performing certain physical activities, such as throwing, result not so much (not only) from physiological conditions, but from different ways of using the body by both genders (Young 1980).

Girls and women are less likely to use the full physical possibilities of the body space, e.g., when throwing a ball; they do not use the whole body, they do not set the whole body in motion, but only use a part of the body, in this case the arm. In her essay, Young paid special attention to women's attitude to space, which is not fully used by them; it is rather treated as a limitation, not a field allowing improvement in the quality and result of the performed task. She also drew attention to women's limited trust in their own bodies and their capabilities, manifested both by a lack of faith in their own skills and a fear of hurting themselves.

Young's article is referred to by, among others, Sandra Lee Bartky in her article, also considered a classic today, entitled *Foucault, Femininity and the Modernization of Patriarchal Power*, first published in 1988. In it, Bartky distinguished three categories of practices related to the body: (1) those aimed at giving it a specific shape and size, (2) those related to gestures, posture and the ways of moving, and (3) those oriented towards showing the body as an ornamental surface (Bartky 1988). References to Young appear in the context of the second of the distinguished practices, in relation to which the author has stated that significant differences in the behavior of women and men are mainly manifested in women's less freedom in moving and their lesser use of space. Less freedom and the constraint of the body translate into a different way of performing various physical exercises, but also into a different body posture in everyday life. Young was also referred to by Colette Dowling in her book *The Frailty Myth: Redefining the Physical Potential of Women and Girls* (Dowling 2000), in which she presented the differential socialization of girls and boys in sports. According to this author, girls are denied the opportunity to develop physical fitness and strength, and, therefore, the female weakness in the title is, at least to some extent, a learned weakness (Dowling 2000: 51 et seq.)

Years later, Iris M. Young returned to her text in the article *Throwing Like a Girl: Twenty Years Later* (Young 1998). The author noted that, from the perspective of time, her essay from twenty years earlier could seem somewhat archaic since girls and young women came to have much greater opportunities to engage in sports. The author also noted certain theoretical shortcomings or simplifications of her article. Nevertheless, many of the observations described by Young seem to have retained their relevance. Undoubtedly, girls today have greater opportunities to be physically active, as well as to choose disciplines that were once almost inaccessible to them. At the same time, however, one can still observe differences in the sports socialization of girls and boys – in the case of the latter, encouragement to engage in sports is more frequent, and more attention is also paid to improving sports skills; additionally, gender stereotypes are still present, reinforcing the status of some disciplines as "masculine" or "feminine" (Jakubowska 2014a; Jakubowska, Byczkowska-Owczarek 2018).

How to become a boxer

Loïc Wacquant's book *Body and Soul: Ethnographic Notebooks of An Apprentice-Boxer* (2004)[3] has become a "cult book" (Sánchez García, Spencer 2014: 6), and, at the same time, one of the most frequently discussed in the literature on the subject, as evidenced by, among others, special issues of the journals "Qualitative Sociology" (2005)[4] and "Theory and Psychology" (2009). Wacquant's publication is based on ethnographic research (participant observation supported by interviews) carried out in a boxing club located in Chicago. It is divided into three parts. The first presents the boxing club, the place of research, the people who frequent it, and introduces the world of boxing and boxing training. This part, referring largely to Wacquant's previous publications, can be read as an ethnography of a small group. The boxing club is treated, as research shows, as an "island of order and virtue" in relation to the unfavorable social conditions and threats that characterize the district in which the club is located. The second part of the book is a record of an entire day of a fight by one of the young boxers training at the club. In the third and final part of the book, Wacquant presents his own preparations for his first fight. Here we have a detailed presentation of a day in the life of a boxer, the events before the fight, as well as the people involved in the fighter's preparations and those accompanying him.

As Wacquant himself (2004) wrote, the aim of his book was to "introduce the reader to the everyday moral and sensual world of the ordinary boxer" (Wacquant 2004: XII). The author showed that boxing required highly technical (embodied) skills, tactical know-how, hard work, dedication, and discipline. In this way, he clearly distinguished the boxing craft from the violence with which boxing was often associated and which the young men from American ghettos who frequent such clubs often encountered on the streets. The entire book is strongly "embodied" through its focus on specific physical skills, as well as bodily regimes related to training or diet, but also to pain and pleasure. Wacquant drew attention to the various skills and types of knowledge that a boxer had to acquire, among which he mentioned the ability to "read the body" (of the opponent). The publication can be treated as an analysis of the process of acquiring a boxing habitus, which takes place through embodied social practices, and according to the author, takes into account three elements: a body of flesh and blood, consciousness, and the collectivity of the club.

The book can also be read as a book about masculinity, although it does not provide an in-depth or critical analysis of gender relations. The world of the boxing club is a male world, from which women are generally excluded. When they appear

3 Four years earlier, in 2000, the book had been published in French under the title *Corps et Âme: carnets ethnographiques d'un apprenti boxeur* (Marseille: Agone), but almost all references to this publication refer to its English-language version.

4 Wacquant referred to the texts devoted to his book collected in this issue of the journal in the article *Carnal Connections: On Embodiment, Apprenticeship, and Membership*, "Qualitative Sociology" 2005, vol. 28, pp. 445–474, https://doi.org/10.1007/s11133-005-8367-0

in boxing narratives, they appear primarily in passive and/or sexualized roles. Boxing is treated here as a "male art," and, thus, Wacquant's analysis is limited to the male body.

It is worth noting that Wacquant dealt with the issue of acquiring boxing skills or the functioning of boxing clubs in American ghettos in many other publications (see, e.g., Wacquant 1995, 2011), in which one of the central theoretical categories was the concept of "habitus" introduced to sociology, as previously said, by Pierre Bourdieu. Wacquant (2004) understands habitus as "a set of bodily and mental schemas" that is acquired through "a largely hidden and barely codified pedagogy" (Wacquant 2004: 16). The author has pointed out four properties of habitus that emphasize its social nature: (1) it is a set of acquired dispositions, (2) it changes depending on the social position and life trajectory, (3) it functions below the level of consciousness and discourse, and (4) the socially constituted conative and cognitive structures that create it "are plastic and transferable because they result from pedagogical work" (Wacquant 2011: 86).

For Wacquant (2011), "habitus" is both a topic and a research tool. In the first case, it becomes the subject of research, and the process of its acquisition is analyzed. In the second case, having a specific habitus facilitates access to specific sports, physical activities and allows it to be studied by means of the body. His way of perceiving habitus has been adopted by other researchers of martial arts and sports (see, e.g., Sánchez García, Spencer 2014).

In the context of Wacquant's publication, it is worth mentioning the Polish book *Na dystans. Rozważania socjologiczne o boksie* (2019) by Marcin Darmas. Although the books differ significantly from each other, their common feature is that they are based on participant observations conducted by the authors. Darmas trained boxing for over three years, exploring the boxing world while observing other boxers and keeping a journal. His book is less "corporeal" than the publication of the French sociologist, but worth reading by dint of the possibility of getting to know the boxing world and the employed methodology.

Experiencing the body in sports

Although the body/embodiment plays a key role in sport, paradoxically, as John Hockey and Jacquelyn Allen-Collinson (2007) pointed out, social studies of sport have long ignored the "corporeal" ("flesh") nature of the body. The authors have attributed this to the popularity of Michel Foucault's concepts in sports studies, which have led to the body being perceived mainly through its visual representation and as an object of discourse or disciplinary practices. These researchers, although of course not the only ones, have contributed significantly to the growing presence of the "lived" body in the social studies of sport and development within their phenomenological perspective. In their articles, written separately or together, Allen-Collinson and Hockey have focused primarily on the embodied experiences of

amateur running. The subject of some of their publications (see, e.g., Allen-Collinson 2008) is the experience of running together, and the conducted analyses are based on collective autoethnography. The articles were written from the perspective of phenomenological and ethnomethodological assumptions, which also applies to other publications by these authors. Focusing on the experience of the body during sports activities, the authors also analyzed the experience of injury and the rehabilitation process (Allen-Collinson, Hockey 2001).

Their publications are based primarily on autoethnography, which is increasingly popular among sports researchers. According to Allen-Collinson (2008: 39), one can even speak of an "autoethnographic turn" in the study of physical and sports experiences. The author's publications contain numerous examples of very detailed autoethnographic descriptions, and she also undertook an analysis of the method itself in relation to sports research (Allen-Collinson 2008; see also Sparkes 2000). Hockey's and Allen-Collinson's publications are valuable as they combine a phenomenological approach, the sociology of embodiment, and the sociology of sport. They are also important from the point of view of developing the methodology of research on embodied experiences (see also the concepts of embodiment and embodied knowledge).

The turn towards embodiment and experiencing the body has also led to increased interest in various senses and the role they play in understanding the athletic body (Hockey, Allen-Collinson 2007; Sparkes 2009, 2016). Athletes, both professional and amateur, use various senses in competition or training, and regardless of the discipline they practice and the place of physical activity, their experience is always multi-sensory. It has been analyzed in numerous autoethnographies concerning, among others, running or diving (see, e.g., Sparkes 2009; Allen-Collinson, Hockey 2011; Merchant 2011), in which the researcher's body, as Sparkes has noted, becomes the main "tool" for collecting sensory data (Sparkes 2016: 46).

In the Polish context, it is worth paying attention to the research on dance, yoga, and climbing by the aforementioned researchers from Lodz (Byczkowska 2012; Konecki 2012; Kacperczyk 2016), also in the context of autoethnography as a research method. The book by Karolina Szyma (2019) *Ucieleśnione w ruchu. Polskie biegaczki wyczynowe z perspektywy antropologicznej*, based on autoethnographic research is also noteworthy. The author describes, on the one hand, the experience of a female athletic body, and, on the other, the disciplining of the body, as well as female agency.[5]

Images of the athletic body in the media

Analyses of the media images of athletes, as well as sports coverage, are an extremely popular topic in the sociology of sport and related subdisciplines. A significant portion of this research has been conducted from the perspective of

5 The book is accompanied by a film that can be viewed at the following link: https://www.youtube.com/watch?v=9IGO8ujGDrA&t=533s (accessed: 23.08.2021).

gender studies or feminism, and focuses on gender differences in media coverage. Below, due to the issues covered by the book, I focus only on some of these analyses, those that concern the presentation of the sports body, while omitting the problem of the marginalization of women's sports in the media, which has also been given a great deal of space in the literature on the subject.[6]

As key authors analyzing the way female athletes are presented in the media (because the research mainly focuses on women), in addition to those previously referred to, Margaret Duncan, Cheryl Cooky, Michael Messner, Toni Bruce, Mary Jo Kane, and Marie Hardin should be mentioned. A very good summary of the many years of research on this issue constitute the "rules" governing sports media coverage formulated by Bruce (2016). Many of them refer to the gendered body of female athletes, and it is on them that attention will be focused here. Among the "rules" discussed by Bruce there are: (1) compulsive heterosexuality, (2) appropriate femininity, and (3) sexualization. This means that despite the increasing presence of women in sports and their participation in all sports disciplines, in the media their bodies and physical activities are described through features traditionally associated with femininity; more attention is paid to sports in which the physicality of female athletes fits into the prevailing heteronormative norms, and it still happens that attention is focused not so much (not only) on the physical skills of the athletes, but on their physical attractiveness. Other rules governing the media coverage, such as "pretty and powerful" and "ambivalence" show the changes taking place, or rather the clash of the "old" and "new" understandings of the female sports body. On the one hand, female athletes are constantly shown as the ideals of female beauty and they are sexualized, but, on the other, attention is focused on their physical strength and sports skills. In the latter context, female athletes' bodies are a tool for their empowerment, not objectification; they show "strength, poise, and beauty, not sexual availability" (Heywood, Dworkin 2003: 80). A positive change is the growing popularity of two other principles – presenting female athletes in action and presenting them as "serious athletes."

Images of Sports Women: A Review by Emma Sherry, Angela Osborne and Matthew Nicholson (2016) is also useful article that allows one to familiarize themselves with research on the discussed issue. The authors indicate, among others, that female athletes' bodies are more often shown in sports defined as "feminine," where their image fits into the prevailing norms or ideals of the female body. Another observed trend is the more frequent presentation of women in passive poses, despite the fact that the photographs refer to physical activity. The article also confirms the sexualization of female athletes' bodies in press photographs. One of the main conclusions, which appears both here and in numerous other publications, is the

6 I address this problem, among others, in the book *Gra ciałem. Praktyki i dyskursy różnicowania płci w sporcie* (2014), which I have cited several times. It is also discussed by the authors indicated in the next paragraph.

statement that the way in which women's sports and the bodies of female athletes are presented in the media contributes to maintaining male dominance in sports.

Social media, which are becoming increasingly popular in the world of sports, also among male and female athletes, may be an opportunity to change this situation. It is pointed out that in view of the marginalization of women's sports in "traditional" media, social media, where female athletes have the opportunity to create their own image, may not only attract more fans to women's sports, but also change the way it is perceived. As Tony Bruce and Marie Hardin (2014) have noted, despite the fact that the online world of sports is dominated by men and men's sports, it allows some female athletes to exist and gain a wide fan base. At the same time, the authors have noted that the dominant form of presenting the bodies of female athletes is showing both fitness and physical attractiveness. Hence, in the visual dimension, social media maintain rather than break the discourse of heteronormative femininity that dominates in sports.

5. Summary

As indicated in the introduction, the body and embodiment are key categories in sport, and, therefore, in the sociology of sport. This does not mean that most studies in this discipline focus directly on the body, but the number of studies that look at the sports body from a socio-cultural perspective is systematically growing. The sociology of sport indicates the importance of the body for individual agency, for building and maintaining individual capital, as well as social status. At the same time, it makes one aware of how the body becomes a source of inequality in relation to gender, race, (dis)ability or social class, as well as the basis for maintaining the prevailing normative discourses. The biological or biomedical dimension of corporeality analyzed in sport is also significant, as, on the one hand, it "claims" the biological body, often ignored by the sociology of the body, and, on the other, it makes one aware of the importance of interdisciplinary research and the need to perceive the body both through the prism of its physicality (flesh) and socio-cultural conditions.

The contribution of sociological and anthropological studies of sports activities is also important for the development of a phenomenological perspective and analyses of embodied experiences. In addition to developing theoretical concepts, they also provide knowledge about research methodology. Numerous examples of ethnographic studies of sport and embodiment have been collected in the book *Researching Embodied Sport: Exploring Movement Cultures*, edited by Ian Wellard (2015). The book focuses on both the awareness and significance of embodiment in the research process, and its aim is to show the usefulness of the embodied approach in sports and movement studies. Embodiment is treated not only as an object of analysis, but also refers to the bodies of researchers and their role, as well as significance in the research process. The publication presents the methodological challenges that the authors of the chapters had to face, and also provides many practical tips on how to overcome them.

Sociological studies of sport are important not only for sociology of the body, but also for many other subdisciplines, such as the sociology of disability, sociology of medicine or the sociology of gender. Some of the issues, such as the issue of hyperandrogenism or, more broadly, defining (female) gender or the participation of (dis)abled athletes in the Olympic Games, arouse public interest, being at the same time a challenge for both sports activists and scientists.

The approach to the issue of the gendered body in sport and the durability of the binary gender division makes sports research a counterweight to the increasingly widely accepted thinking about gender in non-binary categories or as a continuum. For the sociology of sport, this is an interesting issue because it requires, on the one hand, thinking about gender as a socio-cultural category, but also from the point of view of individual identity, and, on the other, thinking about gender in terms of sports competition. It seems that, at least for now, in almost all competitions, only the division into women's and men's competitions will provide the former with a chance for sports medals. At the same time, this calls into question the participation in sports competitions of people who do not fit into the accepted definitions of femininity, i.e., women characterized by hyperandrogenism or transgender women. The sociology of sport, therefore, provides interesting (counter)arguments for the ongoing discussions on gender identity and related corporeality.

The weak point of some of the conducted studies, such as those on the images of the female sports body in the media or the experience of the body in sports such as running or martial arts, is their repetitiveness (scientists rarely reach for new ways of studying specific phenomena; they rely largely on their own previous studies or similar sources). At the same time, the fact that subsequent studies continue to show, for example, the marginalization of women's sports in the media, indicates the durability of the studied phenomena, despite the passage of time and changes taking place in other areas. Nevertheless, thanks to studies of the sports body and the wide sharing of their results, it is possible to (qualitatively) change the way in which individual categories of athletes, e.g., women or disabled athletes, are perceived. Considering the constant development of technology, biomedicine and related fields, it should be assumed that sociologists of sports and the body will face new challenges and new, previously unexplored research fields.

6. Review questions

1. What does it mean that sports constitute a tool for class distinction? Answer using examples from different sports disciplines.
2. What is the cyborgization of athletes' bodies?
3. How did Iris M. Young and Sandra L. Bartky explain the fact that girls throw a ball differently than boys?
4. How is habitus understood by Loïc Wacquant?
5. How are female athletes' bodies represented in the media?

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Mariola Bieńko

The Body and Beauty

1. Introduction

The body is both an object of social control and the basis of an individual identity project, as well as a tool used by an individual to manage the impression they make on others. The map of the human body is a largely socio-cultural product, a source of practices, a system of ritualized symbolic actions in the private and public spheres. It is a plastic tool, strongly entangled in the mechanisms of consumer society. In the era of neoliberalism, the responsibility for one's own body, i.e., concern for its attractiveness, health or fitness, falls on the individual, constituting the basis of their well-being, in addition to the important aspect of social evaluation. The management of the body, so popular today, is associated with the tendency to aestheticize life, which consists of the possibility of self-creation and "creating oneself" (Featherstone 1991; Shilling 1993; Giddens 1991). The sense of power over appearance coincides with the sense of being able to transform it into the most characteristic sign of one's individualized "self," which is increasingly supposed to correspond to the identity that the individual seeks (Giddens 1991). With the development of the "beauty industry," the body can be "cultivated" and adjusted at will. It has become a material given over to experts for modeling. It is a reflective project that increasingly seems to be a matter of choice (Shilling 1993). Its appearance, size, shape, and even composition are potentially open to reconstruction according to the owner's intentions.

Managing the body is related to the revaluation of beauty as a social value (Berry 2007; Pussetti 2021). The visual nature of contemporary culture and the dominant role of images in creating social reality mean that one of the basic determinants of a person's status is their appearance. The effort to create one's own image shows the place of an individual in the social world. A beautiful body is a source of symbolic capital – both the appearance and the presentation of the body are crucial to achieving social self-actualization.

The aim of the chapter is to deepen the knowledge about invasive body practices and the "creation of new bodies" in the culture of competition, self-realization, and self-fulfillment. The chapter is an attempt to reflect on the extent to which body regimes are an expression of control at both, the individual and social levels. These

considerations consist of two complementary dimensions. The first one refers to the mechanisms used by the representatives of the medical and media expert systems, indicating the socially desirable model of the ideal body. The second dimension comes down to answering the question to what extent the implementation of the project of a "normalized," "beautiful" human with specific physical parameters is an expression of oppression and to what extent it is an expression of individualism and emancipation of the individual. The analysis presented in the chapter is based on theoretical and empirical material.

2. The most important theoretical concepts

2.1. The individual and socio-cultural project of a beautiful body

When defining physical attractiveness, one can refer to various canons defining the beauty of the human body. We generally value maintaining proportions, harmony, and symmetry, but the normative order of beauty and ugliness is socially constructed. The Maori admire prominent labia, the Bandung tribe – sagging breasts, and in Mauritania the ideal is an obese woman with visible stretch marks. According to Umberto Eco, it is currently difficult to distinguish an aesthetic ideal in the face of "an orgy of tolerance, the total syncretism and the absolute and unstoppable polytheism of Beauty," (Eco 2004: 428). In a consumer society, it is the market that mainly updates the definitions of beauty and determines the criteria of what is considered beautiful. According to Jean Baudrillard (1998: 140), "this is imperative, universal, democratic beauty inscribed as a right and a duty on the pediment of consumer society". The trends set by stylists have replaced the traditions and customs that dominated in the past. Modern consumers imitate not what was important and available to their ancestors, but what is in line with fashion (Lipovetsky 1994). Modern hedonism is based on creating an illusion, which is why the image of the body and the meaning that can be attributed to it play a fundamental role. The so-called beautiful people, focused on their personal appearance, are universally worshipped figures, who, in Wolfgang Welsch's (1996: 6) interpretation, pursue the aesthetic perfection of their bodies. Focusing on superficial attractiveness and aesthetic satisfaction is connected with "body fascism" (Nead 1992), because everything that does not correspond to the ideal takes on a transgressive, norm-breaking character and is, thus, eliminated from culture. Those whose appearance deviates from the normalized body are perceived as the "other." Even in the world of body positivity, the body defined in the logic of consumer society as normative is met with greater acceptance.

Body positivity – a social, global movement that emerged in the mid-1960s in the United States, aimed at promoting a natural appearance, equality of all body types and sizes, and respect for imperfections, as well as a belief in the importance of accepting one's body

as it is, even if it does not fit the restrictive standards of beauty, i.e., the cult of a slim and athletic figure. The main slogans of the body positive movement began to appear in media channels around 2012 in order to question the way in which the media presented unrealistic standards of female beauty, and in a broader perspective – to liberate the body from treating it as an object of constant evaluation and reject the paradigm in which it determines the value of a person. Criticism of the body positivity movement is based on accusations that its supporters create an unhealthy culture that disregards medical complications that are often associated with obesity. The movement can also cause its adherents to become obsessed with their appearance and ignore other aspects of their lives, and, as a result, engage in unsafe body regimes due to the pressure to take adequate care of their bodies (O'Hara, Ahmed, Elashie 2021).[1]

In the narcissistic culture of the West, the body is a programmatic source of happiness and physical attractiveness, strongly associated with youth; it has become an element of success in life (Featherstone 1991; Lasch 1991). The American professor of bioethics and philosophy Carl Elliott (2003) has spoken of the "tyranny of happiness" as an obsession that is revealed in the zealous use of all kinds of technologies that improve the condition of the body, among which he mentioned aesthetic surgery. We invariably delight in the "obvious spender of youthful beauty" (Etcoff 2000: 244), while realizing that achieving normative standards of beauty is virtually impossible. The postmodern body is one that lives outside of time, and its care expresses the desire for immortality. The body, as Baudrillard claimed, has today become "an object of salvation. It has literally taken over that moral and ideological function from the soul (Baudrillard 1998: 129). The term "beautification" has been coined to describe this phenomenon. Efforts to beautify the body link aesthetic value with moral value. Improving one's image is a virtue, and a "natural appearance" is described as "neglect." Women "feel superior both in the intrinsic, natural beauty of their bodies and in the art of self-embellishment and everything they call tenue, a moral and aesthetic virtue which defines 'nature' negatively as sloppiness," (Bourdieu 1996: 206).

The manifestations of body care popularized by commercial mass culture are associated with exercising self-control, discipline, and hard work (Schilling 1993; Turner 1996). Beauty as an important determinant of social value is no longer a secret; it is rather associated with the promise of fulfillment. The pressure for self-fulfillment, fulfilling one's dreams, and internal control are so strong that an individual does not try to accept their appearance, but strives to modify it in accordance with the ideal mediated by culture. As Anthony Giddens (1991) has claimed, the external appearance cannot be left to itself in the post-traditional conditions of highly developed modernity. A well-groomed body is supposed to guarantee success, so care has a rewarding character. It is also a "repressive concern"

1 A detailed description of the phenomenon of body positivity can be found in the chapter on eating by A. Maj and A. Wójtewicz.

because "the body becomes that menacing object which has to be watched over, reduced and mortified for 'aesthetic' ends," (Baudrillard 1998: 142).

The individual body is reduced to the level of an object of consumption, and as a commodity it is related to the process of social differentiation – the production, reproduction or maintenance of social distances. Aesthetics as a socio-cultural construct is never neutral; it is also political by nature. Aesthetic standards reinforce, subordinate, categorize, and define power relations. The ever-expanding possibilities of sculpting one's own body coincide with increasingly restrictive aesthetic ideals and limited ideas about what is natural and normal. The body remains a "social product" (Bourdieu 1996: 193) and aesthetically oriented forms of impact on the body constitute the realization of a social norm. Subjected to bodily regimes, the body as an element of cultural capital reveals inequalities resulting from belonging to a specific race, social class or gender. The sought-after bodily properties appear all the more frequently the higher one's position is on the social ladder. The attitude towards the body defined as a "grace" or "illness" is a correlate of social position (Bourdieu 1996). A beautiful well-groomed body is no longer a whim but a social "obligation."

According to established canons being "beautiful" is becoming progressively more of an existential dictate, playing an important role in the daily struggle for social acceptance. Physical attractiveness has a significant impact on well-being, the quality of interpersonal contacts, and it determines the increase or decrease in one's self-esteem and self-worth. Part of the contemporary myth of beauty is the belief in the existence of a connection between a person's appearance and character. In the Western European culture, a well-groomed, slim, youthful body is socially interpreted as a sign of health, physical attractiveness, self-control, and "normality." The lack of desirable physical attributes may indicate not only illness, but also failure in life. As studies show, in the United States, attractive people are less lonely, more emotionally stable, more popular and socially competent, more likely to go on dates, and more sexually experienced than unattractive people (Sullivan 2004). The benefits of being attractive translate into economic benefits – research shows that individuals who are considered attractive are paid better, receive higher pay rises, and are perceived as better employees (Sullivan 2004; Paprzycka, Orlik 2015). Appearance, called beauty capital, is an integral part of the job performed or the social role played. In capitalist markets, especially in the service sector, there is an increasing economic emphasis on appearance as an investment strategy. Employees may be hired because of their attractive appearance or trained in self-presentation, personal care, and etiquette. "Aesthetic work" as a social construct denaturalizes beauty, and a normalized, developed appearance translates into economic and symbolic rewards. Aesthetics are defined by age, place of residence, and belonging to a specific class, race and gender (Elias, Gill, Scharff 2017).

2.1.1. Medicine and media: the expert dimension of beauty

Since the 19th century, thanks to medical discourse, the Western European culture has begun to transform, improve, create, and systematically examine the body in accordance with the norm applicable at the given time. The aim of medical activities is to reduce deviations from the norm (Foucault 1973). Physicians attempt to supervise and construct the body at every stage of human life, from birth to death, constantly expanding the scope of biomedical interventions, including surgery (Arroba 2003; Wieczorkowska 2015). The process of medicalization is based on the belief in the unlimited possibilities of medicine in solving both health and aesthetic problems related to the body (Conrad, Leiter 2004; McKenzie 2013). Dynamic scientific and technical progress in biomedicine is aimed, on the one hand, at eliminating diseases, and, on the other, increasingly at improving the psychophysical condition of humans, including the biotransformation of the human body combined with its aestheticization, based on the potential of medicalized aesthetic surgery (Conrad 2007; Suissa 2008; Jakubowska 2009). The use of advanced technologies, marketing strategy, and an increased use of medical achievements place aesthetic services in the posthumanist trend, promoting the perfection, strengthening, and improvement of the human body – human enhancement (Maturo 2012). Services in the field of aesthetic medicine are considered to be "moderate enhancements," which affect the strengthening of the natural potential in the area of beauty and attractiveness of their users. The use of aesthetic treatments is not aimed at going beyond human nature, but at improving a patient's well-being in connection with the experience of their own body and relations with the social environment (Napiwodzka-Bulek 2017: 162–163).

A perfect appearance is a phenomenon of consumer culture, which forces the deconstruction of the body project (Jeffreys 2005; Richardson, Locs 2014). Medical and media experts create a postmodern canon of beauty, imposing the adoption of a controlling attitude towards the body, which can and even should be transformed and improved on an unprecedented scale. In the cultural context, aesthetic medicine is increasingly presented as a spectacular "lifestyle choice." Patients, or rather consumers, are well trained in diagnosing their appearance-related "problems." Based on available expert knowledge, they observe the body, encouraged to apply disciplinary schemes as completely natural. In Foucault's interpretation, power produces susceptible, docile bodies in a process that, on the one hand, is not overtly violent and can, therefore, be considered voluntary, in line with the individual's individual project, while on the other, it constitutes subordinate and non-autonomous individuals (Foucault 1995). Image is used to exercise power (through expert systems employed in medicine and the media) over the real, concrete body, separate from direct violence. The offer of aesthetic medicine clinics shows how the body should be transformed to be considered beautiful, while the production of knowledge about body modification takes place through media coverage.

The media advertise specific practices that are part of the disciplinary system, both symbolically and instrumentally. In one press advertisement for mechanical skin stimulation that "naturally stimulates cell metabolism," experts provide a simple justification for its use: "Among French women, using these treatments is as natural and popular as going to the hairdresser. It is simply part of a lifestyle and self-care," (Lato, lato i po lecie… 2021: 198). The simple reference to a surgical operation as a correction clearly suggests a harmless and necessary procedure that seems to (re)-create normality rather than produce artifice. Like the media industry, cosmetic surgery effectively and profitably provides both the problem and its solution.

The media support the body's involvement in the practices of "submissiveness" that regulate its status and functioning, perpetuating the image of bodies that are both plastic and malleable (Bordo 1993). Advanced technological culture enables significant changes to one's external image "of one's own free will." A naturally-looking body, devoid of the intervention of an aesthetic medicine doctor (but also make-up artists or graphic processing in a computer program), is treated as unattractive. Naomi Wolf (2002) called this phenomenon beauty pornography, because just as pornography "instructs" how sexual intercourse should look, culture promotes a specific appearance, indicating which women are attractive. Beauty is becoming a desired "competence" not only of professional beauties from the erotic, pornographic, and fashion industries, whose job is to display an attractive body. Being beautiful is no longer something innate, a result of nature or a complement to moral attributes. A woman should "take the same care of their faces and figures as they do of their souls" (Baudrillard 1998: 132). Men also feel pressure to meet aesthetic ideals from an early age. Toys designed for little boys promote unrealistic body standards. Action figures of popular action heroes are more muscular than professional bodybuilders could achieve. The media pays ever more attention to the images of men who, like women, should look attractive, so they engage in body work, imitating the hegemonic masculinity personified by male celebrities. The inability to achieve an ideal appearance becomes the cause of narcissistic disorders, anorexia, bulimia or body dysmorphic disorder, which are accompanied by lowered self-esteem, a lack of self-confidence, and limited social contacts (Brytek-Matera 2008).

Body dysmorphic disorder (Greek *dysmorphia* – "ugly" or "misshapen") is a preoccupation with an imagined defect in appearance or excessive concentration on a real, minor physical anomaly. Obsessive thoughts and compulsive behaviors concerning appearance cause suffering and significantly impair everyday functioning. Body image disturbance can lead to social isolation. Sometimes, patients repeatedly undergo surgical procedures, and attempt to modify their own bodies (including self-harm), although this usually does not improve their own image or the subjective perception of the alleged defect. Depression often develops, which sometimes leads to suicide. Body dysmorphic disorder (BDD) has been called a body image disorder since 1980, introduced into psychiatric terminology, and is present in ICD-10 (International Statistical Classification of Diseases and Health Problems) and DSM-IV (classification of the American Psychiatric Association) as "body dysmorphic disorder." It can lead to an addiction to aesthetic medicine and plastic surgery.

People suffering from body dysmorphic disorder often put pressure on cosmetologists and doctors, combined with aggressive and offensive behavior, use threats and various forms of blackmail, as well as intimidation in order to force them to perform further care or strictly medical procedures. While body dysmorphic disorder occurs in only 1–2% of the general population, it is overrepresented in the recipients of aesthetic surgery. This disorder is too rarely correctly diagnosed by aesthetic medicine physicians and specialists in surgical, cosmetology, and dermatologic surgery practices (Munro, Stewart 1991; Fang, Hofmann 2010; Singh, Veale 2019).

A feature of contemporary postfeminist media culture is the increased surveillance of women, manifested in an unprecedented level of control and critical evaluation of their bodies. They are forced to constantly define their own "self" through image management, in order to ultimately take their place on the side of those who have submitted to the regime of self-responsibility or those who have failed. The imperative of self-improvement is central to the culture of makeovers, and its quintessence is cosmetic surgery. Women's magazines write with characteristic freedom about the high costs of fighting for a beautiful body, and the internet presents increasingly wider possibilities of more or less invasive cosmetic procedures on various thematic and social portals. The media often focus on achieving a "natural look," suggesting that maintaining the illusion of naturalness, even by means of surgical modifications, is the most important thing for a woman in order to be considered attractive. The media culture of makeovers, by proposing a complete change of appearance and becoming similar to celebrities, places the subject in the position of an entrepreneur of their own "self" who must "invest in the body" in order to compete with others in the private and public sphere (Wegenstein 2012; Elias, Gill, Scharff 2017). Reality television programs, and, currently, above all, social media, have helped to move aesthetic medicine in the public consciousness from the sphere of vanity to the area of investing in quality of life and a form of self-improvement that requires courage.

Makeover culture – the makeover culture of reality television shows that involve complete makeovers (e.g., Extreme Makeover Plastic Surgery Edition, I Want a Famous Face, The Swan, etc.) This genre involves "reinventing" the individual by transforming from an unwanted "before body" to a desired "after body." Such shows offer a narrative of redemption, where pain (both physical and emotional) is a necessary part of the journey one must undertake to become a better (and socially acceptable) version of themselves. The model of perfection is personified by experts or celebrities who prescribe various interventions to improve the image of the participants "of their own free will." The figure of the postmodern Prometheus, a male surgeon with magical powers of transformation and healing, is central to this metanarrative. The path to finding one's true self lies in a drastic transformation of their body. The idea of changing one's appearance through plastic surgery, weight loss or a change of style is embedded in the promise of gaining a "better self" and establishing more satisfying social relationships. In the format of "regulatory pedagogy" (Weber 2009), viewers learn how physical transformation can be utilized to gain control over one's personality and what conditions they must meet to avoid the critical gaze encountered by the heroine of

the show devoted to changing her appearance. Makeover shows are an attempt to (hyper)-normalize bodies based on neoliberal requirements for self-esteem and self-improvement. They provide ready-made solutions for fulfilling fantasies of creating oneself, while at the same time reinforcing gender stereotypes (Wegenstein 2009). The participants' changed appearances should always fit the ideal model of femininity (Weber 2009). Makeover culture is "the display of ongoing change and labour" (Jones 2008: 12), activating clients ready to embody the radically expanded work ethic of late capitalist society.

Experts from the aesthetic medicine and media industries have taken the lead in creating the image of a sexually attractive, athletic, slim and youthful body. A smooth, firm, wrinkle-free body is supposed to meet the unattainable criteria of a narcissistic, consumer media culture. In this reality, what counts the most is created desires, not authentic needs. The media image seems so "real" that it encourages many individuals to model their bodies according to a model that is in fact just a digitally edited photo. However, from the perspective of a satisfied consumer, there is no way to determine what is artificial and what is real.

The filters on mobile photo and video apps use algorithms to reinforce a standard of beauty known as the "**Instagram Face**," which is characterized by high cheekbones, poreless skin, cat eyes, and plump lips. Some Snapchat filters allow you to change the skin tone, eye size, lips, cheeks, as well as soften fine lines and wrinkles, making a face look flawless without imperfections. Participants in this hoax assume that a unique combination of features is possible. This has a significant impact on beauty standards and reinforces the pursuit of perfection for millions of users around the world, spreading the belief that individual beauty in real life is not good enough or worthy of likes. Comparing your real self to your embellished self increases dissatisfaction with your natural appearance. For those who are particularly insecure, the gap between expectations and reality can lead to body dysmorphic disorder. Since 2018, this unexpected effect of social media has been referred to as "**Snapchat dysmorphia**" or the desire to look exactly as one does in a filtered photo. According to data from the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), young patients under 30 are increasingly undergoing cosmetic procedures to improve their image on social media. Plastic surgeons report an increment in the number of patients (mostly girls and young women) who no longer present celebrity photos as models for their surgical faces, but rather perfect versions of themselves — retouched Snapchat selfies (Ramphul, Mejias 2018).

2.2. The phenomenon of aesthetic surgery

2.2.1. Paying for a "new" body

The modern system of body discipline is increasingly represented by aesthetic medicine practices. The first known records of plastic surgery date back to around 600 BCE in India and concern the reconstruction of the nose and ears, since the removal of these body parts was a common punishment at the time. Early surgeries were performed exclusively on men, often gladiators, who had been wounded or

disfigured in combat. Claudius Galen, considered the inventor of aesthetic surgery, performed surgery to correct drooping eyelids and to remove excess fat from the breasts, a condition now known as gynecomastia. The origins of modern surgery lie in corrective techniques developed to treat injuries sustained during World War I. The shift in emphasis from corrective surgery for men to the industry of beautifying women is symptomatic (Jones 2008). Instead of correcting deformities, surgical techniques began to serve to improve people's appearances, and both doctors and patients became accustomed to the idea of performing procedures on demand, less important from the point of view of life and health.

Plastic surgery is a branch of medicine whose name comes from the Greek word *plastikos*, meaning "capable of being molded or shaped." The procedures are categorized by type, purpose, body area, degree of invasiveness, and equipment used. Surgical and non-surgical procedures aim to change the shape of natural body structures in order to improve appearance and self-esteem (Nejadsarvari et al. 2016; Nuffield Council on Bioethics 2017). In the field of plastic surgery, we can distinguish cosmetic/aesthetic surgery and reconstructive surgery. Reconstructive surgery is used to correct what has been changed by disease or accident. It repairs a deficit or defect, it is an attempt to "return to normality," and can be a tool for rebuilding a person's identity in justified cases, which may include genetic defects or bodily injuries. Cosmetic surgery, also called aesthetic surgery, aims to beautify and is an attempt to "transcend normality" (Gillies, Millard 1957; Shiffman 2013). Deborah Caslav Covino (2001) has drawn a distinction, arguing that cosmetic surgery procedures and products are seen as temporary and superficial, while aesthetic surgery procedures signify permanent change. In this chapter, I mainly use the term aesthetic surgery, not plastic surgery, to emphasize that the surgical procedures I analyze are performed on completely healthy bodies.

Medical aesthetology (Latin: *aesthetologia medica*) is a field of science that studies, describes, cares for, restores, and creates the beauty of the human body using medical means. In the cognitive-descriptive scope, this field is based on the methodology of natural sciences (medicine, biology, biophysics), anthropology and anthropometry, sociology, psychology, aesthetics, and philosophy. In the intervention scope, the aim of medical aesthetology is to improve the physical attractiveness of a person utilizing methods typical of or reserved for medicine (drugs, procedures, and treatments), dietetics, rehabilitation, and physical therapy. The branches of medical aesthetology, practiced exclusively by physicians using means within their primary specialty, the exclusive or primary purpose of which is to improve the patient's physical attractiveness, are:
– aesthetic medicine,
– aesthetic dermatology,
– aesthetic surgery,
– aesthetic gynecology,
– aesthetic dentistry (Śpiewak 2012).

In the late 19th century, plastic surgery was compared to psychiatric therapy (Gilman 1998). Contemporary rhetoric accompanying aesthetic procedures also emphasizes that the fight for a "new" body is not only about improving appearance, but also well-being, which is associated with social relations and the secrets of personality. Plastic surgeons create "new" bodies, replacing psychotherapists. Beauty experts recommend treating aesthetic surgery as "your best friend;" they convince that performing the procedure "literally changes your life" (Uroda/Medycyna estetyczna 2021). In reality, aesthetic surgery is a form of biomedical practice aimed at preventing aging, currently one of the fastest growing fields of commercial medicine, in which the subjective needs of patients are understood as appropriate indications for medical interventions.

Aesthetic surgery is classified as a branch of wish-fulfilling medicine (Asscher, Bolt, Schermer 2012). As part of procedures that are not so much "therapeutic" as "aesthetic" in nature; the patient reports to the doctor and expresses the intention to improve selected parts of their body. They can choose between the optimal and maximum effect, guided by their preferences or sense of aesthetics. Aesthetic surgery turns the doctor into an artisan executing an order for a specific service concerning a specific object, which is the human body. In this situation, the doctor is the patient's servant, i.e., a means to an end, not an arbiter (Gimlin 2010). A dilemma, therefore, arises as to how far the surgeon can fulfill the patient's desires, wishes and fantasies, especially when the patient demands risky, unnecessary actions with unknown consequences, such as placing gemstones in the sclera of the eye.

In the mid-1990s, surgical body modifications began to be perceived as services that were used not only by celebrities. According to specialists, aesthetic surgery in the 21st century is becoming increasingly accessible, precise, and economical (Shiffman 2013). At the same time, however, new areas of risk are emerging in this industry. Procedures are performed in doctor's offices and aesthetic medicine clinics, not in hospitals. Physical perfection can be dangerous to the life and health of patients (Jeffreys 2005; Suissa 2008). The range of "indicated" surgical interventions, the so-called "comprehensive procedures," multi-procedural in nature, is constantly expanding. The risk of infection and a negative reaction to anesthesia increases. The most common complications and side effects of surgery are mechanical injuries to nerves and tissues, inflammatory reactions, infections, burns, scars, and discoloration, while the more drastic cases include skin necrosis or a loss of function of the operated body parts. Some doctors perform procedures despite not having undergone appropriate training, without certificates or appropriate authorizations. In Poland, there are still no regulations governing the scope of permitted aesthetic procedures operating at the level of subcutaneous tissue, which can be performed by cosmetic service technicians, cosmetologists or people who are not doctors.

Despite the significant invasiveness of surgical procedures, information about the side effects is downplayed and there is no warning that very often the procedures need to be repeated, without any certainty of achieving the intended effect. New technologies receive certificates from the American Food and Drug Administration

(FDA), confirming only that a given device or preparation works and does no harm. Doctors, however, have no knowledge about the long-term effects of the procedures. The statistics of deaths and mortality due to complications resulting from the surgeries are also unknown.

Cosmetic surgery is not covered by insurance; it is an elective procedure ("on demand"). The patient has become a customer, choosing the right medical product for themselves from a wide range of prices and quality of services. Owing to the high costs of the procedures, it is a branch of commercial and luxury medicine, unavailable to a large part of society. Susan Bordo (1993) called cosmetic surgery an "aristocratic" form of rebellion. The completed procedures are still a demonstration of the economic affluence of the clients to whom "beauty is sold," (Gimlin 2002; Elliott 2008).

2.2.2. Standardization, fragmentation, and pathologization of the human body

The normalized and standardized model of the body, susceptible to the influence of expert systems, is subject to subjugation by disciplining mechanisms, such as cosmetic procedures and plastic surgery. According to Sander Gilman (1998), the goal of "aesthetic surgery" is to increase our visual anonymity, not uniqueness. Natural manifestations of human physiognomy (body structure, facial features) are treated as a "disorder" that needs to be treated. The characteristic and unique features of human physiognomy are considered a defect in the face of the required appearance and body structure. While the consumer rhetoric of choice, individualism, and diversity proclaims that we should be ourselves, surgical body modifications tend towards similarity and uniformity.

The social need for body standardization is growing (Leźnicki 2013). A person's natural appearance is sometimes unacceptable, even shameful. The experience of shame, awkwardness, imposed by the gaze and reaction of others, is all the stronger the greater the disproportion between the socially desirable body and one's own is (Bourdieu 1996). We are witnessing the scientific and cultural "pathologization" of non-standard appearance, an example of which is the creation of the term "hypomastia" in medical literature to describe "the new recognized disability" of having small breasts (Berry 2007: 74) or the introduction of the term "cellulite" by the magazine "Vogue" in 1973 to describe a media-created aesthetic problem of women (Arroba 2003). Anomalies or differences in physical appearance become biomedical problems requiring treatment. As Elizabeth Haiken (1997: 4) noted, "aging faces, flat breasts, and small penises, which as facts of life were considered undeserving of medical attention, have been progressively redefined as problems worthy of medical concern and more recently as pathologies or deformities requiring medical solutions."

Cosmetic surgery is a kind of simulacrum because it maintains an ideal that is not the original, and, moreover, is not achievable without medical intervention. Surgically enhanced faces and bodies become the norm, but they are merely reproductions of copies, or the myth of beauty. They resemble attributes found in

others, but are nevertheless based on the simulacrum. Cosmetic surgery can be seen as a form of the colonization of the body. Colonizers (creators of the myth of beauty) try to modify identities to fit the prevailing ideal. The problem with the simulacrum through cosmetic surgery is that only one type of copy is spread, based on the "white" heterosexual standard of beauty, which is not fully representative of all people. The patterns promoted by the West become the reference point for assessing attractiveness worldwide. We can speak of the Western-centric nature of the postmodern canon of beauty. The medical industry provides the means to manage the normative ideology of becoming a youthful WASP (White Anglo-Saxon Protestant), a positively assessed member of Western culture. The model proportions in plastic surgery textbooks are based on a white, Western, heterosexual ideal of beauty (Balsamo 1996: 58–63). Through the act of correction, surgical practice locates other bodies in a reality of bodily incorrectness (Gimlin 2002: 142).

The promotion of a single, binding ideal of beauty normalizes a medically constructed type of synthetic beauty and devalues ethnic "markers," signs of aging, and other individual markers of identity. Cosmetic surgery procedures aim to eliminate or downplay ethnic or age-related features in exchange for features that correspond to the ideal of beauty. At the same time, these procedures are directly related to the oppression of specific social groups. Eyelid surgery is commonly used among individuals of Asian descent to partially conceal their phenotype. Women have breast augmentation and body contouring to suit men's preferences. Older individuals have facelifts to hide their age, conforming to the popular culture's cult of youth.

Old age is treated as an unsightly defect, and visible signs of ageing suggest that the owner of the body has lost control over it. Cosmetic surgery is one of the tactics of positive ageing, based on the idea that one can defy the passage of time by purchasing products or services that help one look young, healthy and happy. In contemporary visual culture, there is controlled invisibility of old age. A person who follows trends cannot be old, or at least not look old. The desire for youth is at the heart of aesthetic medicine procedures, but people usually use procedures not to defy ageing, but to design it, that is, to "look good for their age," (Jones 2008).

The assessment of the aging body as "problematic" is intensifying, especially when it belongs to a woman. Physiological signs of aging are seen as symptoms of a loss of femininity, sexual identity, and social visibility. Achieving smooth skin, a flat stomach, and firm breasts makes women feel more "attractive" and "sexually desirable," and also means more attention from their closest environment, which helps to reduce unpleasant invisibility. The editors of the American magazine "Allure," wishing to emphasize the inevitability of the natural process of aging, announced a ban on the use of the term "anti-aging" in reference to cosmetics and aesthetic medicine procedures on their pages (Lee 2017). Efforts to maintain the illusion of youth lead to an increasing distance from one's body and a lack of contact with one's physicality.

According to Anthony Elliott (2008), the development of the culture of aesthetic surgery is an expression of our uninhibited and pathological desire for youthful and

increasingly artificial beauty, while the social and personal costs of this profound cultural change are, as the Australian sociologist claims, a cause for serious concern. The dynamic development of aesthetic surgery and its growing social acceptance can drastically change the way the body is perceived, which is not only separated from other elements co-creating identity, but also fragmented, broken into parts, assessed better or worse. In addition to rankings of the sexiest stars, the media also publish rankings of their noses, eyes, lips, hair, cheeks, skin, and legs. Regardless of the assessment of Jennifer Lopez's acting and singing talents, the point of reference for viewers in terms of image is her buttocks (Elliott 2011). The postmodern body is no longer a biological gift whose organic integrity is inviolable. We are observing a shift from the traditional definition of the body as a whole, whose flaws must be accepted, to a "fragmented body," which allows modifications not only for the sake of aesthetic norms but also for the purpose of personal expression. The dominant culture legitimizes the synergy of the "self-destruction" and "humanization" of beauty toward the stereotype of a model ideal (Jarrin 2017).

2.2.3. Aesthetic surgery market: statistics and trends

According to IMCAS (International Master Course on Aging Skin), the number of plastic surgery procedures is growing year by year. The most common procedures performed worldwide are liposuction (liposuction), breast augmentation, and wrinkle removal (IMCAS 2021). Since the year 2000, the American Society of Plastic Surgeons (ASPS) has recorded a significant increase in breast augmentation, butt lifts, and female genital cosmetic surgery (FGCS). Over the past two decades, the "body cosmetics" business has grown into a multi-billion dollar industry, with investment in research and development, aggressive marketing, and a predominantly, but not exclusively, female consumer base. Plastic surgery enables the correction of almost the entire body. Women around the world undergo such procedures much more often than men. In order from the most to least popular: they enlarge or lift the breasts, perform liposuction, abdominoplasty, and eyelid plastic surgery. More and more men are interested in improving their appearance. They are becoming an increasingly larger group of patients in aesthetic medicine clinics, most often using liposuction, eyelid plastic surgery, breast reduction, abdominoplasty, and facelift (ASAPS 2020).

According to data from the International Society of Aesthetic Plastic Surgery (ISAPS), in Brazil, Venezuela, Argentina, and Chile, plastic surgery enjoys considerable social recognition, is widely accepted, and institutionalized. On the other extreme, in Iran and Saudi Arabia, plastic surgery is treated as an expression of transgression of social norms (ISAPS 2020). In China and South Korea, there has been a significant rise in interest in aesthetic surgery, related, among others, to the concern for maintaining a good (culturally correct) image and the wide availability of numerous plastic surgery clinics that also accept patients outside the direct health indication (Hua 2013: 143–146). The phenomenon of medical tourism related to aesthetic surgery is growing as the international market enables patients to undergo

interventions in an anonymous environment outside their country and their social networks (Holliday, Jones, Bell 2019). In South Korea, the medical tourism industry is subsidized by the government.

The highest rate of cosmetic surgery in the last few decades has been in the United States. Between 2000 and 2019, there was a 169% increase in the number of surgeries performed there, compared to a 20% increase worldwide (ASPS 2020). Brazilians are the second largest global consumers of cosmetic surgery. The Brazilian government is implementing a policy that treats cosmetic surgery as a way for women of lower socioeconomic status to break down deeply rooted class barriers by changing their appearances. In South American countries, it is not sexual initiation or the first menstruation that are the markers of adulthood and femininity, but the first surgical procedure in one's life. Banks offer special loans for this purpose (Jarrin 2017).

The visual effect achieved by procedures that were previously used only by mature women to help combat the effects of the passage of time is desired by a growing number of younger women. Currently, the demand for synthetic tissue fillers that reduce wrinkles, correct facial contours and make lips fuller is visible even among teenagers (Frier 2020). On the one hand, SPA passes for children are becoming popular around the world; on the other, laws are coming into force that limit access to and the scope of aesthetic procedures. Since 2021, in the UK, the use of botulinum toxin injections and dermal fillers for individuals under 18 years of age solely for cosmetic reasons and despite the consent of parents or guardians is illegal.

In Poland, there is a lack of systematic and representative studies on the number and type of non-surgical procedures and surgeries performed. The results of the CBOS survey from 2003 indicated that the largest percentage of people who would have liked to change something in their appearance fell into the age groups of 35–44 and 45–54, while the least interested in changing their appearance were individuals aged 65 and over (Biały 2003). Currently, an increment in interest in beauty procedures is visible among representatives of the Millennial generation (25–34 years old). Research on the market of aesthetic medicine procedures in Poland shows that 2.3% of adult residents have undergone at least one procedure to shape their body, rejuvenate their appearance or improve the attractiveness of individual body parts. This is approximately 600,000 people. Women currently constitute over 75% of all patients reporting to aesthetic medicine clinics. Among Polish women aged 18 to 55, 89% admit to having complexes related to their appearance and body, while at least seven in ten would not mind undergoing an aesthetic procedure (Rynek estetyczny 2021). A 2021 study of aesthetic medicine doctors in Poland shows that currently the treatments are most often chosen by individuals from the so-called Power Generation – professionally active 35–49-year-olds who are aware of their needs. Poles most often choose treatments using botulinum toxin (83%) and hyaluronic acid (70%), as well as mesotherapy (52%). A rise in interest in treatments among men was noticed by 42% of specialists in the field of aesthetic medicine (Mieczkowski 2021).

On the global scale, the aesthetic medicine market is recording spectacular growth in revenues, even despite the COVID-19 pandemic. Global studies show that 11%

of women are more interested in aesthetic surgery than before the pandemic. In contrast, 35% of surveyed women who have already had one aesthetic procedure are planning more surgeries in the near future (ASPS 2020). Remote work and social isolation are conducive to invasive procedures and convalescence. A new patient discovers an aesthetic medicine doctor, previously confusing him with a cosmetologist (Mieczkowski 2021). Widely used social media have a direct impact on the decisions to improve one's appearance, as the faces visible there are mostly wrinkle-free selfies.

2.3. Aesthetic body modification practices from a feminist perspective

2.3.1. The oppressive nature of the patriarchal standard of female beauty

The body has moved to the center of postmodern theory, and its existence as a physical organism has thereby been marginalized. Having rejected the notion of the body as a biological entity determined by nature, theorists went to the other extreme, regarding it as almost infinitely malleable.

Michel Foucault argues that the body is subjected to the external, disciplining and normalizing gaze of institutions and ideologies, although the level of intensity of this control may vary depending on the individual. In the process of compulsory disciplining, "subjected and practised bodies, 'docile' bodies are created," (Foucault 1995: 138). Cosmetic surgery belongs to the sphere of what Foucault (1988) called "technologies of the self." Slimming and rejuvenating procedures that enhance physical attractiveness can be considered an example of work on the body, "a calculated manipulation of its elements," (Foucault 1995: 138). The recipients of aesthetic procedures are predominantly women, which is perhaps why the discourse on plastic surgery has been dominated by feminist analyses. Representatives of feminism, inspired by the concepts of Foucault (who, admittedly, referred exclusively to men's bodies), applied poststructuralist insights to the interpretation of the problem of embodiment. They have emphasized the regulation of the "docile bodies" of women (Bartky 1990), which, constantly disciplined, remained "docile bodies," submissive to the regime of consumerism (Bordo 1993).

Feminist analyses developed in parallel with the transformations of Western societies. The proposed concepts and theories served as tools for intervention in specific social problems. The "personal is political" perspective on beauty extends to all kinds of inequalities that can force the dominated to improve their aesthetics in the direction of the norms established by the dominant. This is especially true for women, who are taught that they should never feel comfortable in their own bodies. Elizabeth Grosz, associated with corporal feminism, in which the body is valued as a source of meaning, criticizes the phenomenon of women's hypercorporality in Western culture, based on the belief that the issue of corporeality or materiality concerns only representatives of the female sex, and their bodies are a special area of power. According to Cartesian philosophy, rationality was associated with the male subject, and femininity with an unintelligent material factor. Exposing the Cartesian

dualism of mind-male, body-female as a patriarchal ideology, Grosz has argued that the natural body is presented as almost by definition inadequate, flawed, and thus ripe for "cosmetic restructuring, fragmentation," (Grosz 1994: 151). Patriarchal discourse positions men's bodies as sovereign, objective, controllable, and, therefore, unproblematic, while women's bodies, dominated by biology, are understood as less formed, more subjective, and even "leaky" (Shildrick 1994; Longhurst 2001).

The practice of cosmetic surgery is not simply about improving the "natural" body, but works by redefining standards of beauty and assigning these standards to the deviant "defective" bodies of women. Patriarchal society as a system influences women's self-esteem and body image issues by associating appearance with their value as a person. A woman's appearance determines how she is perceived and treated by those around her; her appearance is judged as important and in some way representative of who she is. According to psychologist Ellyn Kaschak, women are subjected to enormous pressure to live up to an unattainable model of idealized beauty. The determinant of femininity is being attractive and appealing to a man. Therefore, a woman identifies with her body, she is her appearance, which "signals to a woman and to others just what her basic identity is and can be and, most important, how she deserves to be treated," (Kaschak 1993: 197). The female body becomes both capital and commodity, and women, by meeting social expectations of a preferred appearance, trap themselves in visuality and objectification. Internalizing both the enormous importance of how one "looks" and the ideals of beauty leads to self-objectification, which is an element of the obsession with beauty.

Self-objectification is characterized by chronic attention to one's physical appearance. It involves developing the perspective of an external (usually very critical) observer-supervisor who focuses on constantly monitoring one's own appearance, but also behavior. In this approach, an individual begins to perceive themselves as an object to be viewed and assessed based on appearance, constructing their own identity based on their physical image. According to the objectification theory, from a young age, women's bodies are viewed, commented on, and assessed by others. Girls and women learn that (sexual) attractiveness is a central aspect of the female gender role, and, therefore, a goal for which they must strive. The feeling of "being beautiful" correlates much more with women's self-esteem and assessment of life success than men. The social pressure to create, present, maintain and improve an attractive appearance (i.e., slim – the ideal for women, muscular – the ideal for men) plays a huge role (Fredrickson, Roberts 1997; Moradi 2011; Zurbriggen 2013).

Critical feminist analyses have viewed cosmetic surgery practices as a form of objectification and subordination of women (Morgan 1991; Bordo 1993; Negrin 2002). The desire to modify the body through procedures may be motivated by lower self-esteem or increased experiences of dysmorphic anxiety. These psychological experiences may, in turn, result from mechanisms of commodification of the female body, which reinforce the belief that meeting the social expectations of beauty will make a woman feel happier or more confident (Holliday, Sanchez Taylor 2006).

In a radical version, cosmetic surgery is defined as self-mutilation "by proxy" (Jeffreys 2005: 139). In Wolf's interpretation, patriarchal standards of gender and beauty deprive women of any agency. The cosmetic surgery market was created to prevent women from mobilizing in public life. Their time spent correcting their beauty "defects" could be spent on education and professional work. Wolf argues that cosmetic surgeons today have a direct financial interest in maintaining the belief that women are "ugly." Just as in the 19th century, when women came to believe that menstruation, masturbation, pregnancy, and menopause were diseases, today they are coming to believe that their normal, healthy bodies require cosmetic correction (Wolf 2002). Furthermore, the gender distribution of actors involved in the cosmetic surgery industry has always been clearly unbalanced: the majority of surgeons are men. It is to them that women go as patients, seeking approval to correct their "flawed" appearance. This ratio of male surgeons to female patients also supports the thesis that a woman's idea is justified if a man approves and supports it, because the male perspective is perceived as more rational.

Male gaze – a term first coined by the British media theorist Laura Mulvey (1975) to describe patriarchal domination that pressures women to conform physically to an appearance that conforms to male notions of beauty. It was popularized in reference to the portrayal of female characters in film as inactive, often overtly sexualized objects of male desire. The male gaze sees the female body as something that a heterosexual man (or an entire patriarchal society) can view, conquer, possess, and use to achieve his goals. The image of women is primarily intended to serve male pleasure, which results from looking at the beauty of the female body. The pressure to conform to this gaze and accept being perceived in this way shapes women's thinking about their own bodies and their place in the world. Cosmetic surgery and all interventions that beautify the female body are seen as technological facilitators of male fantasies (Wegenstein 2012: 160).

Second-wave radical feminism negatively views cosmetic surgery as an oppressive means of achieving social approval by fulfilling the ideal of beauty defined by the "male gaze" directed at the female body. As the feminist philosopher Sandra Lee Bartky (1990) has argued, the main determinant of femininity and, at the same time, a significant measure of a woman's worth is the ability to attract admiring glances. Women subconsciously subordinate themselves to men by accepting the cultural standard of the ideal female body, which Bartky (1990: 66) called the "tyranny of slenderness." Aesthetic treatments and anti-aging technologies offer women new choices and opportunities (or pressures and obligations) to shape their bodies in accordance with this imperative. Ideal femininity requires a radical physical transformation, as a result of which virtually every woman must change something about her appearance. "In the regime of institutionalised heterosexuality woman must make herself 'object and prey' for the man", adopting a male attitude towards herself (Bartky 1990: 72). She then derives erotic satisfaction from the physical self, treating her body as a beautiful object to be looked at and adorned.

Bartky's concept of the "fashion-beauty complex," which she saw as similar to the military-industrial complex, illustrates the intricate ways in which technology and production work in conjunction with marketing to regulate women's bodies. Another feminist philosopher, Susan Bordo (1993), has argued that this complex operates not only through beauty standards and gender norms but also through the processes of aestheticization and rationalization of the female body in everyday life. The focus on the aesthetics of the body (e.g., slimness, toned muscles, smooth skin) and its well-being (e.g., diet, exercise, sleep) is a fundamental discourse on the self, presented in a variety of commercial contexts. Today's cosmetic surgery market is a paradigmatic example of the functioning of the fashion-beauty industrial complex.

Cosmetic gaze – a term coined by documentary filmmaker and media theorist Bernadette Wegenstein (2012) to describe the act of looking at one's own and others' bodies as shaped by the techniques, expectations, and strategies of (often surgical) body modification. It is a moralizing way of looking, expecting both physical and spiritual improvement. It is also a physiognomic gaze as it creates a discord between inner and outer beauty, between how we see ourselves and how we want to be seen by others. The cosmetic gaze underlies the "rebirth" celebrated in today's makeover culture and is based on the concept of the media body, which stems from the discourse on beauty in cinema, television, and the internet, presenting bodies as they should and could be. It is a form of self-adjustment or self-normalization that does not involve eliminating individuals who do not fit, but rather encouraging the subject to become aware of those aspects of their own "self" that best reflect perfection. In this new physiognomic discourse, it is not the face itself that becomes a sign, but self-identity is reconceptualized as a sign or image (Finkelstein 1991). Through the internalized cosmetic gaze, the subject is expected to "find" herself. According to Wolf (2002), the cosmetic gaze is embodied in the woman herself. As a disciplined subject, the woman becomes her own taskmaster.

2.3.2. The emancipatory potential of aesthetic surgery

In feminist analyses, cosmetic surgery is not only a cause of oppression, but also a promise of emancipatory transformation, and of empowering women who experience discrimination on the basis of gender and age (Davis 1995; Gimlin 2002; Blum 2003; Holliday, Sanchez Taylor 2006). The liberal feminist perspective considers that cosmetic surgery offers women a degree of control over their own lives in circumstances in which there are very few other possibilities for self-fulfillment (Negrin 2002). Women are socially defined and forced to care about their appearance (hence their greater fear of aging), and cosmetic surgery is a technological response to this pressure (Balsamo 1996; Haiken 1997; Davis 2003). As Gilman (1998) has noted, the limitation of cosmetic surgery is precisely that it offers only a technological solution to a social problem. Feminist critique is not generally directed at women who undergo surgery, but rather at the cultural system that creates in women a state of permanent dissatisfaction with their physical appearance. The main goal is to expose the inequalities in society that force such a practice (Negrin 2002). The axis

of feminist analysis is whether cosmetic surgery gives women the freedom to choose their image or keeps them submissive to the "whim" of the hegemonic ideal. While some feminists describe women who engage in the pursuit of beauty as passive or controlled, others describe them as inherently progressive, active, and empowered. Surgical image alteration can be seen as a way to counter the patriarchal ideology that women should accept their natural appearance. A cosmetically altered body actively contradicts this patriarchal viewpoint (Balsamo 1996).

Kathy Davis (1995) characterized cosmetic surgery as a tool of women's rebellion against patriarchy and male objectification in favor of their own desired appearance. Cosmetic surgery offers women a way to liberate themselves from bodies whose image does not correspond to the ideal of beauty. The decision to undergo surgery demonstrates their power to adapt to the ideal. Women consciously change a physical feature that they may not like in order to increase their chances of economic success or social acceptance. Davis has argued that when women undergo cosmetic procedures, they take control of their bodies and actually gain power in a patriarchal society. Cosmetic surgery can, therefore, paradoxically provide a way for women to become "embodied subjects rather than objectified bodies," (Davis 1995: 161). Bordo, like Davis, believes that a woman who decides to change her appearance is capable of rational thought and action, and aesthetic treatments demonstrate her increased agency.

Feminists disagree on whether surgical body modifications add or subtract power from women, whether they are a symbol of women's freedom and liberation or whether they absolutely enslave them. Third-wave feminism has brought an increase in positive attitudes towards cosmetic surgery, defining it as a way to express one's "true identity." The change in the feminist approach to cosmetic surgery is associated with a change in the criteria of beauty, from external norms imposed by ruling men (in the first, radical approach) to a focus on normality as avoiding ugliness for women. Cosmetic surgery can be an easy way for a woman to become "normal." For third-wave feminists, the concept of beauty as oppression may seem harsh; they question this stigmatizing view, freeing men from the imposed role of "oppressors" and positioning women in relation to their own choices and actions, recognizing that they are not mere puppets but self-actualizing beings. There are no longer power relations that would exert pressure on women's decisions to surgically change their image. Women who decide to undergo aesthetic surgery do not compare their appearance to external standards of beauty but their own definition of themselves to the body as a tool to convey their true identity. The "fragmented" body becomes a "text" that should reflect beliefs. The primary goal of the procedure is not beauty but the presentation of identity.

Fourth-wave feminism uses the body as a site for political activism rather than individual empowerment. Having recognized that the body is not only an individual asset but also a site of sociocultural and political struggle, some feminist scholars focus on the differential ways in which physical attributes are valued in various national contexts, depending on colonial legacies and geopolitics (Glenn 2008; Jha 2016). This enables researchers to move beyond claims about Western

media dominance to analyze the intersectionality of beauty norms, that is, how interconnected and co-constitutive hierarchies of race, class, and religion are implicated in valuing some physical features as normal or desirable while devaluing others, such as short stature, flattened face, receding forehead, enlarged jaw, wide, flat or prominent and humped nose, narrow eyes, single eyelids (epicanthus fold), a lack of eyelashes, etc. The beauty ideal remains particularly oppressive for older, disabled, non-binary, and non-white people.

In summary, feminist analyses show that the interpretative repertoire of the phenomenon of cosmetic surgery is quite limited. The arguments are based either on the socio-historical abjection of the female body (defective and lacking control) or on individualism and the "culture of narcissism" and hedonistic consumption, where the body is simply a tool for recognizing and fulfilling one's desires. Although these arguments seem contradictory, they position women as the proper object of surgical body intervention and reproduce conventional femininity (Fraser 2003).

3. Key concepts

Cosmetology – interventions concerning the body based on non-medical means (cosmetics, supplements, non-invasive procedures).

Aesthetic medicine – a branch of medicine belonging to medical aesthetics, dealing with ensuring a high quality of life of healthy individuals by improving their physical attractiveness, combining therapeutic and exclusively "beautifying" goals. They are preventive actions, oriented largely to the prevention of skin aging, and in the next stage reconstructive, to recreate the state before this process. Aesthetic medicine mainly includes non-invasive or minimally invasive procedures. They do not constitute medical services.

Plastic surgery (reconstructive or aesthetic) – a branch of medicine dealing with the reconstruction of congenital and acquired body defects, the correction of real or perceived body defects.

Reconstructive surgery – a branch of plastic surgery dealing with the improvement of congenital and acquired body defects, the correction of real body defects.

Cosmetic surgery – a branch of plastic surgery dealing with the correction of the patient's perceived body flaws of a "subjective" nature.

Body policing – an informal practice of increased criticism and control of physical appearance because of the fact that it does not comply with social norms or is not considered appropriate in a given environment.

Body shaming – the phenomenon of ridiculing, shaming, humiliating with malicious or indiscriminate comments the physical appearance, usually of women. Fat shaming is applied to women who are overweight or clearly obese. Anti-body shaming comprises events or actions aimed at showing the diversity of the appearance of a woman's body, regardless of its appearance.

Body neutrality (a term proposed around 2015 by bloggers, celebrities and trainers) – a movement fighting body worship, promoting the perception of oneself in the context of achievements and unique features rather than external appearance, encouraging treating one's body as a tool for performing everyday tasks, professional work, fulfilling dreams, and realizing long-term plans. The most important thing in the new movement is the possibilities that the body gives, not its shape, proportions or size. Body neutrality was introduced as an alternative approach to body positivity. Instead of focusing on accepting one's body no matter what, body neutrality is a philosophy that focuses on what an individual can achieve with their body.

Aesthetic labor is the practice of hiring and monitoring workers based on their physical appearance. More broadly, it is a new global and transnational approach to the politics of beauty in neoliberalism, emphasizing power relations that define aesthetics, such as the place of residence, class, race, gender or age.

4. The most important studies Malleable and at the same time plastic bodies. Selected research analyses

4.1. Redefining the boundaries of normality of the female body

Observing surgical body modifications opens up an interesting field of research for social scientists. The scope of analyses is based primarily on two assumptions: (1) the body is malleable – it can be (re)shaped using increasingly better technology, and (2) the body is increasingly a form of capital in the private sphere and on a competitive labor market. The former is visible in studies on the meanings and experiences associated with aesthetic surgery and beauty culture. They mainly refer to women, perceived socially through the prism of their appearance. Analyses show that there are many nuances and subtleties related to the fact that women decide to undergo aesthetic intervention. Most of the conclusions, however, refer to two feminist perspectives.

The first group confirms that women who decide to surgically change their appearance are disciplined by the patriarchal system and the hegemonic "male gaze." They describe beauty as a repressive set of structures and practices that operate through the internalization of gender ideologies. They present aesthetic surgery as an extension of the beauty system, focused on the colonization of women's

bodies through technology and surveillance (Chapkis 1988; Morgan 1991; Wolf 2002). The obsession with beauty is a barrier to gender equality. Women talk and think about their bodies more often than men, and they also more often take action to improve them. Improving and styling the body in line with fashion and the stage in life (body upgrading) mainly concerns women who live under the pressure of the cult of beautiful appearance and the lack of permission to age (Hurd Clarke, Griffin 008). Mature women feel the internal and social pressure to maintain physical attractiveness more clearly than men (Brooks 2010). Older men accept their bodies to a greater extent than women, and attach less importance to their appearances than women (Bieńko 2018; Hurd, Mahal 2021). The feelings about one's appearance are inextricably linked to self-acceptance, while the correlation between self-esteem and appearance assessment is stronger in women than in men (Furnham, Badmin, Sneade 2002). Studies show that a small percentage of women perceive themselves as attractive and beautiful, primarily because their image deviates, as they believe, from the standards of beauty prevailing in the media. American polls show that more women are afraid of gaining weight than of dying (Gimlin 2002). When describing themselves, women most often exaggerate their own shortcomings, which is a reflection of their complexes and lack of acceptance of their appearance (Etcoff et al. 2004).

Low self-esteem, religiosity, dissatisfaction with one's body, and the desire to meet media standards of beauty accompany the declared willingness to use the offer of aesthetic surgery (Furnham, Levitas 2012). Undergoing procedures can be "liberating for the individual" but can also be an expression of their oppression. In contemporary society, negative attitudes towards aesthetic surgery and its recipients prevail. Even the recipients themselves consider plastic surgery as unjustified and morally reprehensible (Davis 1995). Women who try to improve their appearance encounter social disapproval and are judged as vain, which perpetuates their level of dissatisfaction (Chapkis 1988; Grogan 2016). In Poland, respondents believe that plastic surgery should be used "as a last resort," after exhausting all other possibilities. They accept only reconstructive surgery unconditionally (Maj 2013).

Kathryn Pauly Morgan (1991: 34) rejected many of the motivations that the women she studied had cited for having surgery, suggesting that these narratives were "seductive" but ideologically "blinded," "clouded." Instead, she has described a "paradox of choice" according to which cosmetic surgery is exploitative because it binds and constrains the body in order to conform, mobilizing an ideology of liberation and transcendence. Morgan presented the women in her study (based on magazine articles and television programs) as "cultural dummies" who had internalized social norms and transformed their bodies in accordance with the cultural model. They believed that only an attractive appearance could improve their self-esteem. According to this interpretation, women, trapped in a cycle of trying to achieve an impossible standard of beauty, were victims, powerless consumers of a dominant, patriarchal system. According to Debra Gimlin (2002: 16), bodywork places women in the position of "dupes of culture" who are unwilling or unable to

meet the pressures of the ideology of beauty. In both cases, this is certainly a reference to the figure of the "culture junkie," which, according to Harold Garfinkel (1967), means a social actor who creates stable features of society by acting in accordance with established and valid alternatives to action provided by the common culture. In fact, women are entangled in an exhausting trap of beauty. By ignoring cultural requirements regarding appearance, they feel inferior and alienated. By accepting them, they confirm the standards of the prevailing culture imposed on them.

The second perspective presents women who decide to undergo plastic surgery as subjects who have free choice in controlling their bodies in their research. The basic research conclusions concern how women use cosmetic surgery to exercise power over their bodies and lives, and in this way, build a sense of self-worth. Davis (1995) considered the individual experiences and motivations of white, professionally active women from different class backgrounds. Based on interviews before and after surgery in addition to participant observation of their surgical consultations, she found that the patients' reported motivations for undergoing surgery were clearly consistent: they saw themselves as different and wanted to become ordinary, like everyone else. Davis has argued that women do not strive to be perfect or beautiful, but simply "normal." One of her key (and most controversial) arguments was that cosmetic surgery "can be a source of empowerment for women" (Davis 1995: 11). In her arguments for "reclaiming" women's own histories, she has argued that for some patients, surgical intervention is not just a remedy for bodily defects, but a way to actively navigate the ideals of beauty, and change their bodies in accordance with their own identity project (Davis 2003: 13). The American researcher has been severely criticized for individualizing aesthetic surgery and defending the practice as a solution, without considering its underlying causes. Bordo (1997) assessed Davis's conclusions as theoretically flawed and politically dangerous. While for Davis the value of aesthetic surgery lied in its ability to enable some women to embody their selves, for Orlan, as for Balsamo or Morgan, its value lied precisely in the disarticulation of the unity of the self.

The transformation of the body through surgery is often associated with experiences of self-creation, self-realization, and self-transcendence. The power of these experiences was demonstrated by the French performance artist Orlan, who between 1990 and 1995 underwent several cosmetic surgeries aimed at modifying her face in a way that destabilized the notions of idealized female beauty. This was an expression of a desire to transform plastic surgery from a tool of domination into a means of creating one's own self-portrait. Orlan refused general anesthesia in order to be able to observe the operation, transforming a medical procedure performed behind closed doors into a theatrical performance. The artist created a series of post-operative photographs showing all the bruises and wounds, as well as a series of "reliquaries" consisting of "souvenirs" from the surgeries, such as bloody gauze, and pieces of bone and fat removed by liposuction. This is a confrontation with the taboos that surround violations of the integrity of the body in Western culture. Orlan described her surgeries as a way of challenging the normative notions of beauty rather than conforming to them. Orlan's surgeries, in which the face is literally peeled away from the

body, radically disrupted the identification of the self with the face (Hirschhorn 1996: 128–129). Orlan's use of cosmetic surgery was subversive because it "de-naturalized" the body and de-stabilized the fixity of identity.

Various theoretical and research positions testify to the complexity of interpreting the decision to undergo cosmetic surgery. Nonetheless, many studies confirm that women fear that they look unusual and cite a desire to be accepted or "normal" as reasons for choosing the procedure (Phillips 2005; Heyes 2007). There is no research consensus on whether women strive to achieve a "beautiful" (Bordo 1993) or rather a "normal" body (Davis 1995). Patricia Gagné and Deanna McGaughey (2002) have postulated a synthesis of the two feminist perspectives mentioned above, arguing, based on research, that women achieve greater power and control over their bodies and lives when they embody hegemonic ideals of female beauty. This neutralizes the image of women as "cultural idiots/fools." Research confirms that women are active – and often critical – participants in creating and negotiating the meaning of femininity and beauty. Cosmetic surgery becomes a method for women to disconnect their "defective" body from their personality. Patients perceive their preoperative body as accidental, and their current, more "normative" appearance as an accurate indicator of who they really are (Gimlin 2002: 145–146). The studied women are not "cultural dunces" but rather savvy consumers. They change their bodies for their own satisfaction, in effect using aesthetic procedures to create what they consider a normal appearance, which reflects their identity. They can be characterized as culturally intelligent negotiators who made the decision to have surgery on their own, know what they are doing, and achieve what they expected, while being aware of the risks (Czerner, Śliz 2013; Gawron 2013; Heggenstaller et al. 2018).

4.2. The aesthetic ideal of Barbie doll genitalia

Although patients and clinicians have long described the goal of cosmetic surgery as producing an "enhanced" but still "natural-looking" body, interviews with women who underwent surgery between 1990 and 2007 suggest that the "artificial" is becoming increasingly dominant in women's breast augmentation narratives (Gimlin 2013). Women's previous fear of small breast size has been accompanied in recent years by a fear of "too large" labia. In Western culture, plastic surgery is on the rise, altering the appearance of body parts previously considered irrelevant to beauty. This shift is being driven by the cosmetic surgery industry's efforts to expand its offers, thereby increasing the overall number of performed surgeries, and ultimately increasing profits. Researchers report the emergence of a "new aesthetic ideal of Barbie doll genitalia." The "designer vagina" has become a buzzword in contemporary public discourse (Oeming 2018: 71–73). Labiaplasty, along with the rise of Brazilian waxing, reinforces aesthetics as another dimension of disciplinary control over women (Rodrigues 2012). Women are encouraged to medicalize their self-esteem and interventions in order to achieve an ideal vulva. Modified genitalia

are those whose diversity is minimized and replaced by conformity to a particular cultural aesthetic (Moran, Lee 2014; Braun 2016).

Feminist critics, as well as surgeons themselves, argue that the use of media, not just pornography, encourages women to undergo labia reduction, vaginal biorevitalization, G-spot enhancement, hymen reconstruction, and clitoral repositioning (Schick, Rima, Calabrese 2011). All of these procedures are intended to open women to more satisfying sex. Although there are also reported motivations for undergoing labiaplasty related to everyday functioning, the vast majority of women do it out of fear of looking abnormal. Young girls are increasingly convinced that all women's genitals should look the same, i.e., as in pornographic films, where even the actresses' vaginas are the result of surgical intervention. The concept of normality plays an important role in relation to the phenomenon of labiaplasty, understood as a manifestation of the neoliberal biomedicalization of intimacy (Boddy 2020). As research shows, the decision to change the appearance of the external genitalia is based on a series of false beliefs in women that their genitals are not normal, that there is such a thing as a normal appearance of female genitalia, and that the surgeon performing the operation knows what the norm is (Veale et al. 2014: 58).

4.3. Male technologies of beauty

In the late 20th century, both Davis (1995) and Morgan (1991) emphasized the social (patriarchal) context of women's body dissatisfaction, excluding men from their analyses. This trend was replicated in the "official" statistics of the British Association of Aesthetic and Plastic Surgeons (BAAPS) and the American Society of Aesthetic Plastic Surgery (ASAPS). Both organizations failed to take into account the increasing number of men in hair transplantation, cosmetic dentistry, and breast reduction practices (Holliday, Sanchez Taylor 2006; Atkinson 2008). Cosmetic surgery was seen as part of a misogynistic (beauty) culture, and, in fact, primarily affected women. Male cosmetic surgery was excluded from the discussion as an anomaly undertaken only by a minority of (deviant) men. Davis argued that cosmetic surgery, according to the gender script, was a female phenomenon because men were not judged solely on their appearance. The connection between body and identity is more obvious for women than for men. Showing concern for appearance risks feminizing men because it "crosses the line of acceptable male behavior." When a man undergoes cosmetic surgery, he "acts like a woman", mapping the surgeon/patient binary to active/passive, and thus masculine/feminine (Davis 2003: 127).

Subsequent empirical analyses have refuted the claim that men do not seek cosmetic surgery as a solution. Davis' 2003 study relied largely on the public health system, where the recipients of surgical procedures were women – patients who took advantage of free surgeries recommended by doctors as a cure for low self-esteem associated with body dysmorphia. Ruth Holliday and Allie Cairnie's 2011 study focused on private health services, which construe the recipients of surgical procedures as consumers, or clients. The white British men surveyed, aged 22 to 58, identified themselves as active decision-makers in the area of cosmetic procedures. Cosmetic surgery was not, as in

the case of women, a response to social pressures – whether they were pressures of beauty, normalization or psychological discomfort as a result of defective embodiment. For men, surgery is not an end in itself but rather a technology, an activity described in strategic terms that generates capital in the sphere of relationships and in the competitive labor market (Elliott 2008). The transition from a passive patient to an active consumer facilitates the further development of a mass market of male users of cosmetic surgery (Holliday, Cairnie 2011: 75–76).

Bordo wrote about the ever-increasing pressure felt by men to approach the ideal of beauty, which emphasizes power and masculinity. The research results indicate the presence of a myth of not only female but also male beauty in consumer culture, which was established in the last decade. Men are increasingly experiencing the phenomenon of body policing, i.e., increased criticism and control of their appearance. Men's dissatisfaction with their own bodies results from the promotion of unattainable standards of male beauty in the media (Grogan 2016). Homosexual men demonstrate a particularly principled approach to their own weight and musculature, which results in dangerous behaviors towards their bodies leading to anorexia, bulimia, depression, and other ailments (Martins, Tiggemann, Kirkbride 2007; Lis 2010). According to an analysis of 75 studies conducted between 1986 and 2019, sexual minority men reported significantly lower levels of satisfaction with their appearance than heterosexual men. Nevertheless, no difference was noted in this respect between heterosexual and homosexual women (He et al. 2020).

4.4. The plastic form of bodily capital

The assumption that the body is a form of capital finds its clearest confirmation in the context of the boom in cosmetic surgery in the so-called emerging markets of Brazil, China, and the Middle East. The neoliberal market reforms of recent decades have given many women in these regions an increased sense of agency, mobility, and self-worth. Some commentators have seen the rise in body modification as a sign of prosperity, suggesting that breast augmentation or abdominoplasty are the new luxury goods. Others have cited the popularity of nose jobs and liposuction as evidence of women's growing freedom in the Middle East. More critical observers have linked this boom to the rise of the global entertainment and celebrity culture that has embraced beauty as a prerequisite for success and happiness (Edmonds 2010).

Studies in Brazil, China, and India have shown that many women undergo surgery to secure their careers or increase their chances of marriage (Hua Wen 2013; Jha 2016). In Beijing, women speak of cosmetic surgery as an "often painful but necessary investment," (Hua Wen 2013: 236). This view is not merely an internalization of the marketing slogans of the cosmetics industry, but it is supported by a state that has historically, since the Cultural Revolution, viewed women as a source of labor and, therefore, assigns a role to their bodies. Today, within China's neoliberal economy, beauty, sexuality, and femininity are legitimized as currency and a source of capital, contributing to national economic growth (Jha 2016). The symbolic status of fair skin is linked to notions of progress, modernity, and life success. Empirical studies of skin

whitening practices reveal structural power relations not only in relation to gender, but also class, caste, race, nation, and global inequality, in addition to the ways in which they are reproduced in both national and individual beauty preferences (Glenn 2008; Jha 2016). The embedding of cosmetic surgery in power relations extends beyond gender to ethnicity. "Ethnic cosmetic surgery" is an attempt to conform to the Western norms of beauty. Studies that adopt intersectional and transnational perspectives have also recognized that while cosmetic surgery promises to erase anatomical "markers," or at least to make physical markers of difference a matter of aesthetic or stylistic choices, it actually serves to reinforce the symbolic difference through the (re)articulation of sociocultural values attached to ethnic, racial or age-related characteristics.

In Western culture, body modification technologies such as cosmetic surgery and associated ideals of beauty reproduce the structural axes of inequality based on race, gender, and disability (Davis 2003). Empirical studies of popular television makeover shows point to class structuring. Jessica Ringrose and Valerie Walkerdine (2008) found that the targets of intervention and transformation were largely working-class women whose bodies had failed as subjects/objects of desire and who were judged to be incompetent in their identity projects. Coded as universal, positively valued femininity is bourgeois.

Women's "aesthetic entrepreneurship" in the 21st century is a constant state of vigilance about their own appearance. As women become more active in labor markets and consumer culture, more and more of them are "going under the knife" (McRobbie 2004). Under neoliberalism as a political and economic regime, the individual must become an entrepreneur (creator and manager) of her own life – an entrepreneurial "self." Within this conception of the self as a flexible set of competencies constantly adapted to the market, the body is a strategic resource that must be invested in to develop ambitions and prove achievements. In postfeminist digital culture, body image is used in marketing strategies, as well as in creating a self-brand. For women, self-branding as an expression of entrepreneurial subjectivity is not just about self-presentation, but is part of the process of assessing and valuing the body (Banet-Weiser 2012). Women are being mobilized for self-control, discipline, and transformation in a progressively critical and psychological way (Gill 2017). Researchers emphasize the growing commercial colonization of women's bodies in advertising, manifested in the meticulous measurement of body dimensions, the enlargement of individual body parts, and, most recently, in the rising number of applications designed to record, monitor, and evaluate areas of female beauty. "Beauty apps" generate unprecedented surveillance of the female body. Today, women strive for social acceptance within a digital system of self-monitoring, embodied not by the male but by the "sisterly gaze" (Lupton 2016; Elias, Gill 2018).

The presented research confirms the tendency to understand both the plastic and the malleable body in terms of choice, where aesthetic modifications, however painful and costly, are tools for self-creation, overcoming (physical) limitations, and social boundaries. Plastic body projects in consumer culture serve to produce and reproduce discourses of normativity along with existing inequalities and power relations.

5. Summary

The paradox of plastic surgery

Zygmunt Bauman (Bauman, Leoncini 2018: 33) called cosmetic-pharmaceutical-surgical interventions a trend, fashion, infatuation, and at their foundations he indicated the "dialectics of belonging and self-definition as well as the logic of fashion and embodiment." Aesthetic surgery is a response to the social need for beauty of the human body rooted in Western culture, which can be subjected to the process of construction and renegotiation with its help. The growing popularity of aesthetic surgery is an inevitable consequence of the consumer logic of late capitalism and the image of fragmented and objectified femininity in late modernity. The culture of plastic surgery ("nip and tuck") has become part of the fabric of everyday life, a regular routine of body work. Thanks to a whole range of new technologies, the procedure can be performed during a break at work.

The democratization of surgical body modifications can generate significant changes in the social representations of beauty. An attractive appearance is capital, and "aesthetically questioned" representatives of Nature are at risk of exclusion from the global culture of beauty. The cultivated body becomes an imperative of the commercial ideal of self-fulfillment (Synott 1993; Baudrillard 1998). It belongs progressively more to the order of culture than to nature and becomes an expression of social inequalities. Cosmetic surgery is an expression of control and management of the human body at both the physical and social levels, since it indicates an acceptable or socially desirable model of the ideal body and, at the same time, defines a "normalized" "improved" human with specific physical parameters (Blum 2003). As a result of the drive to "improve people," beauty has ceased to be a biological value and has become a repeatable product. It seems that naturalness is being replaced by artificiality. Paradoxically, however, cosmetic surgery is largely considered acceptable only when the outcome of the surgery looks "natural."

Supporters of aesthetic surgery point to the fact that it helps individuals undergoing its procedures to strengthen their integration and social acceptance, it eliminates distance and isolation, strengthens self-acceptance, and enables them to achieve a unique identity, which prevents the process of self-exclusion. Nevertheless, medicalization of the body using aesthetic surgery implies a multitude of problems of a psychosocial, legal-political, ethical-moral or socio-cultural nature (Nye 2003). The purposefulness, significance and nature of aesthetic surgery, the possible direction of its further development, as well as the methods used and the means of social control of the progressive medicalization of physical appearance raise concerns.

Taking the risk of invasive body practices is interpreted in popular culture as a necessity owing to the compulsion to have a beautiful body, and the phenomenon of the "shame" of old age. The problem of aesthetically constructing an image based on the ideal model of the "socially desirable" body generates doubts regarding the criteria of beauty (Rhode 2010). "Ugliness" is defined as a disease and wrinkles and changes in the body after childbirth are considered health deficits. Subjecting natural

stages of human life, such as aging, to medical procedures deepens the phenomenon of discrimination based on appearance and age. This is accompanied by numerous doubts as to whether, as a result of the development of aesthetic medicine services, old age will not begin to be defined in terms of a disease. Opponents of the medicalization of the body using surgical operations point to the possible addiction to subsequent aesthetic procedures, which may cause negative health, social (including psychosocial disorders such as anorexia, bulimia, body dysmorphic disorder) and economic effects.

For many people, the procedure remains a deeply significant and life-changing experience, as the control of one's bodily image is combined with the symbolic representation of identity. Nonetheless, the question arises whether body modifications to fit the norms and standards of beauty are an individualistic expression of one's own personality or rather a manifestation of aesthetic conformism, depriving the individual of identity by neutralizing inherited qualities and signs, becoming merely an element of material culture, which is guided by the principle of "interchangeability" – typical of the world of machines.

The considerations discussed so far suggest that cosmetic surgery is not only a tool that enables adaptation to contemporary standards of beauty, but also an active factor in setting these standards. The same idealized model of female beauty encourages the popularization of plastic surgery, while, at the same time, shaping negative attitudes towards aesthetic procedures. As a result, women are both encouraged to undergo surgery and condemned for doing so. These two co-occurring phenomena are referred to as the "plastic surgery paradox" (Bonnell, Barlow, Griffiths 2021).

6. Review questions

1. What socio-cultural factors can explain the growing interest in aesthetic medicine and aesthetic surgery practices?
2. Indicate the positive and negative consequences of the development of aesthetic surgery.
3. Provide examples of the psychosocial, legal-political, ethical-moral or socio-cultural doubts related to the development of aesthetic surgery.
4. How do you understand the concept of a docile/submissive body in contemporary culture?
5. Are aesthetic surgery practices a manifestation of individual work on the body/an individual's own entrepreneurship, or rather a manifestation of external disciplinary regulation?
6. Is aesthetic surgery an oppressive or rather emancipatory bodily practice towards women/men?
7. How do empirical analyses interpret the role of aesthetic surgery in the process of creating women's and men's identities?
8. Provide theoretical and empirical arguments explaining the "cosmetic surgery paradox."

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The Body and Media

1. Introduction

The media, from print and newspapers, through radio and television, to the new digital media, are an inseparable element of social life (see Briggs, Burke 2009). It is the media that shape public debate, influence our self-knowledge and values, as well as disseminate images and lifestyles. The media constitute one of the basic socializing institutions, alongside family, school, peer group, and workplace. This means that through the media we learn social norms and expected behaviors, including those concerning our bodies.

The ocularcentrism of contemporary Western culture, i.e., the dominance of the sense of sight over other senses, has led to the media focusing on the body in an unprecedented way. The body has begun to be recognized as a determinant of self-identity and social status, something that we not only can, but should, shape (see Giddens 1991), despite the fact that we are often perceived through visible physical signs that are not so easily modified, such as gender, skin color, body size or disabilities. The British sociologist Chris Shilling, author of the book *The Body and Social Theory*, called this process **individualization of the body**. In his opinion, "growing numbers of people are increasingly concerned with the health, shape and appearance of their own bodies as expressions of individual identity," (Shilling 2003: 1). The body is so important because people build their sense of self around it, and this process is additionally fueled by the commodification of body images present in the media, especially in advertising (see Berger 1977). We can see how strong and disciplinary the patterns transmitted through the media are by examining the impact of these images on young people. The growing criticism of the advertising industry and social media, bans on retouching photos in the fashion press (such as those passed in France in 2017[1]) or the obligation to label retouched photos on

1 Nalina Eggert, *Is She Photoshopped? In France, They Now Have to Tell You*, BBC News, 30 September 2017, https://www.bbc.com/news/world-europe-41443027 (accessed: 22.03.2025).

social media (introduced, for example, in Norway in 2021[2]) stem from, among others, the belief in the negative impact of promoting unrealistic images of bodies.

Sociological research on the images conveyed by mainstream media (mainly opinion-forming press and television) is not only a critique of dominant patterns. It is also an area of analysis of gender and sexual stereotypes and the (in)visibility of bodies that are in any way non-normative, e.g., crippled or not fully functional. Thanks to media analysis, we can see which social groups are still underrepresented in the media and how this distorts the image of society. Think about how often we see transgender people in TV series, those with visible disabilities or at least physical flaws. Or how often women appear as experts in TV news. Media research shows that the gender balance is still far from being achieved.[3] According to a report by Press-Service Media Monitoring, in the first quarter of 2021, the three most popular news programs in Poland (*Wiadomości* TVP1, *Fakty* TVN and *Wydarzenia* Polsat) featured significantly more comments from men (75%) than from women (25%), and as many as three out of four publications in the main editions of news services were signed by men. Even on topics directly affecting women, men were more likely to speak out.[4] And this is not just a Polish problem. Scientific research confirms that we are dealing with a broader trend (see Beckers et al. 2023; Franks, Howell 2019).

Why is it important to study the representation of the body in the media? The simplest answer is: because the media define and explain the world to us. It is on the basis of the messages coming from the media – magazines, newspapers, television, the internet – that we shape our ideas about how we should look, dress, and behave. We build our identity based on the image that we like and that gains acceptance from our social group. Media images stimulate our aspirations and imagination. We can say that our **bodily socialization** takes place through the media – we learn which bodies are valuable, what bodily social norms should be met, and how to behave in public space. We learn that the body is an element of cultural consumption, but also a field of political struggle, as demonstrated in recent years in Poland by the Polish Women's Strike and worldwide by the Black Lives Matter movement. And we begin to realize that the body is partly a social product, and, thus, an object of social control.

In this chapter, we will familiarize ourselves with selected sociological concepts that can be used to analyze the relations between the media and the body. We will

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2 Allyson Hiu, *Why Experts Say Norway's Retouched Photo Law Won't Help Fight Body Image Issues*, The Washington Post, 8 July 2021, https://www.washingtonpost.com/lifestyle/wellness/photo-edit-social-media-norway/2021/07/08/f30d59ca-df2c-11eb-ae31-6b7c5c34f0d6_story.html (accessed: 22.03.2025).

3 Charlotte Tobitt, *Male Experts Dominate Broadcast News (But Far Less Than a Decade Ago)*, PressGazette, 8 October 2024, https://pressgazette.co.uk/publishers/broadcast/broadcast-news-gender-inequality-uk/ (accessed: 22.03.2025).

4 Justyna Dąbrowska-Cydzik, *Kobiety pomijane w mediach, najbardziej w „Wiadomościach" TVP*, Wirtualnemedia, 24 May 2021, https://www.wirtualnemedia.pl/artykul/kobiety-pomijane-w-mediach-najbardziej-wiadomosci-tvp (accessed: 22.03.2025) (in Polish).

discuss the reflections of contemporary sociological classics: Jean Baudrillard, Pierre Bourdieu, and Erving Goffman on the body in the context of media. Then we will move on to present research on, among others, the representativeness of media images, (self-)surveillance of the body in social media, and the building of bodily self-awareness on the example of Polish media during the transformation period in 1990s.

2. The most important theoretical concepts

A common element in the presentation of the body in the media since the mid-20th century has been the more or less clearly articulated belief that we are responsible for our bodies and can, and even should, change them; that by subjecting the body to appropriate rigors – diets, training, proper nutrition, and care – we can maintain health, fitness and beauty for longer; that a proper body is a social value, bodily capital. This belief was a reflection of broader tendencies of social life towards individualization and fragmentation, described by the German sociologist Ulrich Beck in his book *Risk Society* (Beck 1992). In his opinion, the consequence of individualization – which can be generally defined as the "removal from traditional life contexts" – is the condemnation of people to "external control and standardization", which is achieved, among others, through the media. "Television isolates *and* standardizes," Beck wrote (1992: 132). "On the one hand, it removes people from traditionally shaped and bounded contexts of conversation, experience and life. At the same time, however, everyone is in a similar position: they all consume institutionally produced television programs," proposing the same set of patterns and values to everyone. Let us add that this is a set of patterns and values of the middle class.

Sociologists in the 1990s pointed out the emotional disarray of modern people and their identity dilemmas at a time of many different options to choose from – including those offered by the media and concerning the body. Every choice and life strategy was to be subject to observation, control, and reflection. Within these concepts, focused on the subject of identity, there was talk of the "saturated self" (Gergen 1991), the "reflexive self" (Giddens 1991), the postmodern body as a "recipient of impressions" (Bauman 1995), and a "vehicle of pleasure" (Featherstone 1991). Uncertainty, an unstable professional situation, cultural pressure for success and perfection in consumer capitalism found expression in the growing emphasis on physical fitness, hygiene, and maintaining a slim figure, as if body confidence were an antidote to the fluidity of modern life.

Kenneth J. Gergen, an American social psychologist, wrote in his book *The Saturated Self* (1991) about **the expansion of inadequacy** that haunts the modern individual, causing a continued sense of "ought." This is a choir of social ghosts, voices in our heads admonishing us how we should behave and how we should look. The media contributes

to this: "newspapers, magazines, and television provide a barrage of new criteria of self-evaluation. Is one sufficiently adventurous, clean, well traveled, well read, low in cholesterol, slim, skilled in cooking, friendly, odor-free, coiffed, frugal, burglarproof, family-oriented?" (Gergen 1991: 76). Because if you are not – we can add after Zygmunt Bauman – it means that you have been assigned the role of a "flawed consumer."

The media became the main driver of the development of consumer culture, which changed the symbolic meaning of the body. Subjected to diets, exercise, and cosmetic treatments, it has taken center stage as a marker of identity in a society based on individual consumption. Hence, according to the pioneer of sociology of the body, Bryan S. Turner, terms such as David Riesman's "other-directedness" or Christopher Lasch's "culture of narcissism," which appeared as descriptions of American society after World War II, were both diagnostic and symptomatic as they showed that the creation and management of image by individuals had become a key element of social life (see Riesman 1950; Lasch 1979; Turner 2008). The increase in real wages, rapid changes in the production and distribution of goods, the emergence of department stores, and the spread of press and television advertising created a wide market for commercial products and, more broadly, led to the development of consumerism and profound changes in customs. These changes were in line with the emergence of a "performing self," a "self on display," based on body, style, clothing, and impression management, especially within the new middle class – a flexible and mobile consumer class concentrated in the service sector, focused on new responsibilities: being full of life, smiling, optimistic, healthy, young, beautiful, and happy (see Jacyno 2007).

2.1. The consumer body, or the media as an expert on the body

According to social scientists, the process of individualization that took place in the second half of the 20th century was influenced by factors such as: demographic growth and the aging of society, the development of mass communication and consumer culture, urbanization, and industrialization. Increased social mobility and a more specialized division of labor led to the uprooting of individuals from previous social structures and local communities. A new type of society and a new urban lifestyle emerged, detached from religious or local traditions. A new middle class also emerged – left to itself and seeking answers to its questions mainly in the sphere of the media. It was in such a socio-cultural context that the body gained a new dimension. Popular interest in the body was visible in newspapers, magazines, and television, filled with materials on the subject of the obligatory bodily image: bodies that were necessarily slim, young, well-groomed, sexy, and healthy. Sociologists dealing with the culture of individualism also noticed diseases caused by eating disorders and the rise of self-help literature, body building, and plastic surgery. The media found itself in a new role: an expert on the body, disseminating knowledge about the proper appearance and care of the body, health, and illness.

The first theorist to be mentioned here is the French sociologist and philosopher Jean Baudrillard (1929–2007). In his book *The Consumer Society*, originally published in 1970, he wrote about the body as "the finest consumer object," through which products and services were sold, and, thus, a certain lifestyle. According to Baudrillard, the entire "liberation of the body" that took place in the 1960s was aimed at generating profits and was calculated to create a wide market for a whole range of cosmetic products: "From hygiene to make-up (not forgetting suntans, exercise and the many 'liberations' of fashion), the rediscovery of the body takes place initially through objects. It even seems that the only drive that is really liberated is the *drive to buy*," (Baudrillard 1998: 134).

Baudrillard believed that we lived in a "hyperreality": a world in which the ultimate guarantee of the authenticity of events was their presence in the media. It is the reality presented on the computer screen and transmitted by television that is, as it were, the "natural" environment of contemporary societies. This may explain the development of celebrity culture, in which the only reliable sign of success and significance is their presence in television schedules and glossy magazines. This hyperreal world is composed of simulacra – images whose meaning results exclusively from other images. Nevertheless, the images of the male and female bodies promoted in the media, however artificial and created, are valid in the real world, condemning us to constant comparison and striving for the presented ideal. YouTube, Instagram or TikTok influencers can be an example of this as they build their virtual brand using internet bots and sponsorship deals – most young internet users want to become them. Although the messages they create have little to do with reality, they are perceived as symbols of a lifestyle to which millions of people around the world aspire.

Baudrillard pointed out that sexuality itself has become an object of consumption, used increasingly often for sales purposes. This is clearly visible in the advertising market, where one may get the impression that being physically attractive and open to new sexual experiences is necessary to achieve success. This topic was analyzed by the British media researcher Brian McNair (2002), who has written about the "striptease culture," which is characterized by the media availability of sex, nakedness, and exhibitionism. As he has noted, sex is "routinely used in advertising and pop video as a powerful promotional tool to sell other commodities in the marketplace. In all these ways sex is about money, and never more so than in the capitalist societies of today," (McNair 2002: 6). McNair called the widespread availability of sex and sexual topics through the media "the democratization of desire" – and this did not only refer to the sphere of porn, but also to political sex scandals, the wide coverage of sex, increasingly not only heterosexual, in magazines for women and men or on television programs.[5] The media have become a space for sexual confessions and confidences, innuendos, and jokes – even though for many people sexuality is an intimate experience that is rarely discussed honestly and openly.

5 An example is the popular British television dating game show *Naked Attraction*, the Polish edition of which appeared on Zoom TV on 3 September 2021. It is a dating show whose participants perform naked, showing a whole cross-section of different bodies and sexualities.

The commodification of the body and sexuality by the media was also pointed out by the British sociologist Mike Featherstone. In analyzing the body in consumer culture, he wrote about "calculating hedonism" or hedonism for show as an element of lifestyle, but paid for with significant expenditures on body care and maintenance. The belief that the body is plastic and that through effort and work on the body one can achieve the desired ideal was one of the elements of the developing cosmetic market, along with its commodity propaganda. Investing in the body was supposed to "pay off" – to be capital to be used on the job market and in interpersonal relations. According to the researcher, the development of the media was not without significance in this process:

> Within consumer culture, advertisements, the popular press, television and motion pictures, provide a proliferation of stylised images of the body. In addition, the popular media constantly emphasise the cosmetic benefits of body maintenance. […] Within the consumer culture the body is proclaimed as a vehicle of pleasure: its desirable and desiring and the closer the actual body approximates to the idealised images of youth, health, fitness and beauty the higher its exchange-value (Featherstone 1991: 170, 177).

It is easy to get the impression that media messages popularize a rather superficial and unified image of the body. Moreover, despite sexual allusions, they are far from sensual pleasures and are more focused on obedience to promoted models of body maintenance through appropriate diets, fitness training, and cosmetic or beauty treatments. This is a world of visual self-surveillance and self-assessment in relation to others. According to Featherstone, we are increasingly aware of how we look and what impression it makes on others. Then we give ourselves a rating, all the time having in the back of our minds how better we could be with just a little more effort. This is how the system of self-regulation works within consumer capitalism.

Another British sociologist, Anthony Giddens, in his book *Modernity and Self-Identity*, drew attention primarily to the influence of reflexivity on the perception of the body. In his opinion, with the advent of modernity, the body became a project, an area of choice and control, and a carrier of symbolic values and social position. As he wrote:

> The reflexivity of the self, in conjunction with the influence of abstract systems, pervasively affects the body as well as psychic processes. […] What might appear as a wholesale movement towards the narcissistic cultivation of bodily appearance is in fact an expression of a concern lying much deeper actively to 'construct' and control the body (Giddens 1991: 7).

Giddens (1991: 99) distinguished four aspects of the body having special relevance to self and self-identity: bodily *appearance* (all external features, including clothing, ornaments), *demeanour* (i.e., the way of using the body on a daily basis), *sensuality* of the body (i.e., the way of receiving pleasure, but also pain), and the *regimes* to which bodies are subject (diet, cosmetic treatments, training).

In Giddens's considerations, the body is a sphere of individual creation – based on media messages, self-help literature, comparisons with close and distant acquaintances, people are actively responsible for their body. At the same time, he

has pointed out that our "uncertainty" regarding the body and the scope of control we have over it is deepening. This is most clearly visible in the amount of attention devoted to the personal construction of a healthy body. We increasingly search for knowledge about health on the internet, on forums, in online support groups; we want to find credibility for diagnoses and alternatives to treatments recommended by specialists on the internet. Chris Shilling (2002), observing these trends, has spoken of the increase in the number of "well-informed" health consumers who actively seek information on how to best take care of a healthy body and maximize its potential. This is probably the reason for the popularity of the thinking about health in terms of cultural consumption and the commodification of health, where the emphasis is placed on the entire group of products for eating, resting, losing weight, and body care in addition to other items provided by contemporary trade, as well as culture, and advertised by the mass media (see Blaxter 2004). Aggressive health marketing, promoting a young and fit body, advertising dietary supplements, as well as healthy food, and, at the same time, searching for "better well-being" – all this constitutes the expert message about the body in the media.

2.2. The legitimate body, or the class character of the media

Baudrillard, in his reflections on consumption, pointed to its class and gender structure. He even argued that consumption was a class institution, just like an educational system, and advertising belonged to the order of the "industrial production of differences," (Baudrillard 1998: 59, 88). This meant that consumers strove to fit into a specific model, subordinating themselves to patterns transmitted through the media. Consumers do not strive for individuality, but to become similar to the group they aspire to, want to be a part of, or feel a part of, and "personalized" advertising serves only this purpose. In other words: advertising does not only sell a product – it sells an idea of who we will be if this product is ours. Baudrillard concluded from this that the message of the media, especially television, was not the images transmitted through it, but new models of relationships and perception, a change in traditional family and group structures.

Social scientists have pointed out from the beginning that the media are not neutral because they essentially represent the point of view and values of the middle class. By playing a key role in the transmission of information and knowledge, they serve to reproduce class inequalities. What is more, by propagating ideas that maintain the status quo, they make something natural out of social inequalities. This topic was analyzed by the outstanding French sociologist Pierre Bourdieu (1930–2002). He believed that the "ideal of thinness" disseminated by the media was a "subtle form of class warfare".

> The body became the prize in a struggle aimed at enforcing the acceptance of oppression (through submission of the body to scrutiny) and social integration. The perceptual norms of the dominant group were imposed on all of society in a process that coincided with the class struggle in that the characteristics of a particular group were extolled as exemplary, awarded legitimacy, and then imposed on others (quoted after: Vincent 1991: 234).

Thus, the dominant media message privileges the middle class, recognizing its ideas about the body as the norm, which results in **symbolic violence** exerted on the less privileged.

Symbolic violence is a term coined by Pierre Bourdieu, and described most fully in his work *Reproduction in Education, Society and Culture* (Bourdieu, Passeron 1990), denoting the process of imposing the meanings and values cherished by the upper social classes on all other social classes. Bourdieu believed that in the course of school education, the middle class imposed its culture and way of seeing the world on the working (lower) classes, while, at the same time, discrediting the values proper to the working class. Symbolic violence also concerns the body – the ideal of a slim, modeled figure directly questions the value of physical work, as well as the lifestyle of farmers and the working class. Bourdieu argued that the body forms produced by the working class constituted a form of physical capital with a lower exchange value than those developed by the dominant classes. And even when individuals manage to move up the social ladder, the prevailing definitions of physical capital will still mark their bodies with the stigma of their origin.

In his works, Bourdieu emphasized that habitus, or our dispositions to act in a certain way, was inscribed in the body. This theme was most extensively developed in his 1979 book *Distinction. A Social Critique of the Judgment of Taste*, in which the author showed how expert knowledge about **the legitimate body** was built in the new middle class. It found its expression in the attitudes promoted through the media, the ways of carrying oneself, walking, behaving, the ways of moving one's lips, speech, gestures, loud or muffled laughter, taking up space in public places, practicing specific sports, and, finally, cosmetic procedures such as make-up, changing one's hairstyle, plastic surgery, and clothing choices. Hence, doctors and dieticians working in the media, journalists and editors of women's magazines, all the new experts on image and etiquette defined – in Bourdieu's opinion – the "legitimate market in physical properties," (see Bourdieu 1984: 152–153, 190–193).

> The body is the most indisputable materialization of class taste, which it manifests in several ways. It does it first in the seemingly most natural features of the body, the dimensions (volume, height, weight) and shapes (round or square, stiff or supple, straight or curved) of its visible forms, which express in countless ways a whole relation to the body, i.e., a way of treating it, caring for it, feeding it, maintaining it, which reveals the deepest dispositions of the habitus (Bourdieu 1984: 190).

The building of **physical capital** should, therefore, be viewed as a form of positional consumption, an element of the struggle to gain and maintain a desired social status. As Turner has argued, this is inevitably linked to the changes associated with the development of capitalism and the middle class: "In the managerial class, in order to be successful it is also important to look successful, because the body of the manager is symbolic of the corporation," (Turner 2008: 98). Image-management and image-creation are processes of continuous choices of physical strategies. This is clearly visible in media messages, an interesting example of which is the press

from the post socialist transformation period in Poland. For example, half of the Polish magazine "Businessman" in the 1990s was taken up by articles that were only seemingly not related to business: about the rules of playing tennis, the latest men's fashions from Italy or where and how to drink port (see Dunn 2004). Counterfeit handbags on women or white socks on men, which became front-page topics, showed that in this process the body could be a valuable resource, but it could also be an unwanted stigma.

2.3. The ideal and excluded body, or removing stigma

The American sociologist Erving Goffman (1922–1982) is known mainly for his influential work *The Presentation of Self in Everyday Life* (1956) – the study of the impressions that we and our bodies evoke in the social arena, during interactions with others. An important role in this process of bodily work is played by **body idioms**, i.e., appearance, but also the behavior of a given person: clothing, posture, movements and positions, tone of voice, and gestures. In *Gender Advertisements*, Goffman (1976) applied semiotic analysis to the study of American press advertisements, specifically the portrayal of female and male bodies in them. And right at the beginning he noticed that despite the selectivity of the models presented – it is difficult to consider the bodies and behaviors shown in advertisements as representative of the everyday life of the population – they were treated as something obvious; they did not seem peculiar or unnatural. Only imagining a gender swap could give us insight into the sphere of stereotypes that these advertisements reproduced (Goffman 1976: 25).

With his usual insight, Goffman analyzed all the bodily details and micro-gestures present in the visual layer of advertisements: bending of the knees, crossing of the legs, touching of the hair, face and body, the touching of another person (holding hands, hugging), and facial expression (joy, sadness, fear, concern). On this basis, he described six aspects of presenting the gendered body in advertisements:

1) *relative size*: one way of emphasizing a higher social status is to present a given person (a man) as taller or superior to others (women, children, men of lower status); the exception when a woman is pictured taller than a man is when a man is dressed in a uniform indicating a lower social status or work in services, e.g., a waiter, a cook.
2) *the feminine touch*: advertisements often use women's hands or just fingers to trace the outlines of the object or to cradle it or to caress its surface; self-touching can also be involved.
3) *function ranking*: a man usually performs the executive role, and not only in advertisements showing professional work; also in those showing hobbies or family life, he is in the foreground, playing an active role; in the context of spaces stereotypically assigned to women, e.g., the kitchen, male characters have no role, thus expressing their lack of involvement in "female" tasks, or they get involved for comic effect, e.g., they clumsily take care of a small child.

4) *the family*: a 2+2 family is usually shown, where the girl is pictured next to the mother, the boy next to the father; the father is often on the sidelines or dominates the rest of the family.
5) *the ritualization of subordination*: the classic arrangement is the lower position of the subordinate person's body – showing them bowing to the other person, bending down, making a bow; women are often pictured sitting on the floor or lying on the bed, often with their legs raised up; they are just as often shown in a canting posture or with crossed legs, in acrobatic positions, bending their whole body or parts of it; they are also more often shown smiling at the other person; moreover, Goffman drew attention to four ways of presenting intimacy between people of the opposite sex: close positioning of the body but without touching; walking arm in arm ("arm lock"); putting one arm around the other ("shoulder hold"); hand-holding.
6) *licensed withdrawal*: women are more often than men shown in a state of emotion – remorse, fear, shyness, and laughter; they are more often pictured sucking or biting their fingers, or in a finger-to-finger position; when they look away (with shyness, embarrassment), they lower their gaze or lower their whole face, look to the side or into space, focus on a small object (e.g., a button on the jacket of a man standing in front of the woman); Goffman has noted that even when we are dealing with a single character in an advertisement, fragmentation of the woman's body can still indicate withdrawal – the character can be presented at the edge of the image, from behind a person or object; women are also more likely to show caresses in advertisements – towards men, children, animals, and even touch objects with tenderness.

According to Goffman, the gendered body positions shown on advertising boards indicate the widespread concept of hierarchical relations between the sexes in society: men have more power and enjoy a higher social status than women. Advertisers draw on the body idioms available to them, and all they can do is conventionalize our conventions. Hence, the justified criticism of women's magazines and the advertising market in general by feminists – from Betty Friedan's *The Feminine Mystique* to Naomi Wolf's *The Beauty Myth*, to which I will return. The media are saturated with gendered images, conveying normative guidelines about appropriate and inappropriate behaviors that influence the aspirations and imaginations of successive generations of women.

The emphasis in contemporary popular culture on the smooth, somehow clean, and sterile body distracts us from what might be described as the other side of the physical coin: a body marked by scars and cuts, deformed, and not fully functional. It seems that the current body ideal conveyed by the media is constituted by the negation of anything that might create the appearance of abnormality. Crooked teeth, a harelip, divergent strabismus, an unhealthy complexion, excessive obesity or anorexic thinness – all these signs of imperfection or **stigma**, as Goffman would say, affect the quality of life and chances for success, not only social but also professional, and as such are rarely visible in mainstream media messages.

Erving Goffman in his powerful study *Stigma. Notes on the Management of Spoiled Identity* (1963) distinguished three types of **stigma**. First, "abominations of the body," various genetic deformities, scars. Second, "blemishes of individual character," attributed to weak will, dogmatic beliefs or dishonesty, which can be inferred from addictions, mental illness or unemployment. The third type of stigma was the "tribal" stigma of race, nationality and religion. Goffman also noted that stigma could be visible immediately – then we are dealing with a discredited person, but it could also remain invisible and then we are talking about a discreditable person who can be exposed at any time. In each case, contact with "normals" requires enormous physical work and emotional management.

Stigmatization is a form of depreciation, in which the individual is denied full social acceptance. **Weight stigma** is a "social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape," (see Tomiyama et al. 2018). We see this in the wave of anorexia (a Polish report on this topic, see Stabach 2023), but also in such phenomena as fat-shaming and fatphobia. Weight shaming, ridicule, unsolicited comments or advice are everyday life for overweight people, which have become common in the social media space and have an exceptionally negative impact. However, people with stigma, using Goffman's terminology, can create their own media messages, an example of which is the body positivity and size acceptance movement: the affirmation of one's own body regardless of what it looks like and how far it deviates from ideal patterns (see Rothblum, Solovay 2009; a Polish report on this topic, see Chowaniec, Skoczylas 2023, 2025).

Fat-shaming, or actions aimed at humiliating, shaming or ridiculing someone for their weight, and **fatphobia**, or aversion or hostility toward obese people, are common and well-known phenomena to people who deviate even slightly from the norm of thinness. This is how Roxane Gay, an American writer, described her experience of being shamed for one's body weight in her book *Hunger. A Memoir of (My) Body*: "Fat shaming is real, constant, and rather pointed. There are a shocking number of people who believe they can simply torment fat people into weight loss and disciplining their bodies or disappearing their bodies from the public sphere. They believe they are medical experts, listing a litany of health problems associated with fatness as personal affronts. […] It's a strange civic-minded cruelty. When people try to shame me for being fat, I feel rage," (Gay 2017: 125).

Gay has pointed out that the fat body is constantly exposed to display and commentary; that it is discussed by family, friends, and strangers, very often in the form of expressions of "concern." "Everyone – siblings, parents, aunts, uncles, grandmothers, cousins – has an opinion, judgement or piece of counsel," (Gay 2017: 44). If we consider the fact that, among Poles, the prevalence of overweight exceeds 62% for men and 43% for women (see Gajewska, Harton 2023), then in this context it is surprising how few fat bodies we see in the media.

On the one hand, the media influence social relations, and, on the other, they are their reflection. It is a space for negotiating meanings between what is (reality, how we live) and what could be (the ideal, the world of patterns or fantasies). For

this reason, body images are "never just pictures": they do not only show attractive body sizes and shapes, but depict what is valued and admired in the dominant culture and at the same time promise a solution to the feeling of uncertainty and fear through body modification (see Karmakar 2021). Lisa Taylor and Andrew Willis, the authors of the textbook *Media Studies. Texts, Institutions and Audiences* (1999), have pointed out that minority audiences often reject views and media messages they do not identify with, and choose those that reflect their perspectives and experiences. Let us remember that as recipients we have the freedom to decide and now also to shape the media space in social media. We will return to this topic when discussing the most important studies.

3. Key concepts

Body fragmentation – the process of dividing the body into fragments and exposing only certain parts of it, e.g., only women's legs or a man's torso, often used in advertising.

Body image – a person's perceptions, thoughts, and feelings about their body, which are shaped in a specific family and cultural context.

Body positivity – accepting one's body; a social movement that was intended to be a space of the visibility for marginalized bodies that were not represented in the media.

Fatphobia – aversion or hostility towards fat people; it is revealed, for example, through stereotypical perceptions of fat people as lazy and incompetent, or avoiding cooperation with someone because of their fatness.

Fat-shaming – actions aimed at humiliating, shaming or ridiculing someone because of their weight; it can be both, verbal and non-verbal.

Individualization of the body – the process by which progressively more people are becoming increasingly interested in the health, shape, and appearance of their bodies, treated as an expression of individual identity.

Symbolic annihilation – being ignored, trivialized, and devalued in the media; originally, this term referred to the absence or underrepresentation of women in mainstream media, but we can also apply this term to the absence of people with disabilities or ethnic minorities in media coverage.

4. The most important studies

The issue of the body appears in media sociology and media studies mainly in the context of considerations about the influence of the media on social life. The main attention is paid to the influence of the media, once mass media, currently digital, on the disseminated image of the body and self-knowledge built on the subject of the body. According to the British sociologist John B. Thompson (1995: 42):

> In receiving and appropriating media messages, individuals are also involved in a process of self-formation and self-understanding […]. We are constantly shaping and reshaping our skills and stocks of knowledge, testing our feelings and tastes and expanding the horizons of our experience. We are actively fashioning a self *by means of* the messages and meaningful content supplied by media products (among other things).

"«You can't be what you can't see» – this short quote by Marian Wright Edelman is often used to describe the need for more representation in the mass media as it perfectly symbolizes the power of being visible and thus represented in the media," (Beckers et al. 2023: 480). This is partly the answer to the question of why the media are so important in the process of body socialization and how the world presented by the media affects our understanding of it. The underrepresentation of certain social groups in the media – including ethnic and sexual minorities, the elderly, fat people, and people with disabilities – can lead to a false image of the world. Avoiding showing LGBT+ people in news programs limits our knowledge, while stereotypical representations of women or ethnic minorities reinforce existing prejudices in society.

A number of research methods are used in media studies to analyze the content of media messages, the most popular of which are the study of the hidden meaning of content (semiotics) and traditional, quantitative content analysis.

Semiotics, or the study of signs, primarily examines how signs participate in communication. As we have already seen, Erving Goffman used semiotics to study the depiction of gender in American press advertisements. The Dutch sociologist Liesbet van Zoonen (1994) used semiotics to analyze the cover of "Cosmopolitan" magazine: the photograph of a young, white woman in full make-up and casual attire prominently displayed on the cover, the headlines, including the color scheme and font style used, all served to convey the impression that the type of femininity presented by the magazine was urban, sophisticated, and overtly sexual. Van Zoonen believes that semiotics is a powerful tool for understanding how media sign systems can arouse emotions, associations, fears, hopes, and fantasies.

Another method, derived from sociology, is **content analysis**, which involves comparing and measuring the explicit content of a large number of media products over a given period. It assumes that the frequency with which topics/issues/bodies are presented in the media influences our perception of the world, including personal aspirations, life expectations, as well as the definition of "normality," and that it can be used to derive information about the values and beliefs prevailing in

a given place and time or held by a social group. The American researcher John Naisbitt (1982) used the content analysis of press reports to identify dominant social changes (megatrends), indicating that the appearance of new content in the news always came at the cost of marginalizing others. Thus, what appears in the press reflects the priorities of a given society. Content analysis is used, for example, to study the presence of women in the media – and it is most often evidence that the media marginalize the role of women in the public sphere. As van Zoonen, quoted earlier, has stated, women hardly appear in the mass media, and if they do, they are presented as wives, mothers, daughters or friends; as performing traditional female jobs (personal assistant, nurse) or as a sexual objects. Recent studies of the image of women in advertising in Poland have also confirmed that they do not take into account demographic realities: the women presented are almost always young and slim (see Kończak 2022).

In this part, I will present three research areas at the interface of sociology and the media. First, the often mentioned representativeness of media images; second, the impact of social media on body image; third, the building of bodily and moral self-awareness on the example of the Polish media during the transformation period in the 1990s.

4.1. Symbolic annihilation, or the representativeness of media images

A widespread mode of representation that appears most often – although not exclusively – in popular media texts is the **stereotype**. As indicated by the researchers Andrew C. Billings and Scott Parrott (2020: 3), media stereotypes are "mediated messages that communicate overgeneralized information about social groups, associating positive or negative characteristics, attributes, and/or behavior with the social group." Therefore, the media representations of girls and women almost always reflect traditional gender roles.

> Women are conventionally seen in domestic roles as housewives and homemakers, as objects of male sexual desire, or in working situations that extend the domestic role – such as nurses, carers or office workers. Such representations have been fairly consistent across news reports, drama and entertaining programming (Giddens, Sutton 2014: 148).

It is worth remembering that stereotypical representations are not the cause of discrimination or exclusion, but they can reinforce existing negative ideas about a social group.

The American sociologist Gaye Tuchman pointed out in the 1970s that such stereotypical representations lead to **symbolic annihilation** – women in the media were usually ignored, trivialized and devalued; either absent, or presented with an emphasis on sexual attractiveness or while doing housework (Tuchman, Daniels, Benet 1978). Much research has been devoted to the fact that popular culture and the media do not show the real lives of women, but serve to confirm stereotypical roles as wives, mothers, and housekeepers. In news programs, women are clearly underrepresented or they are shown as professionally less competent. Even in

the case of women in high public offices or female politicians, their behavior and appearance or family status are analyzed, while none of this information is given for men. The political scientist Pippa Norris has called the media representations of female politicians "a splash of color in the photo op," (Norris 1997), arguing, based on research, that women are less visible in the media than men. Moreover, female leaders have usually been written into one of three narratives – about women's leadership as a symbol of breakthrough for other women (the first female leader of a party, the first female prime minister, the first female president, etc.); about women leaders as outsiders in senior political positions who lack qualifications and political experience, which is why their rise to power was described as unexpected and their competences underestimated; and about women leaders as the agents of change that will cleanse politics of corruption – an expectation that is rather difficult to fulfil. As Norris has argued, this places women on a pedestal from which one can only fall.

Symbolic annihilation does not only affect women. Research shows that media representations of ethnic minorities and people with disabilities also perpetuate stereotypes; what is more, they are absent from prime time viewing hours, and when they do appear in news and documentaries, it is as a group that is somehow problematic. As Anthony Giddens (2009: 762) summarized it:

> If ethnic minorities have been defined as *culturally* different, then the representations of disabled people in the media have routinely been as *physically* or *bodily* different, based on the 'personal tragedy' model of disability […]. News stories involving disabled people are much more likely to get an airing if the story can be fitted into this dominant framing and typically, this means showing disabled people as dependent, rather than living independent lives.

Researchers of American children's cartoons have also reached similar conclusions, based on a content analysis indicating that the significant underrepresentation of the elderly, women, ethnic minorities, and sexual minorities has not changed significantly over the years (see Klein, Shiffman 2009). This suggests that symbolic annihilation is not a problem of individual titles or genres, but a permanent feature of media coverage.

In Poland, research on the visibility of people with disabilities in mainstream media also shows the underrepresentation of this group (see Struck-Peregończyk, Kurek-Ochmańska 2018; Struck-Peregończyk, Leonowicz-Bukała 2018; Piróg et al. 2021; a more recent study about the self-image of disabled people on Instagram, see Struck-Peregończyk, Leonowicz-Bukała 2023). There is a lack of disabled presenters, a lack of people with disabilities in popular series, programs or articles on a wide range of topics; able-bodied actors are even used to play the roles of a people with disabilities. People with disabilities are usually presented in one of two stereotypical ways: either as people who cannot cope with life and need help ("victims") or as heroes who perform extraordinary deeds, and who are noble and brave ("supercrips"). This image is important because fewer than half of Poles have people with disabilities in their circle of friends, which makes it impossible to verify the media message. In particular, using stigmatizing language can influence

a negative perception and a distancing from such people. An analysis of the content of the Polish weekly magazine "Polityka" from 1997–2016 conducted by Monika Struck-Peregończyk and Olga Kurek-Ochmańska (2008) showed that although the language of writing about disability changed over the last twenty years, there was still a lack of presenting people with disabilities as active members of society, in roles other than those focused on limited abilities.

Another example of media underrepresentation in Poland is the presence of non-binary and sexually non-normative people. Krzysztof Arcimowicz (2013) studied the most popular Polish drama series of the early 21st century (such as *M jak miłość*, *Barwy szczęścia*, *Na dobre i na złe*) and drew attention to the very low percentage of characters with non-normative sexual identity. Moreover, homosexual and bisexual characters played only secondary or episodic roles. Transsexual and transgender people appeared incidentally. According to the researcher, this resulted mainly from the dominance of the traditional division of roles and the patriarchal image of the family in the analyzed series: the division of the home into "male" and "female" spheres, the higher earnings of men associated with the role of the "breadwinner," and women performing most of the housework. The vision of family life shown in prime-time soap operas in Poland turned out to be extremely conservative, and homosexuals were shown stereotypically (and only men, lesbian relationships were not present) as unhappily in love or sensitive gays looking for love – without social differentiation.

The low presence of the transgender community in mainstream media is not just a Polish phenomenon. The American film industry has been criticized many times for casting heterosexual actors and actresses in the roles of transgender women. Examples include Jared Leto in the film *Dallas Buyers Club* (2013), Felicity Huffman in *Transamerica* (2005), Eddie Redmayne in *The Danish Girl* (2015) or Jeffrey Tambor in the series *Transparent* (2014–2019). The #GirlsLikeUs campaign on Twitter, started by the American activist Janet Mock in 2012, aimed, among others, to create spaces on social media to build community and visibility for trans individuals (see Jackson, Bailey, Foucault Welles 2018).[6]

4.2. Body image and social surveillance in social media

The media, alongside family and peer groups, are an important factor in the socialization of children and adolescents; hence, a new trend in research on the impact of social media and dating applications such as Instagram, Facebook, TikTok, and Tinder on body image and the experience of corporeality and sexuality, mainly by young people. Exposing them to an advertising market full of sexism and **body fragmentation** (not only female, but also male) has an impact on their perception of their own bodily adequacy (see Brytek-Matera 2008). The media

6 See also Janet Mock, *Solidarity & Sisterhood: My Journey (So Far) with #GirlsLikeUs*, 28 May 2012, https://janetmock.com/2012/05/28/twitter-girlslikeus-campaign-for-trans-women/ (accessed: 22.03.2025).

underrepresentation of bodies that differ from the ideal also creates a belief about what is a valued standard and what requires improvement. Imperfect bodies do not deserve media visibility and – in Bourdieu's terms – this is a form of symbolic violence.

Body image can be defined as a person's perceptions, thoughts, and feelings about their body, which are shaped in a specific family and cultural context. Psychologist Sarah Grogan in her classic book *Body Image. Understanding Body Dissatisfaction in Men, Women and Children* (1999) drew attention to the variability of body patterns. Currently, the ideal female body is a slim body, while the ideal male body is a slender body with average musculature. Nonconformity to these patterns leads to significant social consequences. This observation is confirmed by the Polish scholar Honorata Jakubowska (2009: 246):

> Most of us not only adapt or try to adapt to the promoted standards, but also judge others based on these standards. Our attitude to the body influences the assessment of other people. We judge those who do not adapt to the applicable norms negatively, and the more effort we put into disciplining our own bodies, the more negatively we judge those who do not.

Hence the belief that fat people are lazy, have no control over their lives, and lack discipline and strong will (a Polish report on this topic, see Mamczur 2022).

Many studies have been devoted to the influence of the media, especially the internet and social media, on body image and eating disorders (see Perloff 2014; Saiphoo, Vaheri 2019). New media, characterized by interactivity, focus on visual communication and great control over shared images, primarily affect adolescents. The image of the ideal body created in the media makes adolescent boys and girls compare themselves in the media mirror and feel deeply concerned about their own bodies as being different from the admired model. Social media additionally deepen this feeling by adding appearance-related comments and assessments of peers. And it is the reactions of other users that are crucial for experiencing the body and its exposure in the media.

Psychologist Rachel F. Rodgers (2016) has pointed out that the internet works in two ways: on the one hand, it targets young women in particular with personalized advertisements about the body and a slim figure; on the other hand, it adds an element of peer feedback on Facebook or Instagram, which has a huge impact on body image and eating concerns among adolescents. People interested in this topic, e.g., by searching for information regarding body-related topics, like fitness or diet, on YouTube, may also be exposed to materials stigmatizing fat people, of which there is a great deal. The stigmatization or cyberbullying of fat people in social media, fat talk, i.e., conversations focusing on weight and appearance and involving statements depreciating oneself/others, fat-shaming, i.e., teasing and blaming for appearance that deviates from the "norm" – this is the everyday life of many teenagers. This was confirmed by the Polish research report *Nastolatki 3.0. Raport z ogólnopolskiego badania uczniów* – over 15% of Polish pupils have been the subjects of attacks on the internet because of their physical appearance, and over 50% have

witnessed such discrimination.[7] When it is not possible to live up to the ideal, shame and dissatisfaction may appear, and, as a consequence, lower self-esteem and eating disorders.

Fatphobia is one of the most powerful social phenomena affecting the body. Susan Bordo has commented that although popular culture shows increased gender and sexual diversity, body weight still defines us – and this is regardless of the fact that a large part of the Western society does not fit the ideal of thinness (Karmakar 2021). This can lead to a distorted perception of one's own body, resulting in an exaggeration of the true size of or dissatisfaction with individual body parts: buttocks, breasts, legs. Naomi Wolf (1990) wrote about the fear of obesity and the mania of weight control as aspects of the **beauty myth** that deprived women of political agency. Instead of engaging in public activities, work, and careers, women fix their make-up and worry about whether they are thin enough. This "beauty myth" has the greatest impact on young women. Girls in their teens often adopt media models and begin to treat external standards as their own, while noticing the chasm that separates them from achieving them.

The Beauty Myth is the title of a well-known book by the American writer Naomi Wolf (1990), in which she argues that the almost unattainable ideal of female beauty serves as a weapon in the fight against women's social advancement. "The beauty myth is not about women at all. It is about men's institutions and institutional power," (Wolf 1990: 13). Wolf asks: if you feel inadequate in your own body, how can you feel confident in the public space? If you constantly glance in the mirror and wonder if you look good, will you decide to speak at a meeting? According to Wolf, women fall into the trap of an endless cycle of beauty treatments and diets, which turns women's bodies into prisons. What's more, the beauty myth is reproduced by family, peers, and the media among increasingly younger children. A Polish scholar Beata Łaciak (2008) drew attention to this, examining how the market of toys, children's films, beauty contests and children's game shows socialized kids to care about their beauty. Shaping the belief in children that their success in life depends on their looks can have painful consequences during adolescence and cause lasting complexes. Later, the culture of transformation and television make-over shows prey on this, showing that with the help of medical interventions, make-up, clothing, and diet, one can change their life, and that changing their body will bring success and happiness in life (for more on this topic in Polish, see Lisowska-Magdziarz 2012). This topic is analyzed in detail in this book by Mariola Bieńko in the chapter *The Body and Beauty*.

According to Gorgan (1999: 189), one way to support the reluctance to internalize the norms regarding appearance imposed by the media is to teach young people that these norms are completely unrealistic and not only do not often correspond to the biological capabilities of the human body, but are also

7 More on this topic in the report: *Nastolatki 3.0. Raport z ogólnopolskiego badania uczniów*, NASK Państwowy Instytut Badawczy, Warszawa 2023, https://thinkstat.pl/publikacje/nastolatki-3-0-raport-z-ogolnopolskiego-badania-uczniow-2023-r (accessed: 22.03.2025) (in Polish).

inconsistent with the wide variety of body shapes and sizes. Meanwhile, the results of the *Spotlight on adolescent health and well-being* study published by the World Health Organization in 2020[8] has warned that Polish teenagers have the highest rate of negative body image and ranked second to last in the health assessment ranking among 45 countries. Perceiving themselves as too fat or a little too fat by Polish teenagers placed Polish girls in the first position (with the highest rate) in the ranking of 45 countries in each age group (11, 13 and 15 years old). At the age of 11, 39% of girls considered themselves fat or too fat, at the age of 13 – 49%, and at the age of 15 – 52% of girls. The results of boys in these age groups were equally disturbing: boys aged 11 and 13 ranked second, while those aged 15 ranked first, with the highest rate (31%) in the ranking.

Adolescence is one of the most critical periods in a person's life. The transformations taking place in the physical sphere are accompanied by the fear of losing popularity and uncertainty about one's own future. The "appropriate" appearance of the body is seen at this time of life as one of the most important criteria for achieving life satisfaction – noted the Polish sociologist Anna Wójtewicz (2014: 97). Sports for boys, a sexy appearance for girls – for young people, physicality is the basis of self-esteem, which is fueled by popular culture and the entire youth industry. In these matters, young people subordinate themselves to their peers and current trends, seeking approval, among others, through hearts and likes on social media. "Adolescents who conform to social ideals of appearance are typically more popular and provide an example of the rewards of the conformity and the pursuit of social ideals," (Rodgers 2016: 122). Wójtewicz, but also other researchers, draw attention to the sexualization of young girls, especially visible in published posts and reels. As observed by the Polish psychologist Katarzyna Schier (2009: 176):

> Teenage girls put a huge effort into creating themselves as sexually mature women; they learn to apply make-up, experiment with hairstyles, try out different ways of dressing, learn to walk in high heels, modulate their voices to make them sound sexy, decorate their bodies with piercings and tattoos.

Social media promotes comparisons – teenagers compare their bodies to models from the media, they also compare themselves with each other. A common procedure in the media is the so-called makeovers – comparing oneself before and after losing weight, after a visit to a stylist or make-up artist. Another issue is the creation of a physical self-representation on social media, which is most often digitally modified to meet the requirements of the ideal. Profile photos on social media are improved not only by influencers, but by most users. Applying filters, rejuvenating, smoothing the complexion or enlarging the lips and eyes – the photo should be above all "attractive" and this is a key skill for young people, because attractive photos are used to gain popularity on the web. Media visibility, oversharing or obsessively

8 More on this topic in the report: *Spotlight on adolescent health and well-being*, World Health Organization Regional Office for Europe, Copenhagen 2020, https://iris.who.int/handle/10665/332104 (accessed: 22.03.2025).

informing others about oneself, as well as hyperactivity on social media are supposed to indicate a person's high status and popularity, which is often achieved through sexually charged posts and photos.

Media researchers have pointed out that what is crucial for our physical self-esteem is not what kind of social media users we are, but whether and who we compare ourselves to and what users/topics/hashtags we follow.[9] That is why researchers have examined posts with the hashtags #fitspiration, #fitspo, #fitspogirl (a combination of the words "fitness" and "inspiration"), i.e., photos from the gym and training, motivating and intended to inspire others with messages to work on their own bodies through regular exercise and a healthy diet. For example, research has shown (Carrotte, Prichard, Cheng Lim 2017) that following #fitspiration posts can have a negative impact on both women and men (although women are responsible for two-thirds of posts with the #fitspo hashtag) – especially since they usually show a perfectly fit body in tight workout clothes, focus on diet and exercise, and promote only one body type, while every healthy body does not necessarily look the same.

In contrast to #fitspo, posts celebrating the diversity of human bodies and showing the very wide range of the body that we can attribute to the body positivity trend have a documented positive effect on social media users (see Fioravanti et al. 2021). Viewing photos of natural bodies with the hashtags #BodyPositive, #BoPo, #loveyourbody reduces appearance-related concerns. The "Instagram versus Reality" comparison is an interesting online phenomenon, i.e., comparing the photos of influencers and ordinary women in similar poses (such as @celestebarber). Marika Tiggemann and Isabella Anderberg (2020), who looked at this phenomenon, have claimed that it has the potential to disenchant the "ideal world" of Instagram by showing its artificiality. When browsing Instagram, we mainly encounter over-stylized images of slim women. Most of the photos are professionally prepared, with appropriate lighting, and edited in graphics programs. It is no wonder that comparing oneself to them can have a negative impact on women's self-esteem and perception of their own body, especially when the photo is not backed by a team of professionals responsible for the proper media image. This is clearly demonstrated by #instagramversusreality comparisons – most often with a comment not to believe everything you see in the photos or indicating the role of professional make-up or proper body positioning for the photo.

Social media have permanently changed our daily routines, but also social relationships. Following friends and strangers on the internet has a similar effect on us to a traditional peer group. According to the American media researcher Alice Marwick (2012), social surveillance takes place through the media – it is the way we use social media to check what others are doing. At the same time, every social media user consciously creates their digital image: they comment, post photos or videos with

9 On this topic see Kelly Oakes, *The Complicated Truth about Social Media and Body Image*, BBC, 12 March 2019, https://www.bbc.com/future/article/20190311-how-social-media-affects-body-image (accessed: 22.03.2025).

the recipients in mind, sometimes adapting the message to specific individuals. Thus, using social media is characterized by the fact that we watch others, but we are also fully aware of being watched by others. We monitor and shape our digital identity and bodily self to meet the expectations of the target group. This is Goffman's "impression management," which has its stage (online) and backstage (offline).

4.3. Bodily self-knowledge

Conclusions about social changes can be drawn on the basis of an analysis of the content of media messages. The media react to changes the fastest, commenting on them and reporting them – in positive or critical way. They look for novelties, which can only become a dominant social trend after some time or pass as a seasonal fashion. In any case, the choice of a specific topic indicates that the recipients find something attractive in it. The noticeable presence of topics related to the body and health promotion in TV series and popular magazines indicates the importance of this subject for the audience. This is the assumption made by sociologists who use **discourse analysis** in their research (see Łaciak 2005; Breczko 2013; Szcześniak 2016).

As Beata Łaciak (2005: 22) pointed out, "press articles, films, and series may not only be a more or less distorted reflection of reality, but also an attempt to consciously and intentionally propagate specific attitudes, views, or customs." We saw this in Poland during the transformation period, when the group of directors from the socialist era was transformed into a group of capitalist managers. This was described perfectly by the American anthropologist Elizabeth Dunn in her book *Privatizing Poland. Baby Food, Big Business, and the Remaking of Labor* (Dunn 2004). In the 1990s, Polish business magazines such as "Businessman" placed great emphasis on creating a new "self," devoting a great deal of space in their pages to ways of spending free time, styles of dress, and consumption characteristic of the new, Western model. This expert function of the media was very visible during the period of the systemic transformation in Poland.

The Polish scholar Magda Szcześniak (2016) conducted research on the subject of bodily "normality" and "normalization strategies," reconstructing visual codes based on media messages around which the identity of two social groups was built from the end of the 1980s to the beginning of the 2000s: the new Polish middle class and sexually non-normative men. The main element of the formation of the middle class in Poland was the issue of image and appearance.

> While in the early 1990s practices of demonstrating class status (through clothing, material objects, ways of using the body) were appreciated in the public sphere, over time the ideas about the middle class will turn towards a model of prosperity, but transparent and devoid of conspicuous excess (Szcześniak 2016: 28).

The author analyzed the "Sukces" magazine, which appeared on the Polish market in 1990 and was aimed at creating a class of managers (men): by teaching business etiquette, through choosing the right outfit and accessories (no white socks or counterfeit accessories), to cosmetic and hygiene recommendations.

How the developing mass media market in Poland after 1989 became a source of new patterns regarding the body and gender can be seen in research on women's press ("Przyjaciółka," "Kobieta i Życie," "Filipinka" from 1974 and 1994) conducted by the Polish sociologists Mirosława Marody and Anna Giza-Poleszczuk (2000). The authors juxtaposed the model of the "brave victim," dominant in magazines from the 1970s, based on fulfilling the traditional role of a mother and wife responsible for family life, with the new model of a sexually open and professionally fulfilled woman. The focus on physical attractiveness, the search for "femininity," and discovering oneself – mainly through appearance and clothing – began to be visible in the press of the 1990s. Combined with the new model of a man, which sociologists described as the "return of the Man with a capital M" – active, energetic, and taking matters into his own hands, as well as attractive – this was a questioning of the previous rules and values. It can be said that consumer culture with its individualistic ideas was a welcome opening for some, but for others too big a breach, making it difficult to find one's way in the new political and economic reality.

Beata Łaciak, based on, among others, press research ("Gazeta Wyborcza," "Twój Styl," "Przyjaciółka" from 1990, 1991, 2002 and 2001 and "Życie na Gorąco" from 2002 and 2003) showed that in Poland during the period of political transformation, the number of articles concerning body appearance, and especially its slimness, health, doing sports, diets, and sexual issues, increased significantly. As she wrote, "meeting contemporary canons of beauty has become a moral compulsion," (Łaciak 2005: 210), noting that the moral imperative of being slim has been more widely adopted than the customs concerning a healthy and active lifestyle. This was related to the imitative nature of the patterns adopted from the West at a time when the middle class, which was the natural recipient of these disciplinary commands, had not yet fully developed. As Łaciak (2005: 248) summed it up: "The latest achievements in cosmetics, cosmetic or plastic surgery are inaccessible to most Poles, and most of them define themselves as elderly people relatively early on and withdraw from active life." Nonetheless, the social acceptance of publicly presenting the naked body came relatively quickly: the commodification of the body (mainly female) and nudity used in advertising became commonplace.

Agnieszka Maj also analyzed Polish models of the body, drawing attention to the changes that occurred in the area of body care and attitudes towards the body (see Maj 2010, 2012, 2013). In her opinion, there was a huge gap between body care guides from the turn of the 1990s and those present on the publishing market twenty years later, not only in terms of the cosmetics on offer and knowledge in the field of cosmetology. Above all, the main narrative line was different, where taking care of one's appearance ceased to be an element of hygiene, and began to be treated as an element of self-creation. Media celebrities, i.e., people known for being famous, who began to appear in Poland in the early 1990s, began to popularize a new trend of "creating an image," inspiring people to imitate their clothing and body choices. An example was Kasia Cichopek, an actress in the popular TV series *M jak miłość*, who published the guide *Sexy Mama. Bo jesteś kobietą!* [Sexy Mom.

Because you're a woman!], where one could find, among others, a unique program for mothers developed by a celebrity trainer, a plan of exercises for the abdomen, stylists' tricks or lessons on how to choose a bra, not forgetting recipes for Kasia's favorite dishes. In turn, TV personality Krzysztof Ibisz published a guide entitled *Jak dobrze wyglądać po 40* [How to look good after 40], where he proved that anyone could achieve success if they followed the rules presented in the book and exercised systematically. The researcher noted that "we are so commonly dealing with media images as representations of other people's identities that we have become accustomed to treating the appearance of ordinary people we meet on the street as the result of their intended creation," (May 2012: 30). To some extent, this is what lifestyle magazines, programs on styling, and drawing attention in the media to all kinds of spectacular body metamorphoses serve. During the period of political transformation, this segment of the media (popular press and television) was very widespread, introducing Western models of success through disciplining the body.

This topic was taken up directly by the Polish scholar Piotr Rymarczyk, who analyzed lifestyle magazines intended for women ("Cosmopolitan," "Glamour," "Twój Styl") and men ("Playboy," "CKM," "Men's Health") from 2006 (see Rymarczyk 2014). The researcher distinguished three goals of physical activity promoted in the media: pleasure (resulting from the aesthetic appearance of the body), striving for social recognition (through branded clothing and following stylists' inspirations), and the realization of one's own femininity or masculinity (usually requiring serious shopping). The media are populated by "real men" and "superwomen" – male bodies are usually presented with developed muscles, while photos of women are focused on sexual attributes (breasts, thighs, buttocks) or with an indication of their submission and subordination (ingratiating smiles, lying positions, which we never see in images of men, as Goffman wrote). Rymarczyk drew attention to an interesting discrepancy between increasingly open writing about women's sexuality and the extraordinary restraint in showing male nudity – verbal encouragement was not followed by iconography and showing the male body in a subordinate way was extremely rare. Regardless of gender, the glamour model dominated – a body without wrinkles, pimples, sweat, skin folds, and the media message to achieve it was clearly prescriptive in nature. In addition, this message was also very uniform: not once in the analyzed writings was the bodily model of a slim woman or a muscular male body questioned.

Another example of building bodily self-awareness through the media is the phenomenon commonly referred to as **Dr. Google**. It is nothing more than searching for the first information about the body and health on the internet. As indicated by the internet researcher Dariusz Jemielniak (2019: 25, 27): "the internet has currently become the primary source of medical and health information […]; the extent to which many people are currently ready to use information that is completely unverified, and which has a huge impact on health and life, is very large. This is clearly visible in the example of medical knowledge." This can be seen as a crisis of expert knowledge and a lack of trust in the medical profession. One

can also see the power of digital media itself, which enables people with similar experiences to gather and connect in difficult moments. Internet forums have become a place of accumulated everyday knowledge about the causes of disease and possible remedies.

5. Summary

According to Denis McQuail, a British communication theorist, "everyday *social life* is strongly patterned by the routines of media use and infused by its contents through the way leisure time is spent, lifestyles are influenced, conversation is given its topics and models of behaviour are offered for all contingencies," (McQuail 2005: 4). In short, we live every day with the media and through the media. Listening to the radio, watching television, and browsing the internet are activities that we combine with social interactions, eating meals, doing housework or professional activities. What is more, we are dealing with an increasingly complete computerization of society. In 2024, more than three-quarters of adult Poles (77%) were online at least once a week. The younger generation, especially people aged 18–24, declared a constant online presence; they were also the most present on social media.[10]

New media based on participation quickly connect and engage in joint activities increasingly larger and more diverse groups of people. They enable the spontaneous expression of emotions, and change the language of describing the world. Thus, in the context of the body, the media can be viewed, on the one hand, as a transmission belt of dominant patterns concerning the body, and, on the other, as an area of social emancipation and the expansion of individual freedom. The model-creating role of the media is not limited to showing the prevailing bodily ideals and providing tips on how to approach this ideal. It also provides space for the dissemination of alternative patterns and building communities around them. In turn, we, as users, can use this knowledge and resources or not. When analyzing such a deeply mediatized reality, it is worth remembering the active role of the media audience – we decide which media messages we consider credible and worth following, and which we reject. In order to increase the skills of young people and, at the same time, reduce their susceptibility to distorted and negative media images of the body, media education is necessary. **Media literacy**, or the ability to use the media, is the ability to access, analyze, evaluate, and create messages in a variety of forms (see Livingstone 2004). Combined with knowledge about the body, it would enable the separation of one's own body image from media images, and, consequently, it would broaden the media imagination and the spectrum of bodies present in the mainstream media.

Finally, it is worth emphasizing that the media is a privileged space for politics. The commodification of body images and representations occurs in conjunction with increasingly stricter social control. Abortion, gender, and LGBT+ are topics

10 More on this topic in the report: *Korzystanie z internetu w 2024 roku*, komunikat z badań no. 70, CBOS Centrum Badania Opinii Społecznej, Warszawa 2024, https://www.cbos.pl/SPISKOM.POL/2024/K_070_24.PDF (accessed: 22.03.2025) (in Polish).

that inflame public opinion not only in Poland and directly concern the body. The politicization of the body in the media is a broad topic that is connected with beliefs about gender and sexuality, women's rights, and, more broadly, social change (see Breczko 2013). The body is a field of identity struggle: racial, gender, but also a struggle for the recognition of the body as it is. In this sense, the body positivity movement would be directed against the too-tight corset of dominant media messages, which has indirectly led to the epidemic of diseases related to eating disorders. Recognizing the political dimension of the body is also one of the important aspects of reading media messages.

6. Review questions

1. Browse recent studies on gender in the media. Where from do you think the lack of gender parity in the construction of mainstream news outlets comes?
2. Watch the documentary *Fake Famous* and consider what elements of the main characters' bodies convinced the producers to choose them for the social experiment. What bodies will we not see in this documentary? Support your argument using the described sociological theories.
3. Consider the problem of fat-shaming. Does body size affect your peer and professional relationships, and why?
4. Pick up the latest issue of a weekly opinion magazine or a magazine for women or men and review the advertisements in them. To what extent are Goffman's categories useful for analyzing contemporary images of gendered bodies?

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The Body and Gender

1. Introduction

The aim of this chapter is to conduct a sociological analysis of the body and embodiment from the perspective of the sociology of gender, introducing gender analysis to sociology of the body. The main idea of the chapter is to assume that the body is perceived and functions socially as a gendered body – "a body with gender, filled with cultural gender content," (Dzido 2006: 173). As Karolina Krasuska has noted, the use of the passive participle "gendered" suggests that "nothing 'is' as it seems, but has only just been made so," (Krasuska 2008: 268). We can talk about gendered society, institutions, interactions, persons, and bodies, indicating the gendered nature and differentiation of society in addition to its various aspects (e.g., Hearn 2003; Kimmel 2004, 2015; Howson 2005; Wharton 2005; Bradley 2007; Lorber, Moore 2011; Mason 2018).

In this chapter, we will look at in what gendering of the body consists and how it manifests itself, what it means for the individual, and what social significance it has. Depending on the culture, the margin of freedom in disposing of one's own body by individuals perceived as having a specific gender is narrower or wider and deviations from the norms of a gendered body are met with more or less severe sanctions. This management of one's own body includes not only the possibilities of deciding about its appearance, (not) taking care of it, but also about (not) using it for various purposes assigned to it, which concerns, among others, the reproductive functions of the female and male bodies.

The introduction to the issue of body and gender – the gendered body and embodied gender – proposed here includes in the first part a discussion of the distinction between sex and gender, which (although treated by some contemporary researchers as anachronistic and simplistic) is useful to show the social subjugation of biological bodies, culturally labeled and controlled as female, male or non-binary. It is shown that in the perception of femininity and masculinity, as well as in explaining the differences between them, including differences in bodily practices,

naturalistic concepts, approaches analyzing the processes of gender socialization and social constructivism function side by side. Then changes in gender are discussed, which in the traditional, patriarchal model of society is based on gender binarism, androcentrism, and heteronormativity, but today it includes (or is only beginning to include) the "third gender," non-binary, androgynous people, who go beyond traditionally understood heterosexual femininity and masculinity. Next, the authors address the issue of the significance of the gendered body for an individual's gender identity, the social roles they play, the gender division of labor, and gender relations and inequalities; the intersectionality in embodiment and the concept of the body as aesthetic capital, which is measured, evaluated, and developed differently depending on the gender.

Most of the key concepts are defined in the subchapters, and the remaining ones in a separate glossary. The section devoted to selected research areas concerning various aspects of the body and gender discusses the stereotyping of gendered bodies, their subjection to disciplinary practices in the process of gender socialization, and the influence of various social characteristics of individuals on the perception and experience of their own bodies.

In discussing the above-mentioned issues, we refer primarily to the construct of gender and gender relations functioning in the culture of Western societies, European culture, including Polish society. Nevertheless, it should be noted that although the processes of gendering the body and its social control are universal in nature (they occur in every society), the concepts of femininity, masculinity, the "third gender," and the forms of shaping and disciplining the gendered body, are culturally and historically conditioned. Another reservation that we must make at the outset concerns our arbitrary choice of the issues discussed here, as well as the concepts and studies to which we refer. They should not be treated as a full, exhaustive study discussing all aspects of the relationship between the body and gender and the entire, extensive range of scientific achievements in this field (this would be impossible due to the limited volume of this chapter). We signal certain threads here and provide specific examples in order to make the reader aware of the complexity of this relationship, in addition to its significance for the individual and their individual experiences, as well as for social order.

The references at the end of the chapter also constitute an open list of sample readings, including both titles considered key and other interesting studies that address the issues discussed in empirical research conducted, among others, in Polish society.

2. The most important theoretical concepts

2.1. Sex and gender

In the analysis of the relationship between gender and body, it is useful to refer to the distinction between sex and gender. It enables one not only to explain what is meant by the term "gender" but also to capture the significance of the body in defining an individual as a woman, a man, or a non-binary person (i.e., not defining oneself in terms of the femininity/masculinity dychotomy).

Sex refers to the anatomical and physiological differences between the bodies of women and men, such as: differences in chromosomes (XX in women and XY in men); differences in the sex glands (ovaries in women and testicles in men), and the levels of sex hormones (in males, the level of androgens is much higher than that of estrogens, and in females it is the other way around); differences in the internal and external genitalia and different secondary sexual characteristics such as: facial hair, breasts, voice tone, hip width (cf. Ziemińska 2018: 20). Based on "genital sex," a newborn human is categorized as a female or male.

Sex is the starting point for the cultural concepts of femininity and masculinity, accepted in a given society, encompassing features, attributes, and behaviors, in addition to social roles considered typical and expected of women and men. We call them **gender**, emphasizing its social character. It is a "cultural 'packaging' of biological human sex," (Pakszys 2000: 45), a "cultural superstructure," (Titkow 2011: 38). We can say that the body is a "site of creating sexual differences," (Jakubowska 2009: 46) as a basis, a starting point for assigning a gender to an individual – defining them as a woman, a man or a non-binary person, but above all as a tool for displaying differences between the sexes.

> The desired shapes of the female and male bodies inform us about the tasks that are assigned to each sex by the society or culture in which they live. The disciplining of bodies and imposing appropriate shapes on them can, therefore, be seen as an expression of socially defined female and male roles (Jakubowska 2009: 46).

The fact that "it is not the body that determines gender, but gender shapes the body," (Grabowska 2010: 4), is evidenced by the transformations of the body related to playing gender roles, meeting the requirements for female and male appearances (including plastic surgery).[1]

Following Raewyn Connell, it should be emphasized that gender is not simply an "expression" of the biological differences between women and men (Connell 2009: 10). The differences between female and male bodies can be exaggerated,

1 As Barbara Grabowska has noted, drawing on the ideas of Germaine Greer, that even something seemingly as hard and durable as a skeleton is susceptible to deformation as a result of wearing corsets or performing work as a typist or secretary that requires constant bending (Grabowska 2010: 4–5).

questioned, mythologized, stereotyped, and complicated in a culture and through specific social practices (Connell 2009: 11).

> […] in all of these cases, society *addresses* bodies and *deals with* reproductive processes and differences among bodies. […] bodies are brought into social processes, in which our social conduct *does something* with reproductive difference, (Connell 2009: 11).

2.2. Naturalist versus constructivist approaches to the gendered body

There are three general theories of gender in social sciences (Giddens 2009: 601; see also Leszczyńska, Dziuban 2012). The first position is referred to in the literature **as biological essentialism, the sociobiological approach, biologism, biocentrism or naturalism** (Bem 1993; Pakszys 2000; Arcimowicz 2003; Głażewska 2005). Different personality traits, dispositions, behaviors, and social roles of women and men are explained by natural, biological – anatomical and physiological – differences between the sexes. Within this approach, as R. Connell has noted, the body is treated as a "machine producing gender difference," (Connell 2009: 53). It does not take into account the role of culture and social influence in shaping an individual's personality and behaviors.

The second approach to gender issues is the theory of **socialization into gender roles (gender socialization)** (Giddens 2009: 602; Wharton 2005: 31; Renzetti, Curran 1995: 76). Their basis is the sex and gender distinction mentioned at the beginning. The subject of interest here is the process in which an individual learns the behaviors expected of them as a woman/man, acquiring specific features, aspirations, interests, and shaping their gender identity (Bardwick, Douvan 1977; Mandal 1995; Buczkowski 1997; Bem 1993; Brannon 1999; Lott, Maluso 1993; Pankowska 2005; Renzetti, Curran 1995). In this approach, differences between women and men, manifested in different characteristics, behaviors, as well as social roles, are explained by the existence of different social concepts of femininity and masculinity, and, consequently, different expectations and norms regarding each of the genders, acquired by the individual in the process of socialization. This also applies to the bodily dimension – specific ways of disciplining female and male bodies, their desired, expected forms, expressing femininity and masculinity through the body – its appearance, non-verbal communication, physical practices, and sexual behaviors.

The third perspective explaining gender differences and inequalities assumes that "neither gender nor sex have a biological basis, but are both entirely socially constructed," (Giddens 2009: 601). Based on the analysis of the changes in the appearance, size, and shape of women's and men's bodies over the centuries, it has been stated that "a sharp distinction between nature and culture is not tenable, as the 'natural', too, is in part socially constructed," (Bradley 2007: 18). The very act of segregating individuals into women and men based on the biological, physical features of their bodies, considered feminine or masculine, has a cultural, social character. The biological differences between women and men, treated within the previously discussed theories as "natural" and remaining outside of social influence, began

to be treated as **a social construct** (Wharton 2005: 55). It is within a culture that significance is attributed to specific physical features of women and men, that they are exposed or hidden, etc. It was pointed out that the body and "natural" biological features of a human are subject to constant social influence, various procedures such as diet, physical activity, dressing and make-up, plastic surgery, and, finally, sex reassignment surgeries (Giddens 2009: 607–608). Ellyn Kaschak showed how women in Western societies "alter their bodies and restrict their movements" in order, as the author wrote, "to maintain the illusion of dichotomy" and prove their femininity (Kaschak 1992: 39). "With the use of razors, depilatories, tweezers, hairstyling, makeup, nail polish, nylons, high heels, bras that lift, augment or reduce, garments that tighten and reduce, women do not look anything like men," (Kaschak 1992: 39). In **the constructivist approach to gender**, the distinction between sex and gender ceases to be significant because gender is treated not as the property of an individual but as a feature of a situation, a "product of interaction" (Brannon 1999: 16; Kimmel 2004: 107; Mandal 2005: 37). "Masculinity and femininity (as well as boyhood and girlhood) are not fixed unchanging data but fluid modifiable products of everyday interactions," (Gawlicz 2009: 89). In the key work for this approach to gender, Candence West and Don Zimmerman (1987) have stated that people do not so much have gender as create it – they do gender rather than have gender. The significance of the social context in which the interaction takes place and in which individuals behave in a certain way is emphasized here. And as Ewa Hyży stated, "there is no social context that would be free from the gendered aspect," (Hyży 2003: 62).

Judith Butler proposed that gender be treated as a form of public action, an act of performing being a man/woman in everyday interactions with others, a kind of performance that, through constant reproduction, perpetuates specific patterns of femininity and masculinity and the relations between them, considered as "given, natural, obvious" (Butler 2002; Glover, Kaplan 2007: 18; Bradley 2007: 19; Tokarczuk 2008: 8). As part of her theory of **gender performativity**, the author argued that "what we take to be an internal essence of gender is manufactured through sustained sets of acts, posited through the gendered stylization of the body" (Butler 2002: xv).

As Harriet Bradley has noted, the concepts of doing gender ("gendering") are currently replacing the theories of gender socialization, which are accused of determinism and treating the individual as passive, subject to social influences and playing the role of a woman/man in the form imposed by society (Bradley 2007: 23). Moreover, such an approach to the process of becoming a person of a specific gender does not take into account changes in the scope of gender role scenarios and other possible ways of realizing gender than just being a woman or being a man with specific, opposing features, interests, and behaviors. Raewyn Connell, in turn, has emphasized that the body cannot be reduced either to a "machine producing gender differences" or to a "canvas on which culture paints images of womanhood

and manhood," (Connell 2009: 53–56). Following Chris Shilling, who referred, among others, to Giddens's theory of structuration, when looking at a gendered individual who embodies their assigned gender in a specific way, we should see a subject consciously shaping their body in relation to the applicable gender norms and structures, able to reproduce them, but also to change and transform them (Shilling 2003).

2.3. Gender binarism, androcentrism and heterosexism in body perception

The social constructions of gendered bodies in Western and European patriarchal societies are based on three assumptions: (1) the existence of two genders (binarism), (2) treating the male body as a point of reference (androcentrism), and (3) recognizing heterosexuality as the norm (heteronormativity). Referring to Sandra Bem's concept, they can be called cultural "lenses" determining the way femininity and masculinity are perceived, also in the physical dimension (Bem 1993).

Gender binarism

The traditional perception of the world includes "universal gender binarism" and "gender dimorphism" (Pakszys 2000: 55). The literature on the subject speaks of gender asymmetry, binarism, dualism or polarization (Glennon 1982; Bem 1993; Arcimowicz 2003; Głażewska 2005; Pankowska 2005). Dichotomous, opposite-based social constructs of femininity and masculinity present women and men as people from two different worlds. "To be a man is to be 'not-like-a-woman', to be a woman is to be 'not-like-a-man,'" (Bradley 2007: 48). Nevertheless, as biologist Anne Fausto-Sterling noted:

> complete maleness and complete femaleness represent the extreme ends of a spectrum of possible body types. That these extreme ends are the most frequent has lent credence to the idea that they are not only natural (that is, produced by nature) but normal (that is, they represent both a statistical and a social ideal) (Fausto-Sterling 2000: 76).

Despite the data on the complexity and multi-layered nature of gender, also in the biological dimension, gender binary as a norm still functions in our culture, both in scientific and everyday thinking (Karkazis 2008: 31, after: Ziemińska 2018: 125; Costello 2019). Social beliefs about femininity and masculinity as opposites are popularized and perpetuated not only by scientists representing various fields but also by religion, the legal and educational systems, as well as the mass media (cf., among others, Glennon 1982; Bem 1993; Connell 2009).

Gender binarism causes problems and excludes people who do not fit into the categories of woman or man, both due to the ambiguous structure of the body (intersex people[2]) or identity (the inability and/or reluctance to self-define as

2 **Intersex** refers to people whose bodies do not fit into the binary division of humans into women and men, due to, among others, ambiguous genitalia (e.g., micropenis and vagina), ambiguous gonads (containing both ovarian and testicular tissue) or chromosomes that are neither male nor female. "Sometimes the external genitalia are typical, but inconsistent with the internal sex organs (e.g., penis on the outside and ovaries on the inside). There may also

a woman or a man). Only female and male bodies, corresponding to their desired and expected cultural images accepted in a society, are treated as legitimate. "Other" bodies, including intersex bodies, are perceived as "inadequate," "homeless," "insignificant" (Mizielińska 2006: 199). The effect of the cultural desire to maintain gender binary is the subjection of intersex newborns to surgical procedures "to give their genitals an unambiguous shape and to assign them a gender in the legal sense accordingly," in order to adapt them to life in a society that allows only two genders (Ziemińska 2018: 38, 47). These actions, performed without the informed consent of the individual concerned, are today treated as a violation of human rights (including the right to bodily integrity and autonomy).

Androcentrism

The perception of femininity and masculinity as binary, oppositional, and asymmetrical categories is associated with a specific perception and evaluation of the female and male bodies, including the external genitalia, treated as the basic determinant of gender categorization. Anthropologists point out that many patriarchal cultures (based on male domination) share not only the distinction between femininity and masculinity, but also the evaluative nature of this division, in which the traits, behaviors, and social roles attributed to men are valued more highly. Again, the starting point is the differences in the bodies of women and men. In the literature on the subject, we can find various explanations for this gender asymmetry, starting with the considerations of ancient philosophers. For example, "Aristotle believed that a woman was a 'damaged male' […]. According to Aristotle, the fact of 'damage' resulted in inferior – in comparison to men – properties of women's psyche and nature," (Hyży 2003: 28; Mandal 2005: 29). Plato, in turn, pointed out that women "were weaker than men in everything," (Uliński 2001: 25; Hyży 2003: 27; Dybel 2006: 32, 42). This way of seeing femininity and masculinity can also be found in Sigmund Freud's personality theory, presenting a woman as inferior to a man – "an amoral being, incapable of intellectual creativity," "inferior in terms of ethics, focused on her appearance, with an inferiority complex and envying a man's achievements (and also his penis)," (Dybel 2006: 289; cf. also Brannon 1999). According to Freud, this inequality was supposed to result from the anatomical differences between the sexes and the related differences in shaping the personality of women and men (Brannon 1999). "The decisive significance is the child's interpretation of the girl's lack of a penis as castration," (Dybel 2006: 456). According to Freud's concept, it leads to the belief in the "incompleteness" and a certain "defectiveness" of women, not only in the sphere of anatomy, and is of key importance in shaping the self-concept of women and men, as well as their attitudes and behaviors in adult life.

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be a lack of consistency between the genitalia and chromosomes (e.g., male karyotype and female genitalia) or the genitalia and secondary characteristics (e.g., penis and developed breasts)" (Ziemińska 2017: 17).

Male centrism in relation to the human body is manifested, among others, in the discrimination of women in the field of medicine and healthcare (Ostrowska 2006; Renzetti, Curran 1995: 448 et seq.; McGregor 2020). The results of clinical trials conducted on men (or, in the case of research using animals, on males) are generalized for both genders, ignoring the specific properties of women's bodies and physiology or different lifestyles due to gender. As Alyson McGregor stated,

There was a general assumption [in the 20th century – authors' note] that men and women were alike in every way, apart from their reproductive organs and sex hormones. So it was decided: medical research was performed on men, and the results were later applied to women. What did this do to the notion of women's health? Women's health became synonymous with reproduction: breasts, ovaries, uterus, pregnancy. It's this term we now refer to as "bikini medicine". [McGregor 2014]

Heteronormativity and heterosexism

As Michael Flood noted, "certain forms of gender and sexuality are dominant (culturally celebrated and socially sanctioned) in any context, while others are stigmatized, silenced, or punished," (Flood 2008: 223). The cultural gender marking of individuals is accompanied by sexual marking. The traditional – patriarchal, androcentric, and binary concept of gender is based on recognizing heterosexuality as the "norm" and the obvious, assumed sexual orientation of a person, somehow assigned to them (taken for granted), treated as "natural" (cf., among others, Mizielińska 1996; Nowak 2014; Fausto-Sterling 2019). It is assumed that a "real" woman and a "real" man cannot be homosexual (Miluska 1996: 77; Mandal 2000: 18). This phenomenon can be interpreted through the lens of **heteronormativity**, which "can be understood as an ideological code promoting rigidly defined gender norms, heterosexuality and traditional family values. […] rooted in social institutions, cultural patterns, language systems, and everyday practices," (Majka-Rostek 2014: 68). Drawing on Judith Butler's theoretical contributions (1990), the concepts of a gender norm matrix and a heterosexual matrix emerge, both interconnected and characterized by their oppressive and exclusionary nature (Bieńko 2020: 114).

The conviction of the naturalness and normality of heterosexuality internalized in the process of socialization can lead to the stigmatization of non-heterosexuals, treating them not only as "different" but also as inferior. Just as sexism is based on the perceived superiority of what is masculine, heterosexism privileges heterosexuality over other sexual orientations, pathologizing them, excluding them, and denying their legitimacy.

Heterosexism reinforces and perpetuates sexual marking through at least two mechanisms: first, by promoting the assumption of universal heterosexuality, which renders gay, lesbian, and bisexual individuals largely invisible in most social contexts; and second, by problematizing non-heterosexual identities when they are disclosed, framing them as abnormal, unnatural, and, therefore, inferior (Wycisk 2017: 418). It is associated with the privileging of heterosexuality, in addition to prejudices and discriminatory practices against sexual minorities.

2.4. Beyond the gender dichotomy, non-binary, androgynous, queer bodies

Historical and anthropological studies of gender roles, rituals, ceremonies, mythology, etc. show that the dominant concept of gender binarism in Western culture is not universal (cf., among others, Arcimowicz 2008; Kłonkowska 2012; Costello 2019; Ho, Li, Kam 2021). Plato in *Symposium* (4th century BC) already indicated the existence of three genders: male, female, and androgynous, which was a conglomeration of the first two. The motif of androgyny and androgynous deities can be found in many mythologies that (more or less directly) have influenced Western culture (Kłonkowska 2012: 15). Suspending the male-female opposition, cultural **transvestism** (wearing clothes of the opposite sex) were elements of holiday rituals and ceremonies (Kostuch 2003: 38, in: Kłonkowska 2012: 16).

In contemporary times, in relation to the body, **androgyny** is understood as the blurring of gender differences in external images, the resemblance of female and male bodies, the deconstruction of gender binarism and traditionally understood masculinity and femininity in appearance, clothing, and body language.[3] The turn towards androgynous corporeality can be seen, for example, in advertising campaigns for clothing or cosmetic companies – "Sometimes photographs present figures of men and women so similar to each other that there is no gender at all," (Arcimowicz 2015: 71). The image of an individual, how they present themselves in the physical dimension, does not allow unambiguous identification and classification as a woman or a man. This may be a manifestation of their non-binary identity, but also a challenge to a culture based on gender polarization, a play with gender conventions and codes, or even a commercial technique used by artists to stand out (cf. Arcimowicz 2015).

Researchers, citing examples of various cultures – ancient and contemporary – in which "alternative" patterns of femininity and masculinity function, argue that "the binarism of cultural gender is not universal and the concept of gender dimorphism dominant in Western culture is not the only possible concept. There are known societies that have developed a polymorphic system: three or even four cultural genders," (Arcimowicz 2008: 198; see also, among others, Renzetti, Curran 1995: 71; Costello 2019: 3–5).[4]

The concept of **transgender** is used to describe various forms and manifestations of crossing gender boundaries, the entire spectrum of people who go beyond the dichotomously understood categories of gender identity, who do not identify (although to varying degrees and in various ways) with the biological sex assigned to them at birth and/or the cultural gender associated with it (Nagoshi, Brzuzy

3 In psychology, androgyny refers to an individual's simultaneous display of feminine and masculine traits, i.e., stereotypically attributed to women and men. Sandra L. Bem in the Bem Sex-Role Inventory (BSRI), proposed using a set of such traits in the self-characteristics of subjects, treating femininity and masculinity not as opposite poles of one axis, but two separate scales (Bem 1993).

4 The classic example of the "third gender" is the hijra in India, people defined as "neither woman nor man" (Arcimowicz 2008: 77).

2010; Seidman 2012: 145; Kłonkowska, Dynarski 2017; Kłonkowska 2017: 18). It should be distinguished from the term **transsexuality**,[5] which has traditionally been used to describe the incongruence between an individual's gender identity and their biological sex, often resulting in discomfort or distress related to their physical body and sex characteristics (Bieńkowska 2012, 2014; Kłonkowska 2017).[6] The individual feels "trapped in a foreign body" (Bieńkowska 2012: 115); a woman is locked in a man's body, a man in a woman's body. Transsexuality is often associated with a desire – though not always acted upon – to modify one's body through hormone therapy and surgical interventions, most commonly including genital surgery. This is frequently accompanied by the pursuit of legal gender recognition (also referred to as gender affirmation or legal gender change) (Kłonkowska, Dynarski 2017). Both phenomena – transgenderism and transsexuality – prompt us to question the relationship between identity and the body, challenge conventional assumptions about the link between biological sex and culturally constructed gender, and highlight that biological traits and embodiment may be unreliable criteria for determining gender (Gergen 2009: 178).

The rejection of the essentialist approach to gender and sexual identity, as well as their binary and heteronormative categorization is postulated by **queer theory** (Kochanowski 2009; Nagoshi, Brzuzy 2010; Bieńkowska 2014). It argues that gender roles, gender identity and sexual orientations are social constructs and, therefore, can be questioned, undermined, and "self-constructed" (Nagoshi, Brzuzy 2010: 434). As Jacek Kochanowski stated, "there is no such thing as stable gender or stable sexuality: these are only normative categories of violence, the task of which is to limit radically diverse desires, possible body stylizations, biographical trajectories," (Kochanowski 2009: 38–39). This approach highlights the inadequacy of rigid, anatomically based categorizations of identities and gendered bodies in the face of the multiplicity and diversity of identifications, experiences, and bodily practices related to gender and sexuality.[7]

The modern gender model (in opposition to the traditional one, based on the dichotomy of gender, androcentrism and heterosexism) negates the necessity of being a "feminine woman" and a "masculine man," allowing one to be, among others,

5 In the literature on the subject, one can also encounter the term "transsexualism." Nonetheless, currently in social sciences, there is a move away from names related to gender and sexuality ending with "-ism", which occurs in medical terms and evokes negative associations related to disease or disorder (Kłonkowska, Dynarski 2017; Jakubczak 2021).

6 In reference to people identifying with the gender recognized at birth on the basis of biological or anatomical features, the terms "cisgender," "ciswoman," "cisman" are used (to distinguish them from transgender people) (Kłonkowska, Dynarski 2017).

7 An interesting attempt to capture this multiplicity and diversity of gender identity and expression is a kind of map "Gender Identity & Expression. Beyond the Binary", presented, among others, on the website of The IMPACT LGBT Health and Development Program (www.impactprogram.org/lgbtq-youth/gendermap/).

a "masculine woman," "feminine man," an androgynous or gender-neutral person, also in the physical dimension. It rejects the assumption that sexuality is connected with gender identity and questions heteronormativity. It frees the individual from the necessity of embedding their identity in a gendered body and sexuality, assumes the fluidity of gender identity and the diversity of its expression in the body.

Nonetheless, as Cary G. Costello has noted, today we are dealing with the development of a non-binary understanding of gender on the one hand, and with the persistence of dualism and polarization of gender perception on the other (Costello 2019: 5). In the social reality of Western culture, the functioning of individuals who do not fit with their bodies, sexuality or identities into the traditionally understood femininity and masculinity, thus breaking gender codes, is often associated with experiencing prejudice, discrimination, and exclusion. This is shown, among others, by research conducted among transsexual people, living under constant pressure to place themselves in a social reality in which they are recognized as either women or men. These people struggle with discomfort and hostility in relationships with other people if others cannot place them in socially accepted gender boxes (Bieńkowska 2012: 199; see also Kłonkowska 2013; Nitra 2018).

2.5. Gender identity, gender expression and the body

One of the elements of gender is **gender identity** – experienced gender, an individual's conviction about to which gender category they belong, whether they feel like a woman, a man or a non-binary person. Most children between the ages of 2 and 3 have no problem with gender self-concept (Bancroft 2009: 33, after: Ziemińska 2018: 18). As research results show, gender identity depends on biological factors – brain structures, genes and hormones acting in the prenatal period, in addition to cultural factors – socialization and the influence of the social environment (Ziemińska 2018: 18–19). The body is also key in the social formation of gender identity. The external genitalia are the basis for the social classification of a newborn as male or female, and further on, their gender is marked by a specific form of name, sometimes also surname, clothes, and objects associated with a girl or a boy. At later stages of life, the key to gender identification in social relations are easily noticeable, visible superficial sexual characteristics (called secondary) such as the shape of the hips, breasts, facial hair, and pitch and timbre of the voice (together with their genitalia, they are referred to as phenotypic gender) (Ziemińska 2018: 19–20). They, together with clothing, hairstyle, make-up, the so-called body language, and the forms of language used by an individual, serve to recognize and define their gender by others, as well as trigger specific associations (stereotypes), interactive behaviors, and social expectations regarding personality traits and the social roles performed (Ziemińska 2018: 22). What is perceived as a person's identity is, therefore, created on the surface of their body, is associated with the body – its appearance, gestures, and behaviors (Toporowska 2019: 6).

In a somatic society (Turner 1992), in a body-centric culture (Melosik 2006: 23; Bykowska 2008: 95; Szczepański, Gawron, Ślęzak-Tazbir 2008: 56), an individual's identity is built on the basis of the body image, located in the body or even reduced to the body (e.g., Melosik 1996; Shilling 2003; Jakubowska 2009: 154; Banaszak 2014). Work on the body – its modifications, transformations, dressing, and adornment – is, therefore, linked to work on identity, including gender identity (cf., e.g., Jakubowska 2009: 155–164). The body is not treated as something given, existing or permanent, but as requiring specific actions from the individual, as a project, realized through a specific lifestyle (Giddens 1991; Melosik 1996; Shilling 2003; Gill, Henwood, McLean 2005; Jakubowska 2009). In relation to the gendered body, this consists in expressing one's concept of femininity or masculinity, responding to their social images, gender norms functioning (accepted) in a given culture – reproducing them through one's body, modifying them or rejecting, crossing or denying them (non-binary bodies, androgynous bodies).

Perceiving and experiencing one's own gendered body "is an essential component of the Self" (Brytek-Matera 2008: 10). An individual creates it by adopting cultural gender codes (Dzido 2006), receiving signals informing them about how they are perceived and assessed by others, comparing themselves with them and with media images of women and men. As Shilling has noted, referring to Goffman's approach to the body, the body plays a very important role in the relations between personal and social identities. The social meanings assigned to particular body forms and their performances are internalized and have a strong impact on an individual's sense of self and self-esteem (Shilling 2003). For example, associating femininity with certain facial features, hairstyle, a suitably slim figure, and certain body measurements (wide hips, large breasts, and narrow waist) causes women to pay attention to these elements of their own bodies in their self-assessment of their image and femininity. As Sandra Lee Bartky noted, a "woman lives her body as seen by another, by an anonymous patriarchal Other," (Bartky 1997: 34).

Gender expression and gender display are enacted through clothing, specific body styling and adornment, as well as various forms of non-verbal communication (cf. Goffman 1979). In this, an individual uses specific gender codes. Within these practices, individuals utilize specific gender codes that enable them to express and perform femininity or masculinity, or deny them, emphasizing their androgynous or non-binary identities.

2.6. Gender roles, gendered division of labor, and the body

As Bryan S. Turner stated, "any sociology of the body ultimately depends on the sexual and emotional division of labor. The sociology of the body turns out to be primarily a sociological study of the control of sexuality, especially female sexuality, by men exercising patriarchal power," (Turner 1984: 114).

The issue of body and work, with regard to gender, is the subject of a separate chapter in this book (*The Body and Work* – D. Byczkowska-Owczarek). Here we will

look at the significance of the reproductive functions of the female and male organisms, which have consequences for the social structure and the lives of individuals.

The social division of labor based on gender – as well as the very concept of gender – originates in the biological differentiation between bodies categorized as female or male. The key differences between males and females of the human species lie in the reproductive system ("reproductive arena" – Connell 2009: 11), around which a system has been created that renders women dependent on and subordinate to men. According to Sherry B. Ortner, the belief in women's inferiority stems from the symbolic association of femininity with nature and masculinity with culture, a dichotomy rooted in the physiology of the female body, which is more directly involved than the male body in the reproduction of the species (Ortner 1974).

In the traditional, patriarchal gender model, in the case of women, "anatomy is destiny"[8]: body structure and physiology determine their "proper" role and sphere of activity. They are bound by the "mandate of motherhood," regarded as the central, inseparable and dominant element of femininity. "An adult woman is by definition one who has children, who is a mother," (Russo 1976: 144, after: Budrowska 2000: 13). As Shilling pointed out, in the 19th century one of the arguments of opponents of women's education was the claim that intellectual activity related to education was treated as negatively affecting their reproductive capabilities (Shilling 2003). Women's appearance and health, reduced to fertility, are treated in a patriarchal society as the basic resources of their human capital (Malinowska 2011). Giving birth and raising children is considered to be the basic task, duty and purpose of women's lives, regardless of their different appearance and personality traits, interests, talents, education, profession, socio-economic status, etc. (Budrowska 2003: 58). A woman's identity and self-esteem are based on being a mother and, therefore, infertility and the resulting inability to meet social expectations lead to her feeling unfulfilled and inferior (Budrowska 2000; Bartosz 2002; Kalus 2002; Garncarek 2010, 2024). By contrast, the reluctance to have children is perceived as a deviation from socially accepted norms, a manifestation of an individual's immaturity or even her "unfemininity." Voluntary childlessness is met with social criticism and rejection, especially from neoconservative circles. However, contemporary young people, in their perception and realization of gender roles, deviate from the traditional gender model, create alternative forms of marital and family life, postpone parenthood, and give it up completely (Sikorska 2012, 2015; Garncarek 2017; CBOS 2019).

Although contemporary women follow various scenarios, projects of femininity, not necessarily including motherhood, their fertility and procreative decisions are still subject to social control and are a political issue (cf. Breczko 2013). Sylwia Breczko defined the **politicization of the body** as "processes that give the body a political character," making the body attributed to the private sphere a political issue (as the slogan of second-wave feminism proclaimed: "the private is political") (Breczko 2013: 14, 45–47). She referred to the position of Bryan Turner, the author

8 These words have been attributed to S. Freud.

of the concept of somatic society, organized around "regulating bodies," in which "the state is no longer concerned with increasing production, but with controlling reproduction," (Turner 1992: 12, after: Breczko 2013: 45–46; cf. also Goldberg 2009). These politics of control and restriction of the bodily and procreative autonomy of individuals primarily relate to women and concern issues such as abortion, access to contraception, and sterilization (Dzwonkowska-Godula 2019, 2024). One of the key slogans at demonstrations for the right and access to abortion in various countries is "My body, my choice". As Breczko (2013: 51) reminded us, it was feminism – with its pursuit of gender equality and its fight against discrimination – that significantly contributed to raising awareness of body politics: the politics of managing bodies. Feminist thought argues that it is women's bodies in particular that are subjected to various restrictions and limitations, which contributes to maintaining their subordinate social status. The reproductive role of women is emphasized in nationalist discourse, in which they are reduced to "reproducers of the nation," both in the biological and social senses (in connection with the responsibility for the socialization of new members of the nation) (Yuval-Davis 1997). In this approach, motherhood is not a private matter of women but a public duty that not only can but must be subject to social control and supervision (Gawlicz 2005). This affects the functioning of women as citizens and social entities who, due to the responsibility assigned to them for reproducing the ethnic community, become "hostages" of the nation (Mrozik 2012: 112, in: Zamojska 2017: 367). Moreover, the lack of possibility to control their own fertility renders them "reproductive slaves"[9] (Overall 1987: 167). "On the other hand, men's sexuality is not controlled or limited. […] The only requirement for male sexuality in nationalist discourse is its heterosexuality, which is of course related to its reproductive potential," (Zamojska 2017: 367). An expression of treating women's bodies as national property is mass rape during wars, which is a "symbolic disgrace and humiliation of the nation" (Jaskułowki, Parus-Jaskułowska 2004: 124).

2.7. Regimes of gendered bodies

The body, as both a "biological reality" and "gendered reality" (Bourdieu 2001), is socially constructed through the processes of control, subjugation, and regulation, which impose certain restrictions, as well as expectations on it, differentiated by gender.

The management of gendered bodies is often analyzed through the lens of Foucault's concept of biopolitics (Foucault 1995; Breczko 2013: 45). Although Michel Foucault did not include the issue of gender in his theoretical work, as R. Connell pointed out, "his approach […] is readily turned into a theory of gender by treating gendered bodies as the products of disciplinary practices," (Connell 2009: 55). In the literature on the subject, the concept of **body regimes** is

9 As Overall has stated „(…) women are victims, through 'biological destiny', of a sort of reproductive slavery" (Overall 1987: 167).

used, understood as structured sets of practices and expectations through which individuals are encouraged – or compelled – to manage, discipline, and shape their bodies in ways that align with prevailing social norms, values, and ideals (Shilling 2003). Those behavioral programs aimed at the cultivation of specific body features become integrated into an individual's lifestyle. They are not gender neutral and can be treated as an element of a gender regime, a pattern of gender relations functioning in social institutions, which in turn constitute a part of the gender order of a society (Connell 2009: 72–73).

Bodies "inscribe the social order" (Bourdieu 2006, after: Breczko 2013: 70), they are involved in creating and maintaining social inequalities, including gender inequality (Breczko 2013: 58; Shilling 2003). Despite crossing gender binarism and heteronormativity in addition to realizing different gender patterns – different versions of masculinity, femininity and non-binary – they are not treated equally. Following Reawyn Connell, we can talk about a **gender hierarchy** and point to the dominant, most widespread pattern of being a man in a given culture, which she called **hegemonic masculinity** (Connell 1987, 1995; Connell, Messerschmidt 2005). In contemporary Western societies, it is a form of masculinity that we call "macho": a tough, competitive, independent, self-possessed, aggressive, and decidedly heterosexual man (Bradley 2007: 47). According to Connell, hegemonic masculinity is always constructed in relation to various subordinate types of masculinity, as well as in relation to women (Connell 1987). These "subordinate" forms of masculinity include, for example, homosexual men, people of color, or men with a more empathetic and gentler disposition, similar to that defined as feminine (Bradley 2007: 47). She believes that in relation to women, it is impossible to indicate one dominant form of femininity in contemporary society, but it is possible to notice the existence of "emphasized femininity," which is a counterpoint to hegemonic masculinity, a complement to it (Bradley 2007: 47, Giddens 2009: 611). It is characterized by features opposite to what is masculine; emphasized femininity is "soft, submissive, sexually coy, alluring or flirtatious, concerned with domesticity and preoccupied with bodily appearance," (Bradley 2007: 48).

As can be seen from the characteristics of various femininities and masculinities, the starting point for their distinction and placement in the hierarchical order of gender is the body – the appearance of individual and physical behaviors/practices, such as body language and sexual behaviors.

Although historically normative commands and prohibitions concerning gendered bodies change over time, it can be observed that the female body has always been more restricted and subject to greater social control than the male body (Gibas 2014: 77). In subject literature we can find primarily examples of disciplinary practices to which women's bodies are subjected, in order to produce "a properly embodied femininity," (Bartky 2007: 70).

The disciplinary techniques through which the 'docile bodies' of women are constructed aim at a regulation that is perpetual and exhaustive – a regulation of the

body's size and contours, its appetite, posture, gestures and general comportment in space, and the appearance of each of its visible parts (Bartky 1997: 41).

The subordinate, lower status of the female body is associated with its objectification. According to the **objectification theory**, the body is reduced to a physical object that is viewed, assessed, and admired (Fredrickson, Roberts 1997; Kwiatkowska 2008; Szymanski et al. 2011; Calogero 2012). The female body is also **sexualized**, treated as a sexual object (sexual objectification)[10] (Calogero 2012; Heldman, Frankel, Holmes 2016; Waszyńska, Zielona-Jenek 2016). This is associated with, among others, its fragmentation, focusing attention (the eye of the camera in media coverage) on those parts of the female body to which sexual value is attributed (such as breasts, buttocks, legs, pubic area) (cf. Calogero 2012). In the process of socialization, women internalize this way of perceiving themselves, seeing their bodies through the evaluative, critical eye of a man; they discipline and control their own bodies in order to meet social expectations regarding the appearance, form and function of the female body (self-objectification/auto-objectification of women).

2.8. The body as aesthetic capital and gender

The importance attached to appearance has its evolutionary justification, as it was the primary and direct source of information about another person and largely determined (and still does) whether someone makes a good impression on us and evokes positive feelings or not. It also provides clues that enable us to identify the gender of an individual and their attitude to gender norms.

The human body – its health and appearance – is, alongside knowledge and skills, an element of human capital, which is a source of current and future income, but also of contentment, satisfaction, and self-acceptance (Rokicka 2012: 43, see also Malinowska et al. 2012). When we talk about **the body as aesthetic capital**, biogenic factors such as facial symmetry, beauty, skin, and hair quality, height, body build, as well as non-verbal signals such as the way of looking, smiling, moving, and body odor play a role here (Pawłowski 2018). Demographic and social characteristics such as age, gender, ethnicity, cultural factors including dressing style and colors, accessories, hairstyle, makeup, as well as the meaning we attribute to these aspects are also important (Adams, Galanes 2006; Klepacka-Gryz 2017).

On the one hand, the appearance of the body is largely inherited by the individual. This applies to, for example, genetically determined physical features such as eye

10 According to a 2007 report by the American Psychological Association, sexualization may manifest in various ways, which are not mutually exclusive. These include: (1) attributing a person's value primarily or exclusively to their sexual appeal or behavior, while disregarding other characteristics; (2) imposing narrowly defined standards of physical attractiveness that equate being attractive with being sexually desirable; (3) sexually objectifying individuals by treating them as instruments of others' sexual use, rather than as autonomous agents capable of independent thought and action; and (4) inappropriately imposing sexuality on a person (in: Waszyńska, Zielona-Jenek 2016: 357). This problem is most often noticed in relation to women, girls, and children (cf. Calogero 2012).

color, hair color, body shape, facial features, the body's response to the aging process (maintaining a youthful appearance despite age versus quickly visible signs of aging). On the other hand, the individual is socialized in how to deal with the capital that is appearance and this socialization is gendered.

As Agnieszka Maj has noted, attaching importance to appearance, treating the body as an "aesthetic project" that requires appropriate styling, beautifying procedures, is an element of the process of the aestheticization of everyday life, characteristic of postmodern societies and consumer culture (Maj 2013a). "The requirement of body stylization and keeping up with fashion canons applies today to both genders, representatives of all sexual orientations and age categories equally," (Maj 2013a: 88). Nevertheless, different social expectations regarding appearance are placed on individuals perceived as women and men. Body styling can serve to emphasize femininity or masculinity or to blur the gender difference (androgyny), express non-binary identity, show the conventionality of gender codes regarding appearance, and the possibility of questioning them.

An interesting approach to the body as capital, showing the significance of gender in the process of its formation, social perception and valuation, was proposed by Catherine Hakim (2010) in her concept of **erotic capital**.[11] She treats an individual's attractiveness as multidimensional – not only in the sexual sense. It consists not only of the body in the physical, material sense, the beauty of the face and its symmetry, but also the way an individual creates an external image through the style of dressing, make-up, hairstyle, and body adornment. In addition to these elements, she has also included certain personality traits and behaviors in the concept of erotic capital, emphasizing their importance in interpersonal interactions. Here, Hakim lists sexuality and sexual attractiveness (sex appeal), charm, grace, features that draw attention and evoke sympathy from others, along with vitality manifested in good humor, positive energy, and "being the life of the party." According to the researcher, all of this together (what is innate and what is culturally shaped) contributes to the perception of an individual as attractive, with the significance of individual components for the assessment of attractiveness differing for women and men, which also varies in different cultures and eras (Hakim 2010: 501). She has pointed out that in some societies, women's erotic capital also encompasses fertility and the ability to have beautiful and healthy children, which are seen as indicators of female potential, beauty, and femininity. She has indicated that women have more erotic capital due to the longer tradition of developing and using this capital, socialization to care about appearance, and the internalized belief that they are being assessed for their physicality, which affects their social functioning (Hakim 2010: 499; see also Malinowska 2011; Malinowska et al. 2017: 16–17).

An attractive body can also be a burden, causing other attributes of an individual to fade into the background; their competences, personality traits, and achievements

11 The concept of sexual capital also appears in the literature on the subject, treated as a synonym for erotic capital (see, e.g., Paprzycka, Orlik 2015; Syper-Jędrzejczak 2020).

may be perceived as unimportant. This applies primarily to women. For example, in jokes about blondes they are presented as attractive and desirable on the one hand, but stupid, thoughtless, and superficial on the other (Karwatowska, Szpyra-Kozłowska 2006). Moreover, attaching importance to appearance, following fashion, and a love of make-up are associated with intellectual shallowness as well as subordination to the patriarchal model of femininity (Szmigiero 2005).

3. Key concepts

In addition to the concepts highlighted in the previous subsections, the following terms are useful to better understand and analyze the relationship between the body and gender (discussed in alphabetical order):

Embodied gender – gender expressed in and through the body, not only in physical, anatomical features, but also in the way of shaping the body and giving it feminine or masculine form, or, in the case of crossing the gender binary, the form of a non-binary or androgynous body. On the one hand, the body is a tool for expressing the gender identity of an individual, and, on the other – a message to others signaling gender affiliation (determined on the basis of specific physical features accepted in a given culture, attributes associated with femininity or masculinity) and their attitudes towards codes, conventions, and gender norms (gender conformity versus gender nonconformity).

Gender norms – culturally accepted and recognized as binding rules of being a woman and a man. Within this framework, individuals classified as belonging to a specific, binary gender are expected to exhibit certain desirable personality traits, appropriate (and expected) behaviors, and to assume particular social roles. These prohibitions and commands also concern the body. They regulate the way the female and male bodies are treated, their appearance, non-verbal communication, and bodily practices, including sexual behaviors. They serve as a model for assessing the embodied femininity and masculinity realized by an individual and for defining non-normative gender expressions.

Gender socialization – in the process of socialization, as individuals learn to function in society and acquire essential social skills, they also internalize norms regarding the treatment of their own body. From birth, their physicality is culturally gendered. Based on biological characteristics, society assigns them a gender – female or male – beginning with the parents dressing newborns in clothes of specific colors and with particular images to signal whether the child is a girl or a boy. The socialization content relating to the bodies concerns not only their desired appearance, but also the gender-specific expectations regarding acceptable and unacceptable bodily practices, forms of non-verbal communication, and sexual behaviors and activities related to body care and health.

Gender stereotypes – simplified, generalized ideas about women and men, their appearance, features and roles; treating gender categories as homogeneous (people included in a category are perceived as the same). Researchers note that gender "as a visible, distinctive and universal feature is the basis of exceptionally strong stereotyping" (Miluska 1996: 75). Gender stereotypes are based on a dichotomy: men and women are assigned opposing features, e.g., strength-weakness, activity-passivity, rationality-emotionality, severity-sensitivity. As cognitive patterns acquired in the process of socialization and reinforced by the media, they serve as a frame of reference in the perception of others, as well as of oneself. We can distinguish between descriptive stereotypes, which define what a person categorized as a woman or a man is like – how they behave, what they think and feel – and normative stereotypes, which indicate how they should be, based on their gender affiliation. Gender stereotypes, therefore, encompass the gender norms accepted within a culture.

Gendered body – the attribution of a specific gender to physicality, based both on the body's structure and its cultural stylization. The body is "entangled in gender" (cf. Butler 2008), it is never perceived as gender neutral. Even when an individual, through their appearance and bodily practices, disrupts gender codes and resists clear classification as either a woman or a man, the framework for their social perception remains rooted in gender binarism and culturally defined images of the male and female bodies. Their physicality is thus evaluated along a continuum: feminine–non-feminine, masculine–non-masculine or as non-binary or androgynous. Even the perception of a body as "gender-indeterminate" reveals that the body is always interpreted through the lens of gender and assessed in terms of whether and how it expresses gender.

4. The most important selected research areas

As the previous discussion has shown, the issue of corporeality from a gender perspective encompasses a wide range of themes. In this part of the chapter, we will explore selected research approaches that offer deeper insight into the phenomenon of gender embodiment and gendering of the body within specific social contexts.

4.1. Gender stereotypes and the body: Media representations of gendered bodies

In studies of gender stereotyping, which usually involve respondents assigning specific traits and attributes to women and men, bodily characteristics are also included (e.g., Deaux, Lewis 1984; Brannon 1999; Mandal 2000: 17–18; 2003: 39; Miluska 2008: 22). The aim is to determine what, according to social beliefs, distinguishes women and men in the physical dimension (beyond attributes related to biological sex), what significance is attributed to their appearance, and what attitudes they are expected to have towards their own bodies and how they should

treat them. In the studies presented by the authors cited above, the descriptions of stereotypical male appearance included the following terms: tall, strong, robust, muscular, broad-shouldered, handsome, in good physical condition, unconcerned with appearance, and unkempt. The characteristics of a woman in the physical dimension included such features as: delicate, pretty, possessing personal charm, grace/moving gracefully, a slim figure, soft movements, pleasant/delicate voice, neat, and absorbed in her appearance and attentive to it. They expressed the dichotomy of gender. However, systematically conducted studies on gender stereotypes show that the differences between femininity and masculinity are becoming less pronounced, including in terms of appearance (Diekman, Eagly 2000, after: Wojciechowska 2002: 160). In one of the studies, the participants wrote down associations with appearance (as well as roles and professions) characterizing a Polish woman and a Polish man (Mandal, Gawor, Buczny 2012: 18, 20). They were then presented with lists of descriptions and asked to rate on a 7-point scale (1 meant "definitely does not look like that" and 7 meant "definitely looks like that") to what extent these characteristics referred to the male and female images. The list of the most stereotypical aspects of female appearance included the following descriptions: graceful, attractive, well-groomed, neat, pretty, elegant, smiling, soft movements, shapely, fashionable, nice teeth, delicate voice, tasteful, and cheerful. The appearance characteristics most often attributed to the "typical Polish man" were: smells nice, clean, practical clothes, and handsome (Mandal, Gawor, Buczny 2012: 18, 20). These results indicate that embodied masculinity is no longer associated solely – or even primarily – with physical strength, musculature, and ignoring the external image. Nonetheless, it is worth noting that the list of features attributed to a woman's appearance is much longer and is related to the expectation that women take care of their appearance and have an attractive image, whereas men are mainly expected to maintain personal hygiene.

An important trend in the study of gender stereotypes in the physical dimension (appearance, manner of presentation) is the analysis of media images of women and men, including their presentation in advertisements (cf. the chapter *The Body and the Media* in this monograph).

4.2. The gendered body, gender identity and expression, as well as the social perception of the individual

A broad stream of research on the relationship between the body and gender concerns the manifestation of gender identity through the body, the experience of the gendered body, and how it is perceived by others.

Gender attributes

The subject of the research is, among others, the significance of various bodily attributes for defining oneself in terms of belonging to a specific gender category.

A prominent symbol of the female body is breasts, which plays an important role in the assessment of a woman's physical and sexual attractiveness. What matters is not merely the presence of breasts, but their size, shape, and appearance. Breasts are also associated with motherhood, breastfeeding – roles and activities traditionally linked to femininity. As van Zweden (2020) has noted, it is assumed that a woman cannot simply not have breasts; they are important for her identity, and if one is removed, a new one must be created immediately. The results of research based on interviews with women after mastectomy show that, for some of them, losing a breast leads to a weakening of the perception of oneself as a fully-fledged woman (Charzyńska 2011: 151). Studies using psychological questionnaires to assess, among other things, self-esteem, well-being, and life satisfaction, indicate that the physical deformation of the chest affects women's self-esteem, may contribute to depression, anxiety, and a decline in quality of life (Machnik-Czerwik 2010). The widespread prevalence of breast augmentation surgery also confirms the importance of this attribute of the female body and women's desire to improve and enhance their appearance in this way (cf. Connell 2009: 56). Cultural myths about male sexuality include the belief that "the penis must be big" (Fanning, McKay 2003: 129). Michael Kimmel, describing penis enlargement procedures that some men undergo, has emphasized that this is driven not so much by the belief that it will make them "better" lovers, but by the perception that masculinity is "measured," among other things, by penis size (Kimmel 2015: 457; cf. also Connell 2009: 56). In the statements of men who underwent such procedures – letters sent to clinics, recommending this procedure and explaining their motivations – they admitted that men evaluate one another in this regard, for example in locker rooms or at swimming pools, expressing fear of being considered insufficiently masculine by other men (Kimmel 2015: 457). Erectile problems are also perceived as a threat to masculinity or even as a loss of it (Kluczyńska 2015: 100–101).

Body hair also carries distinct symbolic meanings related to cultural constructs of gender. Researchers – drawing on historical analyses of cultural texts, changing images of femininity and masculinity across different eras of Western culture, as well as contemporary media messages – highlight the following symbolic gendering of hair (Synnott 1987; Głażewska 2010; see also Barak-Brandes, Kama 2018). In the social perception and self-esteem of femininity, head hair plays a significant role – ideally long, styled, and dyed to conceal grey hair. Losing it, for example, due to chemotherapy or aging, is a painful experience for women and has a substantial impact on self-perception. The female body is expected to be depilated and smooth, in contrast to the male body. In the case of men, facial and chest hair are commonly perceived as markers of masculinity (Głażewska 2010: 45–46).

Gendered body language

Among the disciplinary practices that produce a gendered body, Bartky distinguished practices that "bring forth from this body a specific repertoire of gestures, postures and movement," (Bartky 1997: 27). Based on observations of individuals' behaviors during interactions – both between people of the same and different genders – as well as analyses of, among other things, photos published on social media, differences in the body language of women and men have been noted across its various dimensions. A review of research findings on this topic indicates the following differences in gendered body language[12] (Wood 2005: 129–147; Głażewska, Kusio 2012: 81–122; Hall, Gunnary 2013; LaFrance, Vial 2016).

1. **Proxemics** (behavior in space, spatial distances): among other things, there is greater social acceptance of violating women's spatial boundaries, while men's personal space tends to be more respected. Women are more likely to step aside or move when someone enters their space, whereas men often occupy more space – both when sitting and standing. This is manifested, among others, in the phenomenon of manspreading, which M. Wex called "the proffering position": "the man sits with legs thrown wide apart, crotch visible, feet pointing outward, often with an arm and a casually dangling hand resting comfortably on an open, spread thigh," (after: Bartky 1997: 30).
2. **Kinesics** (posture and body movements, gestures, facial expressions): among other things, men tend to use a handshake when greeting or saying goodbye, expressing their social status through its firmness and confidence, and they usually only use it with other men, often excluding women; they avoid hugs with other men (fearing associations with homosexuality). Women, when greeting other women they know, are usually more cordial and sensitive, and social norms allow them for hugs and kisses on the cheek. In heterosexual couples, posture and gestures during a walk often express the man's strength and protectiveness, and the woman's self-doubt or need for care – for example, the man may place his arm around the woman's shoulders while she wraps her arms around his waist; he might keep one hand in his pocket while she walks arm in arm with him. A reversal of these roles often provokes social anxiety or surprise among observers. "Typical" female gestures include keeping elbows close to the body, placing hands on the hips, nodding more frequently during conversation (indicating attentiveness, interest, and active listening), and joining the knees while standing or sitting. Women also tend

12 It should be borne in mind that these are generalizing findings and that in social reality the indicated differences occur between "some women and some men" (Głażewska, Kusio 2012). Moreover, differences in non-verbal communication can be observed both among people classified as women and among those classified as men (cf. the subchapter on the body in the intersectional approach and the previous subchapter on crossing gender binarism and androgyny). Many studies still rely on a binary division between women and men, overlooking the complexity and multiplicity of gender identifications and practices.

to use "adapter" gestures to relieve stress, such as playing with their hair or jewelry, adjusting clothes or rubbing and squeezing their hands. Gestures such as "the steeple" (raised fingertips touching) to express self-confidence or stroking the chin or beard to signal contemplation or judgment are more commonly associated with masculinity. Women are also more expressive in their facial expressions and are socially permitted to show emotions such as fear and shame, but not anger, which men are allow to express, albeit in specific ways (e.g., raised voice, clenched fists, sudden aggressive movements). More frequent smiling is associated with femininity and is linked to emotional work (see the chapter on *The Body and Work*) and the cultural association of a smiling face with physical attractiveness. The male face, by contrast, is often described as a "poker face" – expressionless or concealing emotions.

3. **Haptics** (communication through touch): women tend to use touch to express closeness in relationships, while men are more likely to use it to signal their status, dominance, or sexual interest. Male power over others is often expressed through physical aggression and violence (not only toward women). Researchers of gendered body language observe that men touch women more frequently and on more parts of the body than women touch men, yet they are generally reluctant to touch other men.

The non-binary body

The subject of research on gendered corporeality includes not only the ways in which femininity and masculinity are expressed and reproduced through the body, but also the representations of the androgynous, "non-stereotypical" body (Cusack, Morris, Galupo 2020). As shown by the results of one study involving cisgender and non-binary people, bodily androgyny may be socially perceived, among other things, as a sign of being guided by one's own criteria of physical attractiveness, as well as an expression of authenticity and self-confidence that challenges accepted gendered beauty standards (Cusack, Morris, Galupo 2020). The androgynous body is associated with neutrality, a blank slate, fluidity between femininity and masculinity or gender indeterminacy. Among the practices that enable the creation and shaping such a body, are a specific clothing style or hairstyles that make gender identification difficult (e.g., wearing sports bras and loose clothes that conceal female shapes), decorating the body with makeup, tattoos, and jewelry, and modifying the silhouette by gaining or losing weight. Researchers emphasize that transgressing the sociocultural standards of gendered appearance is intentional and significant for queer women's gender identity and expression (Hiestand, Levitt 2005; Levitt et al. 2012; Hayfield et al. 2013). It has been pointed out that they often adopt a masculine appearance (Rothblum 1994, cited in: Cusack, Morris, Galupo 2022: 9; Levitt et al. 2012; Henrichs-Beck, Szymanski 2017; Steele et al. 2019), which can be interpreted as a way of emphasizing their non-binary identity and/or rejecting the traditional image of femininity, perceived as oppressive and objectifying.

Studies have shown that individuals who break gender norms, go beyond the gender binary, and challenge heteronormativity through their bodily images and practices often face negative reactions, a lack of social acceptance, and exclusion. As Bartłomiej Lis noted, referring to the analysis of homosexual men's narratives: "Going beyond the role assigned to a given gender is a cultural and social scandal that, in the eyes of the normative majority, deserves appropriate sanctions," (Lis 2014: 47). Research also addresses, among other things, the issue of expected dress codes in the workplace and related limitations on gender identity expression of gender identity, particularly for non-binary and transgender people (e.g., Dellinger 2002; Brower 2013).

4.3. Shaping and disciplining gendered bodies

Another important research area within the scope of the analyzed issues is the shaping of the form and appearance of female and male bodies through the process of gender socialization. Research conducted among women and men of various ages regarding their attitudes towards their own appearances has shown that it is primarily women who are socialized to care about their looks. Women are taught that "girls must be neat and clean," "nicely dressed and groomed," "wear discreet makeup," and have "well-kept hands" (Malinowska et al. 2016, 2017; cf. Łaciak 2008).

Studies on the influence of various factors on the shaping of body image highlight the role of parents – significant others in the socialization process, teaching children about their own physicality (its evaluation and care), as well as standards for evaluating female and male bodies. According to a review of research on the subject, this includes, among other things, making critical comments about one's appearance, especially body shape (e.g., being too fat or too thin), more frequently directed at daughters than at sons (Głębocka, Kulbat 2005: 21). A disciplinary tool used is a comparison with peers, which fosters beliefs about the importance of appearance for social acceptance and being liked (Głębocka, Kulbat 2005: 22). Even very young children associate obesity with ugliness and negative traits (such as laziness, stupidity, negligence, a tendency to lie, and an inability to form social relationships) (cf. Głębocka, Wiśniewska 2005: 63–64). Media images, including those targeted at children, and the shapes of animated and toy characters (e.g., Barbie and Ken, action figures) promote idealized representations of gendered bodies. "From an early age, women are taught that they should be slim like Barbie, and men – that they should be muscular like G.I. Joe soldiers," (Głębocka, Wiśniewska 2005: 63). Research on body satisfaction confirms the internalization of these gender norms. One method used to study body perception involves presenting respondents with a range of body silhouettes and different figures and asking them to select the one that most closely resembles their own body and the one they consider ideal (Grogan 2022: 46–47).

According to a review of studies using this technique, women usually perceive themselves as heavier than the slim ideal they identify. In interviews, they often express the belief that they must be slim to be attractive to men, including their

partners (Grogan 2022). Studies also show that the "tyranny of slimness" regarding the female body leads women to engage in dieting more frequently – not for health reasons, but to lose weight and improve their appearance (Grogan 2022: 62). This motivation also underlies their physical activity, which they undertake less frequently than men. In contrast, the physical ideal identified by some men is larger than their current body, but not in terms of weight or size, but in terms of muscularity (Grogan 2022: 88). This pattern was not observed in studies involving women. According to the respondents, women preferred a much more muscular male body than their own. Based on an analysis of research on the image of gendered bodies, Grogan noted that most men in Western cultures strived to achieve a muscular mesomorphic figure characterized by an average build with well-developed muscles in the chest, arms and shoulders, along with a slim waist and hips (Grogan 2022: 86). Sports and military training are identified as two key areas for cultivating masculinity in the physical dimension and beyond (Mason 2018: 97). The media's promotion of the ideal male body – proportionate, muscular, and free of visible fat – has been accompanied by the rise of gyms and fitness clubs (Arcimowicz 2015: 57, 63, 66). Physical activity is regarded by men as a fundamental means of improving both appearance and health (Malinowska et al. 2016, 2017; Wagner 2016). Boys are encouraged to engage in exercise and sports during their socialization process (Connell 2009: 56). The pursuit of an ideal male physique also has negative health consequences, including the use of various nutrients and supplements intended to accelerate muscle growth, as well as an inappropriate diet (Arcimowicz 2015: 67; Grogan 2022: 104). Valuable insights into the disciplining of the female body are provided by studies on pregnant women, whose bodies, on the one hand, undergo natural changes due to pregnancy, and, on the other, no longer conform to the standards of a slim, attractive physique (e.g., Gibas 2014; Jakubowska 2016; Randles 2019). Moreover, the pregnant body is no longer treated solely as a woman's own – it becomes subject to new restrictions and forms of control (cf. Gibas 2014; Jakubowska 2016).

As Honorata Jakubowska has noted, based on the analysis of statements made by women in advanced stages of pregnancy regarding their perceptions of their own bodies and the practices they undertake to discipline them, there is currently no social permission for a future mother to "eat for two," to disregard weight gain or to deviate from the beauty standards (Jakubowska 2016). Even during pregnancy, women are expected to make every effort to gain only as much weight as necessary, avoid stretch marks, remain attractive, and return to their "pre-pregnancy" bodies as quickly as possible after giving birth (Jakubowska 2016: 99; see also Kulbat, Erber, 2005).

4.4. The gendered body from an intersectional perspective

Gender is "**an intersectional category**, that is, it enters into structural relations with other categories encompassing experiences of collective life (race, class, ethnicity, etc.)" (Leszczyńska, Dziuban 2012: 29).

The concept of intersectionality, introduced by Kimberle Crenshaw, describes the intersection of various social characteristics such as gender, race, age, ethnicity, class, religious denomination, sexual orientation, and ability/disability. She has indicated that it is not about the separate impact of each of the social characteristics and identities on the individual status and life chances of individuals, but their overlap and interaction, which may result in multiple discrimination (experiencing multiple forms of unequal treatment, as opposed to discrimination based on a single premise) (Crenshaw 1989; Cieślikowska, Sarata 2012; Krasuska 2014). The basis for introducing the intersectional perspective into research and social practice were the experiences of black women discriminated against on the basis of gender and race.

The body contains "categories such as gender, ethnicity, nationality, race, and social position (and, at the same time, maintained by bodily dispositions in everyday practices) that are inscribed in it," (Breczko 2013: 71). And the experience of gender is conditioned not only by the cultural and social context (status), but also by an individual's body, age, ethnicity, sexuality, and ability/disability (Costello 2019: 3).

Studies of the social reception and disciplining of gendered bodies also take into account various socio-demographic characteristics of individuals that influence how their bodies are socially received and shaped. These include:

Age

Relatively often, studies on the perception and experience of the body take into account the intersection of gender and age (cf., e.g., Halliwell, Dittmar 2003; Twigg 2004; Malinowska et al. 2016, 2017; Pickard 2016; Anderson 2019; Hurd 2019; Pickard, Robinson 2020). One of the research areas is the influence of age on individuals' attitudes towards their own bodies. Adopting a three-element concept of attitude allows examination of their beliefs about the importance of appearance, physical attractiveness or the way of understanding health in relation to the body (the cognitive component of attitude), self-esteem in relation to these aspects of the body (the affective/evaluative component) and the actions taken towards them, care/neglect for them (behavioral component) (Malinowska et al. 2016, 2017). An example can be a survey conducted among teenage girls, showing, among others, that appearance is very important for the vast majority of the respondents, but one in two did not consider themselves pretty, some of them declared that they hated their bodies, and over a third would like to undergo plastic surgery to become more attractive (Babicka-Wirkus 2011). Most of the respondents declared that they spend from a dozen or so minutes to an hour every day improving their appearance, and one in five – over an hour. As the researcher noted, one of the challenges of

adolescence (between the ages of 10–12 and 20) was accepting the dramatically changing body, made difficult by the constant confrontation with idealized images of women in the media. Although a large proportion of young girls stated that they accepted their bodies, they still used many procedures aimed at improving them.

Another example of the analysis of this issue could be qualitative research based on in-depth individual interviews and focused group interviews with women and men in three age categories: young, middle-aged, and older (Malinowska et al. 2016, 2017). The subject of interest was their attitudes towards two aspects of the gendered body: appearance and health, and gendered age as one of the factors shaping them.

The intersection of gender and age gives rise to the concept of **"gendered age"** — a phenomenon referring to the gendered ways in which youth, middle age, and old age are defined and interpreted. This intersection influences the changing perceptions of health and appearance across the course of life, as well as shifts in behavioral patterns and actions of women and men in relation to these resources (Malinowska et al. 2016, 2017). Cultural regulations regarding the female and male bodies change with the age of the individual, i.e., the bodies of women and men of different ages are socially valued, assessed, and perceived differently, and are subject to different norms regulating what these bodies should look like, what is "appropriate" for them in relation to gender and age, for what these bodies are to be used.

The results of the study showed the durability of the patriarchal concept of femininity, which was manifested, among others, in the great importance attached to one's physical attractiveness by the interviewed women, regardless of age, in their sense of duty to take care of their appearance and to undertake more various activities in this area (which may also be a consequence of their more critical assessment of how they look) (Malinowska et al. 2016, 2017). A greater "health orientation" of women was also observed, especially in the middle-aged and elderly groups of respondents. The women in these age categories showed greater health awareness (manifested, among others, in specific knowledge about their own body, diseases and methods of their treatment) and greater concern for their own health, as well as the health of family members. Their male peers sought to fulfil the patriarchal ideal of masculinity, according to which a man should be (is) healthy and strong, and, therefore, avoids visiting the doctor because illness is a sign of weakness, while taking care of his health is reduced to taking care of physical fitness. In relation to the young people participating in the study, a process of androgynization could be observed. It was manifested in the increasing similarity between young women and men in how they valued and cared for physical attractiveness – treating it as a form of capital – as well as in their self-assessment of health and in both pro-health and anti-health behaviors.

Sexuality

Examples of research that take into account the importance of gender and sexuality for the social perception and experience of the body include studies on body image among non-heterosexual people (Morrison, McCutcheon 2012; Grogan 2022). They tried to answer the question of whether the way they perceived their own body was similar to the self-perception of heterosexual women and men, and, therefore, whether they were subjected to the same pressure from gender norms regarding appearance and physical beauty. According to a review of studies involving hetero- and non-heterosexual women, no significant differences were found in their satisfaction with their own bodies or motivation to exercise to be slimmer and more attractive, which may lead to the conclusion that the pressure to meet beauty standards applies to all women, regardless of their sexual orientation (Grogan 2022: 197–198). However, some studies have shown that the lesbian community places less emphasis on physical attractiveness and traditional (patriarchal) standards of appearance for women. Interviews with bisexual women have shown that they feel more pressure to conform to gendered beauty norms in relationships with men than with women (Grogan 2022: 200).

Studies of lesbians and gays take into account the diversity of their community and distinguish subgroups based on body image and dress (Morrison, McCutcheon 2012). In the lesbian community, three commonly mentioned groups are butch (lesbians with hairstyles and clothing stereotypically considered masculine), femme (lesbians with a stereotypically "feminine appearance"), and androgynous (i.e., with a gender-neutral appearance that cannot be clearly classified as feminine or masculine). Studies have shown that the appearances of individuals belonging to these groups may be assessed differently depending on the adopted cultural perspective – dominant heterosexual culture or lesbian community. It has been shown that lesbians identifying with the female gender and conforming to the norms of physical femininity (femme) were positively assessed by the former, but were less accepted by other lesbians, while butch-identified or androgynous lesbian women were less positively assessed within heterosexual culture, but were easily recognized and accepted by the lesbian community (Morrison, McCutcheon 2012: 105). In turn, with regard to the gay community, the following were distinguished: the category of "bears" – men with hairy, strongly built bodies who reject the hegemonic standard of a male body with a mesomorphic silhouette, but also deny the social image of a gay as effeminate, with a delicate, feminine appearance and behavior, but also the pop culture image of an "overly masculine" gay, dressed in leather clothing (cf. Morrison, McCutcheon 2012: 105; Hennen 2005). Wearing jeans, baseball caps, T-shirts and flannel shirts, and sporting beards and mustaches, they seem to strive for a "regular-guy" status (Hennen 2005: 26). The results of research on the experience and perception of one's own body by non-heteronormative people and how it is perceived socially show that the point of reference for the respondents themselves and for the researchers interpreting their statements remain traditional, stereotypical images of femininity and masculinity.

Ability/disability

Some research also examined the impact of ability on the social perception and experience of the gendered body. Researchers have noted that bodies affected by disability are marginalized, treated as unattractive, asexual, and they exclude individuals from activities expected of them as women or men. An analysis of biographical interviews with women with hearing, vision, and movement disabilities (at least moderately) aged 20–60 showed that their decisions to have children were not socially accepted, that disability was considered to prevent or exclude the fulfillment of reproductive and caregiving functions (Ciaputa et al. 2014). This involved undermining their femininity, associated with motherhood, affecting their self-esteem, life decisions and facing many barriers if they would have become mothers (see also Król 2022).

Interesting results are provided in an ethnographic research by Kamil Pietrowiak (2019) conducted among individuals who have had been blind since birth or early childhood, concerning, among others, how they adapted to norms and dictates concerning appearance. The author noticed that it was primarily women who spoke about the importance of their appearance for themselves and for others, creating their own image and "maintaining greater visual control in the company of 'sighted people,'" (Pietrowiak 2019: 269). Their experiences showed that from adolescence they have had to deal with contradictory expectations of the social environment, which, due to their disability, perceived them as asexual, unattractive, doomed to loneliness, but required them to take care of their appearance and "be like other women" in visual terms. They tried to reconcile their personal needs and aesthetic preferences with the tastes of "sighted people", who provided them with tips on how they "should" look and what was currently fashionable. "Thus, the visibility of the (female) body becomes a field of constant decisions and struggles that bring a simultaneous sense of satisfaction and uncertainty, self-fulfillment and dependence, control and freedom," (Pietrowiak 2019: 274).

Studies based on free-form interviews conducted among people with disabilities practicing sports have shown that their activity is perceived differently depending on their gender (Niedbalski 2016). The female body affected by disability diverges from the socially constructed canon of beauty and femininity in two distinct ways: first, due to its perceived physical imperfections, and second, as a result of being considered "unnaturally" or excessively athletic. In contrast, for men, participation in sports functions as a means of affirming and reinforcing traditional notions of masculinity (Niedbalski 2016: 157).

Studies on the gendered body also take into account other social characteristics of individuals. Researchers dealing with nonverbal communication have noted, among others, differences in the ways of moving, body posture, and spatial behaviors between people of the same gender but of different ages, ethnicity or social status (Wood 2005; Głażewska, Kusio 2012), e.g., "men in a subordinate position smile more often than those in a higher status, just as women smile more often than

men," (Głażewska, Kusio 2012: 84). Studies on objectification, self-objectification, and sexualization have shown the influence of such overlapping, intersecting social characteristics as gender, age, race, and sexual orientation on the treatment of bodies and their presentation in the media, as well as on the self-assessment of individuals' appearance (cf. Głębocka, Kulbat 2005; Calogero 2012). For example, African American women have been observed to be less dissatisfied with the size and shape of their own bodies than white women (Williamson et al. 1991, cited in: Caldwell, Brownell 1997; Rucker, Cash 1992; Grogan 2022: 179). Nevertheless, introducing a variable defining socioeconomic status in the survey study showed its stronger effect on satisfaction with one's own body compared to race – regardless of skin color, women from the middle and upper classes felt similar dissatisfaction with their weight and figure (Caldwell, Brownell 1997). According to researchers, women of higher socioeconomic positions show a greater need to be thin, internalizing attractiveness norms more strongly than women from lower social classes (Głębocka, Kulbat 2005: 17). In an ethnographic study conducted in a hair salon, it was observed that heterosexual young men from the professional class actively engaged in self-presentation utilizing spaces and services traditionally associated with women – a practice that served to distinguish them from the "traditional" representatives of the older generation and the working class, who typically limit themselves to visiting a barber (Barber 2008). On the one hand, they transgressed conventional gender boundaries; on the other hand, their social status protected them from being perceived as effeminate. Instead, they have created an image of themselves as progressive, stylish and fashion-conscious men.

5. Summary

As the considerations in this chapter show, it seems impossible to look at the body of a person belonging to a specific culture without referring to their gender. The somewhat natural and necessary connection between sociology of the body and the sociology of gender is also evidenced by inclusion of the gender approach, differences in the experience of the body and the bodily practices of individuals belonging to different gender categories in other parts of this handbook. The human body is biologically and above all culturally gendered, "packaged" in gender, understood and categorized in a way specific to a specific society. It is socially located and perceived as a male or female body or a body of the "third gender," non-binary, androgynous... The body is a tool, a form, a channel for expressing personal and social identity, with gender and sexuality being among its essential elements. The gendered body has a significant impact on the functioning of an individual in various dimensions of social life (cf., e.g., the chapters in this handbook on work, sports, health, nutrition, and beauty).

When analyzing gender stereotypes, norms, and regimes along with the related social practices used to discipline, tame, and control bodies, it is important to remember that an individual and their body are not merely docile, malleable, and

plastic material easily shaped according to specific gender patterns. The body in a somatic society, as Turner emphasized, is a source of coercion and resistance at the same time (Turner 1992). On the one hand, it limits the individual, their freedom, and liberty. On the other, it is their project and one of the fields of their activity, a channel for expressing their individuality and subjectivity. "Bodies cannot be understood as just the objects of social process, whether symbolic or disciplinary. They are active participants in social process. They participate through their capacities, development and needs, through the friction of their recalcitrance, and through the directions set by their pleasures and skills," (Connell 2009: 57). Bartky, describing disciplinary practices that are supposed to shape appropriately embodied femininity, juxtaposes polite, submissive, subordinate women with "free" people who break the norms that limit their broadly understood freedom and liberty, including the freedom of movement and spatial behavior (Bartky 1997). Looking around us and having traditionally, patriarchally understood femininity and masculinity as a point of reference, we can see in the bodies of gendered individuals in our environment or in the media various manifestations of resistance and rebellion against the idealized images of women and men and gender regimes. Also, referring to our own image, self-concept, attitudes towards our body, appearance, and health, it is worth asking ourselves to what extent and in what way they are an expression of social constraints and restrictions aimed at our gendered body, as well as to what extent they are the effect of conscious choices, non-submission, rebellion, and nonconformism in embodying our (concept of) gender.

6. Review questions

1. Specify the differences between sex and gender.
2. What are the three assumptions underlying the social construction of gendered bodies in Western and European patriarchal societies?
3. What is the biological/naturalistic understanding of gender and the gendered body?
4. How does society construct and reinforce gender through the body? What social mechanisms cause the body to acquire gendered traits, and how is this manifested in everyday practices, cultural norms, and expectations placed on individuals?
5. What is the significance of the gendered body for:
   - the gender identity of the individual,
   - the social roles performed by the individual,
   - the gendered division of labor,
   - interpersonal relationships,
   - gender inequality?
6. Define aesthetic capital and explain the role it plays in the lives of women and men. Identify the similarities and differences.

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The Body and Sexuality

1. Introduction

In this chapter, I will present a sociological perspective on human sexuality in relation to the body. This issue is not only salient but also engaging as it is closely tied to our experience and understanding. On the one hand, sexuality is intrinsically connected to the body and experienced through it. On the other hand, the accumulation of various social discourses and visual representations in media makes sexuality a pervasive issue, often in ways of which we are not fully aware. Within a cultural context, we make daily decisions about how to express our sexuality through the body. This applies equally to the practices related to appearance, behavior, or action in this sphere, in addition to the choices about whether or not to use the body for the purposes "naturally" attributed to it, such as reproduction. Most of us can probably define what sexuality means to us. We may know what we like, how, where, and with whom we wish to fulfill our desires or fantasies, what pleases us, what we consider typical in this area of life, and what not. Still, does this knowledge stem solely from our individual experience? If so, how do we know what and how to do, what to expect and anticipate or what terms like BDSM, kink, MILF, queer, stealthing or vanilla mean? As research in the social sciences shows, human sexuality, although undoubtedly linked to the body and its sensations, is also a socio-cultural phenomenon. Moreover, its meaning is so fluid that it resists a single, coherent definition that encompasses all scientific perspectives. As Steven Seidman (2003: 38) observed, "we are born with bodies, but it is society that determines which parts of the body and which pleasures and acts are sexual." His words have inspired the direction I will take in the following sections of this chapter, providing a sociological analysis of human sexuality in relation to the body.

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. [World Health Organization 2006: 5]

Norbert Elias (2011) noted that historical shifts in the perception of sexuality reflected the course of the "civilizing process." Based on the analysis of manuals from the 15th and 16th centuries in the elementary education of boys and from the 19th century for girls, Elias highlighted shifts in manners and customs. The intensification of the feeling of shame, particularly concerning the area of sexual relations (but also the body), led to the progressive removal of sexuality from the public sphere. This indicates how the perception of human sexuality was relativized to a specific socio-cultural framework. Indeed, everyday acting in a socio-cultural context, as well as within particular social institutions or interactional settings, shapes the way individuals assimilate and organize their understanding of sexuality and their experiences of it (Plummer 2002; Brickell 2015). As Jacek Kochanowski (2013: 129 [trans. Christine Frank-Es-Salhi]) noted,

> some of us live in a world where sexuality expresses the erotic attraction of women and men conditioned by reproduction, while other manifestations of sexuality are marginal and pathological; and others of us live in a world where sexuality is fluid, diverse, and plastic, and people know different ways to fulfill their needs or sexual fantasies.

Following Anthony Giddens (1992), it is worth emphasizing that his concept of "plastic sexuality" illustrates how this domain of life becomes freed from reproduction. This shift was influenced not only by changes in customs but also by the availability of contraceptives, most notably, the introduction of the birth control pill, which became available in 1960.

Although human sexuality seems to be significant in human life – including its social dimension – it initially attracted attention in the fields of medicine, criminology, and psychoanalysis. Even in the second half of the 20th century, it was most closely associated with the work of Sigmund Freud (the founder of psychoanalysis) or with anthropological research, where sexuality was approached as an element of the socio-cultural system. It is sufficient to recall the works of Bronisław Malinowski (1938), who – using the example of the Trobriand Islanders – demonstrated that coitus is not synonymous with procreation in all cultures, or Margaret Mead (1986), who wrote about "free love" in Samoa. Many individuals undoubtedly know (or have at least heard of) the groundbreaking studies on human sexuality focused on individual sexual practices, which contributed to the development of sexology[1] and also played a role in shifting societal perceptions of sexuality. These studies were conducted primarily in the second half of the 20th century by Alfred Kinsey (Kinsey, Pomeroy, Martin 1948; Kinsey et al. 1953), William Masters and Virginia Johnson (1966), and – natively – by Michalina Wisłocka (1978). The essence of these works was that by bringing knowledge about private and intimate sexual behaviors and practices into

1 Sexology explores broadly understood human sexuality, e.g., sexual needs (also concerning their absence or sexual dysfunctions). It addresses issues related to human development in biological, as well as social and psychological terms. The discipline investigates the mechanisms of sexuality throughout an individual's life cycle and examines the dynamics of sexological norms.

public discourse, they contributed to the detabooing of this sphere of everyday life, which had long been considered inappropriate for open discussion (Elias 2011). The effort to present sex as a "normal" matter was immortalized in popular culture in the form of films or TV series (*Kinsey* [2004], *Masters of Sex* [2013], and *Sztuka kochania. Historia Michaliny Wisłockiej* [*The Art of Loving. The Story of Michalina Wislocka*, 2017]). Nevertheless, in its pursuit of the general laws of sexuality, sexology has often focused on understanding the human being primarily through the lens of biology, striving to classify types of sexual behaviors on a conventional scale of their "normality" (Seidman 2011). Meanwhile, sociology emphasizes that the meaning we give to a particular situation or phenomenon depends on many contexts in which we operate daily (Blumer 1969; Strauss 1993). For instance, if we find out that someone witnessed their partner's sexual intercourse with another individual, not everyone will react the same way, and not in every context. In some cases, it may, for example, evoke a range of negative emotions, be considered inappropriate or trigger "moral panic" (Cohen 1972). For others, the first thought may be that the couple is in a polyamorous relationship or practicing cuckolding. Someone else might associate it with "sexual hospitality" (Hoft, Goldberg 2006). Another individual still – guided by the belief that in the sphere of sexuality, "anything that occurs between consenting adults that harms no one is acceptable," (Brame, Brame, Jacobs 1993: 4) – may consider it none of their business. Ultimately, the point of view depends on the meaning we give to the phenomenon.

Knowing that the perception of human sexuality and its entanglement in the body is not uniform, it is worth considering what social scientists do when examining this subject. Their research primarily focuses on sexual practices and behaviors, as well as the individual experiences associated with them (often viewed through the lens of the course of life). These studies cover issues related to sexual orientation and explore how specific identifications, identities, and actions in this area are shaped by socio-cultural influences. They also address topics related to health, education, and diverse forms and arrangements of family life. And, finally, they focus on issues of the body, intimacy, love, fantasy, the formation of interpersonal relationships, and eroticism as a certain form and space of human activity. These topics are inherently interconnected, and identifying the relationships and dependencies between them opens up countless analytical paths for researchers. Thus, it is worth noting that studies of sexuality are often interdisciplinary, drawing on insights from cultural anthropology, history, medicine, psychology, sexology, and sociology.

In this chapter, I will focus on sociological approaches to human sexuality in the context of the body and the related being in the world (Seidman 2003). To this end, I will present selected theoretical concepts that are often used to problematize the body as entangled in discourses on human sexuality. Subsequently, I will introduce key concepts that emerge in research on this area of human life and discuss significant studies in the field. I will conclude the chapter with a summary of the discussed issues and a set of review questions. Due to the complexity of the topic, it is necessary to clarify that the choices made in presenting the most influential contributions of

sociology (and the social sciences) to the study of sexuality and the body are not exhaustive. They rather aim to show the reader the possibilities that open up in this area for those who wish to explore the topic of human sexuality, through the lens of the sociology of the body/embodiment.

2. Major theoretical concepts

The interest of social sciences in human sexuality is not new, although it only began to enter the mainstream of academic research towards the end of the 20th century.[2] What could have been the reason for this? Citing Max Weber, Bryan S. Turner highlighted the "problematic nature" of sexuality as an object of reflection in social sciences. As he pointed out, "ascetic alertness, self-control, and methodical planning of life are seriously threatened by the peculiar irrationality of the sexual act, which is ultimately and uniquely unsusceptible to rational organization," (Turner 2008: 19). This quote illustrates the perceived "incompatibility" between Christian religious beliefs and practices and the notion of sexuality as going beyond the framework of procreating to ensure the continuation of the human species.[3] Thus, Turner pointed to the initial grounding of social thought on human sexuality in **essentialism** (Weeks 2023). This approach assumes the naturalness, inevitability, and universality of the phenomena related to human functioning. Grounded in biological determinism, it views sexuality in terms of a phenomenon related to the reproduction of the species. Thus, while sexuality is "naturally" connected to the body, as an idea subject to reflection, it paradoxically does not need to be embodied, that is, tied to individual experience and experiencing. Instead, it appears as disembodied, discursively "dissected" from entanglement in the individual body and the actions mediated by it in favor of focusing on its "utility" or meaning for society, which, however, does not stem from individual experience.

This essentialist view aligns with the approach to the issue from the perspective of **structural functionalism**, where sexuality is viewed through the lens of the family as a foundational social institution. Sexual activity, regulated by the family, was intended to maintain marital bonds and ensure that reproduction occurred within a stable family structure, thereby providing the offspring with optimal access to its resources and proper socialization (Parsons 1991). Identities and actions that

2 Although research on sexuality has long existed, addressing issues such as healthcare, sexual practices or the identities and everyday lives of gays and lesbians, it remained largely outside the mainstream of social sciences. These studies rarely addressed phenomena relevant to the general population and were often perceived as focusing on deviance, marginal circumstances or curiosities (Richters 2001).

3 This also indicates the role of religion as one of the institutions that controls human sexuality. This issue was addressed, among others, by Tomasz Szlendak (2008) in his book *Supermarketyzacja. Religia i obyczaje seksualne młodzieży w kulturze konsumpcyjnej* [*Supermarketization. Religion and Sexual Customs of Youth in Consumer Culture*].

went beyond the norm (heteronormativity [Herek 2004, 2007; Kochanowski 2004]) and were seen as "deviance" (e.g., homosexuality) were treated as a social taboo (and – in the context of its function – could not be considered an alternative to the traditional family model).

The emergence of sexuality as an independent subject of inquiry in the social sciences was influenced by several transformative developments in Western societies: (1) the feminist movement, (2) the struggle for the rights of sexual minorities, (3) the growing interest in reproductive health, and (4) the HIV and AIDS epidemic (Parker, Aggleton 2006). The "sexual revolution" of the 1960s and 1970s also played a significant role in shaping academic interest in human sexuality. This shift was shaped by scientific research, for example, the work of Alfred Kinsey, often referred to as the "father of the sexual revolution," as well as anthropological studies (e.g., those by Margaret Mead, who could be considered the "mother of the sexual revolution"). These changes contributed to the consolidation in social sciences of an alternative to the essentialist approach to human sexuality – **constructionism**. In this view, sexuality is shaped by specific socio-cultural influences and is thus inherently social (Weeks 2023). It is also viewed as a product of human agency, shaped by the internalization of certain norms and values, as well as the resulting cultural scripts (e.g., the "normal" course of a sexual act), through which people interpret a phenomenon or action. This perspective also highlights the social construction of what is considered "normal" or "deviant" in society – such as which sexual practices or identities are generally accepted or marginalized (Berger, Luckmann 1969; Prus, Grills 2003; Goffman 2007).

Because of its focus on discovering the meanings that individuals assign to specific phenomena, situations, events, and experiences, **symbolic interactionism** offers a valuable theoretical framework for studying sexuality and related embodied experiences. It posits that the understanding of sexuality, resulting practices or identities in relation to norms, customs or standards is not constant but created through interaction. The experience and how we give meaning to specific objects (including concepts or fantasies) are influenced by the mutual interaction of various types of contexts (e.g., interactional) and the social phenomena that shape them. This also applies to the language we use and our bodily experiences (also in the context of the meanings we attribute to the body). For example, how one interprets the action they experience through their body may depend on their attitude towards their body (e.g., liking or disliking it, believing in its agency in terms of using it according to one's will and fantasy or not). In this sense, an individual does not have a fixed perception of sex but constructs it through everyday interactions (e.g., What counts as sex? What is "good" sex? What is "normal" for a person?). By the same token, an individual does not *have* an identity but *constructs* it by *becoming* in a continuous meaning-making process.

Following the premises of symbolic interactionism in our research can sensitize us to the importance of discovering not only "what" happens in the everyday lives of people whose stories we want to learn from their perspective, but also "how" it happens.

In this sense, an analytical approach underpinned by the premises of symbolic interactionism seems to correspond to the situations of research participants whose actions have contributed to the ongoing social changes in the area of sexual norms, including the detabooization of sex.[4]

Among the theoretical perspectives that frequently frame phenomena related to human sexuality in its embodied form, **queer theory** is particularly significant. Emerging from the emancipatory queer movement, queer theory can be viewed as a historically and politically embedded intervention rooted in activism for the rights of LGBTQ+ individuals. It challenges conventional ways of thinking and talking about sexual orientation, identity or gender (a comprehensive discussion of the distinction between sex and gender is presented in the chapter *The Body and Gender*). Among other things, queer theory analyzes the rigid labeling of sexual experiences and identities, emphasizing the fluidity, heterogeneity, and ambiguity of human experiences, which are often obscured by binary and discursively imposed categories. Additionally, queer theory interrogates the oppressiveness of discourses that establish heteronormativity as the dominant societal framework, problematizing the marginalization of those who do not conform to these norms. These ideas resonate with Michel Foucault's (1978) analysis of how dominant discourses on human sexuality influence individuals to behave in certain ways or adopt a specific role or identity. Meanwhile, one of the key tenets of queer theory is the processual nature of sexual identities, which are constructed through individual experiences (Butler 1990).[5]

So far, in this section, I have outlined contrasting approaches to human sexuality (essentialism vs. constructionism) and highlighted the social changes that have influenced the study of sexuality within the social sciences. I have also outlined the general assumptions of selected theoretical orientations (symbolic interactionism, queer theory), the frameworks of which often guide studies on human sexuality in relation to the body, taking into account the diversity of individual experiences (human lived experience [Prus 1996]). In the following section, I will discuss concepts that draw from various theoretical traditions but share a common focus on selected issues in the area of human sexuality, which they problematize (and "thematize"), following specific analytical paths. First, I will present the work of John Gagnon and William Simon, *Sexual Conduct: The Social Sources of Human Sexuality* (1973), which fits into the constructionist approach. This publication contributed to establishing human sexuality as a recognized subject of inquiry within the social sciences (Kimmel 2007; Wiederman 2015).

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4 Studies addressing issues related to sexuality that adopted the perspective of symbolic interactionism concerned, for example, the experience of the first visit to a brothel (Stewart 1972), sadomasochistic practices in the pansexual community (Newmahr 2011), working in an escort agency from the perspective of female escorts (Wojciechowska 2012; Ślęzak 2016), and experiencing non-heteronormative motherhood from the perspective of the biological and social mother (Wojciechowska 2020).

5 Examples of research grounded in queer theory can be found in the thematic issue of "Studia Socjologiczne" edited by Joanna Mizielińska and Agata Stasińska (2014), as well as in the collective monograph edited by Tyler Bradway and Elizabeth Freeman (2022).

2.1. John Gagnon and William Simon – Sexual script theory

The sexual script theory posits that the meanings attributed to specific behaviors result from the internalization of "scripts" specific to a given reference group. These scripts determine whether a behavior is considered sexual and enable its interpretation in relation to the script's content. Due to their socio-cultural origins, sexual scripts influence how individuals, using a pool of "learned" meanings acquired in the first decades of their life, fulfill their needs and desires in the area of sexuality in a society. By learning the content of specific scripts, individuals come to understand, among others, the meaning of their experiences (including feelings), ways of expressing their sexuality, sexual orientation, sexual behaviors, and the course of sexual acts. They also learn how to connect meanings that extend beyond sexuality to experiences within this area of human experience (Gagnon, Simon 1973). In this sense, sexual scripts serve as a metaphor for organizing individual meanings.

The assumption that individual actions are relative to sexual scripts may raise questions about the spontaneity of human sexual interactions.

John Gagnon and William Simon identify three levels of sexual scripts: cultural scenarios, interpersonal scripts, and intrapsychic scripts.

Cultural scenarios encompass social norms and values, the internalization of which provides an interpretative framework for individual actions. Social institutions play a significant role in transmitting these scenarios. Parents, teachers, religious leaders, the media, and legal systems may all serve as sources of information in this regard. Some sexual behaviors are criminalized, stigmatized or condemned, while others are legitimized and encouraged. Therefore, cultural scenarios delineate the general space for actions and meanings in human sexuality. However, they do not provide specific guidelines regarding the behaviors or roles that an individual may undertake within a specific situational or interactional context in the sexual sphere.

Interpersonal scripts emerge from the interaction between individual needs/desires and social norms, offering individuals a space to adapt to the specifics of a given situation. In this sense, they are shaped by accumulated personal experiences and depend on cooperation with sexual partners. Through shared or divergent scripts, individuals learn the roles and interactional orders in the area of sexuality that allow them to adapt to specific situations.

Intrapsychic scripts, shaped by cultural scripts and personal sexual experiences, reflect the content of an individual's inner life and refer to fantasies, desires, and memories. These may include plans or aspirations for enacting interpersonal scripts within the broader context defined by cultural scenarios. In this sense, intrapsychic scripts reflect the uniqueness of an individual at the level of sexual life.

While sexual scripts conceptualize how behaviors are produced within social life, they exclude the universality or immutability of actions and meanings in the area

of human sexuality. It should also be noted that the assumptions on which they are based can be applied to other substantive areas of social life. For example, individuals may internalize scripts related to professional work or social interactions, which similarly operate at cultural, interpersonal, and intrapsychic levels.

2.2. Michel Foucault – Expert discourses on sex

In *The History of Sexuality*, Michel Foucault (1978) has explored, among others, how human sexuality is regulated and controlled by power-knowledge, which takes the form of expert discourses. To this end, he distinguished between *ars erotica* – the art of making love, typical of ancient and Eastern civilizations, and *scientia sexualis* – the Western science of sexuality, "producing the truth of sex," (Foucault 1978: 68). The former refers to the social experience and pleasure, practiced rather than discussed. In this way, human experience subtly shaped individual patterns of acting, enabling "initiation into the meaning of socialization," (Czajkowski, Florkowski, Majka-Rostek 2017: 11 [trans. Christine Frank-Es-Salhi]). In contrast, *scientia sexualis* relegates sex to the background, making sexuality, which it observes from the outside, the subject of discourse. In this sense, it is a discursive practice aimed at acquiring knowledge while simultaneously encouraging individuals to talk about and problematize their sexuality.

> One had to speak of sex; one had to speak publicly and in a manner that was not determined by the division between licit and illicit […] one had to speak of it as of a thing to be not simply condemned or tolerated but managed, inserted into systems of utility, regulated for the greater good of all, made to function according to an optimum. Sex was not something one simply judged; it was a thing one administered. [Foucault 1978: 24]
>
> This quote illustrates how human sexuality is "managed" through the creation of a proper discourse about sex – one that defines what is "healthy" and "normal." Thus, understanding sex becomes a tool for constructing social order. In this vein, attempts at "normalizing" practices and identities prompt reflection on whether the discourse about sex reveals the "truth" about it or conceals it.

Through the omnipresent sex, Foucault has argued, a kind of (often medicalized) "truth" about sexuality and the body is produced via power-knowledge. In this way, expert discourses, by constantly analyzing, speaking about, and encouraging confessions about sex, have contributed to the production of "normal" sexual practices, the source of which is located in the individual.

By comparing personal experiences, sensations, desires, and fantasies with socially defined norms and having criteria of self-understanding based on (expert) knowledge, individuals become the subjects of social control and may begin to self-regulate. They do this by analyzing their actions for signs of (potential) deviation. Thus, the aim of power is not to repress human sexuality but to supervise and regulate it through discourse. Consequently, sex shifts from bodily experiences to desires (Tomanek 2012).

The perception of the "norm" as a certain distribution – a scale within which individuals can be recognized as more or less "normal" – enables the monitoring of human actions and serves as a mechanism of social control (Foucault 2019).

2.3. Pierre Bourdieu – Masculine domination

In *Masculine Domination* (2002), Pierre Bourdieu explored the issue of power in its symbolic dimension (symbolic violence) within the gender binary. He has reflected on how the female body internalizes male domination by subordinating itself to the male. Part of his analysis touches upon how beliefs and the resulting physical sexual practices in which women and men engage are culturally imposed. To this end, "natural" male domination is maintained, for example, through "the fundamental principle of division between the active male and the passive female," (Bourdieu 2002: 21) during coitus. Bourdieu's analysis, grounded in the Mediterranean Kabyle society, has revealed how male domination persists through unconscious practices and beliefs shared by women and men.

Internalized male domination is manifested in bodily *hexis*,[6] which refers to the inscription in women's bodies of the disposition to subordinate themselves to men. It is expressed, for example, through the "correct" practice of sexuality, shaped by the pre-existing gender binary. The division between the sexes appears to be a natural order of things due to the internalization of a series of mythico-ritual oppositions that maintain male superiority (e.g., top: masculinity, bottom: femininity; hot: masculinity, cold: femininity). For instance, in describing male and female genitalia and their complementarity during sexual intercourse, Bourdieu (2002: 18) noted: "of a man who desires it is said that «his *kanun* is red-hot,» «his pot is burning» [...]; women are said to have the capacity to «douse fire.»" The logic of what is deemed "proper" for men and women dictates specific body positions during sexual intercourse precisely because of gender. For example, a position in which a woman would lie on a man is not permissible in Kabyle society, as it would disrupt the order in which the man is dominant. Moreover, the man is seen as the one who conquers and gives pleasure, while the woman passively receives it. Thus, sexual intercourse reflects and reinforces patriarchal social relations.

6 The concept of bodily *hexis* refers to the difference in individuals' social positions that is "inscribed" and expressed through the body. In examining gendered bodily practices, Bourdieu has highlighted how women internalize the "correct" ways of using their bodies in public space. For example, "women, who, in Kabylia, keep away from public places, must in a sense renounce the public use of their gaze (they walk in public with eyes directed to the ground) and their speech (the only utterance that suits them is «I don't know,» the antithesis of the manly speech which is decisive, clear-cut affirmation, at the same time as being meditated and measured)," (Bourdieu 2002: 17). This illustrates how symbolic domination is embodied and perpetuated through everyday practices.

Bourdieu has noted that while reciprocity is possible in homosexual relations, the links between power and sexuality are even more pronounced. The penetration of a man is viewed as an expression of power – "one of the affirmations of the *libido dominandi*," (Bourdieu 2002: 21).

As Bourdieu (2002: 23) observed, "The particular strength of the masculine sociodicy comes from the fact that it combines and condenses two operations: *it legitimates a relationship of domination by embedding it in a biological nature that is itself a naturalized social construction*," (Bourdieu 2002: 23). He added: "If it is quite illusory to believe that symbolic violence can be overcome with the weapons of consciousness and will alone, this is because the effect and conditions of its efficacy are durably and deeply embedded in the body in the form of dispositions," (Bourdieu 2002: 39). This highlights the somatization of masculine domination and suggests that overcoming bodily *hexis* would require the transformation of social structures. A contemporary manifestation of the enduring masculine domination is seen in women faking orgasm (Bourdieu 2002; Dębska 2015). This is supported by a study showing that women may censor sexual communication when they perceive their partners' masculinity as threatened (Jordan et al. 2022).

2.4. Ariel Levy – Between subjectification and self-objectification

Ariel Levy (2005) offered a different perspective on the control of women's bodies and sexuality, focusing on contemporary (postfeminist) social changes and the emergence of "raunch culture," also referred to as "porno chic" or "striptease culture" (McNair 2002). In this context, female empowerment is closely tied to the freedom to express one's sexuality, which is, in turn, associated with bodily autonomy. Modern women are seen as having the freedom to experiment with and through their bodies (from plastic surgery to engaging in various physical or sexual practices [e.g., shibari[7]]). Experiencing sexual agency, often associated with these activities, is interpreted as a form of empowerment (Gill 2007), stemming from the belief that emancipated women can reclaim their bodies (Donaghue, Kurz, Whitehead 2011).

On the one hand, such actions within "raunch culture" seem to indicate a transgression of the Madonna/whore dichotomy. On the other hand, scholars argue that women's empowerment is illusory, as it is achieved through (self-)control of the body and sexuality (McRobbie 2009). It is claimed that the goal of these actions (e.g., aesthetic medicine treatments, exotic pole dancing, wearing shaping underwear) is often to gain potential power over men by arousing their desire. At the same time, women are portrayed "as not seeking men's approval but as pleasing

7 Shibari is an art of bondage originating from Japan, which is most often practiced to evoke specific sensations and emotions (often of an erotic nature) or for aesthetic and performative purposes, e.g., as a form of performance accompanying various events.

themselves, and, in so doing, they «just happen» to win men's admiration," (Gill 2008: 42 as cited in Donaghue, Whitehead, Kurz 2011: 445).

Is a discourse that evaluates social actors' actions in ways that are inconsistent with their assessment of the situation oppressive? Carol Rambo, Sara Presley, and Don Mynatt (2006) addressed this issue in their study of sex workers who reported satisfaction with their work but were labeled "victims of false consciousness" who had internalized their oppression.

Similarly, if a member of a cult claims to be happy and fulfilled, should we believe them? What is the purpose of scientific inquiry?

In this light, the broadly understood freedom of women within "raunch culture" may be deceptive. It often involves internalizing (and self-objectification through adaptation to) the male gaze – the dominant perspective on femininity and sexuality – thus perpetuating male domination (Levy 2005; Donaghue, Whitehead, Kurz 2011).

As Jacek Kochanowski (2013) has pointed out, just as there are socially constructed models of desired femininity, there are also models of masculinity, defined in opposition to femininity.

Femininity is expressed from the perspective of dominant masculinity, as a complement, a supplement to masculinity. A complement thanks to which the male body (and masculinity as well as male desire) is "elevated" and the female body (and femininity as well as female desire) is "humiliated," which has many significant social consequences, including the one concerning sexuality: male, "elevated" desire determines the entire sexual relationship – he desires the woman, the woman is merely the object of his desire. [Kochanowski 2013: 125 (trans. Christine Frank-Es-Salhi)]

In this framework, weak femininity defines strong masculinity. The narrative of gender norms materializes in actions, often leading individuals to simulate these patterns as an expression of their "true nature." Yet, Kochanowski (2013) warned that such conformity could result in the "killing" of a part of oneself. His insights align with Bourdieu's (2002) observations on the durability of masculine domination. Kochanowski sees danger in this phenomenon, especially in contexts that challenge heteronormativity and the related gender binary.

2.5. Jean Baudrillard – Seduction, production, and pornography

Social changes taking place in the mediatized world, which encompass the sphere of experiences and practices related to human sexuality, were also signaled by Jean Baudrillard. In his book *Seduction* (1990: 1), he reflected on the decline of seduction in the 20th century, noting that despite, or perhaps because of, the promotion of sexuality, "seduction has remained in the shadows – and even returned thereto permanently." The chapter *Stereo-Porno* is especially relevant, both to the topic at hand and to Baudrillard's (2005) concept of simulacra. He has argued that pornography makes sex hyperreal – more real than reality – thus giving it a grotesque and obscene dimension. This obscenity is not rooted in transgression, provocation or perversion, but in the consumption of the artificial. Pornography

neutralizes sex through tolerance and hyperreality, focusing on the closest possible presentation of human genitalia during sexual acts. This hyperrealism of sexual pleasure synthesizes sex but fails to celebrate it as a lived experience, paradoxically making it unreal.

The following quote explains the term "vaginal cyclorama." Baudrillard used it to portray a visceral obscenity that is not about sex but about performance. The penetration of the body becomes a visual spectacle, including exploring its interior, rather than an intimate act. Nudity, in this context, becomes a cultural sign that distances viewers from the body and its experiences.

Prostitutes, their thighs open, sitting on the edge of a platform, Japanese workers […] permitted to shove their noses up to the eyeballs within the woman's vagina in order to see, to see better – but what? […] The rest of the spectacle – the flagellations, the reciprocal masturbation and traditional strip-tease, pales before this moment of absolute obscenity, this moment of visual voracity that goes far beyond sexual possession. [Baudrillard 1990: 31–32]

By revealing the "microscopic truth" of sex, pornography incorporates it into the order of production. Baudrillard compared the Japanese vaginal cyclorama (the term is explained in the quote in the box) to working on the assembly line. He argued that: "To produce is to materialize by force what belongs to another order, that of the secret and seduction. Seduction is, at all times and in all places, opposed to production. Seduction removes something from the order of the visible, while production constructs everything in full view," (Baudrillard 1990: 34). Thus, sex becomes a product – its obscenity lies in the fact that nothing is left to chance.

Zygmunt Bauman (1997), drawing on Baudrillard, has observed that in postmodern culture, sex focuses on achieving orgasm. It becomes a pursuit of collecting sensations and seeking impressions rather than experiencing and engaging. The purpose of sex becomes providing increasingly intense, more varied, and new pleasures. Yet, compared to other areas of creativity, the scope for experimentation is quite limited here. This is because the "peak" sexual experience remains elusive. Other sexual acts are measured against this ideal, often through training and repetition, to realize the dream or come close to it.

In this way, Baudrillard has shown how pornography[8] annihilates seduction through sex, and simultaneously erases sex through the accumulation of its signs. He wrote: "pornography is true: it owes its truth to the system of sexual dissuasion

8 On the Polish publishing market, the issue of pornography is addressed by Lech Nijakowski in his book *Pornografia. Historia, znaczenie, gatunki* [Pornography: History, Meaning, and Genres, 2010] and recently by Mateusz Gola in his book *Gdy porno przestaje być sexy* [When Porn Stops Being Sexy, 2024].

by hallucination, dissuasion of the real by the hyperreal, and of the body by its forced materialization," (Baudrillard 1990: 35). Pornography becomes a lived reality that shapes the patterns of human action, detaching sexuality from bodily sensations, though not from the body itself (which is a common experience of sex workers in escort agencies [Wojciechowska 2012]).

2.6. Anthony Giddens – From plastic sexuality to pure relationship

Reflecting on the transformation of intimacy in contemporary societies, Anthony Giddens (1992) also addressed the issue of social control, particularly men's sexual power over women, the loss of which could lead to violence. He traced the ideological evolution of sexuality from the 19th-century concept of "romantic love" to the late 20th-century notion of "pure relationship."

Giddens (2001) views modern identity as a "reflexive project," emphasizing that areas of life perceived as controllable gain significance for individuals striving for self-improvement. Human sexuality is one such domain, increasingly shaped by individual choice in contemporary society. This is due to the development of "plastic sexuality," freed from reproduction and "the rule of the phallus" (Giddens 1992: 2) as a result of the spread of modern contraception. Such sexuality, bound up with the self, can be molded. Thus, individuals can now choose family structures and pursue egalitarian relationships, opening up new possibilities for intimacy. Rather than seeking a "special person," individuals may aim to build a "special relationship" – one centered on mutual satisfaction.

While "romantic love" historically reinforced gender inequality through custom and the dependence of women on men, "confluent love" fosters a "pure relationship," which is an autotelic goal for an individual, related to pleasure and satisfaction. Intimacy, understood as an emotional bond established on the terms of equal partners, becomes the foundation for trust and self-defined relational norms, where the desire to be together does not result from "external social factors." Trust in this context extends beyond the partner to the belief that the relationship will endure. Still, individuals do not feel compelled to remain in a "pure relationship." Its continuation depends on the persistence of emotional fulfillment, including satisfaction, and feelings towards the partner.

Although Giddens does not focus primarily on sexuality or bodily experience, his work in *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies* (Giddens 1992) has been relevant for understanding sexuality not as a "problem" to be analyzed from the outside, but within the broader context of human life. Here, phenomena such as touch, intimacy, trust, and love are not merely analytical categories but deeply personal and diverse experiences that are unique to each and every one of us.[9]

9 In Poland, the topic of love has been explored scientifically by Julita Czernecka (2020; Czernecka, Kalinowska 2020). Emma Engdahl (2018, 2020) has examined the phenomenon of "depressive love," arguing that a common source of depression lies in intimate relationships

3. Key concepts

This section presents selected concepts and terms frequently encountered in sociological literature on sexuality in relation to the human body. While not exhaustive, this glossary – alongside the terms and concepts discussed earlier in the chapter – illustrates the diversity of the phenomena and areas explored in studies on sexuality. The entries are arranged alphabetically.

Asexuality – identifying as asexual is related to a lack of sexual attraction or engaging in sexual behaviors, or the co-occurrence of both of these factors (Siekierska, Kowalczyk, Merk 2016). Due to the fluid nature of sexual orientation – illustrated, for example, by the Kinsey Scale (described later in the glossary), some asexual individuals may engage in sexual activity under specific conditions (e.g., sexual attraction aroused by intellectual stimulation [sapiosexuality]; masturbation is part of the sexual repertoire of individuals who identify as asexual). **Gray-sexuality** (also known as **gray-asexuality** or **gray-A**) encompasses identities on the spectrum between asexuality and allosexuality, such as **demisexuality**, where sexual attraction depends on establishing an emotional bond.

BDSM (bondage and discipline, dominance and submission, and sadism and masochism) – a broad concept encompassing various meanings and terms expressed in specific practices, involving, for example, power exchange, role-playing, pain infliction, restraint, etc. It is used both in academic literature and by individuals who engage in a range of consensual BDSM practices.

Cuckolding (controlled betrayal) – "engaging in sexual activity with another man by a woman in a relatively stable relationship with her current partner. The condition […] is the consent or often even the initiative of the current partner to engage in sexual activity outside the relationship, and sometimes the co-presence of the partner during the woman's sexual behavior with another man," (Buczkowski 2017: 147 [trans. Christine Frank-Es-Salhi]).

DSM (Diagnostic and Statistical Manual of Mental Disorders) – published by the American Psychiatric Association, provides a classification of mental disorders. The current edition is DSM-5. Homosexuality was removed from the manual in 1973, and in 1991, the World Health Organization (WHO) removed it from the International Classification of Diseases and Related Health Problems (ICD).

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where individuals do not feel they are treated as "worthy" of love. Engdahl has analyzed the coexistence of seemingly contradictory experiences – love and depression – within the context of transformations in contemporary Western societies.

Harassment (sexual) – in the Polish Labour Code, harassment is recognized as a form of discrimination. It "occurs when unwanted conduct takes place with the purpose or effect of violating the dignity of an employee and creating an intimidating, hostile, degrading, humiliating or offensive environment against that person," (Act of 26 June 1974, Labour Code [retrieved 16 August 2025: https://www.gov.pl/web/family/definitions-in-the-labour-code]). A special type of discrimination is discrimination based on sex – **sexual harassment**. It is "unwanted conduct of a sexual nature or relating to the sex of an employee. This behaviour can consist of physical, verbal or non-verbal elements," (Act of 26 June 1974, Labour Code [retrieved 16 August 2025: https://www.gov.pl/web/family/definitions-in-the-labour-code]).

Kink – a colloquial term used (also in academic literature) to describe sexual practices considered "unusual" or "non-normative" that individuals undertake for sexual pleasure. They may include, for example, the use of props, breath play, role play, dirty talk, and so on.

LGBTQIA+ – an acronym representing individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/ally. Each letter represents a gender or sexual identity, symbolizing different facets of the community. Adding a "+" to it signifies the identities that are not included in the acronym (e.g., two-spirit), thereby highlighting the community's inclusivity. It also reflects a commitment to inclusive language (e.g., "gender affirmation" rather than "gender change").

Pansexuality – sexual or emotional attraction to an individual regardless of their sex/gender. Unlike bisexuality, pansexuality does not rely on a binary understanding of gender.

Polyamory – a form of ethical non-monogamy involving multiple intimate relationships of emotional and sexual nature. Unlike **swinging**, which focuses on sexual variety (emotional involvement is often reserved for the partner with whom the relationship is formed), polyamory emphasizes long-term emotional bonds. Polyamory is not kept secret from the partner(s), which is different from cheating (Sheff 2015).

Sexual assistant/Surrogate partner – a professionally trained individual who supports adults, often with disabilities and/or experiencing challenges with physical intimacy, in overcoming intimacy/sexual issues through experiential learning in the whole spectrum of their sexuality, including engaging in sexual acts. The legal framework, training, selection criteria, and scope of involvement, among other factors, vary by country (Gammino, Faccio, Cipolletta 2016). In the US, such professionals are most often referred to as surrogate partners. In Europe, sexual

assistants operate in Austria, Belgium, Denmark, Germany, Spain, the Netherlands, and Switzerland, among others.[10]

Sexual education – instruction on topics related to human sexuality, including anatomy, reproduction, as well as health (e.g., sexual abstinence, contraception, and STIs). It also covers legal rights (e.g., the age of consent, which is 15 in Poland) and emotional aspects of sexuality. Sex education programs are implemented, for example, in schools or through public health campaigns. In Poland, attending them is not mandatory.

Sexual orientation – a concept defining to whom an individual feels sexual attraction. **The Kinsey Scale** places individuals on a continuum from exclusively heterosexual (0) to exclusively homosexual (6), classifying their sexual preferences in relation to their score on the scale. Research conducted by Kinsey's team has shown that most individuals do not fall at the extremes of the scale.

Sexual violence – any behavior that results in non-consensual sexual contact. Such behavior may manifest through verbal actions (e.g., sexually explicit comments), non-verbal actions (e.g., coercing someone to engage with sexual content [sending unsolicited images of genitalia]), or physical actions (e.g., violating an individual's bodily autonomy). Sexual violence frequently takes place in the context of power imbalances, wherein one individual holds an advantage over another – be it physical, economic, or relational (e.g., hierarchical relationships such as parent-child or employer-employee). The perpetrators of sexual violence often disregard the expressed opposition or boundaries of another individual, thereby infringing upon their rights to bodily autonomy, freedom, and self-determination. The harm caused by such acts may be visible or invisible, immediate or long-term. The prevailing stereotypes about sexual violence include the belief that rape cannot occur within marriage or that the absence of resistance implies consent. The *MeToo* movement has played a significant role in bringing the issue of sexual violence into the public sphere. The *#MeToo* slogan was coined and first used by Tarana Burke in 2006 (Burke 2018), and later gained global prominence.

4. Selected key research areas

Throughout this chapter, I have emphasized the fluidity, ambiguity, and contextual entanglement of meanings in the experience of sexuality. Accordingly, when proposing a general overview of thematic areas related to the body and sexuality, I have chosen to foreground this conceptual thread. This approach underscores

10 A fictional portrayal of the role of a surrogate partner can be found in the 2012 movie *The Sessions*.

that the recognition of what is considered "normal" (or not) – in both sexuality and broader life domains – is not constant but processual. Consequently, it is essential to remember that the role of the researcher is not to evaluate the phenomena under study, but to describe and analyze them.[11] The distinguished areas are not based on thematic divisions (e.g., comparing the dating practices of heteronormative versus non-heteronormative individuals[12]). Rather, they represent general analytical frameworks through which specific topics related to human sexuality may be explored (e.g., the construction of interactional order during a date). These proposed areas are neither exhaustive nor mutually exclusive. For instance, topics such as domination (e.g., gender-based), violence, internalized norms or the interactional and situational understanding of the body may be examined through the experiences of individuals engaged in sex work.

I hope that readers interested in human sexuality – and perhaps inspired by this chapter – will identify the literature most relevant to their inquiries. These issues can be traced across the human life cycle and within various social institutions (e.g., medical, educational, familial, etc.). The references provided at the end of the chapter may serve as a useful guide in this respect.

4.1. Norms and values as frameworks for public conduct

The decriminalization of homosexual acts across all US states occurred in 2003, 30 years after homosexuality was removed from the list of mental disorders. In this context, two key issues merit attention. First, the entanglement of individual sexual behaviors within internalized legal and cultural norms. Second, the strategies employed by individuals who transgress these norms and navigate the potential consequences of public involvement in activities deemed "deviant." These questions were notably addressed by, among others, Laud Humphreys (1970) in his book *Tearoom Trade. Impersonal Sex in Public Places*.

In the late 1960s, Humphreys researched men engaging in anonymous sexual encounters in public restrooms (in parks). To collect data, he often assumed the role of a "watch queen" – a non-participating gay observer taking pleasure in the act of others, who also ensured the participants were not caught by law enforcement. His study explored the roles adopted during encounters, the interactional rules (e.g., signaling methods to initiate the encounter), but also the "true" identities of the men involved in anonymous sex with random strangers.

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11 The language we use is also significant (e.g., the distinction between the terms "prostitute" and "sex worker"). During research conducted among women employed in escort agencies, I observed that they did not refer to themselves as "prostitutes" or talk about "prostitution," but rather used terms such as "work," "performance," and "providing services."

12 Such categorization, however, may be problematic due to the potential preconceptualization embedded in the predefined thematic labels.

While Humphreys' research was groundbreaking in its sociological insights, it has been widely criticized for ethical violations, including the lack of informed consent and the use of deceptive methods. Thus, how he conducted the study not only raised ethical doubts but also prompted reflection on how far a researcher could go to gain insight.

Humphreys sometimes disclosed his research intentions and conducted interviews, but more often he recorded license plate numbers to identify the men he researched and later approached them under the guise of a health survey.

Humphreys' findings challenged the prevailing stereotypes of dangerous sexual "deviants." Most of the men he observed led conventional ("normal") lives as husbands and fathers, adhering to social and legal norms in other domains. This highlighted the oppressive nature of social control over sexuality, enacted through the internalization and externalization of heteronormative frames (a concept discussed in the chapter *The Body and Gender*). Fearing legal and symbolic consequences (e.g., social exclusion), individuals often conceal their desires behind socially accepted facades. This raises salient questions about the personal and communal implications of such concealment.

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Research involving LGBTQ+ individuals frequently reveals the marginalizing effects of heteronormativity. Studies in Poland have examined how internalized norms and values shape family life, such as in the experiences of lesbian (biological and social) mothers raising children conceived within their relationship (Wojciechowska 2014, 2015a, 2020). Anticipating discrimination, these women often managed the visibility of their families[13] to avoid revealing the nature of their relationship in certain contexts. The project *Rodziny z wyboru w Polsce* ([Families of Choice in Poland], Mizielińska, Abramowicz, Stasińska 2014; Mizielińska, Struzik, Król 2017) further explored LGBTQ+ family life within a heteronormative society, emphasizing the persistent social hierarchies based on sexual orientation. Drawing on the subordinate position of homosexual individuals within a heteronormative social space, Mariola Bieńko (2021) referred to Gayle Rubin's concept of the "erotic pyramid" based on "sexual value."

> Marital reproductive heterosexuals are alone at the top erotic pyramid. Clamouring below are unmarried monogamous heterosexuals in couples, followed by most other heterosexuals. […] Stable, long-term lesbian and gay men couples are verging on respectability, but bar dykes and promiscuous gay men are hovering just above the groups at the very bottom of the pyramid. The most despised sexual castes currently include transsexuals, transvestites, fetishists, sadomasochists, sex workers such as prostitutes and porn models, and the lowliest of all, those whose eroticism transgresses generational boundaries. [Rubin 2007: 151]

13 The term "family" was not imposed during the data analysis but emerged from the field as rooted in the language of the participants (Wojciechowska 2020).

Anna Zawadzka's *Ten pierwszy raz. Konstruowanie heteroseksualności* [This First Time. Constructing Heterosexuality, 2015] examined virginity and defloration in relation to the social production of the experience of being a woman in the context of the female body and sexuality. She has demonstrated how social discourses regulate women's sexuality and experiences in this area by promoting specific norms, values, and cultural beliefs, thereby shaping the socio-cultural image of (embodied) femininity and gendered sexual norms regarding acceptable sexual practices.

Kamrul Hasan's article *Researching Masculinity and Men's Sexual Health in Bangladesh: Methodological Reflections* (2021) offers another perspective, highlighting how cultural and religious norms and values in Muslin societies render sexuality a taboo subject. This framing has significant implications for sexual health and the lived experiences of men in such contexts.

4.2. The meaning-making of bodily experiences (and sex) in the course of interaction

Laud Humphreys' research highlights the importance of values and social as well as legal norms in shaping individual perceptions of human sexuality. These norms serve as reference points, informing individuals about what is considered "normal" and delineating the potential consequences of going beyond the heteronormative frameworks (e.g., legal sanctions). In this section, I turn to situations in which individuals lack ready-made role scripts and where meanings attributed to bodily experiences are constructed through interaction. This perspective highlights the contextual and fluid nature of sexual meaning-making.

Over a decade ago, I studied the experiences of sex workers whose narratives frequently centered on their bodily experiences in the context of client interactions.[14] My work was inspired by George Lee Stewart's 1972 article *On First Being a John*, which explored the production of interactional order in a brothel from the perspective of a client.

At the outset of his ethnographic study, Stewart was unfamiliar with the norms and practices governing the environment he was entering. This lack of a point of reference rendered his account particularly valuable for social researchers, especially those adopting interpretive or constructionist approaches. His inexperience has enabled him to capture the process through which sexual meanings are constructed. Stewart described how, through interaction, he gradually learned to assign meaning to specific practices, such as verbal stimulation and the act of praising a partner during sexual intercourse. Before acquiring this understanding, he was left alone

14 The issue of sex work was discussed in the chapter *The Body and Work*. In Poland, this topic has been addressed by scholars such as Magdalena Wojciechowska (2012) and Izabela Ślęzak (2016), who analyzed the experiences of women working in escort agencies. Adrianna Surmiak (2010), through her work as a street worker, researched women working on the street. Agata Dziuban and Anna Ratecka (2012, 2017) have contributed to reconstructing knowledge about sex workers and their social representations.

with a female sex worker who – through her interactional competence – imposed a particular definition of the situation. Lacking ready-made interpersonal or individual scripts, Stewart experienced a sense of "unreality," which shaped how he made sense of the situation, experiencing his body and the world through his body.

Stewart recounted the feelings of nervousness and anxiety, manifested physically as tension, stomach pain, joint discomfort (in the knees, elbows, and wrists), and chest tightness. These sensations, uncommon in "typical" sexual encounters, could have heightened his susceptibility to accepting the imposed definition of the situation. As the interaction progressed, Stewart revisited this sense of "unreality," emphasizing the entanglement of understanding and experiencing one's sexuality in specific situational or interactional contexts.

> Colette told me it would be necessary for her to inspect me for venereal disease. She did so, manipulating me in a manner reminiscent of someone milking a cow. Under familiar circumstances, I might have found this procedure degrading, or odd, or sexually stimulating, depending on the manipulator and the situation. However, here and now I felt nothing, as if I were not an active participant. [Stewart 1972: 266]
>
> This excerpt illustrates how both familiar and unfamiliar contexts shape not only the interpretation but also the embodied experience of sexuality. It suggests that bodily experiences are not solely driven by "natural" impulses or external stimuli, but are instead mediated by the meanings assigned within specific contexts. For instance, physical touch in a medical setting is likely to be interpreted differently than similar contact during a date – an observation that has implications for how bodily sensations are experienced (Brickell 2015).

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Continuing with the theme of sex work, it is instructive to examine how individuals engaged in this profession conceptualize their bodies and bodily experiences. Studies available on the Polish publishing market that explore how sex workers providing services in escort agencies construct the understandings of their bodies in relation to client interactions include: *Agencja towarzyska – (nie)zwykłe miejsce pracy* [The Escort Agency. An (Extra)Ordinary Workplace, Wojciechowska 2012] and *Praca kobiet świadczących usługi seksualne w agencjach towarzyskich* [The Work of Female Sex Workers in Escort Agencies, Ślęzak 2016]. In these contexts, the body is often perceived as a tool – an interactional partner that facilitates the performance of work, rather than a medium for personal experiences. A particularly compelling theme emerging from these observations is the notion of "betrayal" by the body. Some participants described experiencing physical pleasure (orgasm) during professional interactions, which they believed should be "reserved" for private, intimate contexts. This phenomenon underscores the tension between professional detachment and involuntary bodily responses, revealing the complexity of meaning-making in sexual interactions. It also points to a perceived loss of control when the body as a partner fails to conform to the expected professional script. Consequently,

meanings (concerning sexuality) are not only assigned but also negotiated during interactions, also with the body itself as an interactional partner.

Jeffrey E. Nash further explored the relativity of meanings given to bodily experiences in the area of sexuality in his article *A Penile Implant: Embodying Medical Technology* (2021). Drawing on his personal experience of receiving a penile implant, Nash reflected on the process of re-embodying sexuality in relation to the restored functionality of his body. He discussed how medical interactions shaped his understanding of bodily experiences and the role his body could occupy in these contexts.

Another example of meaning-making in the area of human sexuality, particularly in digital environments, was provided by Alecea Standlee in her article *Sex, Romance, and Technology: Efficiency, Predictability, and Standardization in College Dating Cultures* (2023). Standlee examined how communication technologies influenced the formation and interpretation of romantic and sexual relationships. She argued that the emphasis on speed, efficiency, and clarity (e.g., quickly determining what the other party is looking for) in digital interactions – echoing Zygmunt Bauman's (1997) observations on collecting experiences – has transformed the way individuals pursue intimacy. Communication technologies facilitate the rapid accumulation of experiences, but also contribute to the standardization and commodification of relational dynamics.

4.3. "Typical" and "atypical" sexual practices

The categories of "typical" or "atypical" sexual practices reflect the subjective nature of meaning-making in the area of human sexuality. These classifications engage with the broader sociological issue of how deviance is socially constructed (Prus, Grills 2003), and shaped by the prevailing norms and values of a culture. At the same time, they underscore the fluidity of meanings associated with concepts such as "normality" and "deviance," which are often contingent upon familiarity and cultural proximity. For this reason, this section presents research on (everyday) sexual behaviors and practices across diverse social groups. These studies focus on consensual activities undertaken by individuals to fulfill various needs, including those of a sexual nature.

Roy F. Baumeister (1988), in his article *Masochism as Escape from Self*, interpreted masochistic practices as a means of anchoring the self in the here and now through bodily experiences. In this context, physical pain serves as a mechanism for reconnecting with the body, allowing individuals to temporarily disengage from the multitude of roles and responsibilities they typically monitor (and try to control). The experience of physical pain thus becomes a pathway to embodied awareness.

Staci Newmahr (2011), in her ethnographic study *Playing on the Edge: Sadomasochism, Risk, and Intimacy*, explored sadomasochistic (SM) practices within the pansexual community in San Francisco. Newmahr based her conclusions on data collected during four years of research, which involved her transition from an outsider (researcher-observer) to an insider (researcher-participant). It is worth

noting that the research period coincided with a time of increased public interest[15] in BDSM practices (Simula 2015).

In the book, Newmahr emphasized the role of reference groups in shaping the meanings attributed to specific practices or actions. What may appear provocative to outsiders was often perceived as routine within the community. She also challenged the tendency to reduce SM practices to mere kinks, arguing that such interpretations obscured the nuanced perspectives of participants, for whom the sexual dimension of these might not be central.

The participants in Newmahr's study did not view their SM activities as role-playing but as enacting fantasies. These practices, while involving controlled risk, were framed as intimate "serious leisure." As Newmahr has noted, engaging in SM offers satisfaction and a sense that individuals are (become) experts in this field.

The community's emphasis on experience, trust, and expertise challenged the dominant narratives that pathologized or sensationalized BDSM. Still, Newmahr observed that due to the common belief that they deviated from the "norm," BDSM practices were often viewed as a "curiosity" that could arouse many, often contradictory, emotions. This could also be explained by the medicalization of such practices and their portrayal as "dangerous" in medical discourse. In this context, it is worth realizing that the stereotypical association of the sphere of sexuality with, for example, physical attractiveness, health or youth may contribute to the (stigmatizing) labeling of individuals who deviate from normative ideals in this regard as "atypical."

Joanna K. Wawrzyniak (2011), in her article *Seksualność osób 50 plus. Wybrane konteksty analizy zjawiska* [Intimacy and Sexuality of People 50+. Selected Contexts of Analysis], examined the sexuality of older adults, highlighting the impact of social myths and taboos that rendered this topic difficult to accept. She attributed this social discomfort to customs and deficiencies in sexual education. Citing Zbigniew Lew-Starowicz, Wawrzyniak underscored the influence of the sexual model in which individuals were socialized, shaped by moral rigorism and religious teachings, particularly those of the Catholic Church, which historically have discouraged positive attitudes toward sexuality. "Specific morality, resulting from philosophy and the ethical system, the existing false moral rigorism, and the teachings of the Catholic Church have resulted in practically no positive attitude toward sex," (Wawrzyniak 2011: 68 [trans. Christine Frank-Es-Salhi]). She advocates for educational initiatives that promote understanding of sexuality across the human life cycle, emphasizing that sexual activity among older adults is vital to their well-being, quality of life, and meeting their needs (e.g., social or health-related).

15 Public interest in this topic could have been intensified by the mainstream popularity of books or movies such as *Fifty Shades of Grey* (book premiere in 2011; film premiere in 2015), which – by satisfying curiosity – could have also "normalized" certain sexual practices associated with BDSM.

Milena Trojanowska (2020), in her article *Komu wolno pójść na randkę? O seksualności osób z niepełnosprawnościami* [Who is Allowed to Go on a Date? About the Sexuality of People with Disabilities], has explored how myths and stereotypes, producing "atypicality" labels, contribute to the sexual "segregation" of individuals whose behaviors deviate from normative expectations. People with disabilities, like older adults, are often perceived as asexual. Of course, the visibility of some disabilities also plays a role in shaping these perceptions (Goffman 2007). Lynn Schlesinger (1996), in *Chronic Pain, Intimacy, and Sexuality: A Qualitative Study of Women Who Live with Pain*, investigated how the invisibility of chronic pain affected the sexual lives of women struggling with the disease. Her study focused on how these women coped with pain by adapting and modifying available scenarios, as well as communicating about pain with their sexual partners. This research highlights the importance of acknowledging diverse bodily experiences in the context of sexual relationships.

Zbigniew Izdebski (2012) noted that, according to existing studies, while sexuality remained a taboo subject in public discourse, Polish women and men exhibited a high degree of self-awareness and openness regarding their sexual behaviors and needs.

Despite prevailing social myths – as well as the fears and uncertainties often associated with them – research on sexuality within a society tends to emphasize diverse contextual factors and the human life cycle. This focus is exemplified by numerous studies conducted by Zbigniew Izdebski (2012) on the sexuality of Polish individuals.

In *Seksualność Polaków na początku XXI wieku* [Sexuality of Poles in the Early 21st Century, Izdebski 2012], he examined sexuality across different phases of life (sexuality at the threshold of adulthood, the sexuality of adults, and the sexuality of people over 50 years old). The topics concerned sexual initiation and activity, including, for example, the frequency, form of activity, experiencing orgasm, contraceptive methods, sexual drive, and contacts with individuals of the same sex, in addition to the number of sexual partners or sexual contacts beyond regular relationships. The assessment of the role of sex in adult life, performance in this area, and quality of sexual life, as well as fears and difficulties related to sexual activity also proved vital. The study also addressed health-related issues such as the frequency of preventive examinations, using hormonal agents (e.g., therapy to alleviate the symptoms of climacterium), evaluation of sexual skillfulness with reference to age or sexual activity in a sanatorium. Analyzing the "various shades of sexuality," Izdebski took into account homosexuality, sex on the internet, paid sexual services, and sexuality in the era of the threat of the HIV/AIDS pandemic. He was also interested in the views of Polish women and men on specific issues related to the area of human sexuality, including sex education. Izdebski's research sheds light on a wide range of issues that are part of human sexuality. His results have provided valuable insights into the everyday sexual lives of Polish individuals

and enabled us to embrace specific ways of conceptualizing sex, present in both public and academic discourses.

A salient theme in sexuality research is desire. Kristen P. Mark and Julie A. Lasslo (2018), in *Maintaining Sexual Desire in Long-Term Relationships: A Systematic Review and Conceptual Model*, synthesized findings from 64 studies to explore how sexual desire is sustained over time in long-term relationships. Their work has contributed to a deeper understanding of the dynamics of desire and its role in long-term intimacy.

The collective monograph, *The Gayborhood. From Liberation to Cosmopolitan Spectacle,* edited by Christopher T. Conner and Daniel Okamura (2021), presents a multifaceted view of LGBTQ+ sexuality, emphasizing its integration into everyday life.[16] The contributors examined, for example, how LGBTQ+ individuals navigated social norms, constructed social capital (e.g., through the bodies of go-go dancers), managed impressions via dating apps such as *Grindr*, established and entered into relationships, started families, and experienced motherhood. Finally, they analyzed the potential of queer activism. The value of this study lies in challenging the notion of sexuality as a "construct" separated from human life, instead portraying it as an integral aspect of daily life, typical for some, atypical for others.

4.4. Domination, marginalization, (sexual) violence

Throughout this chapter, I have repeatedly addressed the issue of marginalization and social stigmatization of individuals or actions that deviate from socially constructed norms. As previously discussed, the concept of "deviance" is not inherent but socially produced through the internalization of dominant normative frameworks and cultural values. Building on this foundation, this section examines the issue of gendered domination, particularly in the area of sexuality, as highlighted by scholars such as Pierre Bourdieu (2002). This perspective invites not only reflection on how the assumed dominance of particular groups shapes interactional dynamics, but also how it may pose challenges for those very groups.

An example of the "subtle" dominance of male sexuality over female sexuality, which is stereotyped and controlled differently, is presented in the article *Sexual Double Standard: A Review of the Literature Between 2001 and 2010* by Gabriela Sagebin Bordini and Tania Mara Sperb (2012). Reviewing 26 studies on gendered sexual norms, the authors have demonstrated that although societal perceptions of female sexuality are evolving (e.g., premarital sexual activity is increasingly accepted for both genders), women's sexual behavior continues to be judged by

16 The book by Vanessa R. Panfil, the author of one of the chapters in the collective monograph discussed here, served as inspiration for an HBO series. Her book, *The Gang Is All Queer: The Lives of Gay Gang Members* (Panfil 2017), explores, among other topics, how gang members negotiate masculinity and homosexual identity.

different standards than men's. This observation was echoed by Peggy Orenstein (2016), who, in her TED Talk *What Young Women Believe About Their Own Sexual Pleasure*, noted that young women often associated sexual satisfaction with, among others, the absence of pain, whereas men equated it with the attainment of physical pleasure. This contrast reflects the marginalization of female sexuality and the implicit domination of male sexual norms.

A more overt manifestation of gendered domination is presented in the article *Men Who Like Using and Abusing Women: The Perspective of Clients on Escort Agency Workers* (Wojciechowska 2015b). This study investigated sexual violence perpetrated by clients against sex workers in escort agency settings, where such behavior was often legitimized by other men (e.g., security personnel), unless the woman was visibly harmed, at which point her "utility value" was perceived to diminish. The article illustrates how men construct narratives around women providing sexual services, using these narratives to justify acts of humiliation and to assert dominance within the interaction. The women were frequently held responsible for the clients' sexual satisfaction, and failure to meet these expectations could result in symbolic or physical punishment. The phenomenon of "violence coaching" (Athens 1992) also emerged, wherein men, often in groups, visited escort agencies to demonstrate to others, particularly younger or less experienced men, how to interact with sex workers. A key finding was that such behavior was often rooted in a perceived threat posed by "normal" women, whose "disciplining" would not be socially sanctioned. This underscores how gendered dominance is not only enacted but also socially reinforced through peer dynamics.

Extensive research has been conducted on sexual violence, encompassing gender-based violence and violence related to sexual identity or orientation. One notable study was presented in Heather R. Hlavka's (2017) article *Speaking of Stigma and the Silence of Shame: Young Men and Sexual Victimization*, which analyzed forensic interviews with boys and young men who were suspected victims of sexual abuse. Hlavka explored how sexual violence against males was interpreted and understood, revealing a central tension between the concept of (dominant) masculinity and the experience of victimization. For many, being a victim of sexual violence threatened their sense of masculinity, contributing to their reluctance to disclose abuse or report it to authorities. Given the age of the respondents, the issues of vulnerability and the dependency of a minor must also be considered. At this point, however, it is worth reflecting on how internalized ideals of strong, dominant masculinity can exacerbate the stigma faced by male victims of sexual violence. This underscores the need for comprehensive sexual education that addresses gender norms, vulnerability, and consent.

Male victims of sexual violence may experience dual stigmatization. First, through the perceived undermining of their masculinity. Second, through the questioning of their heteronormative identity, particularly in cases involving male perpetrators. Conversely, when the perpetrator is female, the situation may be equally problematic, as it challenges the normative assumption that femininity should not dominate masculinity.

4.5. Sexual socialization and the essence of sex education

The article *Mother-Daughter Communication on Intimate Relationships: Voices from a Township in Bloemfontein, South Africa* by Ntombizonke A. Gumede, Amanda M. Young-Hauser, and Jan K. Coetzee (2017) does not focus on sexuality as enacted behavior, but rather invites reflection on the role and nature of sex education. It explores the sexual socialization of young women within a culture where sexuality is seen as a taboo subject and discussions about it are framed as problematic. The study has revealed that conversations centered on the negative consequences of intimate relationships, whether sexual or not, can foster distrust between mothers and daughters, thereby reinforcing the taboo surrounding sexuality.

The research was conducted in a resource-poor township, where mothers bear the primary responsibility for educating their daughters about sexuality. In light of the high prevalence of sexual violence against young women, HIV/AIDS, and teenage pregnancies, maternal guidance tends to emphasize the risks associated with sexual activity. These include, for example, the potential need to drop out of school due to an unplanned pregnancy or the risk of contracting HIV. Within this community, sex is not considered an appropriate topic for casual conversation and is often associated with shame. Consequently, mothers often rely on personal experience rather than formal knowledge, which can result in ineffective communication. For example, some of the study participants reported becoming pregnant unintentionally, partly due to misunderstandings stemming from vague or euphemistic language. For instance, mothers would advise their daughters not to "sleep with a boy," intending to discourage sexual activity. However, daughters interpreted this literally – avoiding sharing a bed with men – while still engaging in sexual intercourse.

> "When I was young, they used to say to us: «When you meet a boy, or when you sleep with a boy,» instead of saying: «When you have sex.» This left us confused as we thought by sleep it means just sharing a bed. We conceived children and nobody told us about these things," (Gumede, Young-Hauser, Coetzee 2017: 241). This quote highlights the consequences of unclear communication in contexts where direct discussion of sexuality is deemed inappropriate. It underscores the importance of comprehensive and non-judgmental sex education in promoting the health and well-being of young women (and men).

These findings align with the perspective of Peggy Orenstein (2016), who advocates for sexual education that moves beyond a focus on risks and dangers. She emphasizes the salience of discussing responsibility, mutual trust, and the potential for pleasure in sexual relationships. Such an approach encourages individuals to articulate their needs and respect those of their partners, rather than conforming to the "proper," "normative" scenarios of sexual behavior in the area of human sexuality, which is far from unambiguous.

In the Polish context, the research project *Gender w podręcznikach* [Gender in Textbooks] aimed to assess the state of gender equality in education through the analysis of the content of school textbooks. It resulted in a three-volume report, edited by Iwona Chmura-Rutkowska, Maciej Duda, Marta Mazurek, and Aleksandra Sołtysiak-Łuczak (2016). This issue was also addressed by Joanna Dec-Pietrowska and Emilia Paprzycka in their article *Społeczne konstruowanie cielesności i seksualności. Analiza wybranego kontekstu edukacji seksualnej* [Social Constructing of Physicality and Sexuality. Analysis of Selected Context of Sexual Education, 2016]. The results of the study revealed that textbooks for the subject of education for family life were largely based on traditional concepts of femininity and masculinity. Agnieszka Kościańska's book *Zobaczyć łosia. Historia polskiej edukacji seksualnej od pierwszej lekcji do Internetu* [To See a Moose. The History of Polish Sex Education, 2017] offers a comprehensive historical account of sexual education in Poland. Her work provides valuable insights into the cultural and institutional factors that have shaped public discourse on sexuality.

5. Summary

The aim of this chapter has been to introduce readers to the complex and multifaceted perspectives on human sexuality in relation to the body. While the connection between sexuality and corporeality is undeniable, the wide range of sensations and experiences associated with this relationship, the interpretation of which is not always obvious, warrants closer attention.

Beginning with theoretical concepts that serve as analytical reference points, I have sought to demonstrate how meanings related to sexuality and the body are produced and reproduced through everyday interactions. Their context can be constituted by various discourses – some explanatory, others regulatory – that seek to define, problematize or control human sexuality and embodiment. Through the internalization of specific norms and values, individuals incorporate these frameworks into their bodies, which, in turn, mediate and perpetuate the ongoing production of meanings. These meanings serve as symbolic representations of reality, shaping cultural memory. Nonetheless, their intensification can lead to new interpretations and meanings, which inform expectations, fantasies, and lived experiences. Shifts in the understanding of sexuality and the body also influence the nature and content of interpersonal relationships, as individuals pursue diverse forms of fulfillment. At times, achieving such fulfillment requires actively challenging imposed norms and values that fail to reflect one's personal experiences. These acts of resistance can serve as a foundation for further engagement, both personally and academically. It is this scholarly reflection that has enabled the presentation of research focused on the significance of human experience, addressing sexuality in its various dimensions and contexts, as well as in relation to embodied realities.

6. Review questions

1. How does an individual acquire sexual scripts, and do these scripts remain constant throughout the course of one's life?
2. What does it mean that dominance can be unconsciously reproduced? How can this be illustrated through examples that operationalize the concept of bodily *hexis*?
3. To what extent can a "pure relationship" be considered unaffected by prevailing social norms and cultural values?
4. What does it mean to assert that the perception of sex is constructed through interaction? Can this claim be supported with empirical or theoretical examples?
5. Watch the documentary *There Is No "I" in Threesome* (2021) and consider which theoretical frameworks could be applied in its analysis.

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The Body, Food and Eating

1. Introduction

As Georg Simmel wrote in his essay *The Sociology of the Meal*, satisfying hunger has an individual dimension: everyone acts in the name of satisfying their own hunger and thirst, but this action also has a communal dimension: because we all, as humans, have similar needs of hunger and thirst; the need to satisfy them unites and binds us together. According to Simmel, "of all that is common to humans, the most common feature is that humans must eat and drink," (Simmel 2006: 272). In the most literal sense, however, the relationship between the body and food comes down to keeping the physical being alive. This physicality or materiality of the body was quite problematic for the first authors dealing with embodiment.

Plato analyzed the relationship between the material body and the soul/mind, searching for a place in the physical body where the soul could hide. Descartes, whose thought is the starting point for contemporary considerations of the body in the social sciences, compared the body to a machine and a ship (one could risk saying that food would be the fuel for this machine). Edmund Husserl wrote about experiencing the body in two ways: as *Leib* (a living body) and *Körper* (a physical body-solid), while Helmuth Plessner claimed that a human being had a body and was a body at the same time (Wójtewicz 2014: 23–43). Regardless of the interpretation, what shapes this physical, and impossible to ignore, dimension of our being in the world is food.

Here we can speak of an almost intimate relationship. Jolanta Brach-Czaina (1999: 161–162) explained it using the example of eating meat.

> Meat gives us its essence, it demonstrates it to us, although we do not bother to think about it. It emanates its hidden meaning and we succumb to it unaware of our submission. And considering that we ourselves are slowly becoming meat, or maybe even already are, we should strive to analyze the hidden existential essence of meatiness, because it concerns our fate.

Food, therefore, builds our materiality. Resulting from the necessity of this practice, we are unable to ignore our physicality and the vast cultural meanings that are superimposed on it.

Our aim is to show selected connections between the socio-cultural construction of the body and eating, understood as a practice resulting from a biological need, at the same time culturally entangled. The consumption of food and beverages is socially regulated. Society influences the form of food, the type and amount of food, in addition to the rituals associated with eating. Regulations related to food also translate into body values such as body size, desired body shape or weight. Social expectations related to this change depend on the era and culture. Specific bodies, or rather their social constructions and functions, are "assigned" to eating – the body of a farmer, the body of a housewife, the body of an immigrant. Food also involves political and ethical disputes related to production, consumption, and health. The body is at their center – here, in recent years, the issue of healthy and unhealthy food for the body, the issue of meat consumption, the relationship between food production and climate change, but also the issue of how food is presented in the media have come to the fore. Given the vast amount of existing knowledge and research, the issues we have raised regarding the relationship between the body, food, and the practice of eating have been selected through discussion and necessary compromises. We hope that they will encourage readers to continue studying the topics proposed here.

2. The most important theoretical concepts

2.1. The development of reflection on eating in the context of the body

The topic of eating became a subject of interest for sociologists quite late, only at the end of the 20th century. Therefore, classic studies on eating as a cultural activity in the social sciences can be found primarily in studies on the culture of individual corners of the world and in cultural anthropology. Two classic approaches to this subject in anthropology, to which sociologists also often refer, are the works of Claude Lévi-Strauss and Mary Douglas.

According to Lévi-Strauss (2008), cuisine is the second, right after language, universal form of human activity. Looking at the principles according to which food preparation is organized in different cultures, one can see certain universally applicable principles. Their arrangement is well illustrated by the diagram of the culinary **triangle** (Fig. 1). The three vertices of the culinary triangle correspond to three categories: the raw, the cooked, and the rotten (Lévi-Strauss 2008: 36). These categories relate to each other: cooking is a cultural transformation of the raw, whereas the rotted is a natural transformation (*ibidem*). Here we are dealing with two types of opposition: between the elaborated/unelaborated, on the one hand, and between culture and nature on the other.

Food preparation must be done in a specific way before food is consumed. This applies to both cooked and raw foods, which always have to be prepared in specific circumstances (e.g., wine fermentation, cheese maturation). Two types of cooking are roasting and boiling. During roasting, food is directly exposed to fire, while

during boiling, it is placed in a vessel with water. Roasting is, therefore, on the side of nature, because we directly affect the food with fire, which can be considered a more "primitive" method. Boiling, by contrast, is on the side of culture, because it requires placing the food in a separate vessel with water, and the production of the vessel can be considered a manifestation of cultural development. In his essay, Lévi-Strauss has analyzed different attitudes towards roasted and boiled foods in various cultures, indicating, for example, that sometimes cooked or boiled is considered "female" food, and roasted – "masculine", while in other cases, boiled food is considered a type of "homemade" food, and roasted – prepared for guests.

Lévi-Strauss considered smoking as the third method of preparing food, in addition to cooking and roasting, which, in his opinion, complemented the other two. Smoking produces food that can be preserved longer than food prepared in any other way. When smoked, it is transformed into something natural as a result of a deliberate action towards "voluntary destruction." As Lévi-Strauss wrote, referring to the scheme he created: "the boundary between nature and culture, which one can imagine as parallel to either the axis of air or the axis of water, puts the roasted and the smoked on the side of nature, the boiled on the side of culture as to means; or as to results, the smoked on the side of culture, the roasted and the boiled on the side of nature," (Lévi-Strauss, 2013: 42). According to Lévi-Strauss, the culinary triangle diagram could be expanded by adding other ways of preparing food, such as frying, stewing, etc. This diagram is expanded to describe the entire diversity of the culinary system specific to a given culture. By focusing on the meanings attributed to culinary activities, it is possible to discover the economic and social relationships characteristic of a culture, to describe the hierarchy, religious or aesthetic values that prevail there. In this way, the culinary system becomes a kind of "language" that enables us to learn more about the specifics of a given society.

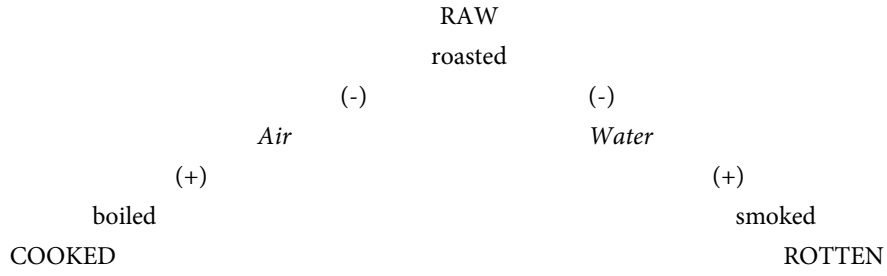

Fig. 1. Lévi-Strauss's culinary triangle
Source: after: C. Lévi-Strauss, *The Culinary Triangle*, in: C. Counihan, P. Van Esterik (eds.), 2008, Food and Culture: A Reader.

Mary Douglas also analyzed food as a **code** that recorded information about the patterns of social relations recognized in a culture (Douglas 1972). Douglas started from the statement that: "food categories encode social events," (Douglas 1972: 61), if we analyze why specific categories are used when talking about food, we will discover social patterns encoded in food (Douglas 1972: 61). Douglas tried to discover these patterns. For example, as she has managed to establish, meals are higher in the hierarchy than drinks – we usually drink beverages after a meal or they accompany it, but their consumption is less structured and subject to fewer rules than the consumption of food. "Meals require a table, a seating order, restriction on movement, and on alternative occupations […]. The meal puts its frame on the gathering. The rules which hedge off and order one kind of social interaction are reflected in the rules which control the internal ordering of the meal itself," (Douglas 1972: 66). A shared meal expresses a higher degree of intimacy than the shared consumption of beverages. Similarly, the types of dishes served in sequence during specific meals are also subject to structuring. They determine whether a meal can be considered ceremonial or ordinary. As Douglas wrote, every meal is a structured social event – it carries with it a certain repetitiveness (Douglas 1972: 69). In order to show how meals reflect the type of normative order prevailing in a given culture, Douglas also analyzed the rules of excluding foods that were in force in various cultures. As she has shown, these exclusions related to food, e.g., the classification of animals considered impure in Judaism, correspond to the general principles of social order adopted in the Jewish community of that time, and the main principle of hierarchy is the exclusion of what was considered impure. The rules governing the meal are, therefore, a reflection of religious beliefs.[1]

1 Analyses of rules excluding the consumption of specific foods and food taboos are among the classic topics concerning the symbolism attributed to food and the body in sociology and anthropology. Among the most frequently cited examples of food taboos is that concerning "sacred cows" in India (see, e.g., Fieldhouse 1995: 176; Harris 2007), and the prohibition of eating pork and its products in Islam (Tannahill 1973: 105). Religious food prohibitions often concern not only the consumption of specific types of food, but also the contact with specific types of food, which are considered "impure". Sociologists are also interested in how the consumption of food and drinks is differentiated by factors such as gender, age, place in the social hierarchy or dominant patterns of corporeality in a culture. The subject of sociological interest in food was well reflected by Jane Ogden (2011), referring to the classification created by Cecil Helman (1984, 2007). Helman distinguished certain universal classifications of food that could be found in almost every culture (Mary Douglas wrote about classifications related to the opposition "pure" – "impure", Claude Lévi-Strauss – about classifications of food related to the opposition "culture" – "nature"). Helman listed five types of such classifications of food that commonly occurred: (1) what is considered edible and what is considered inedible (different foods in different cultures, e.g., frog legs); (2) "sacred" and "profane" foods (allowed and forbidden according to the principles of specific religious beliefs); (3) the division into "cold" and "hot" foods – not related to their temperature, but because of their symbolic meaning in a given culture; (4) foods that perform medicinal functions and beliefs related to their effect on health; and (5) foods with social significance (eaten to strengthen social relationships, emphasize the status of specific group members, build a common group identity).

It is also worth mentioning here more contemporary directions of the development of anthropological reflection on food. One of its precursors was Sidney Mintz, who, in analyzing the history of sugar, described the creation of the global trade system and the beginnings of the world system, along with its centers and peripheries. His book *Sweetness and Power. The Place of Sugar in Modern History* (1985) is considered one of the most important works not only for **food studies**, but for anthropology as a whole. When looking for connections between the social construction of the body and eating in Mintz's work, attention should be paid to the thread of slaves from the Caribbean working at the harvest of sugar cane (the working body, forced labor), the consumer thread (the shaping of tastes under the influence of the popularization of sugar consumption in the so-called Western world) or the issue of gender relations and the so-called home economy (Mintz 1971). Today, anthropologists directly include the body, identity, sexuality, and ethnicity in food analyses (e.g., Probyn 2000; Counihan, Kaplan 2005; DeSoucey 2016).

Food studies – interdisciplinary research on food and its connections with culture, art, and history. Food studies deal with production, consumption and its ethics, as well as the aesthetics of food, and culinary traditions. Among the researchers identifying with food studies are sociologists, anthropologists, economists, and historians (Goszczyński 2016).

The examples we have provided do not exhaust the topic, they only serve to indicate the direction of further independent exploration and show that, especially in the approach of classical anthropology, food was treated as an artifact, an indicator, or a reflection of what was happening in society. This is, of course, not an accusation but rather a reflection of the way science was practiced in a previous historical periods. Nevertheless, it cannot be denied that classical anthropology has set the direction for generations of social researchers dealing with the subject of food.

When looking at the development of reflection on food in the context of the body, it is impossible not to mention the so-called **neo-Marxist studies**. They originated from critical analyses of commodity production systems (e.g., Butell 1980, 2006; Friedland 1997). The main focus here has been the critique of industrial society, the problem of power distribution, and the relations between farmers and producers. Within these studies, food is treated as a commodity and consumers are rather passive participants in the social game. What is important for the subject matter discussed in this chapter is the fact that, in searching for an alternative model of development to capitalism, these studies have evolved towards the analysis

The cited examples indicate that cultural norms play an extremely important role in structuring our eating habits. Certain classifications, such as the separation of what is "edible" from what is "inedible," can be found in every culture, but at the same time we are dealing with a huge variety of these patterns: what is considered edible in one culture may not be in another.

of alternative systems and the so-called short food supply chains (e.g., Goodman 2004; Goodman, DuPuis, Goodman 2014). And this would be a good prognosis for the inclusion of the body in the analyses in the field of food studies, were it not for the fact that this research scope largely ignores cultural issues and simplifies the role of consumers. These studies do not cope with describing the complexity of the relationships between the body, identity, and consumption. This has led to the creation of the term **invisible mouth**. The aim is to draw attention to the need to analyze the role of consumers in both industrial and alternative food distribution systems (Lockie 2002). Following this line of thought, one could claim that in the analyzes of food production, distribution, and consumption, we were dealing not only with the invisible mouth, but also with the invisible body of the consumer.

As Warren Belasco noted, despite their importance, studies on rituals related to eating, the construction of cookbooks, and consumer practices are still on the margins of what we would call "serious research" (Belasco 2008). It seems that there are two reasons for this approach. The first is related to the dualism of body and mind. Food is treated as something stereotypically related to the satisfaction of basic needs. For years, researchers have ignored the obvious, that is, the fact that food is purchased, prepared, and served by someone for someone (and thus someone performs work of choosing, preparing and serving food, conditioned by many cultural factors). In this context, virtually all factors related to the cultural construction of the body are undeniably important – from health, to identity and appearance, or broadly understood lifestyle. Meanwhile, as Belasco has emphasized, the entire Victorian ritual of eating is associated with the deep suspicion of the "civilized" man towards this seemingly physical act. Another interesting clue in Belasco's work is the gender thread – food is connected with consumption, a female sphere which, unlike the male public sphere, does not deserve the attention of serious science (Belasco 2008: 3). This would explain the discrepancy between advanced studies on the technical and political aspects of eating and the timid attempts to break through studies on the cultural, identity, and physical aspects of eating and food. The final reason for the reluctance of the representatives of mainstream social sciences to study food may be the nature of this discipline which is deeply immersed in everyday life. What is important in food studies happens every day, in everyday rituals that maintain or destabilize the social order; in cookbooks and blogs, in the material equipment of the kitchen, and the divisions related to it. Focused on everyday life, food studies do not entirely fit into this model.

In summary, we can say that the problem with including the body in the scope of food studies stems from the fact that the representatives of food studies, trying to legitimize the existence of their subdiscipline and give these studies a serious character, probably not entirely consciously made a kind of cut-off from, the otherwise stereotypically perceived, body. Sociologists dealing with the body understand this problem perfectly well. It has its source in the fear of recognizing the body, of assigning it a place in the system of socio-cultural meanings within sociology. Anthropologists dealing with the representatives of traditional

cultures found it easier to notice the socio-cultural conditions related to the body concerning the way of defining maturity, treatment, nutrition, healing, fertility or physical attractiveness (see Malinowski 1958; Benedict 1966; Mead 1986; Douglas 1972, 2002). The aversion of the first sociologists to the body resulted primarily from the discipline imposed by the founding fathers. In treating the body as a natural (pre-social) phenomenon, they saw a chance to become independent from natural sciences and psychology. The consequence of this approach was the so-called absent presence of the body in sociological thought for years, in addition to a programmatic failure to notice the importance of social issues related to the body and largely involving women, e.g., the position of pregnant women, poverty, as well as the low status of women (this was also because in its beginnings, sociology was a male project) (Shilling 2003: 40). In fact, it was only the institutionalization of the sociology of the body and the emergence of researchers who treated the body as the central point of reference for their professional activity (Kurczewski et al. 2006: 31; Jakubowska 2009b: 132–153) that contributed to the creation of a climate of cooperation in analyzing the issues of the body and eating. An example of this type of collaboration can be found in research based on Elizabeth Shove's theory of social practices (Shove, Patnzar, Watson 2012; Mylan 2015), which analyzes the complex relations between society, body, and food, the (embodied) knowledge of social actors and the materiality of food. In this approach, food is not only an object, but also a subject shaping the body (Goszczyński, Wójtewicz 2018; Goszczyński, Wróblewski, Wójtewicz 2018).

2.2. The body, food and social inequalities

The ideal body preferred in a culture and eating patterns are related to each other. Sander L. Gilman, referring to social expectations regarding the ideal body, its most desirable size, shape or weight, introduced the concept of "to pass." In his opinion, the ideal body is a social construction: the symbolic meanings given to the body are culturally conditioned and are subject to changes depending on the historical time and place. Specific body features can be positively or negatively valued. They are usually organized into pairs of opposing categories, e.g., tall–short, fat–thin. In striving to embody the most desirable ideal body at a given moment, individuals try to "pass" from negatively valued categories to positively valued ones. For example, in some societies obesity may have a positive value as an expression of wealth, in others it will be interpreted negatively, as an expression of disease (Gilman 2001: 23).

One interpretation of cultural preferences favoring obesity rather than slimness is the explanation related to nutritional deficiencies. In societies where food was scarce, better-nourished individuals had an easier time enduring periods of deprivation. Usually, wealthier individuals with a higher economic status were better nourished, which was why in many cultures a rounded body shape was synonymous with affluence. In contemporary Western societies, many people have constant access to food. As a result, a slim figure is sometimes interpreted as an expression of control over appetite, and the ability to refrain from the pleasure of eating. The ideal slim

body is easier to achieve for individuals who have the opportunity to choose good quality food products. Conversely, those with lower incomes more often buy cheaper but highly processed food, the consumption of which can contribute to obesity. In general, the literature on the subject indicates that obesity more often affects the representatives of the lowest social classes (Paarlberg 2010: 94).

The body can be viewed as a tool through which we experience the world. This is the perspective of the "sociology of embodiment" (Jakubowska 2009a: 244). From this perspective, social inequalities concern the possibility (or lack thereof) of individuals adapting their bodies and the ways of using them to adapt to social expectations. This inability is manifested in the sense of inadequacy that accompanies individuals in certain situations, resulting from the inadequacy of their bodies to a social situation (Jakubowska 2009a: 248).

This topic was already described in the works of the classics of sociological thought. Marcel Mauss drew attention to the fact that society shaped the body, defining its most desirable features, as well as the ways of using it. The very act of consuming food takes place by means of the body, because "the body is man's first and most natural instrument," (Mauss 1973b: 70). Mauss analysis focused on the ways in which the body was socially shaped and used by society.

This thread can also be found in the works of other representatives of classical sociological thought, including Norbert Elias and Pierre Bourdieu. In *The Civilizing Process*, Norbert Elias focused on "the historically changing functions of the body," (Elias 1980: 63). Elias used the concept of *civilité*. In his opinion, it "has contributed to the formation of specific Western customs, i.e. civilization," (Elias 1980). One of the examples he referred to was the etiquette of table manners. Tableware and types of cutlery, as well as the ways of using them, become increasingly sophisticated with the progress of civilization, which is expressed, for example, by the abandonment of the custom of using a common bowl in favor of individual tableware (Elias 1980: 144). Knowledge of the rules of etiquette, defining the ways of behaving at the table, distinguished primarily the representatives of the higher social classes. Elias also touched on the subject of differences in the attitude to eating meat (Elias 1980: 159). Representatives of different classes ate meat with different frequencies: in the higher social classes meat was consumed in large quantities, in monasteries ascetic renunciation of it was obligatory, while among peasants meat consumption was limited, but this resulted rather from necessity: cattle were valuable and, therefore, mainly found their way to the lord's table (Elias 1980: 159).

The theme of the cultural shaping of habits related to the use of the body also appears in the works of Pierre Bourdieu. He introduced the concept of **habitus**, which is an embodied necessity, "internalized and converted into a disposition that generates meaningful practices and meaning-giving perceptions; it is a general transposable disposition which carries out a systematic, universal application – beyond the limits of what has been directly learned – of the necessity inherent in the learning conditions," (Bourdieu 1989: 170). It is a kind of learned pattern of conduct, shaped by the way of upbringing, experiences, and the environment

of the individual's life. Bourdieu also used the concept of *taste*. He defined it as the inclination and ability to assimilate (materially and/or symbolically) a specific class of objects – it is a generative formula underlying the lifestyle, a unified set of differentiating preferences. They are expressed in the logic specific to individual symbolic spaces, such as furniture, clothing, language or bodily *hexis* (Bourdieu 1989: 173).

According to Chris Shilling,

> Bourdieu assumes that acts of labour are required to turn bodies into social entities, and that these acts influence the way in which people develop and hold the physical shape of their bodies and learn how to present their bodies through the way they walk, talk, and dress. […] As it develops, the body bears the indisputable imprint of an individual's social class (Schilling 2003: 112).

When it comes to shaping eating habits, Bourdieu focused on the ways in which the representatives of the upper classes distinguished themselves from the lower ones. He drew attention to three issues: the availability of certain types of food depending on social position, their choice in the context of the preferred body ideal and available resources, and the formation of habits related to the use of the body during consumption (e.g., the use of cutlery, knowledge of the rules of etiquette).

For example, the choice of certain foods results from the different models of the body preferred in different classes. As Bourdieu wrote, "whereas the working classes are more attentive to the strength of the (male) body than its shape, and tend to go for products that are both cheap and nutritious, the professions prefer products that are tasty, health-giving, light and not fattening. Taste, a class culture turned into nature, that is, embodied, helps to shape the class body," (Bourdieu 1989: 190).

According to Bourdieu, representatives of the working class were distinguished by an instrumental attitude towards their own bodies. This was particularly visible in the case of working-class women, for example, in how they dressed at home (wearing clothes that were also suitable for housework) and in the effort they put into preparing meals. These were supposed to be cheap, nutritious meals that would not damage the household budget (Bourdieu 1989: 202). In turn, the dominant classes "have the time and resources to treat their bodies as projects," (Bourdieu 1989: 205). Slimness became one of the assets of the body for representatives of higher social classes, because the body is also valuable to them as a means of "presenting oneself."

According to Chris Shilling, there is a certain convergence between the works of Elias and Bourdieu: both described the processes that have had an impact on the body and the "effort" that individuals put into developing ways of using it that were consistent with social expectations. What distinguishes these two authors is the fact that "Elias is interested in the general processes that have had an impact on the embodiment of an individual," (Shilling 2003: 111), while Bourdieu's analysis focused on the relationship between the body and social inequalities.

One of the areas of social inequality, in which the difference in attitudes towards food and the body is also marked, is the difference between the sexes. Each of them is socialized in a slightly different way, and depending on the sex (and culture), we

may be encouraged to eat different foods. These beliefs are based on the symbolism attributed to foods: obtaining the most desirable sexual characteristics is sometimes associated with eating a specific type of food. This can be seen in the example of eating meat. As Deborah Lupton wrote: "Meat has connotations of desire, animal and male passion, strength and energy, but also pollution, anger, violence, aggression. Vegetables, on the other hand, have the meaning of purity, passivity, femininity, weakness and idealism," (Lupton 1996: 29).

Assigning preferences for different foods to women and men is also related to the ways in which they are eaten. This is evident, for example, in the belief that men prefer meaty foods that can be eaten in large bites, as well as nutritious and filling foods, while women prefer lighter dishes, foods with less fat (because of their cultural obligation to take care of their figure), and eat smaller portions. Men, by contrast, are served larger portions and foods that help them maintain physical strength, a feature considered one of the main attributes of masculinity.

In addition to the fact that women are believed to prefer more delicate tastes, they also have a preference for foods that are also given to children (e.g., sweet and smooth foods). It is also commonly believed that food considered to be typically "masculine" should not be served to children or the elderly because it may be harmful to them (Lupton 1996: 108). Women are also believed to be more interested than men in the aesthetics of food and the ethical issues related to it.

The patterns prevailing in the circle of the Western culture assume that women and men are bound by different body ideals. For women, the most desirable pattern is a slim figure, for men – a muscular one. It seems that the social pressure to meet this body ideal affects women to a greater extent. According to feminist authors such as Susie Orbach (2016), Susan Bordo (2004) and Naomi Wolf (2015), the social pressure to maintain a slim figure can be interpreted as a way of subordinating women to men and diverting their attention from reaching for power. Today, gender stereotypes are visible even in beliefs about what makes women fat versus what makes men fat. As Danuta Nowalska-Kapuścik wrote, according to the stereotype, "women are believed to reach for sweets and cookies more often, while men are believed to eat fatty foods, large portions and prefer salty snacks with beer," (Nowalska-Kapuścik 2014: 231).

Gender stereotypes are also visible in access to food and the division of roles related to food preparation: men have traditionally been responsible for obtaining food, while women have been responsible for preparing it (Fieldhouse 1995: 106). According to Carole M. Counihan, due to the traditional division of gender roles, in which men provide food and women prepare it, the representatives of both sexes can express their power in social relations in different ways. For example, men may refuse food prepared by women, criticize its taste or control food purchases. In turn, women may assert their position by refusing to cook or by cooking meals that men do not like (Counihan 1999: 11). As Paul Fieldhouse has noted, serving food is also a ritual that emphasizes the differences between the status and gender roles of women and men, e.g., in some societies women serve food and eat after men have finished

their meal; Fieldhouse gave the example of Chile, where men who did the hardest physical work also received the largest portions (Fieldhouse 1995: 115). In ancient Rome, during the serving of meals, women and men occupied different positions at the table: men ate their meals in a semi-recumbent position, while women sat, because lying down was considered inelegant (Zwoliński 2006: 25).

2.3. The body, food and media

Jürgen Martschukat in his book *The Age of Fitness* (2021) called contemporary culture "fitness culture". In his opinion, this culture affects individuals: the idea of body fitness has been used in it as one of the ways of supervising people (Martschukat 2021: 4). Following the thought of Zygmunt Bauman, Martschukat has claimed that such body features as fitness, slimness, and health have become socially desirable in modern times. Individuals with such bodies are rewarded for their ability to control themselves. Slimness and fitness are contrasted with obesity. According to the quoted author, the idea of fitness plays a regulatory and normalizing role – a slim, well-groomed, athletic body is a model for which one should strive. Obesity (fatness) is perceived as a pathological condition that can lead to diseases, as well as pose a threat to health, and, at the same time – by contrast – obesity appears as a manifestation of ignorance towards such valued fitness. Calling for maintaining a slim figure is also supposed to be a way to arouse in individuals an interest in their own health, awakening in them the responsibility for it.

Social pressure includes not only the pressure to have an appropriate figure, but also expectations related to knowledge of the principles of a healthy lifestyle, including the principles of healthy nutrition. Health is becoming one of the primary values related to the body in the era of "fitness culture" (Martschukat 2021: 4), because an athletic, well-groomed body guarantees that an individual will be able to cope with life's challenges. The responsibility for maintaining the body in proper condition rests with each of us individually.

As Martschukat has noted, as a consequence of the continued social pressure to maintain a proper figure and physical fitness, "proper" nutrition is also gaining importance, which for some individuals becomes almost an obsession (Martschukat 2021: 18). Nowadays, our attitudes towards food or food choices are increasingly subject to evaluation by others or are the subject of comparison with others. This can lead to eating disorders such as orthorexia. As the name suggests, orthorexia is an obsession with "proper" nutrition. Unlike anorexia, orthorexia primarily concerns the quality, not the quantity, of food consumed. An anorexic tends to focus on the ideal weight or body size, while an orthorexic tends to focus on defining and maintaining the ideal diet. Following its principles gives them a sense of moral superiority over others. In a world where health is one of the highest values and a healthy lifestyle has become a kind of norm, it is not difficult to find individuals who have internalized these commandments too much.

One of the negative aspects of the media's influence on food-related issues may be its contribution to compensatory behaviors: some authors dealing with the

subject of eating disorders indicate that the occurrence of anorexia, for example, may be influenced by the message about the need to maintain a slim figure. In turn, presenting food as a "pleasure for the palate" and encouraging people to "sweeten the hardships of life" by consuming it may lead to weight gain and, as a result, obesity.

In feminist interpretations of the causes of anorexia in contemporary societies, anorexia is sometimes presented as an expression of the oppression that patriarchal culture imposes on women's bodies (the order to refrain from eating in the name of the ideal of a slim body, see, e.g., Bordo 2004). The ability to refrain from eating is associated with self-discipline, the ability to control appetite – with the ability to control desire. This way of thinking, indicating the connections between food, desire and morality, has been present in European culture since the Middle Ages and found its expression in ascetic attitudes (abstinence from eating, fasting as an expression of piety) (see, e.g., Turner 1992: 217; Counihan 1999: 11). Nowadays, controlling appetite and body weight also has moral connotations: this ability is considered an attribute in a society that values slimness. Nonetheless, as Christina Van Dyke has noted, this requirement applies to all of us, and "telling people what to eat and what not to eat has become a billion-dollar industry." Those who profit from it want the average consumer to be confused, worried about the health effects of what they eat – and not to trust what they hear from others (Van Dyke 2018: 561–563). It is not surprising, then, that an attitude of distrust can lead to excessive monitoring of the quality or quantity of food consumed, and as a result – to eating disorders such as anorexia or orthorexia.

The media emphasize the aesthetic aspect of reality. This applies both to the appearance of the human body (the prevailing body model, appearance patterns) and the way food is presented. Especially in advertising, we are dealing with something that Christina van Dyke called "**food artified**" (Van Dyke 2018: 667) – presenting food in a stylized way, a composition modeled on a work of art, which is intended to attract the interest of the recipient – a potential consumer. This technique is often used in advertisements and is intended to emphasize the sensory experiences (aesthetic, taste) that are to accompany the consumption of a product. We are dealing here with a kind of contradictory message: on the one hand, we receive information on how important it is to take care of the proper appearance of the body and maintain a slim figure while, on the other, we are encouraged to enjoy eating and be guided by impulse when making a purchase decision. As Zygmunt Bauman wrote, the most frequently purchased books include two types. The first is cookbooks, and the second, weight loss guides: "Alongside cookbooks, like their inseparable shadow, [are] recipes for miraculous weight loss diets, objective and meticulous recipes for self-censorship and asceticism, inventories of pleasures that should be denied to the body. The latter books instruct how to heal the wounds inflicted by the former and remove from the body the impurities left by them," (Bauman 1995: 99).

A positive effect of the media's influence is certainly their contribution to increasing the recipients' awareness of the relationship between choices made in

the field of food consumption and one's own health (the message about food quality and consuming specific products in appropriate quantities). Thanks to the media, recipients also gain broader knowledge about the methods of food production and can take up issues related to, for example, the safety of this production or organize themselves into various consumer movements.

It can be said that the media, to some extent, create the needs and shape the decisions about "what to eat." Media messages can encourage or discourage recipients from reaching for certain types of food products, and the meanings attributed to them change over time or may have a different connotation depending on the target group of the product.

Let us give a few examples. From the once used advertising slogan "Sugar strengthens"[2] we have now moved to the perception of sugar as (in excess) harmful to health. From the perception of coffee as having an adverse effect on health in excess – to presenting it as a drink accompanying social gatherings, which can be consumed without restrictions (see: Barthes 2012). The same is true with the perception of meat. It was once considered a luxury product, and its frequent consumption could be afforded primarily by wealthy individuals. Today, we hear a great deal about the need to limit the frequency of meat consumption and the negative effects on health of its excessive consumption.

The advertising message may vary depending on the consumer group to which a given product is addressed. For example, yogurt advertisements aimed at women emphasize their positive impact on the figure, those aimed at children emphasize their positive impact on strong bones, and yogurts for men are advertised as adding strength and vitality.[3] Similarly, meat advertising – depending on the target group, the message about its properties may be shaped differently and by referring to other models of the body, which was aptly presented in their analysis of meat advertisements by Goszczyński and Wójtewicz (2018). In their analyses, sociologists looked at both how the symbolism attributed to specific products in the media changed, as well as what message about food was directed to individuals who wanted to achieve a specific type of figure. For example, Fabio Parasecoli analyzed food advertisements published in fitness magazines addressed to men (see Parasecoli 2005).

Over the last few decades, television programs on the subject of cooking have gained popularity, also in Poland, e.g., those presenting participants' struggles for the title of the best chef or presenting culinary recipes. The media's interest in food has many positive aspects. Presenting culinary topics in the media is an opportunity to convey knowledge about nutrition and its impact on health and the body. This educational dimension of the media's impact is mentioned as one of the most important ways to combat obesity. The presence of culinary topics in the media also has an educational dimension in a slightly different sense: "being up to date" currently also means following culinary trends. "Familiarity" with food

2 "Sugar strengthens" – a popular slogan advertising sugar in Poland in the 1930s.

3 We are talking about the yogurt "Bakoma 7 zbóż Men" – advertised as "the first yogurt for men."

is currently becoming an important social distinction (e.g., the ability to prepare, serve or consume specific dishes). This also applies to participating in consumer trends related to cooking, including not only food itself, but also kitchen accessories, cookbooks or cooking equipment.

Cooking shows provide opportunities to compare oneself with others, both in terms of appearance and lifestyle. There is often a thread of competition (between the participants), but there is also a thread of self-improvement – the participants' goal is to constantly improve their culinary skills. As a result, the number of topics related to food in the media is multiplying: in addition to the context of diet, nutrition, and healthy lifestyle, it also appears in the context of consumption, lifestyle, and entertainment.

Dietary regime and diet culture

Contemporarily, body shaping takes place within the framework of the so-called individual project of individual identity. This means that the individual is responsible for how the body looks and what experiences it provides. "We are, not what we are, but what we make of ourselves," (Giddens 1991: 75). The unprecedented universality of the belief in the history of humanity that each individual is unique and can control their own fate means that modern humans are accompanied by an all-encompassing sense of the need to control the coherence of their own identity vision, which extends to the body and is directly related to how we feed this body. The body, as we know, is not only a physical object, but also a system of action, a source, but also a subject of everyday practices that serve to maintain this coherence. Among the aspects of the body of particular importance for shaping the individual's identity, body appearance, the way of being, sensuality and the so-called regimes are mentioned (Giddens 1991: 99–100). Regimes are defined as regulated ways of behaving relating to the preservation and cultivation of bodily features (Giddens 1991: 244).

For the purposes of our considerations on the connections between the body and food, we will look at dietary regime. The word diet (*diaita*), which comes from Greek, initially had a broad meaning referring more to lifestyle than to how we understand diet today (Berger 2010: 22–29).[4] Today's understanding of diet is associated with the treatments undertaken, most often as part of the implementation of an identity project, but above all with methodical self-limitation based on the guidelines of an expert, who is not necessarily a doctor or even another specialist in the field of nutrition. Today, therefore, a diet is more of a regime than a simple equivalent of what we eat. A **dietary regime** involves the active construction of identity and directly concerns the socially desirable appearance of the body.

4 A rich source of knowledge on the history of diet in the social context is the work *Historia diety i kultury odżywiania*, 2018, vol. 1 (edited by Bożena Płonka-Syroka, Halina Grajeta and Andrzej Syroka) and *Historia diety i kultury odżywiania. Praktyki żywieniowe w Europie w kontekście społeczno-kulturowym: ciągłość i zmiana*, 2020, vol. 2 (edited by Bożena Płonka-Syroka and Andrzej Syroka).

The undiminished popularity of literature and other sources of advice on diets means that for several decades consumers have been flooded with self-diagnostic tools for controlling body weight (tests, quizzes, questionnaires, registers of facts that we should know, planners, lists of forbidden and allowed foods, and lessons to be learned for each day are just a few examples).[5] Today, we should add to this list businesses run by diet and fitness gurus (who offer everything from diet and exercise to individual consultations, YouTube channels, and mentoring and motivational trips). A separate category is mobile device applications, which free a person on a diet from keeping a paper diary of consumed food in favor of enhanced (continuous) control over the process of achieving their dream body weight and figure. Diet regimes are popularized and reinforced by public figures and celebrities, who sometimes offer their own diets, write books or record television shows, or run social media channels about their own diets and private weight loss methods. In the context of dieting, the word "expert" has become a very broad category.

Owing to the wide range of options and virtually unlimited access to dietary regimes, regardless of socioeconomic status, body weight is constantly a subject of reflection for individuals who are watching over their identity project. However, Giddens (1991: 56) has pointed out that the fact that we seemingly so easily submit to regimes should not be reduced to fashion. He pointed to a range of factors resulting from the realities of life in a post-traditional world – the need to mitigate risk, the need to perceive oneself as a competent (and therefore having an adequate body) participant in social life, the need for self-fulfillment, and building social capital on a desired body.

It is worth noting that the idea of dieting, or rather of individuals being forced into a diet regime by culture, has its opponents. One of them is the dietitian and activist Brenna O'Malley, the founder of an online community she calls non-diet. O'Malley specializes in the so-called intuitive eating, body imaging, and helping people break away from dieting and disturbed eating patterns so that they can develop a healthy relationship with food and their bodies (see *The Wellful*; Bacon, Aphramor 2014). The academic world is represented in this group by Emma Laing, who uses the term **diet culture**. According to Laing, diet culture links how we look, what we eat, and even what exercises we do, with moral virtue. A proper appearance symbolizes important values, such as hard work and discipline. Therefore, if an individual is not perceived as slim, it is assumed that they must lack self-discipline. As a result, they experience harmful stigma. Laing believes that weight stigma is socially acceptable in food culture and can be observed in the workplace, at school, at home, and even among healthcare workers. Publications referring to the concept of diet culture and criticizing the assumptions of well-known diet regimes in favor of an intuitive diet have also begun to appear on the Polish internet (see Akkus 2021). "Diet culture

5 In this context, Anthony Giddens (1991: 100) cited the example of a very popular guide in the United States, *Bodysense* by Vernon Coleman (1990), which, since its publication, has convinced crowds of Americans to try to lose weight.

convinces us that we have to wait until we reach a certain weight, we will get the right body shape so that we can do the things we dream of," (Akkus 2021). Psychodietitian Małgorzata Akkus emphasizes that diet culture, which focuses our thoughts on food and the body, maintains a business based on products and services for individuals who want to lose weight. The author of the website "Intuitive Eating" also draws attention to the discriminatory nature of diet culture, seeing in it manifestations of racism, classism, sizeism, ableism, healthism, sexism, and ageism.[6] The author also suggests that diet culture normalizes eating disorders (Akkus 2021; cf. Brytek-Matera 2008: 24–33; Józefik 2014: 27–30, 34–38).

Diet in the modern sense is still a panacea in dealing with the risks of having a fat body. The multitude and popularity of diets, as well as the media careers of individuals who do not always have the appropriate competences in this area but call themselves dieticians, mean that a diet may appear as a desirable but also fashionable element of a lifestyle. From the vast number of available sources, a consumer can purchase a diet, e.g., in the form of a set of recipes and exercises, ready-made and delivered "to the door" meals, personal consultations with various specialists or simply install a free application. In the dietary mainstream, there is little information about the fact that for some individuals, a diet is a medicine in the strict sense, and not just another of many issues that can be chosen as part of the implementation of an individual identity project based on the body. For some patients, a diet is a necessity, not a matter of choice, for others it is even a condition of survival. It is estimated that about 12 million Poles suffer from the so-called diet-related diseases, which include, among others, obesity, hypertension, type 2 diabetes, some cancers, osteoporosis, dental caries, some allergies, phenylketonuria, inflammatory bowel diseases, depression, and schizophrenia (Lis, Kołoczek 2020: 118–121). In the context of the cited data, it seems paradoxical that the issue of diet has been appropriated by the media and pop culture, as well as commercial entities from

6 The size and shape of the body preferred in diet culture is *de facto* the shape that is achievable by white people. Other body types, most often found in non-white people, are undesirable, hence the reference to racism. We are dealing with an approach that betrays **classism** when we ignore poverty and unequal access to food, treating it as obvious that everyone has access to, for example, fresh vegetables and good quality food. The **sizeism** of diet culture consists in treating one type of body as healthy and desirable – slim and athletic, while ignoring larger bodies. **Ableism** is a set of beliefs based on which individuals with imperfect bodies are treated unequally. We are dealing with ableism, for example, when we assume that appearance is a matter of choice, and exercise and the right motivation can change any body. **Healthism** is the belief that an individual bears complete, individual responsibility for their own health. Healthism abstracts from many sociological categories such as poverty or environmental pollution. **Sexism** in diet culture means that it is primarily women who are socialized in the cult of a body that meets social requirements – primarily slim, as a factor determining, for example, professional and personal success. Men are required to have a muscular body, as well as one devoid of fat tissue. **Ageism** is expressed in the belief that living according to its principles is a guarantee of "eternal youth." Youth is presented as the only acceptable state of the body, while aging and diseases resulting from age are treated as something that an individual should counteract in the name of individual responsibility (see Akkus 2021).

the beauty, fitness or food industries, when in reality it is primarily an issue for the health care system and medical professionals. Nevertheless, we listen to the latter less willingly than to celebrities (see Hajkuś 2022).

The fat body and the body positive movement

The fat body (in contexts related to overweight and obesity and eating too much food) has already appeared in our considerations, among others, when we took up the topic of the role of the media or looked at the dietetic discourse. In the next part, we want to draw the attention of readers to the so-called fat studies, look at research on fat individuals and the body positivity movement.

In sociological literature, the topic of body weight is most often taken up when discussing the social dimensions of eating disorders, in publications about food and lifestyle, and in studies presenting the fat body as a medical problem. The available studies present an image of the fat body as a social problem (requiring strategies and counteraction), resulting from overeating (and, therefore, a lack of control on the part of the individual), unhealthy lifestyle or disease (Brytek-Matera 2008; Ogden 2011; Józefik 2014; Lavis 2016; Himpens et al. 2018; WHO 2019; Maj 2020).

The classification and assessment of fatness is strongly culturally determined. Women and men categorized as obese are most prevalent in the Pacific Islands, the Middle East, the USA, Canada, Mexico, the Caribbean, and parts of South and Central America. European countries are in the middle of the scale. Only in Sub-Saharan Africa is there no rapid increase in obesity statistics, probably due to the problem of hunger still present in this region (Brewis 2011: 274). Globally, there are progressively more overweight and obese individuals, mostly in the richest countries. The phenomenon of the spread of obesity around the world, called **globesity**, is strongly associated with industrialization and urbanization (Delpeuch et al. 2009: 46–50; WHO 2018b). In Poland, over 20% of the population is classified as obese by the WHO, in the case of both sexes (Himpens et al. 2018: 13). The relationship between overweight/obesity and the risk of disease, which is directly expressed in medical publications, is sometimes problematized in the literature (Campos et al. 2006; Bacon, Aphramor 2011; Brewis 2011: 22, 125). The slim ideal of beauty is a Western phenomenon (Walden 1985: 334; Bell, McNaughton 2007: 113–115; Delpeuch et al. 2009: 45; Brewis 2011: 96; Brewis et al. 2011: 269, 274).

The fight against overweight/obesity can be analyzed as simply a moral panic (Campos et al. 2006; Wann 2009; Warin 2015: 18–19; Ramos Salas 2015). Fatness is a bodily feature around which meanings are built. It is a manifestation of bodily diversity among people (Wann 2009: IX–X). In Poland, Zofia Boni (2014, 2017) has been involved in research on fat individuals in a non-medicalizing and non-pathologizing context. These are in-depth ethnographic studies, but they concern

children. The experience of the body among fat individuals has already been partially studied outside Poland (Joanisse, Synnott 1999; Ogden, Clementi 2010).[7]

The basis of fat studies is the belief that body weight cannot be understood without reference to gender, race, ethnicity, social class, lifestyle or sexual orientation.

> Fat studies comprise interdisciplinary reflection and research on fat individuals. Within their framework, researchers analyze the concept of fatness and confront the prevailing social rules regarding the fat body. The topics addressed in fat studies include living with a fat body, experiencing it, the social shaping of the fat body, but also the influence that fat individuals have on their environment, as well as the political dimension of fatness and the construction of identity. Fat studies use body size as a starting point for theoretical analysis and the explanation of how, in a historical perspective, society and culture describe and conceptualize all bodies and what political/cultural meanings are assigned to each body (Pausé, Taylor 2021: 1).

Researchers, mainly from the United States, draw attention to the fact that regardless of their own weight, people have a strongly negative attitude towards fat individuals, which is particularly evident in relation to women. Thanks to fat individuals, there is a huge market for the so-called diet foods, supposedly helping one lose weight, and other products intended de facto for individuals who are under social pressure to be dissatisfied with the appearance of their bodies (Rothblum, Solovay 2009; cf. Maj 2020).

The basis of what we know today as the **body positive movement** is the demand for the acceptance of fatness as one of many physical features that individuals have. The media career of body positivity began in Poland about a decade ago, but the enterprise itself originated from the National Association to Advance Fat Acceptance (NAAFA), founded in 1969 in the United States (specifically in New York). It is the longest-running organization in the world for fat individuals. Around the same time, in 1973, the Fat Underground organization was founded in California by feminist activists. NAAFA called for the acceptance of fatness, while the Fat Underground demanded, among other things, equal rights for fat individuals in all areas of life (under the slogan of fat liberation) and emphasized the harmful influence of the so-called diet culture in addition to industries operating under the banner of fat reduction (including the food industry). These movements grew on a wave of activism and civil rights over the following years, although NAAFA was accused at one point of only considering the white fat community to be a voice, considering, for example, the black community to be more accepting of fatness and, therefore, less in need of support. The 1980s saw the movement expand outside the United States, with the London Fat Women's Group forming in the UK. Although

7 More on this topic (in the context of stigmatization of the fat body): Bielska, Wójtewicz, Mańkowska 2023.

the term body positive was not used until the 1990s, fat rights activists were present in the media, organizing protests and boycotting fatphobic ads.

At the turn of the 21st century, the internet became the main space for activists. In 1996, the *Body Positive* website was founded, and its name became a popular slogan on social media, used not only by activists, but also by bloggers, influencers, and entities that had little to do with fat activists but promoted their products and services through this trendy slogan (see Osborn Tigress; The Body Positive. Our Story). Rachel Cohen and her colleagues (Cohen et al. 2019; Cohen 2020) wonder whether the concentration of body positivity activities on social media is actually a positive phenomenon and has the potential to bring benefits to fat individuals, or whether, contrary to the activists' intentions, it is becoming another opportunity to focus on appearance and treat the body as an object. Since this is a relatively new phenomenon in social media and we mainly have research on the impact that bodies which meet culturally imposed appearance patterns have on us, the recipients of online content, it is difficult to draw clear conclusions. Nonetheless, after reviewing existing research and the positions of experts in the fields of medicine and psychology, Cohen believes that obesity and eating disorders are a problem (psychosocial and for public health) that cannot be ignored and reduced to the slogan of fat liberation. It turns out that positive messages about the image of a fat body can, and even should, be an element of preventive actions to counteract the types of obesity that cause negative health effects (see Bray et al. 2018). Positive posts focusing exclusively on appearance, both in the case of fat and non-fat individuals, on the one hand, cause appreciation of the body, but, on the other, always have an objectifying dimension. However, if posts showing fat bodies focus not only on their appearance but also on the functional benefits (well-being, endurance) resulting from, for example, healthy eating or physical activity, they encourage the recipients of such messages to follow health recommendations (Tylka, Homan 2015).

2.4. The body, food and politics

Given the complexity of the issue of the relationship between the body, food, and politics, the topic can only be signaled and reduced to a few sample issues in this book. Nevertheless, abandoning it would deprive our considerations of the context, which will certainly gain in importance in the coming years, both within food studies and studies of the body.

In his book *Embodied Food Politics* (2011), drawing on the concepts of Michel Foucault and Bruno Latour, among others, Michael S. Carolan placed the body at the center of the discussion on the changing realities of food cultivation and production. He has drawn attention not only to "eaters" but also to the role of individuals such as farmers, breeders, and cooks. In his opinion, agri-food systems are embodied and relational. The bodies of individuals who co-create the so-called Global Food, perform work, eat, grow, and shape fashion and tastes. "Global Food […], through the embodiments it creates, helps foster particular knowledges, tastes, and feelings about food give support to conventional food production and consumption," (Carolan 2011: 7).

Julie Guthman and Sandy Brown (2015) drew attention to a different connection between the body and food with politics in the background. In March 2012, Arysta LifeScience decided to withdraw from the use of methyl iodide, used in strawberry cultivation, and permitted a year earlier by the California Department of Pesticide Regulation. This substance replaced the previously used methyl bromide – which destroys the ozone layer. The decision to replace one substance with another was controversial because the Department of Pesticide Regulation's research indicated that the substitute was also harmful – to farm workers and the environment. Nonetheless, it was not the concern for farmers, their families or neighbors that pushed the manufacturer to withdraw the substance from the market (the official reason given was the unprofitability of producing this substance). The key factors were the protests and comments on the internet (there were 53,000 of them in total). Some of the authors directly referred to their civil rights and consumer subjectivity in them. Concern for one's own health and that of one's family was indicated, and a personal consumer boycott of strawberries produced with the use of the controversial substance was announced. After analyzing the course of the dispute as well as the comments, Guthman and Brown drew attention to the fact that they have revealed a biopolitical division between those who deserve protection of their bodies and are responsible, and those who deserve it less (farmers and their families or illegal farm workers for whom strawberry cultivation ensures survival). The authors have emphasized that they consider such an individualized approach and the unforced emphasis on the value of one's own body and health to be at least disturbing (Guthman, Brown 2015: 9). Politics and economic issues also constitute an inseparable context of considerations on obesity. The main concern formulated by obesity researchers always regards the growth in demand for medical services and the generation of costs for the healthcare system. This narrative is accompanied by a thread concerning the need to change the population's eating habits and improve the effectiveness of prevention. The authors of the very well-known work *Fat Economics. Nutrition, Health and Economic Policy* (2009), pointed to a certain paradox related to the obesity epidemic – thanks to the development of medicine, obesity has become safer and fewer people die from complications related to it. From an individual perspective, individuals take fewer risks, so they are less motivated to prevent obesity (Mazzocchi, Traill, Shogren 2009: 159).

Practices leading to obesity are also facilitated by technological changes, i.e., the commonness of the so-called processed food, which individuals choose for economic reasons and because of a lifestyle in which there is no time for preparing meals. According to the authors of *Fat Economics*, such practices will continue to take place as long as they are profitable for both food producers and consumers. Therefore, they point to the need for solutions at the interface of economics and politics that would make them unprofitable (raising the prices of processed products, e.g., by imposing taxes – the so-called fat tax, but also putting pressure on producers to improve the quality of products) (Mazzocchi, Traill, Shogren 2009: 159–160). The cited authors believe that in the face of the obesity epidemic, even government intervention

in the market is justified, because obese individuals impose costs on the rest of society. Mind you, consumer choices should be free and their profitability should be left to the individual's decision. Another proposal is to link the higher costs of unhealthy food with subsidies for healthy food, which is supposed to be a procedure counteracting the growth of social inequalities and enabling individuals with a low economic status to buy healthy food (Mazzocchi, Traill, Shogren 2009: 161).

Economic behavior matters for obesity, given that the choices on what we eat and how we exercise depend on the relative prices of food and leisure. Effective policy at all levels requires that we adjust our perspectives to better integrate both human actions and their reactions to health risk into the mix of viewpoints guiding obesity policy (Mazzocchi, Traill, Shogren 2009: 161).

A final example, although certainly not exhaustive of the issue of the connections between the body, food, and politics, is the climate crisis, which we can also treat as a public health problem (Hellerstedt et al. 2017: 1–7; cf. Tummala 2020). As Ewa Bińczyk (2018: 40) pointed out, citing the IPCC report (2014: 12),

> Climate change is already having a negative impact on the economic and socio-political health of communities. It is jeopardizing food security and agricultural yields. The inability of communities to continue to make a living from fishing as a consequence of ocean degradation is also increasing the demand for grain. The report predicts that communities that are already in a more difficult economic situation will be the most at risk.

As indicated by the WHO (2018a), clean air, safe drinking water, sufficient food, and safe shelter are direct determinants of health. It is estimated that between 2030 and 2050, climate change will cause about 250,000 additional deaths per year due to malnutrition, malaria, diarrhea, and heat stress. The direct health costs (i.e., excluding the costs in health-critical sectors such as agriculture, water, and sanitation) will be between 2 and 4 billion USD per year by 2030, while areas with a poor health infrastructure – mainly in developing countries – will not be able to cope without help. Extremely high air temperatures directly contribute to deaths from cardiovascular and respiratory diseases, especially among older people. They will also increase ozone levels and other air pollutants that exacerbate cardiovascular and respiratory diseases. Rising sea levels and increasingly extreme weather events will destroy homes, medical facilities, and other essential services. It is worth noting that more than half of the world's population lives within 60 km of the sea. This means that people may be forced to relocate (which increases the risk of a range of health effects, from mental disorders to infectious diseases). Increasingly variable rainfall patterns may affect freshwater supplies. A lack of safe water can compromise hygiene and raise the risk of diarrhea, which kills more than 500,000 children under the age of 5 each year. In extreme cases, water shortages lead to drought and famine (WHO 2018a). The WHO estimates that rising temperatures and variable rainfall are likely to reduce the production of staple foods in many of the poorest regions. This will increase the incidence of hunger and malnutrition, which currently cause 3.1 million deaths per year (WHO 2018a).

There are many examples of alarmist forecasts, but it is worth noting that the WHO estimates are considered cautious, and resulting from the availability of

data, they only take into account some of the possible health effects and assume constant economic growth, as well as progress in the development of medicine and medical technologies. There is no doubt, though, that climate change will affect all populations and will continue to contribute to the development of social inequalities, posing a direct threat to human physical existence, whether through a lack of or limited access to healthcare or good quality food.

3. Key concepts

Fat studies – a research trend that arose from the belief that body weight cannot be understood without reference to gender, race, ethnicity, social class, lifestyle or sexual orientation. It analyzes, among others, the concept of fatness in the context of applicable social rules, the experiences of individuals with a fat body, the impact of fatness discourse on identity formation, as well as the political and cultural dimension of fatness (Pausé, Taylor 2021: 1).

Food artified – styling, composing food products in the image of a work of art, in order to attract the attention of the recipient. A marketing technique used in advertising – the consumer receives the promise of multi-sensory experiences, which is supposed to be an impulse to buy (Van Dyke 2018: 667).

Food studies – interdisciplinary research on food and its connections to culture, art, and history. Food studies deal with production and consumption and related ethics, in addition to the aesthetics of food, as well as culinary traditions. Researchers associated with food studies include sociologists, anthropologists, economists, and historians (Goszczyński 2016).

Globesity – the phenomenon of the spread of obesity in the world, related to industrialization and urbanization, most visible in the richest countries (Delpeuch et al. 2009: 46–50; WHO 2018b).

Food as a code – a term coined by the anthropologist Mary Douglas (1972, 2007). According to Douglas, social patterns and beliefs are encoded in the ways of talking about food, organizing meals, and the type of dishes served. For example: a shared meal expresses a greater degree of intimacy than communal drinking; the type of food consumed indicates whether the meal is festive; and the products excluded from consumption (e.g., meat) may be an indication of the general rules that apply in a community.

Diet culture – a term used to refer to the realities of contemporary culture, in which the way we look, what we eat, and what type of physical activity we engage in to achieve an appropriate weight become moral virtues. Weight stigma is socially

acceptable in culture and can be observed in the workplace, at school, at home, and among healthcare workers. Diet culture, by focusing individuals' thoughts on food and the body, maintains a business based on products and services aimed at individuals who want to lose weight. It is believed to be discriminatory in nature and may contribute to the normalization of eating disorders (Laing Emma; Diet Culture; Akkus 2021; cf. Brytek-Matera 2008: 24–33; Józefik 2014: 27–30, 34–38).

Fitness culture – according to Jürgen Martschukat, author of *The Age of Fitness* (2021: 4), contemporary culture uses the idea of body agency to exert control over individuals. Body features such as fitness, slimness, and health have become socially desirable in contemporary society. Individuals with such bodies are rewarded for their ability to control themselves, while obesity is seen as a pathological condition.

Neo-Marxist food studies – they originated from the analyses of commodity production systems. They are critical of the industrial society, they analyze the issues of power distribution and the relations between farmers and food producers. They have evolved towards the analyses of the so-called short food supply chains, but largely ignore cultural issues related to food and the role of food consumers (Goodman 2004; Goodman, DuPuis, Goodman 2014).

Invisible mouth – a term that is a critique of neo-Marxist food studies. It is about drawing attention to the need to analyze the role of consumers in both industrial and alternative food distribution systems, as well as to emphasize the importance of the identity of consumers constructed by the body (Lockie 2002).

Dietary regime – the process of constructing a socially desirable body appearance through diet as part of an individual identity project. It results from the need to mitigate risk and perceive oneself as a competent (and, therefore, having an adequate body) participant in social life in addition to the need for self-fulfillment. Subjecting oneself to a dietary regime is accompanied by a desire to build social capital on a socially desirable type of body (Giddens 1991).

Body positive movement – a social movement that arose on the basis of the postulate of accepting fatness as one of the features of the human body. It originated from the National Association to Advance Fat Acceptance (NAAFA), founded in 1969 in the United States – the world's longest-running organization for fat individuals. Body positive activists demand, among other things, equal rights for fat individuals in all areas of life and emphasize the harmfulness of diet culture. Currently, the main space for the body positive movement is the internet (Osborn Tigress; The Body Positive. Our Story).

Culinary triangle – a diagram described by Claude Lévi-Strauss in an article entitled *The Culinary Triangle* published in 1965, in which the author attempted

to recreate certain universal principles organizing the ways of preparing food. Analyzing the verbal categories denoting the ways of preparing meals, he argued that they simultaneously set the boundaries between what belongs to the sphere of culture and what belongs to the sphere of nature (Lévi-Strauss 1972: 71–80).

4. The most important studies

The following research projects were selected by the authors from among many interesting and important analyses devoted to the body and food. We present them according to the thematic division: studies referring to social stratification; and studies referring to gender and studies taking into account the media context. The reader will find in this compilation a reference to the already classic studies of Bourdieu, which continue to inspire new generations of researchers, but also more contemporary projects, the authors of which place the connections between the body and food at the center of their considerations.

Social stratification and food choices

Bourdieu's analyses of the class divisions in the French society in the 1970s, described in *Distinction*, inspired research on the relationship between social stratification and food choices made by the representatives of various socio-professional categories. Studies of this type prove that there is a relationship between status determinants such as education, occupation, and income, and making specific choices when it comes to food consumption. For example, individuals with a higher socio-economic status are more likely to have healthier eating habits, while those with a low status usually eat less in line with nutritional recommendations, which contributes to their poorer health. In relation to the Polish society, such research was conducted by a team led by Henryk Domański in 2015 (see Domański et al. 2015). These studies have shown that "the middle class reflects a stronger tendency to adopt a pro-healthy eating style and avoid products that dietitians consider harmful to health, such as fats and sugar," (Domański et al. 2015: 94). As we remember, this is associated with the different body assets valued by the representatives of different social classes: while the representatives of the lower classes value physical strength above all, the representatives of the upper classes "turn to products that are tasty, good for health, light and do not cause weight gain," (Bourdieu 1989: 237). The representatives of higher social classes also tend to choose products considered exclusive more often – they choose lesser-known products and products from other countries, such as shrimp, artichokes, goat cheese, and Parma ham (Domański et al. 2015: 95). Wealthier individuals also more often choose beverages considered to have a beneficial effect on health, such as water or green tea, and avoid beverages with artificial additives. When it comes to such a status marker as eating meat (described as a distinguishing feature of individuals with a high social position in the aforementioned works of sociological classics), the opposite situation can currently be observed: a distinguishing feature of a high social position

is distancing oneself from eating meat. Analyses have shown that the representatives of higher social classes are more able to distance themselves from eating meat because they use less physical energy at work compared to farmers and workers. Avoiding meat also gives them an opportunity to emphasize their individuality, and be guided by health and ethical considerations when choosing dishes, as well as represent a reflective approach to diet (Domański et al. 2015: 71).

In the 1980s, a trend called **omnivorism** was noticed in the United States and Western countries. It consisted in the fact that the representatives of higher social categories did not limit their consumption choices only to foods considered sophisticated and luxurious, but combined preferences for both exclusive and expensive foods in addition to popular, simple and unsophisticated ones. Knowledge of both the former and the latter can be considered an expression of sophistication.

As Henryk Domański noted, "omnivorism is the effect of democratization, the development of tolerance and pluralism of values," (Domański 2016: 125, see Domański 2017). Its emergence has been associated with the changes in values that have taken place in Western countries over the last few decades, consisting in the gradual opening of the representatives of higher social classes to the pluralization of culture and a partial abandonment of exclusivity. According to Domański, "From the point of view of stratification, it is important that we are dealing with the emergence of a new dimension of culture, which in the opinion of some authors replaces the existing class hierarchy, and in the opinion of others – overlaps with it and both function," (Domański 2016: 124). Based on the results of research conducted by Henryk Domański in 2016, it can be stated that omnivorism also occurs in the Polish society.

Food and gender

Analyses have also been conducted in many European countries, as well as in the United States, on how eating habits are shaped by gender (Masella, Malorni 2017). Some universal regularities can be observed here: women usually consume more fruit, vegetables, legumes, and whole grains, but also more sweets and cookies, compared to men. Men tend to eat foods richer in fat and protein, drink more wine, beer, spirits, and sweet carbonated drinks. Generally speaking, they exhibit eating behaviors that potentially promote overweight and obesity (Masella, Malorni 2017: 60).

In the Polish society, there is also a traditional division of the roles related to food preparation, excluding men from cooking; this responsibility falls primarily on women (Domański et al. 2015: 207). Women are also more often left to decide on the composition of the menu (Domański et al. 2015: 209). Men living with women in the same household eat healthier than men living alone. Women can, therefore, be considered the initiators of dietary changes, which is related to the fact that they are socialized to exercise greater control over their own diet and that of the whole family, in contrast to men, who are allowed a greater degree of freedom and to rely on women's choices in the belief that they will adapt to their tastes (Domański et al. 2015: 209).

The body and food in the media context

Other research directions concern media coverage of the body and food. In addition to analyzing the discourses presented by the media relating to the ideals of the body, the so-called dietetic discourse has also become a subject of interest for sociologists – they analyze the symbolism attributed to both the body and food (Goszczyński, Wójtewicz 2018). The media participate not only in the dissemination of information about the prevailing patterns of the body, but also the ways of eating or dieting, and constitute one of the tools for advertising food products. Media coverage can, therefore, influence both the recipients' ideas about the expectations regarding appearance and their perception of specific food products. As indicated by Michael K. Goodman, Damian Maye and Lewis Holloway (2010), this is the case, for example, with the presentation of organic food in the media in opposition to mass-produced food. The former is usually valued positively, as having a beneficial effect on the body and health, the latter – vice versa. According to the above authors, the media, and especially culinary programs, educate viewers. Choosing a specific type of food also becomes a moral choice, examples of which include the call to prepare food at home instead of reaching for ready-made, mass-produced food, and the popularization of using crops from one's own garden as an alternative to mass-produced vegetables or fruit (Goodman, Maye, Holloway 2010). In this way, a kind of a categorization of food into "good" and "bad" occurs in the viewers' minds.

Similarly, the symbolism given to food in the media, e.g., through advertising, influences people's ideas about how a product can affect health and the body or what kind of body can be obtained by consuming a product. Depending on the customer to whom a given product is intended, it can be shown as an important element of belonging to a specific status group, gender category or ethnic group. An example is the way meat is presented in advertising, described earlier (see Goszczyński, Wójtewicz 2018).

Through the discourse on food, the media influences the way such categories as ethnic and cultural identity, gender identity, and gender relations, as well as class divisions are defined. For example, Nick Piper analyzed the series of cooking shows by the famous British chef Jamie Oliver, *Jamie's Ministry of Food*. According to Piper, such shows not only present a specific discourse on food, but also indirectly touch upon such issues as class, gender, and regional stereotypes. In their shows, famous chefs have the opportunity to speak on various topics as authority figures and can, thus, influence human attitudes (see Piper 2013). In one of the shows of his series, Jamie Oliver addressed the problem of children's nutrition in British schools. As a famous chef, who can be described as a "culinary celebrity," he contributed to drawing attention to the important problem of unhealthy food served in school canteens. The fact that someone important, and a man at that, has taken an interest in this issue also goes some way to contradicting the stereotypical belief that children's nutrition is an issue that is usually dealt with by women (see Piper 2013: 42). Jamie

Oliver's series of programs *Jamie's Ministry of Food* has also been analyzed in terms of regional stereotypes. Oliver's program contributed to the discussion on the responsibility of parents for their children's nutrition when one of the episodes, filmed in Rotherham, South Yorkshire in northern England, showed women giving children unhealthy food. As a result, the issue of negative stereotyping of certain regions of the country (Rotherham as a place where you don't eat "healthy") also appeared in the public debate.

Another well-known figure whose cooking programs have been analyzed is Nigella Lawson. She is a well-known British author of books and programs devoted to cooking. Joanne Hollows analyzed her books and programs to ascertain what kind of postfeminist identity she offered to women. Among others, it is about how we define the role of women in society. According to Hollows, Nigella Lawson's programs are aimed primarily at middle-class women. This is indicated by the most common problems they address: the problem of the lack of time in the face of the need for women to combine paid work and household chores (Hollows 2003). Nigella Lawson's cooking philosophy assumes that cooking should be enjoyable and should begin with the desire to eat (Hollows 2013). She treats it as an escape from the problems and challenges of the modern world. Importantly, in a way, she also confronts the stereotype of a woman traditionally burdened with the function of providing food for all the household members, as a laborious and difficult task that requires renouncing one's own needs. As Joanne Hollows has pointed out, the representation of cooking in Nigella Lawson's work emphasizes a woman's care for herself rather than for others and in this way provides an alternative way of presenting the pleasures of "domestic femininity" (Lawson argued in her programs that women should take on the role of "domestic goddess" – note by A. Maj) (Piper 2013: 42).

It is not only cooking that should bring pleasure, but also eating, which is a pleasure for the body. As Hollows has suggested, Nigella Lawson argues with the requirement that is binding among the representatives of the middle class, and particularly applicable to women, to control the body by refraining from excessive eating. She calls for women to treat their bodies as temples, and, thus, allow themselves to feel the pleasure of eating, without focusing solely on taking care of a slim figure or the obligation to feed others. Nigella also points out that eating does not have to be associated with care (understood as care for others and as a "burden"), but can provide joy.

5. Summary

This study does not exhaust the extensive subject matter covering the issues of the body and eating. Our aim was to signal the most important theoretical areas and research topics connecting these two spheres. After years of absence of the issue of the body (and eating) in sociology, this subject is now increasingly appearing among the interests of sociologists, owing to, e.g., the development of research

on cultural diversity in various corners of the world, in connection with the development of social awareness of the issue of leading a healthy lifestyle, changes in food consumption, the development of considerations on eating in the context of lifestyle, the growing number of people affected by obesity in the world (while, at the same time, a large number of people suffer from malnutrition), and the issues related to food security and the climate crisis in the world mentioned by us. All of the above-mentioned topics are the subject of research by sociologists and will certainly be developed in the near future. In many of them, the subject of the body and food appears in new versions.

6. Review questions

1. Describe the assumptions of the culinary triangle.
2. Why is food a cultural code?
3. Provide examples of cultural taboos related to food.
4. What was the source of the problems with including the body in social reflection on food?
5. What is a dietary regime?
6. What is diet culture?
7. What do fat studies deal with?
8. Describe the assumptions of the body positive movement.
9. What is the role of the body in the discussion about the realities of food cultivation and production?
10. How does social location determine food choices?
11. How do gender stereotypes define the division of food into "female" and "male"?

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The Body and Medicine

1. Introduction

Medicine is inextricably linked to the human body as it is the direct object and goal of the instrumental actions of medical professionals. Along with the development of medical sciences, knowledge about the body and attitudes towards it have changed, not only in this field. Medical knowledge about the functioning of the body influences its perception in society, culture, art, and politics. Progress in medicine itself, the development of pharmacology and medical engineering as well as technology have caused not only changes in the understanding of what the body is but also in what the body can be. Changes in the perception of the human body concern both medical and social sciences.

Michel Foucault's concept of the body as an effect of knowledge/power, Norbert Elias' concept of civilizing the body or the individualization of the body described by Chris Shilling are sociological constructs based on medical achievements. The body becomes a link between sociology and medicine. The sociological concepts of death, dying, and disability are revised by the achievements of technological medicine whereas the development of the latter's capabilities changes the meaning of the body, becoming an inspiration for the research and development of new areas of sociological reflection. As Williams (2003) wrote, the classic divisions between the body and mind, nature and culture or biology and society take on new meanings.

It is worth emphasizing, however, that medicine without social sciences would be an incomplete field. The change in the structure of diseases[1] "pushed" medical sciences into the arms of sociology and other social sciences, as understanding the non-medical determinants of health resulting from lifestyle, place of residence, and place in the social structure became crucial. Therefore, this chapter is interdisciplinary in nature, combining the sociology of the body with the sociology of health and medicine.

1 The change in the structure of diseases is related to the development of medicine and pharmacology and means a decrease in the number of acute and fatal diseases and an increase in the number of chronic diseases.

The aim of the chapter is to show the development of attitudes towards the body along with changing medical knowledge. In a historical perspective, the chapter will take the reader from ancient times, through the Middle Ages to the Enlightenment and the emergence of clinical medicine. In the area of contemporary evidence-based medicine (EBM), the reader will become familiar with the concepts of medical power over the body, as well as the processes of medicalization and geneticization. It will also show key areas relating to the relationship between the body and medicine – the body as a laboratory, the issue of transplantation, and the attitude towards the dying and dead body. The issue of commercialization of the body in relation to medical and health services such as plastic surgery will also be outlined. The last part of the chapter will bring closer the issue of the body of the future in relation to cyborgization in the dimension of medical enhancements.

2. The most important theoretical concepts

2.1. Hippocrates and humors

Since ancient times, scientists have pondered the mystery of how the human body functions, and ideas about its work as well as internal processes have been based for many centuries on the descriptions of Greek scholars. Initially, Greek medical thought was based on practices and beliefs drawn from Mesopotamia, Phoenicia, and Egypt (Brzeziński 2014; Krajewska 2018). The breakthrough came with the works of Hippocrates, based on the observation of clinical symptoms and drawing rational conclusions from them in a scientific manner, which described the relationship between the structure of the body and human predispositions, including those of a social nature.

The so-called humoral model of the body developed by Hippocrates was based on the observation of its functioning, the cyclical changeability of nature (Vigarello 2005; Kalachanis, Michailidis 2015) and views on the four elements: fire, air, earth, and water (Tatarkiewicz 2014). The theory of humors introduced by Hippocrates in the 5th century BC was developed in later centuries, among others in the works of Galen (2nd century AD), who proposed the theory of temperaments, combining the body with the psyche. The elements and their corresponding features (impetuousness, strength, constancy, and changeability) became the basis for the characteristics of the human personality. Hippocratic theory is a model that not only explains how the human body works and changes, but it also defines the balance between health and disease. The Greek scholar described the human body using four substances, the so-called humors. They were bile, blood, phlegm, and black bile, also known as melancholy. Each of these substances, due to its properties, kept the body alive, and their mutual interactions were responsible for body temperature, skin color, and even temperament. Additionally, these four fluids were associated with the elements – fire, water, air, and earth.

The balance between the four fluids determined the health of an individual. Illness was caused by the predominance of one of the fluids. The cause of the state of imbalance could be, among others, our behavior, which today we would call lifestyle. In one of his works – *De acre, aquis et locis* – Hippocrates demonstrated clear cause-and-effect relationships between environmental factors and illness (Brzeziński 2014; Krajewska 2018). In this way, he changed the perception of man and his body and drew attention to the social determinants of health.

The structure and functioning of the human body in humoral theory also determined the character of a person, predisposing them to specific behaviors, activities, actions, and even professions. The psychosocial dimension of humoral theory is still present to some extent today – in social contacts we describe others by referring to the typology of temperaments, assigning specific social characteristics to people we consider choleric, melancholic or phlegmatic. Many contemporary personality theories are also based on humoral theory.

From today's perspective, these considerations may seem somewhat primitive and naive, but they laid the foundations for modern medicine. The scientific nature of Hippocrates' approach is undeniable, and his achievements set the course for the development of medical knowledge for a long time. Although the Hippocratic Oath refers to the gods in its opening words – "I swear by Apollo the Physician, and by Asclepius, Hygieia, and Panaceia, and by all the gods and goddesses, making them my witnesses, that I will fulfill this oath and these obligations according to my ability and judgment,"[2] – Hippocrates is considered the first physician to break with the mystical-religious model of disease in favor of a rational-pragmatic model.

2.2. Illness as a punishment, or a story about the sinful body

The mystical-religious model of illness mentioned above, also referred to as the metaphysical-blaming model, is, alongside the pragmatic-rational model, the most frequently cited way of interpreting illness, as well as the physical and psychosocial changes it causes. Both models have their social conditioning because each of them describes the role of the sick person and their relationship with the environment in a different ways. The metaphysical-blaming model was formed in ancient times – the belief in the divine origin of illness was present in Egypt and Phoenicia, and also reached Greece (Jouanna 2012). Historical evidence for the assumption of the divine origin of illness can be found in ancient literature, e.g., in the works of Homer, Hesiod, in addition to the works of Herodotus or Thucydides (Williams 2003).

The development of scientific knowledge led to a departure from this deterministic vision of human life, in which people were subject to the grace or disgrace of higher powers. The works of the previously mentioned Hippocrates contributed to this. The metaphysical-blaming model returned in the Middle Ages, along with the growing role of Christianity and the Catholic Church as institutions. Medicine

2 The quote comes from the website of Okręgowa Izba Lekarska [Regional Medical Chamber] http://www.oil.org.pl/xml/oil/oil50/tematy/prawo_oil/hipokr (accessed: 25.09.2021).

itself remained under the strong influence of the Catholic Church, as a significant number of medieval physicians came from clerical circles (Reiser 1985; Dougherty 1993; Jouanna 2012; Le Goff, Truong 2018; Krzysztofik 2020). During this period, the perception of the human body in strictly moral categories also strengthened. On what assumptions was the metaphysical-blaming model based? First of all, the body appeared in opposition to the soul – the former belonged to the profane, the latter to the sacred. The body was seen as the center of the earthly order, while being condemned as a seat of evil and cared for as a reservoir of the soul, an instrument of suffering that brought one closer to God and salvation. Illness appeared as a result of human actions and misdeeds; it was seen as a punishment for sins, but, at the same time, it gave a chance for redemption, because it caused a person to suffer physically, like Christ dying on the cross. Illness was, thus, an impurity of the body and soul, therefore, both were treated. The social dimension of human life was religiously determined, and the disease itself was more moral than physical, although its manifestations were very physical.

This model, devoid of religious overtones and with a dominant element of blame, is also present today – many diseases have an environmental basis and are related to an individual's lifestyle. People suffering from, for example, AIDS or venereal diseases are stigmatized because there is a presumption that the sick person contributed to the development of the disease and, as a result of their bad/immoral behavior, was punished in the form of a specific disease. In 2008, the media reported the death of a six-month-old child who had been identified as having a rare metabolic disease associated with a deficiency of the LCHAD enzyme. In Poland, about 100 people live with this disease, 37 of whom live in the region of Kashubia (northern Poland). The disease has a genetic basis and manifests itself in infancy. The patient's body does not produce (or produces too little of) the enzyme responsible for fat metabolism. When the sugar level in a healthy person's body drops, energy is drawn from fats. In patients with LCHAD deficiency, the drop in glucose levels damages the nervous system and muscles. The fact that over 1/3 of the sick are the residents of Kashubia has caused the disease to change from a rare genetic disease into an "ethnic disease" and has led to the "creation of a negative stereotype of Kashubians as a closed group, burdened with a genetic disease, cultivating outdated customs (endogamy)," (Kwaśniewska 2018).

Stigmatization or branding is a social reaction to an objective definition of a disease. This term, used in 1963 by Erving Goffman, refers to any attribute that discredits an individual in the process of interaction (Goffman 1990). Stigmatization is usually a consequence of labeling. In the medical context, defining a patient's condition in terms of a disease gives them a label of a sick person. Depending on how this label is perceived by society, it can become a cause of stigmatization or branding of the sick person. This, in turn, leads to unequal treatment, marginalization, and exclusion.

2.3. The birth of modern medicine – the biomedical model of the body

With the weakening role of the Catholic Church and the simultaneous development of science, knowledge about the human body and its functioning evolved. From the 15th century, when medical schools began to free themselves from the domination of the Church, there was also a change in education in this field. The works of scholars such as Leonardo da Vinci and Vesalius, based on dissections of human cadavers, enabled the verification of earlier views on the anatomy and physiology of the human body. Medical knowledge, increasingly based on empiricism, also reached for philosophical trends of thought. 17th-century science was inspired by Cartesian philosophy, while in medicine the concept of psychophysical dualism, presented by Descartes in *Principles of Philosophy*, took on particular significance:

> And although a substance is known by any attribute, nevertheless, every substance has some principal property which constitutes its nature and essence and to which all other properties are reduced. Thus extension in length, breadth, and depth constitutes the nature of a bodily substance; and thought constitutes the nature of a thinking substance. For everything else that can be attributed to a body presupposes extension and is only some modification of an extended thing; just as everything that we discover in the mind constitutes only various modifications of thought. Thus, for example, nowhere else but in an extended thing can form be conceived, and motion only in extended space; and nowhere else imagination, or feeling, or will, but in a thinking thing (Descartes 1960: 39–40).

The mind (*res cogitans*) was characterized by thought and consciousness, while the body (*res extensa*) was characterized by extension in space.

Descartes' considerations caused life processes (not only in relation to the human body, but to nature in general) to be perceived as purely material, mechanical. The body, as *res extensa*, was subject only to mechanical processes, and the soul was reduced to a thinking substance (Lampart 2020). The separation of the soul and the body and the mechanistic vision of the latter became an attractive trope for the developing medicine, which proposed a biomedical model of disease and an accompanying scientific vision of the human body as an object of interest to physicians.

In 1878, Louis Pasteur announced that diseases were caused by microorganisms. This discovery was expanded upon by Robert Koch, who clarified that specific bacteria caused specific diseases. Thus, the single-causal model of disease known as the biomedical model became the dominant paradigm in medicine until the early 20th century. Together with Cartesian dualism, it caused medicine to focus on finding and removing a specific cause from the body, or, more precisely, from the diseased part, and completely neglected the psychosocial side. The human body at that time appeared as a machine made of interconnected and interdependent parts, and the role of the doctor was similar to that of a mechanic who had to find and fix the fault. The social causes of disease were also ignored (Germov 2019). The biomedical model also recognized that the proper place to treat this "damaged" body was the hospital. The body became describable and measurable in scientific terms, the patient became subject to medical decisions, and the disease appeared

as an objective, undesirable state. Hospital medicine introduced four innovations: structural nosology, localized pathology, physical examination, and statistical analysis (Williams 2003). Such a perception of the body caused several important consequences (Germov 2019):

- objectification – the body-soul dualism focuses on repairing damaged parts of the body-machine; this can lead to objectification – patients are treated as sick bodies or cases and are not perceived as unique individuals with their own individual needs; the patient is not treated holistically;
- reductionism – there is a reduction within the human body – from organs to cells, from cells to molecules and genes; at this level, the psychosocial causes of disease are completely lost;
- specialization – a consequence of reductionism is the belief that a specific organ can be treated in isolation from others, which, in turn, leads to a growing number of specialists (cardiologists, endocrinologists, gastroenterologists; within these specializations, more specialists follow – doctors specializing in the treatment of a specific organ appear, e.g., a hepatologist);
- biological determinism – as a consequence, reductionism often also leads to the belief that biology determines a person's social, economic, and health status, and not the other way around; biological determinism is dangerous because it can legitimize social inequalities – if health or social inequalities are considered to be biologically determined, the belief that little can be done to change it becomes legitimized;
- the blame approach – the final consequence is that the cause of a disease and its cure are located solely within the individual, while ignoring the social context of health and disease – "Instead of asking why disease occurs and trying to remove these conditions, medical researchers try to understand the biological mechanisms of disease development so that they can influence them," (Capra 1982: 150); focusing on treating the individual can lead to the use of the blame approach – diseases can be seen as a kind of genetic fatalism or as the effect of individual lifestyle choices. Such an approach seems to completely ignore the role of environmental variables, such as living or working conditions, which result from the specific location of the "sick body" in the social structure.

The biomedical model led to objectification of the human body, as well as its progressive fragmentation. Instrumental medical intervention concerned the sick organ, which medicine was supposed to repair at all costs. Not only did the holistic approach to people, which appeared in antiquity, lose its importance, but also the body itself ceased to appear as a whole, and the growing specialization within the medical professions caused its specific decomposition. Reparative medicine, as an effect of the biomedical model, sets the main goal of restoring the health of the sick body (or more precisely, its parts), but it is not interested in the disease from a biopsychosocial perspective. Additionally, medicine was established as the only institution that could control the health and disease of an individual. This growing role of medicine was noticed after World War II, and the processes of medicalization became the analytical framework for the transformation of evidence-based medicine (EBM).

2.4. Medicalization processes

The relationship between the body and medicine is inextricably linked to the processes of medicalization. These processes mean that medicine is entering subsequent areas of human life and making them a territory of exploration for medicine (Conrad 2007; Wieczorkowska 2012b; Clark 2014; Nowakowski 2015). Since the body is the most direct object of medicine's impact, the processes of medicalization are simultaneously the processes of the appropriation of the human body by medical institutions. Medicalization understood as a form of medical social control is not a new phenomenon, but progress in medicine means that the processes of "making medical" subsequent areas of human life have intensified in recent decades. The processes of medicalization are not uniform, they are differentiated by:

- The dynamics of medicalization – in macrostructural terms, an intensification of medicalization processes is observed; nevertheless, in relation to specific phenomena, states, and behaviors, one can speak of different degrees of medicalization and different intensities (Conrad 2007). In the case of bodies, the female body is much more subject to medical jurisdiction than the male body (Wieczorkowska 2012a, 2015, 2016). Peter Conrad wrote about the gendering of medicalization processes (Conrad 2007).
- Territorial scope – speaking of medicalization, one means processes typical for contemporary capitalist societies (Nowakowski 2015).

Medical social control dates back to ancient times – Greek scholars wrote about the need to supervise people suffering from madness. The basis of control was nonconformism in the behavior of the patient. Michel Foucault placed the beginnings of modern medicalization in the second half of the 18th century and it was associated with the development of medicine itself as well as medical institutions (Foucault 1999). The first works devoted to the entry of medicine into subsequent areas of human life in addition to the use of medical terminology and procedures in reference to states, characteristics and behaviors that were previously treated as natural or were under the jurisdiction of other institutions appeared in the 1950s and 1960s (Conrad 1992, 2005; Conrad, Schneider 1992). They emphasized the negative consequences of medicine appropriating phenomena that had no biological basis (such as poverty or unemployment) and criticized the arbitrariness of diagnostic criteria in addition to the fluidity of the boundaries between the norm and pathology. Medicalization at that time was top-down in nature and consisted in the imposition by the medical elite as well as medical institutions of diagnostic and therapeutic frameworks on natural physiological states, life failures, family or social problems. Medical imperialism, the transmission of medical knowledge-power, and medical social surveillance from top to bottom, from elites to the general public, were the subject of interest of researchers such as Erving Zola, Ivan Illich, and Talcott Parsons.

Since the end of the 1980s, a change has been observed, consisting in the reversal of the direction of medicalization (Conrad 2005, 2007). Currently, medicalization is bottom-up, and medical professionals are one of many and not so significant actors in these processes. Currently patients and consumers themselves, associations,

groups and social movements, and at the mezzo- and macro-level – health economics, the pharmaceutical industry and genetics are the driving force behind the medicalization of subsequent areas of life, as well as the internet (Miah, Rich 2008), and architecture (Zardini, Borasi, Campbell 2012). In his analyses, Peter Conrad, a leading researcher of medicalization processes, emphasizes the multidimensionality of this phenomenon and draws attention to the growing role of new actors in the processes of medicalization. Giving the field to medicine is caused by growing social expectations related to the category of success, which has become a kind of pan-value in American society.[3] A lack of success in a particular field (e.g., education) is not a weakness of the intellect; difficulty in concentrating and hyperactivity are not character traits or deficiencies in upbringing, but the symptoms of a disease (the medicalization of underperformance). The ease with which medicine has been taking over subsequent areas and exerting power over the body and life is caused by growing social expectations regarding the fitness and efficiency of the body in addition to its appearance, but also by growing expectations towards medicine itself, which from corrective medicine has become a medicine of fulfilling desires. Illness increasingly becomes a wall behind which one can safely hide from the demands and expectations of the outside world; it is an excuse and it generates the expectations of a different, concessional treatment.

Medicalization can manifest itself in the use of medical language to describe phenomena, states, and behaviors, and in the use of medical procedures instead of educational, upbringing, legal, and social solutions.

Medicalization does not affect women and men equally, and this is related to the perception of women and their bodies in the past. Until the 18th century, the so-called **unisex model** of the body functioned. It was assumed that there was one biological sex (male), and the difference between women and men was a difference in the "degree" of intensity of certain features, not a qualitative difference. In humoral theory, this difference was a combination of humors. The model of the biological body was a male model, and a woman was its worse variant, with male genitals placed upside down in the abdominal cavity (Laqueur 1992; Park 2010; King 2013; Buczkowski 2017). In the 18th century, the uniqueness of the female body (mainly the reproductive system) was "noticed," but with its discovery (and emancipation, which was accompanied by a symbolic exit of women from the domestic into the public sphere), the female body became the object of interest of "male medicine," i.e., dominated by men and adopting a male point of view. Hence, many more medicalized states, behaviors, and phenomena concerned women than men. Nowadays, the male body is also increasingly becoming a field of medical annexation, piece by piece. When speaking about medicalization, attention is drawn to three areas (Waggoner, Stults 2011):

3 It was also to this that Talcott Parsons referred in his works in the 1960s, constructing the role of the sick person.

- The medicalization of normal life events – female infertility, menopause, aging, menstrual control, childbirth, premenstrual syndrome, erectile dysfunction, and andropause.
- Biomedical and aesthetic enhancements – plastic surgery (breast augmentation and reduction, blepharoplasty, buttock implants, liposuction, leg lengthening, voice and vagina rejuvenation, calf and chest implants), dermatology, cosmetology, steroids, blood transfusions, baldness therapy, hair transplants, and stem cell transplants.
- Medical supervision and interventions – mammography, cytology, prenatal care, and circumcision.

In the case of the medicalization of physiological processes such as pregnancy or aging, medicine appropriates these areas, defining them as requiring medical supervision and intervention. Since female physiology in terms of reproductive functions is different from male physiology, women experience medical practices in this area more often than men. Biomedical and aesthetic improvements are an area in which medicalization is mainly bottom-up in nature – it is the clients who demand to have a procedure performed, to improve their – usually healthy and fit – body. And although plastic surgery had its origins in procedures to reconstruct damaged or deformed body parts, it is currently associated mainly with the sphere of aesthetic improvements. They are mainly used by women, but increasingly often by men as well. The growth of social expectations regarding the body stimulates the development of medicine in the area of improvements; the body is transformed and modeled, health has become a product purchased on the medical market, and its resources are determined by the financial situation, as well as individual needs of the client. The last area – medical supervision and interventions – is the use of medical instruments to control the health of the population and monitor their health capital in order to maintain the economic and social efficiency of the state. Preventive programs and screening tests are intended as the medical supervision of citizens' bodies which may result in, if necessary, a medical intervention. Of course, there is also a measurable positive effect of these programs and tests – they enable the identification of risk groups or the detection of diseases at an early stage, and can consequently significantly reduce the risk of illness or – in the case of detection of an illness – allow the sick person to decide whether and how to treat the illness, which can be interpreted as Goffman's stigma management (Goffman 1990).

Medicalization is a contemporary form of power over the body. It is power based on scientific knowledge, supported by expert authorities. According to Michel Foucault (2006, 2010), it is a form of supervision over the body of an individual and the population as a living organism. The task of this power is to discipline, supervise, subject to regimes, and control bodies distributed in space. Life and survival become the central category; population measures such as the birth rate and morbidity determine population health, as well as define the directions of specific policies (health, education). The institutional location of this power is the state, but this power is exercised on the basis of medical expertise, which becomes the basis for

the normalization of society. This, in turn, takes place through the "measuring" of bodies as such and their vital parameters. The medical norm becomes a cultural norm, while care for health and the body become a moral imperative. It is the product of a specific discourse and specific knowledge, and it is not universal in nature. Foucault (2020), describing the process of normalization, referred to the example of prisons and punishments, but it can also be found in reference to medical power over the body, which is measured, compared, homogenized, hierarchized, and excluded as a consequence of having certain diseases. Medical standards usually change as a result of the development of medical knowledge, while experts in the field of health and disease recommend specific actions that are the basis of state policy towards citizens and, at the same time, is an instrument of medical supervision and social control.

The development of medicine has led to a change in the structure of diseases – thanks to vaccinations, antibiotics, and the popularization of knowledge of hygiene and asepsis, diseases that used to decimate human populations have ceased to pose a threat to them. The so-called epidemiological transition (McKeown 2009) shows how – since the beginning of the 19th century – mortality resulting from infectious diseases has decreased and how they have been "replaced" by chronic and civilization diseases. This epidemiological transition can also be viewed from the perspective of medical power over the body, because controlling infectious diseases was possible thanks to discipline and regimes such as mass vaccinations (tuberculosis, polio), isolation, taking medications, and monitoring the effects of treatment. Modern medicine controls not only the course of a disease and the treatment process, but also the health of a population, subjecting bodies to measurement and monitoring in order to detect even the smallest irregularities and deviations from the norms. For the price of safety, individuals give up the autonomy of their own bodies, subjecting them to progressively more numerous medical procedures.

Initially, medicine was of a **remedial** nature – its task was to heal and restore the body to health. Currently, alongside this branch dealing with the sick, disabled and ineffective body, there has emerged the **medicine of fulfilling desires**, or the medicine of improvement, in which health becomes the central category as an area of intervention in addition to supervision by medical institutions and professionals. While in the case of remedial medicine a person is forced to use its services, the medicine of improvement is an area that an individual enters voluntarily. A new category appears between health and disease – health risk. Monitoring body functions, defining the boundaries between the norm and pathology, and analyzing the socio-cultural conditions for the occurrence of specific diseases have led to the emergence of the area of health risk management. A body that is on the borderline between the world of the sick and that of the healthy is a body that is treated as sick and subjected to diagnostic, therapeutic as well as curative procedures, even though the disease is not yet an objective state in which the individual finds themself. **Preventive medicine** (Courtine 2020) exerts power over a still healthy

body, making it dependent on the knowledge and skills of medical specialists. This constant monitoring in search of potential diseases escalates the fear for one's own health and life, as well as makes the body seem uncertain and posing a threat to its owner, which in a world of risk has its rational justification. Medicine, however, goes a step further, also trying to predict and create the body – the ability to describe the human genome gives the possibility of anticipating the fate of an individual in the distant future in addition to designing a body free of defects and equipped with specific improvements. **Predictive, personalized, preventive, and participatory medicine** (4P) is a model of the medicine of the future, but today we can already observe the first achievements in this area related to the development of genetics and bioengineering (Głos 2017; Pasowicz 2013).

2.5. The body at the mechanic's – remedial medicine

In relation to the model of medicine focused on treating specific diseases, we can speak of a mechanistic approach to the human body, which was previously characterized within the biomedical model. The assumptions regarding the doctor –patient relationship show that the latter, depending on the type of ailment, is to passively submit to medical procedures and the authority of specialists (activity vs passivity), cooperate recognizing the doctor's authority (direction vs cooperation) or become a partner and be able to decide on their own treatment to a certain extent (participation) (Szasz, Hollender 1956; Sokołowska 1986). Therefore, the body, to a greater or lesser extent, is subject to repair without the participation of the patient. Only the last relationship, characteristic of chronic diseases, means that the patient is treated holistically, and the power over their body weakens, which is also to some extent the effect of medicine's helplessness in the causal treatment of this type of ailment.

It is worth mentioning here a special case of diseases – those that cause epidemics. AIDS, which took its toll in the 1980s, changed the face of the discourse on disease and treatment of the patient, while the SARS-CoV-2 pandemic initiated a debate on autonomy, freedom, and the limits of interference in the life and body of a human – a citizen, becoming a perfect exemplification of Michel Foucault's model of biopower. Emerging epidemics have another significant effect on medicine itself, perceived as a type of power and control over human life – they undermine[4] its authority and weaken its power over the body, leaving the door increasingly ajar for skeptics who do not believe in the scientific nature and validity of the medical solutions used. The media coverage of 20th-century epidemics also means that the sick body (and the sick population) becomes the subject of public debate and is shown and explained in the context of a disease. AIDS was the first disease that

4 There is, of course, an inverse relationship, which involves the strengthening of the position of medicine among the supporters of medical interventions and solutions, e.g., the supporters of vaccinations, but in this context the point was to show that situations such as an epidemic are a kind of test for the privileged position of medicine.

– through its media exposure – stripped patients, including celebrities, of their privacy (Courtine 2020). At the same time, it made people realize that in the face of the risk of disease, we are equal, while inequalities concern the chances of appropriate treatment. While AIDS drew attention to the importance of prevention in the spread of disease, COVID-19, the disease caused by the SARS-CoV-2 virus, showed the strength of the relationship between expert knowledge and political decisions disciplining as well as controlling the bodies of citizens through isolation, quarantine, social distancing (which is in fact physical distance), the use of personal protective equipment (masks, disinfectants, and gloves), the "COVID passes" used in some countries to allow shopping during a hard lockdown, vaccination certificates differentiating access to public space for vaccinated and unvaccinated people (an element of the so-called sanitary segregation), and, finally, the bans on touching objects in public space without a clear need (e.g., items in stores) used in some countries. In this case, preventive measures of this nature were the only possible instrument to use in the fight against the spreading virus. Healthy bodies were subjected to preventive regimes, while sick bodies underwent medical procedures aimed at saving them at all costs.

In addition to epidemics (those recurring such as malaria or completely new such as SARS-CoV-2), we are currently dealing with a rise in the number of chronic conditions. The latter means that at the time of diagnosis, the patient becomes bound by a strong relationship with healthcare entities and their representatives. One could risk the thesis that chronic disease causes addiction to medicine, which alleviates symptoms, increases the comfort of life, and prolongs it. Modern achievements in medical knowledge and technology allow such patients not only to live long, but often also happily. Chronic disease or disability sometimes becomes a pretext for patients to cross boundaries and test their bodies – such people often embarrass healthy people with their strength, fitness, and achievements (e.g., Paralympians). This is possible not only thanks to reparative medicine, but also thanks to bioengineering, which goes beyond simple repair – enablement becomes improvement (Piore 2019). In one of the following subchapters, these threads will be described in more detail.

It is worth mentioning here an important area of reparative medicine, namely transplantology. Transplantation, i.e., the transfer of tissues, cells or organs within one or several organisms, is the only chance for many patients to continue living. The first attempts at organ transplantation took place in ancient times, but transplantology as a science developed in the second half of the 20th century (Nogal, Wiśniewska, Antos 2016).

The 1960s were a breakthrough moment for the development of global clinical transplantology thanks to the improvement of transplantation techniques, learning how to recognize and treat the process of transplant rejection, introducing methods of storing organs (using preservative fluids), and discovering a new generation of drugs – immunosuppressive drugs (Nogal, Wiśniewska, Antos 2016: 116).

When talking about transplants, the context of the recipient, donor, and family must be taken into account. Organs for transplantation are taken from either living

and dead people. In a situation where the donor gives an organ during their life, we are most often dealing with a family transplant (of, e.g., kidney or liver). The donor and recipient know each other, but the very fact of the disease and the need for a transplant changes the family relationship. Often, loved ones feel obliged to be a donor against themselves, while the recipient may expect this and demand a transplant or, conversely, feel awkward but afraid to refuse. Extracting organs from a deceased donor is subject to legal regulations.[5]

Allogeneic transplants (between two people of a similar genotype) create a special bond between the donor and the recipient. The very fact of "exchanging" an organ may be associated with anxiety, depression, and withdrawal in the recipient. The early postoperative period is a time when the recipient begins to think about the donor. It is assumed that the donor's anonymity should be maintained to prevent emotional burden and unnecessary ideas about the donor (Gulla 2006). After a transplant, it may be difficult for a patient to accept the new organ; sometimes disturbances in the perception of their own body appear, and patients feel grief over the loss of their organ, mourn it, and regret the decision to have a transplant. Some fear that the transplant will change their identity, that they will take on the recipient's personality traits (Engle 2001; Rainer, Thompson, Lambros 2010).

In 2020, 1,180 transplants from deceased donors and 59 from living donors (kidney and liver fragments) were performed in Poland (Poltransplant 2020). The kidney was the most frequently performed procedure (717 from deceased donors and 31 from living donors). 1,269 cornea transplant procedures were also performed. In December 2020, the number of people waiting for a transplant was 1,806, of which over 1,000 were people waiting for a kidney. According to the 2016 report of the Public Opinion Research Center (CBOS) (Feliksiak 2016), 80% of Poles agree to have their organs harvested for transplantation after their death. Unfortunately, 75% have not discussed this with their loved ones. At the same time, as many as 89% of people declared that if they knew that their deceased loved one had not objected to having their organs harvested after death, they would respect this decision. 20% of the respondents knew that the principle of presumed consent applied in Poland.

2.6. The body at risk – preventive medicine

Preventive actions are to relieve remedial medicine in the instrumental sense, and the healthcare system in the economic one. According to the principle of "prevention is better than cure," individuals who are part of broader categories and groups (referred to as risk groups) are subject to monitoring and control of selected

5 In Poland, presumed consent applies – if the donor did not object to the removal of their organs during their lifetime, this is tantamount to consent. Article 5 of the Act of 1 July 2005 on the collection, storage and transplantation of cells, tissues and organs states: "The removal of cells, tissues or organs from human corpses for the purpose of transplantation may be performed if the deceased person did not object during his or her lifetime," (Anon 2005). In practice, the family of the deceased often does not consent to the extraction of organs even when the deceased had not objected to that in writing and there are no formal obstacles to the extraction of organs.

parameters. This type of power over the body has political and economic significance – population health translates into economic efficiency of a country. This constant measurement and reference to norms causes the individual to escalate their fear for their own health, and the latter becomes a risk factor for disease. In their book *The Medicalization of Cyberspace*, Andy Miah and Emma Rich (Miah, Rich 2008) described the phenomenon of medicalization of the internet towards the chronic care web and preventive web. The latter is a proposal for healthy people who are looking for information on improving their fitness and avoiding threats. A new type of citizen is emerging – the healthy cybercitizen – whose task is to maintain and improve their fitness by using available medical tests and measurements. To achieve this, it is necessary to cooperate and seek the opinions of experts and advisors who, although not being medical professionals themselves, refer to the authority of medicine to give credibility to their recommendations (Bunton, Burrows, Nettleton 2003).

2.7. The plastic body – medicine for fulfilling desires

The possibilities of modern medicine go far beyond repairing the human body to the extent to which it has been damaged. Another field has evolved from remedial and reconstructive medicine, the aim of which is to improve and enhance the human body. Aesthetic medicine, plastic surgery, cosmetology, dermatology, and physiotherapy are examples of areas in which the central category is the concept of health, and the primary goal is to improve it, strengthen it, and, as a consequence, make someone healthier. Being fit, beautiful, and well-groomed is becoming synonymous with health and a cultural norm (Bauman, Kunz 2012), which determines the social position of an individual, their chances on the job market, in partnerships or social contacts.

The commercialization of medical services means that the body has also become commercialized; it is an investment, a commodity, and an instrument (Gałuszka 2015; Wieczorkowska 2015). We talk about the McDonaldization of medicine, showing that it has become a service activity governed by the laws of supply and demand (Williams 2003; Gałuszka 2013), and the body subjected to commercialization is simultaneously under the jurisdiction of medicine. The medicalization of appearance is largely a women's experience, hence Peter Conrad, writing about contemporary medicalization, has emphasized that these are gendered processes (Conrad 2007).

What are the consequences of the expansion of medicine into fulfilling desires for the human body? Apart from the fact of its further medicalization, which is manifested by the appropriation of the health sphere, it is a change in the perception of one's own body. It becomes malleable, modifiable, and begins to be treated in terms of a project (Wieczorkowska 2012a, 2015; Staniec-Januszek 2019). It ceases to be perceived in naturalistic categories as a biological object that can only be changed by the passage of time (Nettleton 2007; Jakubowska 2009; Kluczyńska 2016), but instead it appears "moldable" and "creatable" according to the needs and desires of the individual. Hence, medical procedures aimed at improving appearance are referred to as the medicine of fulfilling desires.

One body is aestheticized, individualized, experienced, and distinct from other bodies (Shilling 2021). It is a potential, a possibility, and a capital shaped by individual ideas, but also by culture and social relations (Turner 2008; Bieńko 2009), thus also becoming a carrier of social inequalities in the sphere of health. Writing about the body as biological capital, Honorata Jakubowska (2009) wrote about three dimensions of its differentiation:

- the initial base, i.e., the biological body;
- capital management – the possibility and ability to transform the body, also in terms of reversing the processes that concern it; and
- the protection of capital against threats.

Medicine causes the body to be beautiful, but also to remain young. By removing the signs of aging, it also pushes away the prospect of death, making it a taboo subject.

The pressure on medicine is also a consequence of the belief in the uncertainty of one's own body – it appears as fragile, delicate, and imperfect, which is why it is so eagerly subjected to improvement (Williams 2003; Nettleton 2007). The fluidity of the human body enables it to be designed, starting from the color of the hair and eyes, through the shape of the face, the size of breasts, height, and the shape of the figure, and ending with sex.[6] The body is a possibility limited by the progress of medicine, one's own imagination, and the depth of one's wallet. This gives rise to the previously mentioned inequalities in the sphere of health, reinforcing its gradual nature and market dimension. Repeatedly having procedures causes undesirable medical consequences, and each of them causes psychosocial changes – identity disorders, addiction to procedures, and disturbances in the perception of one's own body (body dysmorphic disorder).

2.8. Traditional and alternative medicine

Traditional ways of dealing with ailments have accompanied people since the beginning of time. In many regions of the world, methods based on herbal medicine, acupuncture, crystal therapy or light therapy are still more popular than evidence-based medicine. Many methods and techniques originating from traditional medicine have been transferred to Western societies, giving rise to alternative medicine, also known as complementary, although it is often – owing to a lack of documented scientific basis – referred to as non-medical treatment (Piątkowski 2014).

One of the most important differences between EBM and alternative medicine is the perception of disease in holistic categories. In the case of the latter, the patient appears as a biopsychosocial unity, while the disease is considered as a psychosocial and cultural phenomenon, and only then as a biological one. In many approaches in the field of alternative medicine, a disease is not distinguished from other forms of the so-called bad luck; the body, mind and soul form a unity as well as interpenetrate each other, and a disease does not always have a biological basis (Sokołowska 1986).

6 It is also worth mentioning such procedures as: vaginal rejuvenation, vocal cord rejuvenation or lower limb lengthening.

Despite much evidence of the psychosocial basis of somatic diseases, medicine based on the biomedical model has still not met the expectations of patients. Therefore, **mind-body medicine** seems promising, being an area of medicine that uses a variety of techniques designed to increase the efficiency of the mind and psyche to cope with somatic problems (Astin et al. 2003; Wolsko et al. 2004). The most popular techniques include relaxation, meditation, hypnosis, biofeedback, cognitive-behavioral therapy, and psychoeducation. With the growing demand from patients for a partnership and personal relationship with their doctors in addition to a demand for a holistic approach to health problems, this type of medical intervention seems promising.

2.9. The body depicted by medical technology

Medicine is a special case of violating the intimacy of the body. A visit to a doctor usually involves the need to expose the body and show it to a stranger who, due to their profession, has the possibility of physical contact with it. This violates the rules of social relations because in formal, official contacts, a lack of physical contact is assumed, and it is often prohibited by law. The doctor-patient relationship is one of the few exceptions[7] where this rule does not apply (Anon 2012). The patient must expose their body and place it in the hands of the doctor for diagnostic and therapeutic purposes. This is often associated with a sense of discomfort for the patient, who is ashamed of their imperfections, scars or deformities (Szary 2014; Gulla, Izydorczyk, Kubiak 2019). Religious or cultural conditions can further complicate this relationship and increase the patient's anxiety and discomfort (Padela, Pozo 2011; Bagheri, Alali 2017).

In the conditions of modern medicine, a physical examination is only the beginning of a journey into the depths of the human body, because in order to make a diagnosis and then apply treatment, the body comes into contact with medical equipment that X-rays its interior. Before medicine reached the point where – thanks to medical technology – it could look into the most inaccessible areas of the human body, it was based on guesswork and fantastical imaginations. A breakthrough in understanding human morphology was made by Andreas Vesalius in the 16th century. In 1543, he published his work *De humani corporis fabrica*. The author included precise engravings of all parts of the human body and their detailed descriptions. Interestingly, Vesalius based his works on animal dissections (Jędrzejewski 2013). A little earlier, Leonardo da Vinci, breaking the then applicable rules, performed dissections on human bodies (Legierska et al. 2009). The sketches and drawings he left behind perfectly show human anatomy. As the authors of the article about Leonardo wrote:

7 Other examples of formal relationships with acceptable physical contact include a visit to the dentist, beautician, piercer, tattoo artist, hairdresser or physiotherapist, and participation in dance or yoga lessons.

> For scientific and didactic purposes, he presented the structures he was examining from every side and sometimes in cross-sections. He tried not only to learn about their structure, but above all to learn, understand and explain their function. Such an understanding of anatomy had never been known before him or in his contemporaries. He is the first anatomist in the modern style (Legierska et al. 2009: 74–75).

A groundbreaking instrument that enabled "listening" to the interior of the human body was the **stethoscope** invented in 1816 by Rene Laennec (Bishop 2018). This invention revolutionized medical practice and the doctor-patient relationship as it allowed physical distance to be maintained. At that time, this was of great importance since hygienic procedures such as bathing were not very popular.

Another revolution in medicine came in 1895 when Wilhelm Röntgen discovered **gamma radiation** and used it for the first time to X-ray the human body. **Medical radiography** has found wide application in surgery – it was used to locate foreign bodies, bullets or fractures. Thanks to the efforts of Maria Skłodowska-Curie, military trucks were equipped with X-ray machines (Courtine 2020). Radiology became the prototype of a no-touch examination, in which there is no direct physical contact between the patient's body and the person taking the picture.

Imaging studies have changed medical practice and shaped the image of one's own body in the average person (Courtine 2020). They are performed on living people (although radiography or tomography can be performed on cadavers, too), not on the dead, like autopsies, and are less invasive, although risky (especially when contrast is required). Since the 1920s, medicine has been interested in achievements in physics and chemistry related to radioactivity (Lawson 2012). In 1942, Enrico Fermi from Chicago created a nuclear reactor, and after World War II, since 1946 it has been used to produce radioisotopes for medical purposes. The name "**nuclear medicine**" was first used in 1952. Today, radioactive isotopes are used for both the diagnostics and treatment of patients (diagnostic and interventional nuclear medicine). Scintigraphy, positron emission tomography (PET), three-dimensional SPECT tomography are names that sound scary to patients and are associated with the negative effects of radiation. Currently, the achievements of nuclear medicine are employed by cognitive sciences to study the work and functions of the human brain (Courtine 2020). In this way, medicine looks into human thinking, leaving for the individual not even a piece of the body that could hide a secret.

Another type of examination that has enabled us to delve into the secrets of the human body is **ultrasonography**, which uses ultrasound for imaging. This method, known already during World War II, became popular in the 1960s and 1970s. Currently, it is used, among others, to detect tumors, ulcers, cysts, and also serves as a tool for assessing fetal development, but its application is much broader and includes such specializations as anesthesiology, angiology, ophthalmology, neonatology, emergency medicine, and cardiology. Ultrasonography takes on particular importance in relation to pregnancy. The possibility of observing the development of the embryo and fetus has had at least two consequences. First, it has sealed the psychological bond between the mother and the unborn child. Second,

it has contributed to a change in the understanding of the beginning of life, which, in turn, has sparked a debate on the possibility of ending it through abortion. According to some (Courtine 2020), ultrasound has become an instrument in the hands of the state and the Catholic Church, being a new form of supervision over a woman's body, causing its expropriation and taking away some of the rights of women to decide about their own bodies and, consequently, their lives. Conversely, prenatal tests, especially imaging, can escalate fear in expectant mothers about the correct development of the fetus and cause the time of joyful waiting to become a time of unpleasant anxiety (Puzewicz-Barska, Tarasiewicz 2004). The decision to have an abortion for therapeutic reasons (because of an irreversible or severe fetal defect) may be difficult precisely because the expectant mother has seen the fetus in her womb and it is easier to personalize it. Since the 1970s, American law has recognized the right to be born without disabilities, commonly known as the right to "non-existence" (Justyński 2003), which is used by disabled children who sue their mothers for compensation for "wrongful birth," using medical records such as ultrasound (Courtine 2020).

2.10. Virtual medicine and e-health

It is worth mentioning here the use of imaging and visual images for procedures and consultations. Medical technology is not only becoming more intelligent, but is also becoming smaller – some tools are becoming smaller and handier, procedures do not require extensive surgical intervention, as the so-called endoscopic surgery has been popularized (Williams 2003), which uses the image from an endoscopic camera for precise, targeted surgery.

Virtual medicine creates opportunities for training for students, "remote" surgery using a robot and a stereoscopic camera (tele-presence surgery), teleconsultation, remote assistance during procedures, and even streaming live surgeries (Williams 2003).

The SARS-CoV-2 pandemic has accelerated the development of telemedicine and e-health solutions (teleconsultations, remote examinations, and remote health monitoring). Many of them still require refinement and improvement, but we can already see how healthcare services can and will evolve in this area.

2.11. Death and dying of the body

The development of medical knowledge, along with the increase in the general standard of living and education of people, has led to the extension of life. The consequence of this new process is the possibility of observing new biological changes occurring in the human body. An additional consequence is the delay of death, resulting in its removal from biomedical discourse. Death appears to medicine as an accident at work that should not have happened. In the biomedical model of health, there is a place for remedial medicine – treatment and restoring efficient and effective bodies to society. The hospital is a place where the treatment process takes place and this is the basic purpose of its functioning. Even the moment of death itself is still unclear to many. The classic criterion of death (the cessation

of basic vital functions, i.e., breathing and heartbeat) was replaced in the 1970s by a modern criterion, within which brain death is pronounced (Pala 2014). At that time, resuscitation techniques were already being used and a ventilator was being used, which resulted in the emergence of a new category of patients – permanently unconscious patients, artificially kept alive thanks to resuscitation procedures. This also created opportunities for transplantology, but required changes in definitions that would enable legal changes. In the case of maintaining life for transplantation purposes, the question arises about the state of the body – is it alive or dead? In sociology, in such cases we talk about social revival – a person in whom brain death has been diagnosed but is kept alive for transplantation purposes (or to maintain pregnancy until delivery is possible) is treated by the environment as if they were alive. Connected to life support equipment, they look as if they were asleep (Ogryzko-Wiewiórowska 2000). Medical personnel have an instrumental attitude towards such a person, but for the family, it is associated with great emotions.

Death and dying are not subject to therapy and are inevitable. The attempt to institutionalize them in the 1950s resulted in dehumanization of the process of passing away and contributed to the growth of the social fear of death. The concept of persistent therapy seems to perfectly reflect this type of medical power over the body. Referring to Foucault's concept of biopower, which orders to live and allows to die, we can understand this medical form of oppression of the human body even better. The achievements of medicine have meant that we now more often deal with the process of dying than with a quick, violent death. When a person learns about a diagnosis, there is added time, which can be perceived as something good (when the patient can take care of their earthly affairs and prepare themselves as well as their loved ones for passing away) or as something negative (when dying is accompanied by pain, disability, and the loss of independence and control over their body). A dying patient experiences fear, which may have various causes (Więckowska 2002): a fear of physical suffering, of humiliation, of changes in the body, of dependence on others, of the consequences of our death for others, of the inability to take care of important life matters, of non-existence, and of he punishment for sins. The institutionalization of death, i.e., transferring death from the private sphere to the public one, from home to hospital, causes the dying person to be isolated from their loved ones, becoming an anonymous case. Separation from home and family causes death to appear as something terrifying – in the past, death occurred at home, it was a social event, and the body of the deceased was taken care of by family and neighbors until the funeral. The hospital, as a place where treatment takes place, cannot cope with death and dying, turning these last moments of life into dehumanized events subjected to technologization and instrumentalization (Ogryzko-Wiewiórowska 2000; Więckowska 2002).

The relationship between the body and medicine does not end with death – on the contrary, it can become stronger. In addition to the transplants discussed earlier, when organs are taken from a person with confirmed brain death, another example of this relationship is donating one's body for medical purposes. Moreover, only in

the case of a transplant and donating one's body to science do we have the right to dispose of our own body and its parts in the event of death (Soniewicka 2020). A donation for scientific and educational purposes is a special case of a gift, and its meaning is related to the public good (the protection of human health and life). The body of the deceased serves other people who, by interacting with it, prepare to practice as a doctor.

The answer to the shortcomings of restorative medicine in relation to dying is palliative medicine, which deals with the care of patients in a terminal state. It is focused on improving quality of life, not on treatment. Specialists take action to alleviate the pain and symptoms of the disease, enable the most dignified experience of the last moments, and support the dying person in addition to their family (also after the patient's death). No action is taken to delay or hasten death. The institutional answer to the hospital in palliative care is a hospice.

Pain is an inherent part of dying, it varies in intensity, location, and duration, and is also an extremely subjective experience (Więckowska 2002; Ostrowska 2005; Ryshkovska, Bohuta, Kruta 2016; Leung, Arthur, Udo 2018). The reaction to pain is individual and should be considered with biological, psychological, and social factors in mind. Historically, pain accompanying an illness was associated with punishment or understood as a cleansing, ennobling experience. Pain causes anxiety and depression, which, in turn, increases the sense of loneliness and can cause hostility towards the environment. Therefore, it is so important to alleviate it in order for the patient not to focus on the body as a source of pain and be able to survive the period approaching death with dignity.

2.12. The body of the future

In one of Stanisław Lem's short stories (Lem 1957), Mr. Johns, a racing driver, is brought to court by the Cybernetyk Company, which claims to have the right to the protagonist's body. As a result of accidents, the latter gradually replaced subsequent body parts with prostheses supplied by the company, whose president claims that the defendant is no longer human, and his body belongs to the company. The question of where a human ends and a machine begins is becoming increasingly important in light of contemporary scientific achievements. Virtual clinics, xenotransplants, bionic limbs, CRISPR technology that has enabled the editing of genes, and organs from a printer – although they sound like descriptions of scenes from a science fiction film, it is not such a distant future or a film director's vision. The paradox of modernity is the creation of an uncertain body. This uncertainty results from the fact that significant interference in the human body calls into question the definition of what it is, and what a human and humanity are in general. The words of Fukuyama that we are losing our sense of humanity because we do not have a clear vision of what a human is are still relevant (Fukuyama 2003). On the one hand, we have an unprecedented opportunity to control the human body using biotechnology, but, on the other, this very opportunity becomes a source of uncertainty as it questions and blurs the boundaries between the body and the outside world, between man

and machine, between humanity and artificial intelligence. A cyborg is a hybrid, a chimera – a combination of a **cyb**ernetic device and a biological **org**anism.

The medicine of the future is developing before our eyes. Previous achievements are becoming the basis for further research and exploration, combining the efforts of doctors, pharmacologists, and biotechnologists with the discoveries of engineers. Considerations of the human body in this context go beyond the framework of medicine. The body appears as an interdisciplinary creation – printing organs, producing tissues, genetic improvement aimed at eliminating diseases, crossing the limits of the body's possibilities and efficiency thanks to bionic, and bioengineering solutions are just examples of this cooperation. In this context, we talk about the 4P medicine described in one of the previous subchapters, i.e., predictive, preventive, personalized, and participatory (Głos 2017). In the following paragraphs, the newly developing branches of medicine will be presented.

Genomic medicine

The Human Genome Research Project was completed in 2003 (Pasowicz 2013). Initially an American undertaking, it became an international initiative. Its goal was to learn the sequence of human DNA and identify genes responsible for specific diseases. The genetic paradigm became one of the most promising at the turn of the 21st century due to its explanatory and predictive value (Cockerham 2007). Genomic medicine differs from genetic medicine – the latter mainly deals with inheritance, and within its framework the influence of a single gene on the development of a disease is studied. Genomic medicine goes a step further and deals with diseases having a multi-genic basis (Pasowicz 2013). The search for genes responsible for the development of diseases seems to be an obvious consequence of the development of medicine, but it carries a certain risk related to medicalization – the combination of these two processes may cause our predispositions or character traits perceived as undesirable or inappropriate to become the target of genetic research and possible biomedical solutions. This phenomenon is called geneticization, and Abby Lippman has defined it as a process in which differences between individuals are reduced to DNA sequences, while most diseases, disorders, and psychological or behavioral differences are at least partially defined as having a genetic origin. On this basis, interventions based on genetic technology are implemented to solve health problems (Lippman 1991: 19). Thus, we are dealing here with a change at the conceptual level (defining problems in genetic terms) and instrumental level (diagnosing and treating within the genetic paradigm). Jan Domaradzki wrote about 4 consequences that are closely related to the human body (Domaradzki 2019):

- genetic reductionism – humans and their bodies are reduced to the level of molecules;
- genetic determinism – humans are determined by biological processes occurring at the level of these molecules, and explanations of other kinds (e.g., environmental) lose their significance;
- genetic essentialism – DNA contains instructions for life, which constitute its essence and the basis for the uniqueness of an individual; and

- genetic fatalism – the uniqueness and stability of DNA mean that the scenario of human life and the functioning of the body are programmed and cannot be changed.

Genomic medicine is considered the future of healthcare, in which it will be possible to precisely determine the individual risk of disease and select personalized therapy (Pasowicz 2013). Nonetheless, this raises many bioethical problems. The hopes and expectations related to the therapy of the future have led to a growth of interest in storing genetic material so that it can be used in the future, along with the availability of therapy. Many expectations are associated with biobanking, i.e., collecting and storing human genetic material, and the commercialization of this phenomenon means that the potential benefits are much more often emphasized, omitting the possible risks (Domaradzki 2019). Understanding the human genome opens up the possibility of manipulation within it. The aim of genomic medicine is to repair or eliminate defective genes. The recently developed CRISPR/Cas9 (clustered regularly interspaced short palindromic repeats) technology enables such interference in the human genome through gene editing. On the one hand, this gives huge opportunities to eliminate certain diseases and improve the effectiveness of healthcare, but, on the other, it resembles playing God and carries the risk of arbitrarily selecting features that are to be "fixed." Such a creation of the human body, apart from the unquestionable benefits, raises the problem of the right to property and decision-making about one's genome, and, as a consequence, in the long term, may pose a threat to the human species.

Personalized medicine

It uses clinical knowledge, combining it with the latest achievements (e.g., in the field of genetics and genomics) to create "tailor-made" therapies, taking into account the individual differences of patients. The complexity of diseases such as obesity or cancer forces us to look for explanations not at the level of a single gene, but at the level of the genome. This, in turn, enables the design of targeted therapy, responding not only to the disease in a specific patient, but also minimizing the risk of this therapy. In addition to therapeutic solutions, personalized medicine is also part of preventive medicine since it also focuses on the analysis of the mechanisms that promote health maintenance. Such solutions not only change the face of the doctor-patient relationship, but are also beneficial from the point of view of health economics (Pasowicz 2013).

Translational medicine

It is an interdisciplinary approach that combines the achievements of basic science, public health, and clinical science in order to design optimal therapeutic and preventive solutions that go beyond the traditional understanding of health services (Pasowicz 2013). As Mieczysław Pasowicz wrote:

> Translational medicine includes: scientific research in search of the beginning and mechanisms of the disease process, the identification of specific biological events, biomarkers, or pathways

> leading to disease, the use of these discoveries to develop new diagnostic methods and therapies, the incorporation of new diagnostic methods and therapies into everyday clinical practice (Pasowicz 2013: 88).

The new areas of diagnostics, treatment, and prediction outlined above are a response to the expectations of highly technical medicine. The risk associated with increasingly advanced therapies arouses fear, escalating the expectations of patients who demand the effectiveness of therapy combined with the safety of its use and minimization of side effects.

This way of looking at a human being and their body means that, despite fragmentation and reductionism, the individuality and uniqueness of each of us is taken into account. However, this is happening in a dehumanized way, which has not yet met the fourth postulate of 4P medicine, i.e., participation, which is why other forms of treatment, such as traditional medicine and alternative medicine, are also gaining popularity.

Transplantology has opened up new possibilities, but has also shown limitations related to the low supply of organs compared to the demand for them. Currently, xenotransplantation is becoming promising, i.e., procedures involving the transplantation, implantation or infusion into a human recipient of living cells, tissues, and organs from non-human donors or human fluids, cells, tissues, and organs that have had ex vivo contact with non-human but animal cells, tissues or organs (U.S. Food and Drug Administration 2021).

Non-human elements are not unknown to the human body,[8] although until now they were simply artificial – a pacemaker, a titanium hip, a polymer blood vessel, an electronic ear, titanium dental implants, exoskeletons, and prosthetic limbs – these are just examples of the applications of bioengineering achievements. Currently, the bionic body is a combination of software engineering, robotics, and medicine – prosthetic limbs are connected to a computer that controls them, the brain of a paralyzed person sends impulses that special software processes into thoughts and speech (Meyer, Asbrock 2018). The bodies of paralyzed people with disabilities become not only functional and healthy, but their efficiency and capacity exceed the limits of the average human body. A pioneer in the field of this type of enhancement is Hugh Herr, a professor at the Massachusetts Institute of Technology, who lost both his legs below the knees as a result of an accident in the mountains. When asked about his disability, he said: "I don't see a disability, I see faulty technology," (Piore 2019). He created bionic legs for his own needs that mimic natural limbs. He is considered a pioneer of biomechatronics. Other examples include bionic limb

8 It is also worth mentioning the organisms living inside the human body. Microbes, bacteria, parasites – medicine and pharmacology have found a way to eliminate them, believing for a long time that all foreign organisms in our body are bad. And the cultural concept of the body has reinforced the division between the biological body belonging to the natural world and the spiritual body being a socio-cultural product.

prostheses offered by Össur, the Ekso Bionics GT exoskeleton, as well as the reWalk and REX systems (Meyer, Asbrock 2018).

The question arises about the boundaries and differences between "repair" and "enhancement" or "improvement." Enhancement is the result of using nanotechnology, biotechnology, information technology, and cognitive sciences in a way that improves the functioning of a healthy body in comparison to the average level of human fitness. Therapy and repair are actions aimed at eliminating the obstacle caused by disease or disability (Meyer, Asbrock 2018). But what if a person with a disability becomes, thanks to "repair," additionally "enhanced"? This issue is raised in the chapter *The Body and Sports*. Modern technology enables physical and mental limitations caused by disability to be overcome, but it is also becoming a promising solution for those who want to be even fitter, healthier, more efficient, faster or to have greater endurance. A solution that illustrates this well is Elon Musk's Neuralink. This is an implantable brain-machine interface that is supposed to be a response to the needs of people with brain damage, but its market potential in the area of increasing work efficiency has also been noticed. Will we be employees controlled by such interfaces in the future? Who will control us? These are further questions that we do not know the answers to today, but which we will have to face in the near future.

3. Key concepts

Biomedical model of the body – assumes the existence of cause-and-effect relationships between specific microorganisms and diseases. It assumes that a disease is a biological phenomenon, uses an instrumental approach to treating a damaged organ/tissue.

Cyborg – a combination of a cybernetic device and a biological organism.

Cartesian dualism – a belief popularized by René Descartes that the body and soul are separate and distinct entities, which is the basis of the biomedical model of disease, according to which it is a physical, biological phenomenon, where subjective feelings and social factors are irrelevant to the process of diagnosis and treatment.

EBM – evidence-based medicine, medicine based on evidence, in which clinical decision-making is based on the use of the latest scientific achievements in conjunction with knowledge about the patient's health.

Geneticization – a process in which differences between individuals are reduced to DNA sequences, and most diseases, disorders, as well as psychological or behavioral differences are at least partially defined as having a genetic origin.

Unisexual body model – assumes that there is one biological sex (male), and the difference between a woman and a man is a difference in the "degree" of the intensity of certain features, not a qualitative difference.

4P medicine – predictive, personalized, preventive, and participatory medicine.

Genetic medicine – deals with inheritance, and within its framework, the influence of a single gene on the development of the disease is studied.

Genomic medicine – deals with diseases with a multi-genic basis.

Nuclear medicine – a branch of medicine that uses radioactive isotopes for the diagnostics and treatment of patients.

Palliative medicine – a branch of medicine dealing with the care of patients in a terminal condition; it is focused on improving quality of life, not treatment.

Preventive medicine – deals with prevention and risk factors that can cause disease.

Medicine of fulfilling desires – the medicine of improvements; the central category is health as an area of intervention and supervision by institutions and medical professionals.

Personalized medicine – uses clinical knowledge, combining it with the latest achievements, to create "tailored" therapies, taking into account the individual differences of patients.

Translational medicine – an interdisciplinary approach, combining the achievements of basic science, public health and clinical science to design optimal therapeutic and preventive solutions that go beyond the traditional understanding of health services.

Medicalization – the entry of medicine into new areas of human life and making them a territory of exploration for medicine, defining natural states and behaviors in terms of pathology, disorder or disease in addition to using medical interventions to cure them.

Mind-body medicine – a field of medicine that uses a variety of techniques designed to increase the efficiency of the mind and psyche to deal with somatic problems.

Biomedical model – an approach based on evidence-based medicine (EBM), in which disease is viewed as a malfunction of biological mechanisms in the human

body. In the classical approach, this model focused on the biomedical causes of disease, disregarding psychosocial determinants that can lead to health disorders and ignoring the issue of prevention. This model led to a reductionist approach to the human body and, consequently, influenced the shape of doctor-patient relationship models.

4. The most important studies

Medicalization. The authority in the field of research on medicalization processes is the American medical sociologist Peter Conrad. Since the late 1980s, he has been dealing with a wide range of sociomedical issues, including: ADHD, the medicalization of deviations, the experience of epilepsy, medical education, wellness programs, medical improvements, the development of genetics, and the experience of illness. Recently, his research has focused on the structure, meanings, and potential of biomedical improvements and the globalization of ADHD. His groundbreaking work was research on ADHD among American students, the result of which is the book *Identifying Hyperactive Children: The Medicalization of Deviant Behavior* (1975, 2004). The work shows the historical background of the formation of this disease entity, and also perfectly illustrates the phenomenon of the gendering of medicalization processes discussed in the theoretical part, showing the differences in describing the symptoms of the disease among girls and boys. This work perfectly describes not only the process of the medicalization of behaviors, but also a specific crisis of the institution of the family and educational institutions in raising children. Research on ADHD has also shown a constructivist perspective on defining the disease, which the author discussed brilliantly in his book *Deviance and Medicalization: From Badness to Sickness* (with Joseph W. Schneider 1980, 1992). The medicalization of a state or behavior consists precisely of constructing a disease – naming something that was previously subject to moral characteristics (bad, incapable, incompetent) as a disease, syndrome or disorder.

Geneticization. Genetics is one of the areas of medicine that is developing dynamically. Currently, geneticization is said to be a process similar to medicalization. Research in this area in Poland is conducted by Jan Domaradzki, a sociologist associated with the Department of Social Sciences of the Karol Marcinkowski University of Medical Sciences in Poznan and the Department of Health Sociology and Social Pathologies. He is a pioneer of research on geneticization phenomena in Poland. In his book *Społeczne konstruowanie genetyki – reprezentacje biotechnologii w polskim czasopiśmiennictwie opiniotwórczym*, he refers to the most important sociological perspectives in research on medicalization (biomedicalization, geneticization, molecularization, and genetic essentialism) and focuses on geneticization, describing the many metaphors of genetics: DNA as a cipher of nature, as a language and book of life, as a source of identity, as a recipe, and as a construction plan; the genome as a factory and computer, as the Holy

Grail, as a map, and as a riddle; genetic research as a war, as a horror movie, as an investigation, and as a race.

Donations. Research conducted by Magdalena Makuch and Maciej Woźniak (Makuch, Woźniak 2020) among the students of the Medical University of Lublin has shown that most students consider donations for scientific purposes to be something positive – almost 90% of the respondents admitted that this type of teaching aid is the best way to learn about human anatomy and morphology, while slightly over 10% considered that "this is an acceptable action, provided that the corpses should be gradually replaced with other, more modern teaching aids, e.g., virtual models or atlases," (Makuch, Woźniak 2020: 432). More than half of the respondents admitted that it would be unacceptable to use the corpses of unidentified people for scientific purposes. The students were divided when it came to opinions on whether a person donating their body for scientific and teaching purposes should receive material compensation for this – about 30% said yes, almost the same number said no, and the same group had no opinion on the matter. Almost 60% of the respondents denied the possibility of replacing the donation act with the consent of the family if the person did not sign it themselves, while the vast majority of students (over 84%) recognized the indisputability of the deceased's decision in the case of donation. Interestingly, over 42% of students believed that the possibility of buying teaching aids derived from the human body should be legalized. And although the students believed that this method of learning was the best, over 1/3 would dissuade their loved ones from making a decision to donate. Less than 22% of the students would be willing to donate their body for scientific and educational purposes. The research, although with a limited scope of conclusions, shows the complexity of issues related to the role of the body for scientific and educational purposes.

Transplants. Organ transplants entail the risk of complications and even death. Patients for whom a procedure was successful experience psychological consequences. Qualitative research among people after upper limb transplantation was conducted in Poland by Katarzyna Kowal (Kowal 2012a, 2012b). According to the research, the body undergoes physical changes, which are accompanied by mental changes in its perception – the body was integral before the transplant, to become fragmented and finally reconstructed, which was associated with an identity crisis. It is related to the fact of having something foreign, which made it difficult for the recipient to identify. The second problem was the awareness that the "new" limb meant the death of its donor and the accompanying feeling of guilt related to the inability to repay the donor.

5. Summary

Medicine is undoubtedly a form of exercising control over the human body. This control is not always bad – preventive actions enable a person to avoid illnesses, corrective actions help cope with it as well as return to full fitness and normal

functionality. Nevertheless, one should be aware of the ease with which medicine appropriates subsequent areas of human life, making them dependent on its actions. The direct field of influence of medicine is the human body, which is still perceived as a biological organism, detached from the psychosocial existence of its owner. The change in the structure of diseases, the increase in medical knowledge among laypeople, and the expectation of partnership relations in the doctor-patient system are still not fully perceived or taken into account within the framework of technically and instrumentally-oriented medicine, which, by penetrating deeper and deeper into the human body in addition to breaking it down into molecules, loses sight of its essence, which is humanity. The marriage of medicine with engineering, mechanics, and other fields is, on the one hand, a promise of a longer, healthier and, consequently, better life, but, on the other, it fills us with fear of the consequences of genetic or bioengineering interference.

6. Review questions

1. What will the body of the future look like in relation to further developments in medical knowledge and bioengineering?
2. What might be the consequences of biomedical enhancements for defining and understanding the human body?
3. What significance do medicalization processes have for controlling the human body?
4. What are the consequences of geneticization?
5. What is the role of imaging techniques in the perception of the human body?

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The Body, Illness and Partial Disability

1. Introduction

The issues of this chapter, located on the border between sociology of the body and the sociology of illness, enable it to be called the sociosomatic study of illness. The subject of the analysis will be the impact of the changes occurring in the human body in the process of illness on the personal and social identity of the sick individual, and in presenting this subject the authors adopt an individual perspective, which means that the body-illness relationship is presented from the perspective of the subject experiencing the illness. The basic point of reference of the analysis will, therefore, be the body individually experienced, interpreted, and experienced by the sick or disabled individual. Phenomenology, which is the theoretical bond of the presented sociological theoretical positions and empirical research, treats the body as the basis of "living" experience and human agency. The issue of the living experience of the body, or the phenomenology of embodiment, will be presented and the body itself will be understood here as a physical object. The authors of the chapter wish to highlight the importance of the body as a phenomenon that deserves the attention of sociologists, while emphasizing that, according to the ontological vision of the body that is the basis of this study, the human body cannot be reduced to discourse.

2. The most important theoretical concepts

Selected theoretical concepts regarding the body in illness

The subject of this part of the chapter will be conceptualizations of the body that are used in the analyses and research on the body in illness and disability. Selected theoretical perspectives and views on the sick and disabled body developed in sociology, considered important by the authors, will be presented. The presented theoretical concepts combine two ways of analyzing the body in illness: an approach to the body treated as a biological phenomenon and, at the same time, an approach to the body as a "plastic" phenomenon, a product of society, created through the meanings assigned to it (the position of social constructivism).

2.1. Naturalistic visions of the body

Naturalistic concepts of the body define a strongly embodied way of analysis focusing on the biological, physical, and material body, which the sick individual experiences in illness and on which the experience of illness or disability is based. The subject's entire attention is directed to the body. Ill individuals attach importance to their bodies, but in purely physical categories related to the repair possibilities of medicine.

Maurice Merleau-Ponty's phenomenology of the limbless body

It is impossible to imagine the analysis of the body in illness without referring to the phenomenology of **Maurice Merleau-Ponty**, whose influence on the emergence of the sociology of the body is difficult to overestimate.

Phenomenology (Greek *phainómenon* – phenomenon, *lógos* – word, science) – one of the most important philosophical trends of the 20th century, the founders of which are considered to be Edmund Husserl and Max Scheller. The subject of phenomenology are phenomena understood as those which are revealed to the consciousness in direct cognition. The task of phenomenologists is to reach the pure essence of phenomena by viewing and describing human experience without previously accepted assumptions or beliefs. One of the leading representatives of phenomenology was Merleau-Ponty, who devoted significant parts in his works to describing the existence of the body. While criticizing the eternal dualism concerning the mind and body, he presented the body as a subject, emphasizing the importance of embodied cognition. According to Merleau-Ponty, the human body is a source of knowledge and experience.

The presence of Merleau-Ponty's concept in the theoretical part of this chapter is justified by the fact that the author devoted considerable space and attention to the imaginary limb syndrome, which became a background for him to explain to the reader of *Phenomenology of Perception* what the body was in general (Merleau-Ponty 2002). The phenomenon of feeling a non-existent limb was more than just an example for Merleau-Ponty. It was a kind of canvas on which the author dealt with a body crippled by a limb deficit, its habitual actions, expression of movement, motor behaviors, its use of objects and movement in space. Merleau-Ponty thus appears here as a theoretician of the sick, incomplete body, a body defined by incomplete efficiency. According to Merleau-Ponty, the imaginary limb syndrome could be fully explained using either physiological or psychological categories. Neither of these two types of explanations taken together could be considered sufficient. This was because the indicated ways of interpretation referred exclusively to the category of objective thinking, which caused one to "lose contact with perceptual experience, of which it is nevertheless the outcome and the natural sequel," (Merleau-Ponty 2002: 82). Objective thinking constitutes the body as an object, without being able to know it or discover what it is for the subject that is in it. Objective cognition does not take into account the relationship between the body and the world. However, the

body does not submit to objective treatment, it escapes it, which prompted Merleau-Ponty to reach for other ways of explaining the sensation of a non-existent limb in the body. What goes beyond objective categories is phenomenological thinking.

Let us first briefly present the problem of a body crippled by a limb deficit described by Merleau-Ponty as the phantom limb syndrome. Phantom experiences of sick individuals with limb deficits go far beyond phantom pain. The phantom arm or leg of a sick individual who has suffered an accidental or clinical amputation retains the features of its actual lost limb. The feeling of the presence of a non-existent limb means that the sick individual, despite being aware of the lack of the limb in their body, does not experience its loss. The most typical symptom occurring in phantom limb syndrome is the retention of the ability to move the phantom limbs (Kowal 2014: 91).

The phenomenological interpretation of the phantom limb phenomenon defines this experience as a silent negation of disability (Kowal 2014: 97). Based on the phenomenological perspective of "being in the world," "what it is in us which refuses mutilation and disablement is an I committed to a certain physical and inter-human world, who continues to tend towards his world despite handicaps and amputations and who, to this extent, does not recognize them *de jure*," (Merleau-Ponty 2002: 94). The sick individual, being rooted in a certain environment, is bodily intertwined with the world. One might say that their body is entangled in the world, immersed in it.

> The body – according to Merleau-Ponty – "is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them," (Merleau-Ponty 2002: 94).

Having an imaginary limb means being open to action, to the complete world that surrounds the sick individual and that puts them in the same situation as before the loss of their limb. In this world, well known to the sick individual, there are objects that one with a limb deficit still perceives as useful, even though they can no longer manipulate it. According to phenomenological interpretations, it is precisely the bodily being in the world, or more precisely the openness of the incomplete body to the world and action in this world, that constitutes the essence of the mechanism of experiencing phantom sensations. The most important benefit of these is the "the guarantee of wholeness" (Merleau-Ponty 2002: 94), that is, experiencing one's body as complete. The very awareness of the imaginary limb is defined by a certain ambiguity.

The phantom arm – as Merleau-Ponty claimed – is not a representation of the arm, but the ambivalent presence of an arm (Merleau-Ponty 2002: 94). The sick individual forgets that they do not have a hand, because they constantly rely on it. The author notes, however, that the imaginary hand "is not a recollection, it is a quasi-present," (Merleau-Ponty 2002: 98). The individual uses a non-existent hand, rejecting the need to perceive their body, because "it is enough for him to have it

'at his disposal' as an undivided power, and to sense the phantom limb as vaguely involved in it," (Merleau-Ponty 2002: 93).

The sick individual has stated that their arm is missing, which does not mean that they have lost it. They still keep it "on the horizon of his life," which does not allow them to experience its loss. "The awareness of the amputated arm as present or of the disabled arm as absent is not of the kind: «I think that…»" (Merleau-Ponty 2002: 94). The sick individual feels the non-existent limb because they are unable to come to terms with its loss, which brings the experience of the phantom limb closer to the phenomenon of repression in their psychoanalytic understanding. "Time in its passage does not carry away with it these impossible projects; it does not close up on traumatic experience; the subject remains open to the same impossible future, if not in his explicit thoughts, at any rate in his actual being," (Merleau-Ponty 2002: 95). Blocking at the level of action, in which the sick individual encounters a real obstacle in the form of the missing limb, implies a phantom hand, which is a "repressed experience, a former present which cannot decide to recede into the past," (Merleau-Ponty 2002: 99). The ill individual's situation is defined by a loop, being locked in one world, a state of impasse, in which it becomes impossible to undertake new projects.

The body, defined by incomplete ability undoubtedly requires a phenomenological explanation. It requires going beyond objective categories, because "the consciousness of the body invades the body, the soul spreads over all its parts, and behaviour overspills its central sector," (Merleau-Ponty 2002: 87). According to the author of *Phenomenology of Perception*, the human body is an integral part of the subject, or the self. "But I am not in front of my body, I am in it, or rather I am it," (Merleau-Ponty 2002: 173). The body, changed, because it is incomplete and not fully functional, is experienced as one that does not accept limitations and still wants to engage in previously performed activities. It still maintains the same type of focus on the world. It is not hindered in this by the lack of the limb, which it experiences as constantly present. It still wants to connect with objects in the space of its life. It is intertwined with the world, which is why, when it finds itself in a situation that requires the use of the limb, it adapts to it in a pre-reflective way. It does not cease in its efforts to use objects in the habitual way, despite their ineffectiveness.

"To be a body, is to be tied to a certain world […]; our body is not primarily in space: it is of it" – Merleau-Ponty wrote (2002: 171).

In Merleau-Ponty's analyses, the body appears as one that wants to maintain its integrity at all cost. It wants to continue to fit into a complete world, which is why it retreats into delusions and autistic experiences, on which it counts as much as on a real limb. This is a body that escapes from true reality because it exposes its deficits and weaknesses. The illusion of having a non-existent limb is created in the layer of "the habit-body," which contains the possibility of performing specific functions, e.g., moving and gesturing. The second bodily layer is "the body at this

moment," which, as a biological body, is subject to injuries, diseases, and limitations (Merleau-Ponty 2002: 95). Experiencing a non-existent limb means that the habitual gestures of using the hand or leg, although they are no longer anchored in the layer of the actual body, are still guaranteed in the habitual body. Habits are not located in the biological body, which is why the sick individual did not lose them with the amputated limb. The ill individual's body, according to Merleau-Ponty, retains habits, which gives it "our power of dilating our being-in-the-world," (Merleau-Ponty 2002: 166), but in many situations it loses the ability to connect with objects, which in the phenomenological interpretation are defined as "a bodily auxiliary, an extension of the bodily synthesis," (Merleau-Ponty 2002: 176). In order for the imaginary limb syndrome to be extinguished, reflection is needed to use one's own body in a different way and to adapt to the surrounding objects as those which will cease to be for the sick individual "thing manipulatable for me" and will become "thing manipulatable in itself," (Merleau-Ponty 2002: 95).

Drew Leder's dys-appearing body concept

Drew Leder, the author of the concept of the "dys-appearing body" (Leder 1990), can be successfully considered the heir to Merleau-Ponty's "bodily being in the world."

Dys-appearance is a term Leder used to describe the way in which "the body appears in explicit consciousness," which accompanies its dysfunctions and pathological states (Leder 1990: 86). The prefix dys- in Greek means "bad," "severe" or "sick." The author used it to refer to the situation of the body's "appearance" as a "thematic focus of attention," which was a manifestation of the body's emergence from a certain background (Leder 1990: 84).

"The corporeal field" is the place where the body remains as long as its state is considered correct, normal, and problem-free (Leder 1990: 24–25). Nevertheless, when the state of our body is defined by some dysfunction, and, therefore, ceases to be considered normal, we disappear from the social world and enter the world of our biological body.

Leder included the theory of the "dys-appearing body" in his most important work entitled *The Absent Body* (1990), which can be described as a phenomenological study of the lived experience of the body. The author's fundamental question recurs many times throughout the pages of this publication: "why, if human experience is rooted in the bodily, is the body so often absent from experience?" (Leder 1990: 69).

The body in Leder's conception is a self-withdrawing body. In everyday life, the body recedes into the background, which is the condition that enables us to act purposefully and rationally. In the context of withdrawal from experience, Leder writes about "the ecstatic-recessive awayness of the body," (Leder 1990: 70).

Describing the ways in which the body disappears, Leder believed that they were "essential to the body's functioning." According to the author, the "self-effacing" of the body was a necessity (Leder 1990: 69). The disappearance of the body or "being away" from the body was inherent to the normal and healthy functioning of the body, and, therefore, "forgetting about or «freeing oneself» from the body takes on a positive valuation," (Leder 1990: 69). In this absence of the body or a certain distance from it, however, there is a hidden "the possibility of its neglect or deprecation," (Leder 1990: 69). If this possibility is realized, we begin to experience the body as something "problematic" and "disharmonious;" the body reveals itself to us as the "Other," opposed to the self (Leder 1990: 70). Leder wrote: "It is precisely because the normal and healthy body largely disappears that direct experience of the body is skewed toward times of dysfunction," (Leder 1990: 86). Following Leder, we would like to draw attention to the antonymy and homonymy of the terms dys-appearance and disappearance, which as two modes of the functioning of the body, are in a deep relationship with each other (Leder 1990: 86).

Leder, who had a medical education, cited pain as the most obvious bodily dysfunction, which in his concept is an example of the body's "dys-appearance." The appearance of physical pain causes us to redirect all our previously undivided attention focused on a specific task to our own body. The painful body comes to the forefront, somehow diverting our attention from the tasks that were important to us and in which we were engaged at the time of the appearance of the persistent pain. All our previous projects disappear, becoming irrelevant, giving way to the experience of pain, "in an experiential sense, is already something far away," (Leder 1990: 71). We start looking for the causes of pain in the body, and then for ways to deal with it. In *The Absent Body* we read about internal organs functioning in the body in a hidden way, "without the knowledge or control of the conscious self," (Leder 1990: 86). They do not occupy our attention on a daily basis, they seem to be silent. Although they are very important to us because they maintain our vital functions, they remain "absent." We are not aware of them, just as we are not aware of the physiological processes taking place in our bodies. Leder called this "depth disappearance" (Leder 1990: 53–57). Conversely, if the functioning of internal organs is in some way disturbed, we experience it as their rebellion, we lose control over them. The discomfort we experience means that the internal organs are beginning to make themselves known, to speak up, to demand action (Leder 1990: 71). We experience pain as a sensation that is located in the body (Leder 1990: 75). Pain is "sensation is one of the most intense we experience," Leder wrote. It manifests itself through "sensory intensification" and usually appears suddenly. Unlike well-being, it is often episodic in nature, changes its intensity, and is temporary (Leder 1990: 72). Pain captures our attention in a way that no other stimulus can, which makes the experience of pain qualitatively different from other experiences related to the body. There is no volitional element here, after all. Pain contains compulsion (Leder 1990: 73).

In presenting the phenomenological meaning of pain, Leder wrote that pain "is ultimately a manner of being-in-the-world. As such, pain reorganizes our lived

space and time, our relations with others and with ourselves," (Leder 1990: 73). Pain makes our being in the world cease to be dispersed, and we begin to be "here." All attention is drawn to our own body, and within it to that particular part that is the source of painful sensations (Leder 1990: 75). "We are ceaselessly reminded of the here-and-now body." It moves us from the painless past to the present (Leder 1990: 76). Pain in a compulsory way "reorganizing the experiential field inward," (Leder 1990: 73). According to Leder, pain "is marked by an interiority that another cannot share," (Leder 1990: 74).

Physical suffering not only limits the space-time sphere of an individual, but also their movement possibilities are narrowed due to the disability caused by pain (Leder 1990: 75). Pain causes "a certain alienation;" in Leder's concept it appears as something that threatens our identity because it destroys our routine activities and disrupts the goals that define our identity (Leder 1990: 76). Thus, pain establishes a new relationship to one's own body. "The sensory insistence of pain draws the corporeal out of self-concealment," (Leder 1990: 76). But this aching body reveals itself to us as something alien.

Writing about the alien presence of the painful body, Leder described the split between the body and self, which, caused by pain, was also an adaptive response to pain. Experiencing the body as separate from the self "yields some relief," "reestablishes one's integrity," (Leder 1990: 77).

The process of distancing oneself from the body concerns situations of chronic pain that cannot be eliminated. Nevertheless, the removal of pain becomes the overriding goal for the individual (Leder 1990: 79). "When in pain, the body becomes the object of an ongoing interpretive quest," Leder wrote in *The Absent Body* (Leder 1990: 78). This area of the body that is the source of pain is subjected to analysis. The body begins to be diagnosed in all kinds of ways; it becomes the object of perception and action. In order to deal with it, acts of will are necessary here (Leder 1990: 73). All actions taken by the individual focus on finding ways to cope with pain. "The aversiveness of pain does call for change," as the author of the concept claimed (Leder 1990: 78). In this case, it is not about acting "from the body" but "toward the body" (Leder 1990: 79).

Pain is a prelude to illness. It is often its harbinger, a signal of a sick body. Illness is the second manifestation of the "dys-appearance" of the body discussed by Leder in *The Absent Body*. The body in illness becomes visible, imposes itself on the attention of its owner. It is present. It emerges from "the corporeal field" with twice the force and, as a body experienced in its pathological dimension, becomes a forced object of interest. The analysis of illness in Leder's concept of the "dys-appearing body" is, in fact, a deepening and expansion of the threads that the author raised when discussing the issue of pain. Pain is, after all, "a common accompaniment of disease to the point where the distinction between the two blur," (Leder 1990: 79). In order

to avoid redundancy in the threads and analyses presented above, we will focus only on those issues that, as a consequence of qualitative differences in the experience of pain and illness, require indispensable explanations and supplements.

As for the term "disease" itself (dis-ease), Leder defined it as "the experienced loss of comfort and possibility that often accompanies physiological disruption," (Leder 1990: 80). Disease, in comparison to pain, is characterized by "complex patterns of dysfunction," (Leder 1990: 81).

The experience of the sick body as foreign consists of: (1) the perception of changes in the body's interior, and (2) the perception of changes in the body's external appearance – "as it is an object of pity or disgust," (Leder 1990: 82).

In illness, we become more aware not only of our internal but also of our external body. The principle of the "dys-appearance of the body" in illness is bidirectional, "dysfunction and body awareness engendering one another." Body awareness in illness causes us to seek help in order to recover, i.e., to restore the body to normal and problem-free functioning, but the same awareness of the sick body can also, through stress and constant anxiety, deepen the body's problems and accelerate the development of the illness (Leder 1990: 85). Leder devoted much attention to the issue of dys-appearance in the course of illnesses that changed the appearance of the body and thus stigmatized it. In this situation, the troublesome body emerges from "the corporeal field," and the more its outside appears as problematic and deviates from what is considered the bodily norm in society, the more severe and extreme measures will be taken to make the body disappear back into "the corporeal field." Leder cited eating disorders in young girls as an example of such a situation (Leder 1990: 99). In trying to return one's dysfunctional body to the status of an absent body, the individual may further deepen this dysfunction, causing a disease state.

The illness severs the connection with the world, which until then was well-known, and begins to reveal itself as "inaccessible" (Leder 1990: 81). The alienation experienced by a hospitalized ill individual results from the fact that the sick individual is torn away from the important context of work, home, friends, family, and even the people caring for the ill individual cannot fully understand the sick individual's experiences and experience what he is going through (Leder 1990: 80). Space and time are narrowed to the sick body (Leder 1990: 79). The illness questions "this experience of world-as-opportunity," (Leder 1990: 81). Lack of energy, exhaustion, and general limitations mean that the ill individual increasingly experiences the inability to engage in the world and things that surround them as in the reality before the illness. "One is simply un-adle. In disease, one is actively dis-abled," (Leder 1990: 81).

While a healthy body is "transparent" because its capabilities are clear, a sick body, or one that is "vague" by some dysfunction, becomes unpredictable, eludes our

control, as Leder said: "we become aware of it as alien presence," (Leder 1990: 82). "As the sensation of pain is the harbinger of illness, and as illness foretells the coming of death, so the alien presence of the body expands until it can threaten the entirety of one's world," (Leder 1990: 83). Especially in life-threatening illnesses, dys-appearance means that the body is experienced as distant, separated from the self, because it is completely disobedient to the will of the "self." The author used the terms "painful prison" and "tomb" to describe it (Leder 1990: 87).

Leder devoted the most space in his concept to the situation when the illness would limit us physically. The sick individual is "aware of the body in everything he cannot do;" the body's functions have been "undermined" by the illness (Leder 1990: 82–83). The sick individual's projects are now conditioned – "if health permits," (Leder 1990: 83). They lose the habitual abilities belonging to the layer of the habitual body, including cooperation with objects, which, being their tools, appear in Leder's concept as structures incorporated into the body, because they "participates in the same phenomenological structure," (Leder 1990: 83). The sick individual longs for the lost possibilities of the body, has hopes that they will return someday, while, at the same time, experiencing fears of the deepening disability in the body. The disruption of the sick body's relationship with the world leads to increased reflection on one's own body and gives rise to the need for repair (Leder 1990: 86). The focus on the sick body and its functions consists in noting even the slightest changes in its motor skills and the meticulous analyses of practices undertaken towards the body in terms of their healing/harmful effects on the body. Actions aimed at repairing the sick body draw the sick individual's attention even more inwards (Leder 1990: 81). The experience of the sick body is also affected by the distrust with which the ill individual looks at it. This distrust towards the sick body or a part of it that has let the ill individual down, may persist even after the sick individual has returned to health. The sick body does not want the attention of others either. This unwanted and troublesome, because intrusive, attention from people is something that forces the individual to implement appropriate work on the body in order to restore it to its normal state of "presence-absence" (Leder 1990: 20–27). The main drive and interest of the sick body in Leder's concept is its return to "the corporeal field." If this proves impossible, the developing illness brings us closer to death. Leder defined dying itself as "a physical event belonging to a bodily history I never fully intend." In the face of death, the body treated as "a ground of vitality" is often clearly thematized (Leder 1990: 83). The symptom of approaching death becomes the deepening "unuseable" of the body. After death, the body transforms into a corpse phenomenologically understood as "the very essence of the unusable," (Leder 1990: 84).

Stefan Timmermans and Steven Haas's appeal to sociologists to build a bodily-anchored sociology of illness

Since the experience of illness is directly mediated by the body, we consider the best summary of the naturalistic visions of the body to be the appeal to sociologists dealing with illness, which was issued by Stefan Timmermans and Steven Haas in the journal *Sociology of Health and Illness* (2008: 659–676). These two American sociologists formulated postulates for medical sociologists to refer more often to biomedical knowledge and categories.

The authors consider the first oversight of sociologists to be "refusal to grant ontological status to diseases as clinical entities," (Timmermans, Haas 2008: 662). The reluctance of sociologists to deal with the biological aspects of illness and "ignoring the «technical» or «biological» aspects of health care," according to Timmermans and Haas "results in gaping analytical holes," (Timmermans, Haas 2008: 662).

Based on the study of the literature in the area of the sociology of health and illness, the authors have indicated the main tendencies of research involvement of medical sociologists in illness: (1) sociologists, when dealing with illness, do not deal with a specific disease entity in the biological dimension, but primarily focus on interactions, organizations, professions, discourses, and social control; (2) sociologists study illnesses outside the clinical context; (3) sociologists tend to formulate unjustified generalizations from the conclusions of the study of a specific disorder presented as those that apply to a wide range of illnesses; and (4) sociologists have limited knowledge of the biological determinants of illness (Timmermans, Haas 2008: 663). Writing about "sociological blinders" (Timmermans, Haas 2008: 662), the authors referred to a publication authored in the mid-1990s by Monica J. Casper and Marc Berg (1995: 395–407). The above-mentioned authors defined a social researcher as one who "stood with his or her back to the heart of medicine and studied the "social phenomena" surrounding it," (in: Timmermans, Haas 2008: 662).

> The "heart of medicine" ignored by sociologists for several decades consists of three key aspects. First, social scientists rarely establish a specific illness as the object of their research, and instead study the determinants of health at an abstract conceptual level. Second, social scientists rarely include clinical indicators of illness in their research and subsequent analyses. Third, social scientists tend to ignore the "normative purpose of health interventions," (Timmermans, Haas 2008: 662).

The "heart of medicine" understood in this way, in the opinion of the authors of this chapter, focuses on the body in its physical dimension, together with the physical criteria of illness, such as diagnosis, symptoms, changes in the body, and changes in physiology. Conversely, the body is the most important for the sick individual as the subject of medical interventions. Once in hospital, the ill individual faces a specific disease entity, which is located in their body. To sum up, Timmermans and Haas have claimed that the sociology of medicine focuses too much on the

non-biological aspects of disease and illness, which means that sociologists dealing with illness ignore the body.

The omission of the biological dimension of illness in sociological analyses results in the social processes described by medical sociologists being "clinically unanchored" (Timmermans, Haas 2008: 659). As a result, we do not learn how the social processes studied by sociologists actually affect health. "We may know much about the effects of chronic illness on identity but fail to establish the health consequences of this identity formation," (Timmermans, Haas 2008: 662).

The implementation of Timmermans and Haas' postulates should ultimately lead to a rapprochement of the worlds of medical sociology and medicine through greater reception of the research results of sociologists of illness in the practice of physicians who have been skeptical of them so far. Biology must cease to be an "invisible canvas for social action," (Timmermans, Haas 2008: 665), because biology and sociology remain intertwined. Instead of being accused of "biophobia" (Ellis 1996; Freese, Li, Wade 2003), sociologists should open up to conducting research in the trend known as the sociology of disease, which in the precise meaning of the term means "sociology of biodisease" (Skrzypek 2011: 66).

Sociologists of "biodisease" would be interested in "the dialectic interaction between social life and specific diseases, aiming to broadly examine whether and how social life matters for morbidity and mortality and vice versa." In particular, they should focus on examining "how social processes affect the severity or course of diseases and how, in turn, specific stages of disease affect social relationships, work, neighbourhood, or family life," (Timmermans, Haas 2008: 661). Nonetheless, this first would require sociologists to get rid of "the deeply held concern that a strong recognition of the role of biological and genetic factors in health implies the automatic devaluation of social factors," (Timmermans, Haas 2008: 663).

The next important theoretical postulates of Timmermans and Haas focus on the need to take into account the physiological diversity of illnesses and to treat the specificity of an illness seriously (Timmermans, Haas 2008: 664), while in the study of illnesses sociologists should apply an approach focused on a specific illness (e.g., asthma, diabetes) and consciously refrain from building a sociology of chronic illnesses (Timmermans, Haas 2008: 665). In addition to theoretical postulates, Timmermans and Haas have also presented methodological proposals concerning the inclusion of clinical criteria for inclusion in research in the field of the sociology of the experience of illness, indicating diagnosis as their starting point (Timmermans, Haas 2008: 663). If sociologists of "biodisease" are to study illness as a clinical entity, it is essential to include in their research such medical indicators and parameters as clinically significant endpoints such as survival, how a given illness is contracted, or the occurrence of a specific clinical symptom. Their inclusion in sociological analysis will enable sociologists to answer the question of the "clinical efficacy of social processes," (Timmermans, Haas 2008: 665).

We treat the postulates of Timmermans and Haas as an appeal for the presence of the body and corporeality in sociology, for taking into account the somatic

orientation in sociological research together with the biological interpretive framework. In fact, it turns out to be an appeal for close partner relations between sociology and medicine. And for the latter, the human body is an object of special interest and direct influence. It is in the body that clinical symptoms of illness manifest themselves, and the body is the target of the therapeutic actions of medical professionals. The need to rethink the relations between sociology and biological sciences was also pointed out by Michael Bury, to whom the authors of the appeal in question referred, who postulated expanding the research field of medical sociology to include the body and studying the biological dimension of experience, while rejecting the critical and sometimes even hostile attitudes of sociologists towards biology and biomedicine (Bury 1997: 199–200). Moving away from the sociology of illness in favor of sociology of disease does not mean any form of determinism. In the postulates of Timmermans and Haas focused on perceiving the biological body, the body still remains a physical component of the subject.

2.2. Constructivist approaches to the body

Constructivists who treat the body as a socio-cultural phenomenon have analyzed the way in which changes in the human body caused by illness determine disruptions in the continuity of the sick individual's identity. A body that is changed by illness is subject to a social assignment of meanings. The category of work or work in illness, strongly accepted by constructivists, also includes work on the body in the process of illness, which is to prevent the body from completely refusing to obey the person. In order to thwart its disintegration, it is necessary to exert greater control and supervision over it.

Kathy Charmaz's concept of adaptation to the somatic consequences of chronic illness

Kathy Charmaz is the author of the concept of adaptation to life with a chronic illness, which is one of the ways of living with an impairment or loss of bodily functions as the somatic effects of a disease (Charmaz 1995: 657–680).

"Serious chronic illness undermines the unity between body and self and forces identity changes." Adaptation itself means for the sick individual "altering life and self to accommodate to bodily losses and limits and resolving the lost unity between body and self," (Charmaz 1995: 657).

Adaptation, which turns into acceptance, cannot, however, occur without recognizing one's impairment, openly admitting to the bodily loss suffered. What forces this adaptation is the limitations of the body, which, as the illness progresses, mean the loss of further bodily functions. Thus, "ill people adapt when they try to accommodate and flow with the experience of illness," (Charmaz 1995: 657). This often happens after many years of ignoring or minimizing the illness, sometimes

fighting it, although it also happens that adaptation to an impairment and bodily loss never occurs (Charmaz 1995: 657–658).

Outlining the theoretical framework for the research that constitutes the empirical basis of the discussed concept, Charmaz clearly articulated that she agreed with Sally Gadow's (1982) thesis about the inextricable connection between the body and the self. "Mind and consciousness depend upon being in a body. In turn, bodily feelings affect mind and consciousness." The body and the self, although inseparable, are not identical (Charmaz 1995: 659).

According to Charmaz's theoretical setting in the interactionist trend, adaptation to the loss of body function is processual and is characterized by the occurrence of three stages.

> The first stage of adaptation to bodily losses caused by chronic illness consists in experiencing and defining the impairment. In the second stage, the sick individual evaluates the body, and then makes identity compromises, which are the result of a balance of gains and losses and a revision of identity goals. The third stage is submission to "the sick self," while, at the same time, relinquishing control over the illness, which, in consequence, leads to immersion in the experience of the illness (Charmaz 1995: 657).

Below we will describe each stage of adaptation to the loss of body function that has been changed by chronic illness.

The meaning of the first stage of the process of adapting to impairment is the experience of a changed body, as a result of which the impairment of the body is defined and the scope of the loss of bodily functions is determined. Charmaz wrote that "experiencing an altered body means more than having or acquiring one," (Charmaz 1995: 662). Ill individuals notice certain physical changes in their bodies and that some bodily functions have been weakened. Defining these changes means that the ill individual recognizes his illness as real and begins to consider its impact on everyday life (Charmaz 1995: 662). Chronic illness attacks the body, which makes it changed and problematic.

"The relation between body and self becomes particularly problematic for those chronically ill people who realize that they have suffered lasting bodily losses," Charmaz wrote (1995: 659). "The unity of prior embodied experience has been shaken," as indicated by comparisons of the body changed by an illness to the body before it (Charmaz 1995: 662). A sense of alienation creeps into the experience of one's own body in illness, which gives rise to the need for "rethinking explicitly their previously held notions of body and self," (Charmaz 1995: 662). The experience of losing the "past" body as an "invincible," "indestructible," and "immortal" body intensifies the sense of alienation of the body, separation from the body, in addition to the loss of oneself, and also intensifies feelings of anger and grief (Charmaz 1995: 662).

The experience of bodily losses is more painful in individuals who were in good physical condition before the illness. The loss of control over the body is experienced

as a "betrayal" of the body (Charmaz 1995: 662). It happens that at this stage, ill individuals feel guilty and ashamed because of their body's ailments, which do not meet the cultural standards of a perfect and beautiful body (Charmaz 1995: 663). The strategy of coping with the anxiety that appears in connection with the changes taking place in the body and person of the ill individual is to separate the body, and, therefore, the illness, from oneself and one's life (Charmaz 1995: 663).

In an attempt to take control over the body and the illness, which is perceived as an "enemy or oppressor," the ill individual begins to fight it (Charmaz 1995: 663; see more broadly Charmaz 1980, 1994b). Treating the body as an "object to mend," ill individuals fight for the body affected by the illness to function normally, to make "their lives «normal» to whatever extent possible," (Charmaz 1995: 663).

At this stage, chronically ill individuals are not yet able to accept the limitations related to the illness and the identity of an ill individual, because they still hope to return to the identity they had before the illness. Ill individuals still distance themselves from their changed body and objectify it (Charmaz 1995: 663). A manifestation of objectifying the body is judging the body and blaming it for the illness, which prevents them from drawing strength from their own body (Charmaz 1995: 664). Charmaz claimed that ill individuals objectified their own bodies to a lesser extent than disabled individuals, being more open to the body itself and the signals it sent. This allowed them to maintain greater control over their lives and the illness (Charmaz 1995: 664). What stops them distancing themselves from the body is "the horror of the unknown," which in the discussed context means disability and death. Distance from the ill body lasts as long as the ill individual recognizes that "mastering his or her body is necessary to make it acceptable," (Charmaz 995: 664). Abandoning such an attitude enables the ill individual to open up to bodily experiences, which is tantamount to recognizing one's own body as a subject. For this to happen, the ill individual must also stop comparing their body to the body from before the illness in terms of its capabilities and skills. This measure must be abandoned, as must the hope that the body will still be as capable and strong as it once was. As Charmaz wrote, referring to her earlier works, "chronically ill people who move beyond loss and transcend stigmatizing negative labels define themselves as much more than their bodies and as much more than an illness," (Charmaz 1991, after: Charmaz 1995: 660).

The second stage of adaptation to an impairment caused by a chronic illness involves the ill individual's assessment of the changed body, which is expected to result in a change of future identity (Charmaz 1995: 659).

The appearance of the body in the course of an illness is important from the point of view of assessing the changed body. A visible and manifesting illness or disability in the body can give the individual a stigmatizing identity that begins to dominate other identities (Charmaz 1995: 660).

Ill individuals with a disability manifested in their bodies try to control the visible bodily loss to the extent necessary to limit its impact on their own goals, aspirations, and relationships with people. They protect their own identity and social identity through procedures that camouflage their bodily deficits (Charmaz 1995: 667). It also happens, though, that chronically ill individuals do not have visible symptoms and disabilities. A masked or "invisible illness" not only undermines the credibility of the ill individual with medical professionals, but also causes misunderstanding among family members who deny their identity as an ill individual. As long as the ill individual masks the symptoms of their illness, their personal and social identity will remain in conflict. As long as the bodily loss is not visible, the ill individual may also be unaware of the impairment of their body functions. In this situation – according to Charmaz – there is an obvious "tension between invisible disability and visible impairment," (Charmaz 1995: 666).

"Bodily changes prompt changing identity goals," claimed the author of the discussed concept (Charmaz 1995: 668). As they experience subsequent bodily losses, chronically ill individuals are forced to lower their identity goals until they correspond to both the current limitations and capabilities of the body (Charmaz 995: 659–660).

Charmaz defined identity goals as "preferred identities" that individuals desire and hope or assume to achieve (Charmaz 1987, after: Charmaz 1995: 659). The formulation of identity goals by ill individuals serves to reconstruct normal life, to rebuild normality in their life with an illness to the greatest extent possible (Charmaz 1995: 660; see also Charmaz 1987, 1991). Identity compromises, defined as choosing one identity over another, are made by testing the body and verifying its possibilities. "Preferred identities" weaken in the course of the illness process (Charmaz 1995: 660). Charmaz also noted that ill individuals' preferences regarding identity could be completely unattainable. Thus, ill individuals may plan to return to life without the illness, to regain their fully capable or unimpaired "self." It also happens that the assumed identity goals are higher than those in reality before the illness or that ill individuals strive for contradictory identities. Successes in being ill, understood as an improvement in health, the remission of some symptoms or the restoration of abilities, mean that the identity goals will be raised (Charmaz 1995: 658, 660). Raised and lowered identity goals create an "implicit identity hierarchy," (Charmaz 1995: 660; Charmaz 1987). Charmaz has noted, however, that the pace of changes in identity goals depends on what is happening in the sphere of the ill individual's emotions and social relations (Charmaz 1995: 668). Changing identity goals is about crossing the boundaries of one's own body. The identity goals developed and fulfilled by the ill individual at this stage, related to work and family responsibilities, must be perceived by the ill individual as more important than the illness. Conversely, when developing identity goals unrelated to the illness, the ill individual cannot forget about the body and its needs, because in this way they risk losing this already developed non-disease or extracorporeal identity. Changing identity goals imposes on the individual the obligation to constantly work on the body, take care of it and monitor it (Charmaz 1995: 669).

"But keeping bodily needs and identity goals in balance can prove to be arduous," (Charmaz 1995: 669). Identity compromises are inevitable here, in which "the tension becomes apparent between acknowledging bodily limits and needs and constructing a preferred identity," (Charmaz 1995: 671) is revealed. By redefining personal identity, ill individuals begin to see themselves as "residing in their bodies" but no longer feeling completely defined by them. This means that they have managed to avoid "illness without having it consume their self-concepts," (Charmaz 1995: 671).

Summing up her work on the identity goals and choices of individuals with chronic illnesses, Charmaz wrote: "In essence then, people can move up their identity hierarchy while their move down their bodily hierarchy," (Charmaz 1995: 671).

The content of the third stage of adaptation to impairment in Charmaz's concept is the cessation of the desire to control the illness and opening up to the experience of the illness, which is equivalent to the unity of the body and the self. This subjective integration of the body with the self, which is determined by the cessation of the fight with the body and objectification of it, enables the recovery of a sense of the whole body, oneself and one's life (Charmaz 1995: 659).

The third stage of adaptation to bodily losses caused by chronic illness was called by Charmaz the "surrendering to the sick body," which means being aware of one's ill body and its limitations, but also wanting to live with such a body (Charmaz 1995: 672–674). An ill individual "anchors bodily feelings in self," does not ignore these feelings, does not overlook them, and does not deny them, because they do not perceive "the ill body as apart from self," (Charmaz 1995: 672). The ill individual begins to "live with the body," becomes familiar with it, and subjugates it (Charmaz 1995: 664).

Submission to the sick body is different from being defeated by illness or from coming to terms with illness, because these experiences consist in being taken over by an illness, which happens without one's choice. Submission to an illness is a deliberate process in which the ill individual plays an active role (Charmaz 1995: 672). Submission to an ill body is also something different from resignation and loss of hope. Resignation means passive submission to an illness, "accepting defeat after struggling against illness," as a result of which the ill individual gives up preferred identities (Charmaz 1995: 673). Resignation is accompanied by submission to fear, despair, depression, and internal breakdown. Resignation means that the illness has completely taken over the individual and their life (Charmaz 1995: 673). By contrast, submission to an ill body means "permitting oneself to let go rather than being overtaken by illness and despair," (Charmaz 1995: 673). Submission to an ill body should be understood as the acceptance of oneself in the illness and of who one becomes in it. Submission to an illness is the very opposite of fighting it, of controlling it by imposing one's own order on it, or of forcing victory. Submission to an ill body requires first learning how not to fight the illness; it requires getting rid of fantasies of recovery and dreams of life before the illness. Submission to an

illness means being in the body now, in the present moment, without fantasizing about the future (Charmaz 1995: 873). It is a full opening to the experience of the body with all its unforeseen events, to new ways of experiencing one's own body, to the authenticity of this experience, that is, to the recognition that the ill body is part of the ill individual.

Submission to an ill body means "allowing themselves to experience it [the body – note by K.K., M.S.]," (Charmaz 1995: 672). Submission to an ill body should be understood as a new perspective on oneself, in which external social commands disappear and the voice from within is heard. Submission to an ill body consists in listening to "what it needs to tell me" in observing it, but not in terms of control, but of "what it has to teach me," (Charmaz 1995: 674). When an ill individual submits to an ill body, "the illness merges with subjectivity; it becomes subjectivity," (Charmaz 1995: 673). "When surrender is complete," Charmaz wrote, "the person experiences a new unity between body and self," (Charmaz 1995: 672).

To sum up the process of adaptation to the impairment of the body in chronic disease, it is worth indicating, following Charmaz, what kind of tensions occur during the stages described above. Of course, the main opposition here is that which arises between "the self and the body." The next ones are: "struggle versus surrender; the idealized body versus the real, experienced body, social identification versus self-definitions; objective reality versus subjective experience; struggling with versus struggling against illness, invisible disability versus obvious impairment, freedom of bodily movement versus physical constraint and dependence, and bodily control versus loss of function," (Charmaz 1995: 658–659).

"Successful adaptation" to the impairment caused by chronic illness, resulting from the elimination of these tensions, means "living with the illness without living solely for it," (Charmaz 1995: 658). At the same time, Charmaz emphasized that the ill individual "remains as independent and autonomous as possible," (Charmaz 1995: 658).

Despite the experience of loss and suffering, the ill individual feels like a whole being, while maintaining the unity of the body and self (Charmaz 1995: 658). Its recovery is achieved through the experience of the ill body and the opening of the individual to the search for harmony between the body and the self (Charmaz 1995: 660).

Depending on their physical condition and social resources, ill individuals may progress quickly through the stages of the adaptation process described above or remain suspended for many years before moving on to the next stage (Charmaz 1995: 661). This hard-won unity of the body and self is not given once and for all, and has limits that are not defined (Charmaz 1995: 665). Ill individuals are forced to repeatedly adapt to chronic illness and its somatic consequences. "Adaptation seldom occurs only once," Charmaz wrote (1995: 657). As they experience subsequent losses and bodily disabilities, it becomes necessary to repeat the adaptation strategies that have already been implemented. Adaptation to physical loss tends

to develop. Those ill individuals who experience an uneven progression of illness are surprised by sudden episodes of illness and complications or the appearance of additional illnesses, are forced to adapt to their body in illness over and over again (Charmaz 1995: 658).

"Adaptation to impairment takes people with serious chronic illness on an odyssey of self," (Charmaz 1991; Charmaz 1995: 675). What benefits does this journey provide to the ill individual? Adaptation to the physical losses caused by chronic illness gives ill individuals, above all, self-confidence. "They believe in their inner strength as their bodies crumble," (Charmaz 1995: 675). They experience loss maturely, facing it courageously. In the process, they undoubtedly suffer physical losses, but in the end they (re)gain themselves.

Anselm Strauss's and Juliet Corbin's interactionist concepts of chronic illness

The issue of the human body in the context of interaction and chronic illness has been widely addressed by **Anselm Strauss and colleagues** – primarily **Juliet Corbin** – in the stream of interactionist, sociomedical research in the field of the sociology of the experience of illness. Let us now review selected theses by Strauss and his colleagues in this field.

In the chapter *Body, Body Processes, and Interaction* in *Continual Permutations of Action*, Strauss took up the issue of the body in order to illustrate a theory of human action and in this context conceptualized the relationship between the body, human action, and social interaction (Strauss 1993: 107–126).

Referring to Merleau-Ponty's concept, Strauss saw the body as an inalienable condition of actions and interactions, and, at the same time, a medium through which an individual acquired and transmitted knowledge about the world, the objects surrounding him, about himself, but also about his own body. He concludes that "communication occurs through the body" (Strauss 1993: 109).

In Strauss's concept of the social functions of the body, the statement that the body outlines the limits of human possibilities of action is of key importance, but Strauss distanced himself from biological determinism, stating that biological and social processes cooperated in creating human actions and interactions (Strauss 1993: 109). Nonetheless, the body in Strauss's view is still a necessary condition of human agency (the body as an agent), necessary as an instrument of action (Strauss 1993: 110). This condition is revealed with force in a situation when the body is damaged (through injury or disease) or becomes disabled: then the dependence of the possibility of action on the body enters the scope of human experience. But the body is also an object, which can be the object of cognition by the actors of social life (Strauss pointed out here that the body could be in the field of attention to a varying degree), and can also be the object of action (this phenomenon indicated by Strauss can be seen in contemporary body modelling strategies).

According to Strauss, the uniqueness of the body is determined by the fact that the body represents the self ("it must represent the self") (Strauss 1993: 111). The American sociologist described the mutual relations of the body with the subjective self and the objective self, which are respectively the active and passive phases of the self. Here we have a reference to George Mead's processual concept of the self as an object and the self as a subject, where the self as an object refers to the fact that "we constitute ourselves as objects, because we can make ourselves the object of our reactions," and the self as a subject corresponds to the "open and creative phase of the self's activity," (Piotrowski 1998: 50).

The presented distinction of the phases of the self, perceived processually, enable us, according to Strauss, to see that the body in illness, deformed or unable to function in an ordinary way, becomes to a greater extent a part of the objective "self" and can become a field of action of the subjective "self." In other words, we can react to the shortcomings of the body by trying to counteract its deficiencies or dysfunctions (Strauss 1993: 112).

The issue of the body in illness appears particularly clearly when, in various situations, individuals experience limitations in the ability to control and steer the body ("there are limits to what one can command the body to do") (Strauss 1993: 114). In the foreground there are "bodily or mental impairments" leading to temporary or permanent loss of the ability to act intentionally. As an example of a mental cause, Strauss indicated phobias, when the body "escapes" the decisions of the mind and "refuses" to perform certain actions (Strauss 1993: 114).

The issue of the visibility or otherwise the publicity of the body also emerges here: in situations where action/behavior is unproblematic, the body is a tacit, necessary condition for action, while it becomes felt when the performance of the action becomes impossible. In Strauss's view, actions and interactions are influenced by the body state of the social actor, but also by the context of the personal biography, with both the body and the biography undergoing processual changes (the body's course; biographical course) (Strauss 1993: 118).

Strauss has also addressed the issue of mind-body interactions and metaphors that capture this issue. He explained this issue using the example of experiences resulting from severe neurological diseases that could cause the mind to become "trapped" in a completely or partially immobile body. In this context, the researcher cited statements by individuals who had suffered a stroke or those suffering from multiple sclerosis, immobilized by the disease, who experienced a situation in which the will was unable to move the body. In such a situation, the "self" is deeply affected by the condition of the body, burdened with a critical limitation (Strauss 1993: 118–119).

A detailed account of the issue of identity in the context of living with a chronic illness can be found in Corbin and Strauss' *Unending Work and Care*, in which the chapter entitled *Experiencing Body Failure and a Disrupted Self-image* is devoted to this issue (Corbin, Strauss 1988: 49–67). Let us now focus on Corbin and Strauss's theses, which are based on qualitative studies of married couples in which one of the spouses suffered from a chronic illness. Intensive interviews were conducted with

these individuals to determine the problems they faced in the context of everyday life, with particular emphasis on the activities (work) implied by the chronic illness (Corbin, Strauss 1988: XI).

The issues of the impact of an illness on the self and identity were considered by Corbin and Strauss in the context of the interactionist understanding of personal identity as a socially conditioned phenomenon, linked to the interactive dimension of an individual's life. Before we delve deeper into the content of the indicated publication by Corbin and Strauss from 1988, let us first draw attention to the theses contained in an earlier article by these authors from 1985, in which Corbin and Strauss indicated biographical work as one of the three strategic types of activity undertaken in the situation of chronic illness among the types of work implied by chronic illness (the article is a discussion of the results of research among 60 married couples in which one of the spouses had a chronic illness) (Corbin, Strauss 1985: 224–247).

Corbin and Strauss have thus drawn attention to the relationship between the trajectory of being ill, understood as a phenomenon encompassing human actions implied by being ill, and the biography of the ill individual. A unique, personal identity is shaped in the course of a personal biography, and its basic material, in accordance with the interactionist paradigm, is participation in social life. Since the trajectory of being ill modifies the scope and type of activity of the ill individual and their social environment, including activities that have an interactive dimension, this means that it affects both the personal identity of the ill individual and their biography, imposing the need to reformulate it.

A detailed explanation of this issue was provided in the previously mentioned work *Unending Work and Care* (Corbin, Strauss 1988). Corbin and Strauss introduced the concept of "biographical accommodation" here, drawing attention (this thesis is close to the concept of biographical disruption by the British sociologist M. Bury [Bury 1982: 167–182]) to the fact that the consequences of chronic illness go beyond the need for remedial action in the context of everyday life towards biographical issues.

The concept of biographical accommodation means that in the context of a chronic illness, it becomes necessary to recreate the continuity of life and to give it new meanings, because the illness has caused disruptions in this area and has disrupted the continuity of the personal biography. As part of the adjustment to a chronic illness, as Corbin and Strauss have suggested, the integration of the illness and its consequences for the ill individual's life takes place in such a way that the illness becomes one of the aspects of life. However, the illness does not always dominate the biography: the position of the illness in the hierarchy of the components of the biography is subject to changes, which is related to the course of the biomedical trajectory of illness (Corbin, Strauss 1988: 51).

Corbin and Strauss pointed to three constitutive dimensions of biography, i.e., the "conceptions of self," "biographical time," and the "body."

The first of the mentioned terms concerns personal identity, that is, "a self-classification in terms of who I am at this point in my life's course," (Corbin, Strauss 1988: 52). What should be emphasized here is that continuation, maintenance of the activities constituting the "self" (self-related tasks) requires, according to the cited authors, a properly functioning body (Corbin, Strauss 1988: 52). The concept of "biographical time" in turn draws attention to the connection between biography and the temporal context. This is because, as Corbin and Strauss (1988: 52) emphasized, "one lives in the present, comes from the past, and moves toward the future." The creation of identity, therefore, takes place in "the stream of biographical time," (Corbin, Strauss 1988: 53). Through the body, knowledge about the world is acquired and transmitted, communication takes place through the body, and, above all, – as mentioned above – "a body is required to perform tasks associated with the various aspects of the self," and the condition for these actions is physical and mental fitness (Corbin, Strauss 1988: 54).

It is precisely the activities performed by the body and thanks to the body that are the material for the formation of changing and evolving self-concepts. In the context of this aspect of Corbin and Strauss' analysis, an important statement is that "the centrality of the body lies in its capacity for action," (Corbin, Strauss 1988: 55). Taking the analysis to this stage enables us to describe from an interactionist perspective the changes and specificity of the body in the context of chronic illness. To illustrate this issue, we will use the concept of "performance" used by Corbin and Strauss. An analysis of the semantic scope of this concept in the approach of these authors indicates that they used the term "performance" to draw attention to the "capacity for action," but also to the perception of my appearance and my actions by other people, as well as my own self-perception (appearance). Body limitations resulting from an illness (body failure) have consequences in both of these areas and require taking remedial action to prevent the social environment from perceiving bodily limitations (Corbin, Strauss 1988: 59). A disturbance of the structure, appearance and function of the body by an illness (or just one of these aspects) may result in "failed performances" (Corbin, Strauss 1988: 52). The body may become useless, unknown, and may even become a prison (Corbin, Strauss 1988: 62, 64). The strength of the influence of the described processes on identity depends on the extent to which some activities, now impossible because of illness, performed an identity-creating function. If they performed such a function, there is a loss of the aspect of the "self" that was associated with the activity (loss of self). This reveals the close connection between the body in chronic illness and personal identity, which means that "the body is central to human action and a sense of self," (Corbin, Strauss 1988: 66).

3. Key concepts

Bodily being in the world – a concept derived from M. Merleau-Ponty's concept, which the author used to describe the body remaining in connection with the world; it is a kind of entanglement of the body in the world, in which the body remains open to action, engages in undertaken projects and is connected with objects located in the space of its life, in the phenomenological interpretation referred to as an "extension of the body." Merleau-Ponty considered thus understood body to be an integral part of the subject – the Self.

Dys-appearing body – D. Leder's term used to describe a body that, owing to dysfunction (pain, illness), appears in the individual's consciousness, becomes the center of their attention. The dys-appearing body is a body that is present because it is experienced as problematic, disharmonious, an "other" body, opposed to the self and, therefore, alien. In the experience of the dys-appearing body the subject's entire attention is directed towards the biological body.

Sociology of biodisease (sociology of disease) – a trend in sociological research proposed by S. Timmermans and S. Haas to focus on studying the mutual relations between social life and individual diseases, taking into account their pathophysiological diversity and clinical specificity. Sociologists of biodisease should, on the one hand, study the impact of social processes on the experience of a disease, its course, and severity, which is assessed using medical indicators and parameters, and, on the other, they should study the impact of the disease process, taking into account the individual stages of the disease in the biological dimension, on the ill individual's social relations. They should also take into account clinical criteria for inclusion in research, as well as treat the medical diagnosis of the disease as the starting point for sociological research.

Adaptation to life with a chronic illness – according to K. Charmaz, this is one of the ways of living with a bodily loss caused by an illness, which consists of a series of processual changes in a person and life of the ill individual, aimed at adapting to the somatic effects of the illness, consisting in the loss of bodily functions and impairment; this is to lead to reintegration at the body-self level.

Biographical accommodation – a concept by J. Corbin and A. Strauss used to describe the consequences of chronic illness that go beyond remedial actions in the context of everyday life, requiring intervention in biographical issues; it is necessary to recreate the continuity of the ill individual's personal biography and give it new meanings. Biographical accommodation is an element of biographical work implied by chronic illness, which remains linked to the trajectory of the illness. As a result of biographical accommodation, the illness and its consequences are integrated with the ill individual's life, becoming one of its aspects.

4. The most important studies

In this part of the text, we review empirical research on the issues of the relationship between the self and identity with the body. The embodied nature of the self in this relationship is evident in sociological qualitative research conducted using in-depth interviews in groups of individuals who experience dysfunctions in the body and/or its structure as a result of various health disorders.

In order to present the widest possible range of identity-creative activities undertaken by ill/disabled individuals, we have selected three problem categories for discussion, in which the specificity of the body disorder differs significantly, implying unique problems at the body-identity interface.

Firstly, we will discuss research on the identity problems of individuals with chronic illnesses, aimed at capturing the effects of the chronicity of health problems in this particular area (K. Charmaz's research), then we will present sociological research on the identity effects of a suddenly acquired disability (K. Yoshida's research), and, finally, research on individuals who have undergone mutilating surgical treatment of ulcerative colitis by means of a total removal of the colon and rectum (panproctocolectomy) with the creation of an artificial anus (ileostomy) (M. Kelly's research).

Body and personal identity in chronic illness in Kathy Charmaz's research

In order to show the research directions in which the body is described in the process of an illness, let us first focus on the work of **Kathy Charmaz**, an American sociologist who died in 2020 (with whom, incidentally, the authors of this research had the honor of corresponding), concerning the relationship between the body and personal identity in the context of experiencing chronic illness.

> The common element of the concepts discussed below is that they refer to the interactional model of identity. This term draws attention to the "processuality of the self of the social subject and its direct connections with the interaction taking place here and now," (Bokszański 2002: 254).

Early signals announcing the undertaking of the issue of the body in the context of chronic illness appeared in Charmaz's work in an article presenting the concept of the "loss of self," which was indicated as the basic form of the suffering of individuals with chronic illnesses (Charmaz 1983). This concept was developed as a result of qualitative sociological research in a group of 57 individuals with chronic diseases, staying at home (73 in-depth interviews), with serious diseases causing partial disability (the age of the respondents was 20–86 years).

The key notion that captures the specificity of chronic illness in the accounts of sick individuals is leading a restricted life. These restrictions include narrowing the pre-illness range of activities that can no longer serve as the material of identity.

Suffering related to a chronic illness is reported by ill individuals using the "language of loss" (Charmaz 1983: 191). The issue of the body does not appear here explicitly. Nevertheless, we find here a prelude to later analyses of the body in chronic illness, as Charmaz stated that "sick individuals often become highly aware of previously taken-for-granted aspects of self because they are altered or gone," (Charmaz 1983: 170). One of the aspects of personal identity that is subject to change in the course of chronic illness is the body.

Another analysis by Charmaz, concerning the "struggling for the self," based on research conducted in a group of 57 individuals, among whom 85 in-depth interviews were conducted (we do not have information on whether they were the same individuals interviewed as part of the "loss of self" project or different ones) (Charmaz 1987), already contains a clear reference to the issue of the body in chronic illness. Charmaz has stated that the movement of ill individuals within the "hierarchy of identity," that is, the movement between alternative "versions" of personal identity, between those that are the most desirable and those that are less valued, takes place under the influence of changes in the physical situation of ill individuals.

Charmaz has considered the changes in physicality resulting from illness to be the most important factor modeling the work on personal identity performed by ill individuals (Charmaz 1987: 292).

This observation brings us to Charmaz's key publication on the relationship between the body and chronic illness, *The Body, Identity and Self*, published in 1995. In Charmaz's oeuvre, this publication documents a clear shift towards a greater appreciation of the bodily embeddedness of personal identity. After reading this article, we no longer have any doubts that the "loss of the «self»" is rooted primarily in the bodily changes resulting from the chronic illness. The cited article is based on 115 interviews with 55 adults suffering from chronic illnesses, some of whom Charmaz interviewed several times over a period of 5–10 years. The approach used by Charmaz in selecting the research sample requires commentary, where the criterion for inclusion was, in subsequent editions of her research, the broad category of a "chronic illness" that lacked common specificity, apart from the same reference to the long duration of health disorders. The study included individuals with circulatory system diseases, rheumatic diseases, neurological diseases, lung diseases, and diabetes. We, therefore, have a non-homogeneous study group, including individuals experiencing diverse bodily changes. This will

have implications in the form of limited possibilities for extrapolating Charmaz's findings on the processes of reconstructing the relationship between the "self" and the body to other groups of ill individuals.

Charmaz assumed that chronic illness disrupted the taken-for-granted assumptions about having a smoothly functioning body and disrupted the sense of wholeness of the body and self. This means that chronic illness, through the body, disrupts the ill individual's personal identity, which is, in her understanding, mediated by and embedded in the body (see Charmaz 1995: 657). Charmaz has suggested that in connection with chronic illness, and also as a result of the disability it caused (it should be noted here that adaptation to a disability suddenly acquired or existing from birth is different; this issue will be discussed in Yoshida's research), it becomes necessary to adapt to impairment, that is, to reintegrate the body and one's own self (see Charmaz 1995: 657).

On the other hand, there are also other scenarios, such as ignoring the illness, minimizing it, fighting against it, and related identifications, reconciling the "self" with the illness, or, finally, "absorbing" it. The first three of the above-mentioned strategies, i.e., ignoring the illness, minimizing it, and fighting against it, aim to return to the pre-illness sense of unity of the body and the 'self' (see Charmaz 1995: 657). The strategy of "reconciling the «self» with the illness" manifests itself in accepting the illness, but without self-defining oneself through the prism of the illness.

According to Charmaz, the "absorption" of the illness is to be the final and target phase of the multi-stage process of adaptation to the illness (Charmaz 1995: 658). This process is to result in a reduction of the tension between the body and "self," and also to lead to the development of a new concept of personal identity, a new version of the "wholeness of being," appropriate to being ill and the suffering it causes (Charmaz 1995: 658).

Based on research, Charmaz stated that the process of adaptation to chronic illness/disability was initiated by the experience of an "altered body."

The experience of an "altered body" is not only the feeling of physical changes in the body, but also the experience of their impact on everyday life. The body becomes problematic, emerges from the background of personal experiences; now it is placed in the foreground and is defined as a damaged machine, an enemy or an obstacle requiring repair (Charmaz 1995: 662).

Let us reach here for a moment to another work by Charmaz entitled *Good Days, Bad Days: The Self in Chronic Illness and Time* from 1991 (first edition), in which this issue was illuminated more fully. Namely, gaining awareness of having an "altered body" takes place precisely in the context of everyday life, because it is here that ill individuals receive "a lesson about chronicity." The significance of a body changed

by illness is revealed when ill individuals make an unsuccessful attempt to carry out their ordinary activities.

Kathy Charmaz wrote: "The meaning of disability, dysfunction, or impairment becomes real in daily life. Until put to test in daily routines, someone cannot know what having an altered body is like," (Charmaz 1991: 21).

At the stage of the initial experience of the problematic nature of the body in illness, there are no attempts to integrate the experience of the changed body with the "self". Rather, attempts are made to rebuild the pre-illness relationships between the "self" and the body, or there may be distancing from the body changed by the illness, or even separating the body from the concept of "self" (Charmaz 1995: 663). As a result of her research, Charmaz has revealed that in the process of adaptation to illness, specific identity compromises may occur, which consist in the fact that a chronically ill individual somehow "lowers the bar" on the scale of their identity goals, following recognition of the bodily limitations imposed by the illness (here we refer to Charmaz's concept of "preferred identities" discussed above). However, the direction of movement in the process of adaptation to illness may also be the opposite in a situation where the body's condition and capabilities improve. The final effect of work on personal identity, implied by a chronic illness, is, according to Charmaz, a redefinition of the relationship between the body and the "self" at a new level, adapted to the specificity of the illness and the resulting physical limitations. This is to lead to life with the real body, as it really is in the situation of illness; the body is to be subjugated, integrated again (but at a changed level) with the "self" (Charmaz 1995: 664). According to Charmaz, it will then become possible to "flow with the body."

Submitting to the ill body is an act fundamentally different from being engulfed by illness, because it is done intentionally; it is a condition for integrating the "self" with the body changed by illness. The body becomes a part of the "self" of the chronically ill individual once again (see Charmaz 1995: 673).

Charmaz's concepts describing the relationship between the body and personal identity should be viewed with an awareness of the contextual conditions. Here we have in mind the American context of the research, i.e., a society that highly values independence and active lifestyle, in which the disruptions of everyday life and daily activities caused by an illness constitute a particularly deep violation of personal identity (Turner 2004: 153). It seems that the identity consequences of body changes resulting from an illness would be completely different in groups of chronically ill individuals who attach less importance to active lifestyle, which does not function as a critical material of identity.

The body and personal identity in a suddenly acquired disability in Karen Yoshida's research

Karen Yoshida conducted sociological qualitative research in a group of 35 adults (28 men and 7 women) after spinal cord injury, resulting in paraplegia, i.e., paralysis of the lower limbs and parts of the upper body. The age of the subjects at the time of acquiring disability ranged from 8 to 52 years, and the average time since the injury was 22 years. The research was retrospective in nature. It was conducted using in-depth, semi-structured interviews. It focused on determining how the subjects reconstructed their lives after the injury, with an emphasis on the changes in their professional activity and participation in social life. The issue of personal identity emerged as one of the key issues during the project. Yoshida's research theoretically refers to the interactionist concept of the self and identity as phenomena created in the course of personal activity, being the effect of biographical work performed by an individual, intensified as a result of events that disrupt the course of personal biography. Yoshida has been particularly interested in this aspect of it (here Yoshida referred to the theses of Corbin and Strauss) that concerns the integration of various aspects of the "self" into a new, inclusive whole, including also those aspects of the "self" that have revealed themselves in connection with the illness. In turn, the reference to Charmaz's work concerns the concept of the "loss of self" in connection with a chronic illness. According to Charmaz, sick individuals make an effort to reconstruct their identity, moving within the "hierarchy of identity" that includes more and less desirable identities. Yoshida has undertaken the task of describing both the process of building the "self" by individuals after spinal cord injury and the effects of these activities, in particular the ways of integrating the pre-illness "self" with the disabled "self."

Yoshida (1993) has suggested that the process of reconstructing the self and identity takes the form of a "pendular reconstruction." According to her, disabled individuals oscillate between two distinct types of personal identity, encompassing "nondisabled and disabled aspects of self," and they can move in two directions, both toward the pre-injury self ("nondisabled aspects of self") and toward a self that includes "disabled aspects of self," (Yoshida 1993: 221). Between these extremes lie intermediate stages, including the "supernormal identity," the "middle self," and the "disabled identity as an aspect of the total self."

Yoshida's account departs from the approach proposed by Corbin and Strauss in the concept of the illness trajectory because the illness trajectory captures the actions and interactions implied by an illness as occurring over time, in a single direction, defined by the passage of time. The trajectory of an illness can of course take on various shapes, in the sense that it can have a permanent downward trend (as in the case of a developing neoplastic disease) or initially downward and then characterized by stability (as in the case of a sick individual after a stroke) or other still, but the trajectory of illness always develops in time and is tilted towards the future (Corbin, Strauss 1988: 42–48). According to Yoshida, individuals with spinal cord injury move between alternative options of personal identity, both towards the version of identity

that integrates disability and towards the version of identity that is based on the situation before the injury. This process takes place over months or years.

Before we indicate the sequence of events identified by Yoshida in the process of reconstructing personal identity after spinal cord injury, let us define the specificity of the types of identity created by individuals with disabilities. Let us start with the extreme options. The concept of the "pre-accident self" ("the former self") refers to who a given individual was before the spinal cord injury. The "nondisabled self," depending on the age of the individual at which the injury occurred, may include those aspects of the self that make up its core (the core aspects of the self) and that will remain an important part of the identity after the injury. Nevertheless, such a situation will only apply to individuals with relatively extensive life experience gained in the period before the injury. Those individuals who were still teenagers at the time of the injury will not have an identity foundation developed before the injury on which to build a new version of identity (Yoshida 1993: 224). At the opposite extreme is the version of identity defined as "the disabled identity as total self," with a clearly negative connotation from the perspectives of the individuals studied, which is expressed in the fact that disability becomes the main determinant of personal identity. This is manifested by the disabled individual's expectation of help and support from the social environment, as well as experiencing anger and/or depression (Yoshida 1993: 224–225).

Between these two extremes, there are intermediate phases. The "supernormal identity" is manifested by undertaking extraordinary activities, often exceeding the typical level of activity of a fully healthy individual, while the disabled individual rejects help from others (Yoshida 1993: 226–227). In turn, the phase in the development of personal identity, defined as "the disabled identity as part of the total self," is characterized by the fact that both the aspect of the "self" related to disability and the aspect related to the pre-illness situation are treated as fully-fledged components of personal identity, but the proportions are subject to changes depending on the current way of life in the post-accident period.

The manifestation of optimal adaptation to acquired disability is the identity phase defined as the "middle self." It is determined by full awareness of the fact of disability (being an individual "in a wheelchair") and that it will remain so in the future, as well as acceptance of the effects of disability, including a certain degree of dependence on others, and the material of identity is both the disabled and the "able-bodied" aspects of the "self." This stage is also characterized by reference to the experiences of other individuals with disabilities in making personal decisions regarding everyday life and social interactions (in this context, Yoshida wrote about the "collective disabled consciousness," Yoshida 1993: 229–230).

The phases of the reconstruction of personal identity by individuals with spinal cord injuries described by Yoshida show the process of integrating the identity effects of the injury with those aspects of the "self" that were developed before the accident,

and this process is non-linear in nature. It is related to the interpretations of one's own situation and the actions taken by individuals with spinal cord injuries. Yoshida's approach departs from the classical, interactionist, processual way of understanding chronic illness, being a proposal of a non-linear approach to the experience of health disorders, with the possibility of oscillation between specific phases.

The body changed by radical surgical treatment and identity and the "self" in Michael Kelly's research

Michael Kelly's research project, carried out in a group of 45 individuals after surgical treatment of ulcerative colitis by complete excision of the colon and rectum (panproctocolectomy), with the creation of a final fistula on the ileum (ileostomy), aimed to show the process of identity reconstruction resulting from an acquired, medically generated bodily dysfunction. The creation of an artificial anus implies a situation in which an individual experiences constant fecal incontinence (because they have no muscular control over defecation). The panproctocolectomy procedure is, therefore, burdened with far-reaching consequences in terms of everyday life. It should be emphasized that the decision regarding this treatment strategy is always justified by the threat to life implied by the exacerbation of the underlying disease.

Kelly's research refers to the sociological understanding of the self as an internal, subjective phenomenon, accessible to the self-awareness of the subject and being a product of "self-reflexivity."

Kelly has assumed that one's own "self" is characterized by stability, but, at the same time, shows the potential for change. It is composed of many aspects, the importance of which at a given moment depends on the stage of personal biography and external circumstances. One's own "self" is built in the course of activity, including interactive activity. In Kelly's view, identity is a way of understanding one's own "self" by oneself (personal identity) and by others (social identity) (Kelly 1992: 392–395).

The fundamental problem of individuals treated with panproctocolectomy is a disturbance in the control over their body, including its aspect that concerns excretion. Problems in this area appear in a period of life in which there is no social acceptance of their occurrence (unlike in childhood or old age). The problem of the loss of control over the body is located primarily in the private sphere and remains publicly invisible, and the subjects feel strong tensions between the "private «I»" and social identity, because there is always a possibility of the problem being publicly disclosed and a person being stigmatized for this reason (Kelly 1992: 391–392).

The narratives of individuals after panproctocolectomy reveal the profound impact on the self and identity due to the bodily change resulting from the surgical procedure. The way of self-definition changes. This process is initiated by the feeling of a painful change in the appearance and functions of the body. It entails a change

in the daily routine in the area of "maintenance" of the body, in the aspect that concerns excretion. It is a painful experience (lack of control over defecation, change in defecation pattern, fear of the stoma bag leaking and contaminating the body and clothes, and, thus, of publicly disclosing the problem), especially since the sphere of excretion is marked by a network of social meanings with a strongly negative connotation.

These experiences are paradoxically intertwined with a sense of relief resulting from the effective removal of the previous, initial threat to identity, which was a serious bowel disease ("… it's not a nice thing to have, but I'm healthy and fit again"), burdened with problematic symptoms. In the experiences of the individuals studied by Kelly, a specific dualism is revealed: the feeling of the weight of the body changed by medical intervention, but, at the same time, the relief resulting from being freed from a serious and life-threatening disease. Nonetheless, the body is now diametrically different. Constant care of the stoma, putting on and wearing a stoma bag, is necessary in all life circumstances and places of residence. This issue gains the rank of a permanent aspect of the self, but there is never any certainty that the problem will remain exclusively in the private sphere, because there is always the risk of improper functioning of the stoma equipment, contamination of the body and clothes with feces and, as a consequence, public disclosure of the problem (Kelly 1992: 400–402).

Individuals with ileostomies experience tension resulting from a constant threat to their public identity. Bodily boundaries also change: the body is now perceived (due to the constant use of ostomy appliances) as attached to a foreign, external object.

The change in the function and structure of the body and its connection with medical equipment affects the social activity of the studied individuals, and, in particular, the social interactions that require the exposure and presentation of the body. The bodily change becomes a barrier to sexual contact; this is a particularly important difficulty for young people who do not have regular sexual partners. This issue is associated with painful identity consequences, especially for individuals for whom self-perception and personal identity are closely linked to the realization of sexual relations. Here, there is a fear of rejection, of a negative reaction from the partner.

The problem of sexual relations is a fragment of a broader issue of participation of individuals with an ileostomy in social relations, where the source of anxiety becomes the anticipation of rejection of a personal, private self-image.

Therefore, a problem may arise at the interface of the private "self" and the "self" presented in social interactions. In the case of individuals with a stoma, the presented "self" is different from the real "self." The degree and scope of revealing "otherness" remains at the discretion of individuals with an ileostomy; social presentation requires constant vigilance, and in the background lurks the fear of a negative social reaction, of domination of the social identities available to the individual by the identity of an "individual with a stoma" (iloeostomist) (Kelly 1992: 406–409).

To sum up, Kelly's research has revealed the social consequences of a strictly biological change in the body, generated as a result of aggressive medical therapy. In Kelly's research, we are dealing with a situation where a serious illness is cured at the price of deep bodily mutilation.

The analyzed study has brought significant added value to the state of knowledge on the bodily aspects of identity creation processes, pointing out that the causative potential in this respect lies not only in body changes caused by an illness, but also in those resulting from "iatrogenic" medical interventions (the authors use the term "iatrogenesis" here without any anti-medical connotations).

5. Summary

Research projects addressing the issue of the body in chronic illness, partial disability, as well as mutilating body changes generated as a result of medical interventions, reveal tensions concerning the issue of the "self" and personal as well as social identity, initiated and dynamized by the occurrence and perception of changes in the physicality of the body in terms of its aesthetics and/or functions (cf. Kelly, Millward 2004: 9).

The sociological qualitative studies cited in this chapter provide examples of the sociological understanding of the self and identity as processual phenomena, actively constructed by individuals in a social and interactive contexts, but always based on the bodily resources available to the individual. Michael Kelly and David Field have emphasized that the use of the concept of self and identity to describe the experience of illness enables body changes and related changes in the self-concept from a sociological perspective to be captured (Kelly, Field 1996: 247–248).

The basic driving force of identity work in the situation of illness and disability is the body, because bodily change entails a change of the identity founded on the body. Changes concerning the body imply identity work. A number of important questions emerge here: Does this always happen? What character must the body change have in order to initiate identity work? Kelly and Millward have emphasized that long-term changes in the aesthetics of the body entail changes in the scope of the "self" (Kelly, Millward 2004: 9). Certainly, those bodily changes that affect the interactive possibilities of individuals and their potential for action will also have identity effects. Conversely, the visibility of body changes seems to be irrelevant here, because even when the change remains hidden, the factor limiting the individual may be the anticipation of negative social reactions (as shown by Kelly). The course and results of identity-creative activities also depend on the temporal context: references to the pre-illness identity are important here, as well as to what extent and on what basis it was shaped (Kelly's research).

The body changed by an illness receives new meanings in the social space, which affect the "self" and the identity of the ill individual. Moreover, the ill individual experiences physical and mental limitations that can disrupt the routine of everyday

interactions. This is where the identity dilemmas described by Charmaz arise from, and which demand a resolution (Charmaz 1994). Strauss has used the concept of "biographical work" to describe them, drawing attention to the fact that the reconstruction of identity is achieved as a result of the active actions of the individual (Corbin, Strauss 1985).

Of course, the body is at the center of experiencing illness, not only through identity effects: the consequences of chronic illness are primarily biological in nature and they are the center of attention of ill individuals in their everyday lives. Sociology adds that a full understanding of the situation of chronically ill/disabled individuals requires taking into account also the social, including identity, effects of bodily changes.

The described approaches to the role of the body in the processes of identity reconstruction draw attention to the fact that the body is both a biological and a social phenomenon, and both of these aspects interpenetrate each other. The body is influenced by social factors (it is formed by society and culture), but it is also an agentive and acting body that enters into relationships and shapes them. In the light of the interactionist understanding of identity, it is at this point that the connection between the body and identity is revealed. It is worth asking whether an ill individual can build a stable sense of identity on their ill, ailing and imperfect body in late modernity. The answer to this question seems to be affirmative. Sociological research presents an optimistic picture of this issue, but it should be remembered that it is largely carried out in the context of American culture, characterized by active lifestyle, in small groups of individuals who decide to participate in research and talk about their experiences. Certainly, caution should be exercised in the matter of generalizing the reported findings.

In the conditions of late modernity, the body is becoming increasingly important for the sense of identity of the modern human being. The achievements of sociology of the experience of illness confirm that this observation applies to the healthy body, as well as to the ill or disabled one, although the specificity of identity-creative work in both these situations is of course different.

6. Review questions

1. Using the theses of M. Merleau-Ponty, explain the phenomenon of experiencing a non-existent/phantom limb.
2. What are the disturbances in the relationship of an ill body with the world according to D. Leder's concept?
3. What theoretical postulates and methodological proposals make up the research trend proposed by S. Timmermans and S. Haas, referred to as the sociology of disease?
4. Describe the stages that make up the process of adapting to the loss of body function in the experience of chronic disease according to K. Charmaz's concept.

5. Explain what "biographical accommodation" is in the context of chronic illness, using the theses of J. Corbin and A. Strauss.
6. Based on K. Yoshida's research, describe how the process of reconstructing the "self" and identity takes place in individuals who suddenly acquired a disability.

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The Body and Time

1. Introduction

Both time and the body have almost always been present in science, culture, art, and religion. The body is an organism, a biological potential, but also a cultural potential developed in the sphere of social relations (Jakubowska 2009). In a situation of the extension of human life, in which the perception of the world is very strongly connected with the perception of the changes in one's own body, this reflection is becoming increasingly more common, and the presence of the body, especially the aging body, is progressively more painful. Several reasons for this state can be indicated.

Firstly, this results from the fact that although contemporary media are full of content concerning human somaticity, the topics they cover usually emphasize the advantages of a young, beautiful body, in line with the belief that the body should look young and beautiful. For this reason, physical attractiveness is becoming increasingly important not only in contemporary culture, interpersonal relations or the job market, but also in science (Buczkowski 2005: 111–116; 2017).

Secondly, the demographic ageing of the population of Europe and some highly developed countries outside it is a global process, which means that the experience of the ageing process has become a universal experience. It is predicted that in the coming decades this trend will intensify, leading to significant changes in the proportions between the elderly and the young. According to data, in 2011, 11% of the world's population was elderly people, i.e., aged 60 and over. It is estimated that by 2050 1 in 5 inhabitants of the Earth will be in this group (World Population Ageing 2009; World Population Wallchart. United Nations… 2015). Changes in the age structure mean that the number of young people of reproductive age will systematically decrease, while the number of older people requiring support and care will increase. This is the second important reason why interest in the ageing body has increased. This demographic change will have a significant impact on public health and the social care system (WHO 2015), which will be forced to provide care for those older people whose psycho-physical condition will prevent them from

functioning independently. The body and time have become social issues that have taken an important place in contemporary scientific discourse.

Not only the aforementioned demographic processes and the development of medicine have contributed significantly to this. The pace of civilization development has had and continues to have significance. People live longer and, importantly, live longer in good health. People are expected to be increasingly effective and efficient, a factor necessary for the constantly shifting boundary of "body exploitation" in time. Exploitation is understood as the effective performance of duties at work, in the family, and in social life.

A person experiences their body from the moment of birth. They are specific somatic beings whose birth and death are "dated" with precision to the day, month and year. The "mirror" of passing time is, among others, the human body, which, regardless of our will and efforts, gradually submits to its effects. The increasing pace of life, the speed at which we move between subsequent points "on the map," traveling or moving for work, the race with ourselves or with the "boss" at work to do something faster and better, have their significant share in the interest in the body, but also in time. We live in an era in which many "suffer from a lack of time," and all instances of neglect and omissions are justified precisely by the "lack of time." Yet the body is either not an object of interest and thus "does not take up" time, or, in accordance with contemporary expectations, occupies a special place in the "time budget," which we devote, for example, to beauty treatments or to increasing the body's efficiency.

In contemporary sociological thought, time is a variable that is not taken into account in many analyses (Konecki 1998: 179). Like the body, time was simultaneously present and absent in sociological discourse. In contrast to the body, which has been the subject of sociological analyses in recent decades, time is still that dimension of the existence of an individual and of social groups that is considered obvious and does not require analysis. Nonetheless, just as we perceive the world, meet other individuals, and act through the body, time is "present in our body" and it is due to its passage that we notice the changes occurring in it. Similarly to issues related to the human soma, the category of time was not particularly present in classical sociology, nor is it excessively "exploited" in contemporary theoretical proposals and empirical research. The analysis conducted in this chapter will attempt to present the most important concepts in the field of the sociology of time and connect the area of the considerations concerning the experience of the body in different phases of life with the concepts of time.

2. The most important theoretical concepts

The status of the body in postmodern reality

The changes in the status of the body that take place over time should be analyzed from the perspective of broad social, cultural, economic, and technological changes, which include: the growth of individualism and the increased role of the individual,

the development of the consumer society, the emancipation of women, changes in customs, the development of science and technology, and medicalization (Jakubowska 2009: 15; Byczkowska-Owczarek, Jakubowska 2018). Recent research has demonstrated, for example, how the emancipation of women has reconfigured the social practices and spaces traditionally dominated by men, such as football fandom (Jakubowska, Antonowicz, Kossakowski 2020). These transformations also shape the field of active aging and senior education in Poland (Adamczyk 2021a, 2021b). One of the key reasons for the growing interest in the body is the development of consumer culture and the transition from hard work in line with the Protestant ideal (Weber 2001) to hedonism (Featherstone 1982).

It was not only the change in lifestyle associated with the consumption of goods and the growing importance of free time in human life that influenced the redefinition of the body. The importance of appearance has become equally important. Body shape, appropriate weight, physical fitness, and stopping the signs of aging took on enormous significance not only for shaping individual identity, but also social groups. Mike Featherstone pointed to another important process that undoubtedly had an impact on changes in the perception of the body, namely the aging of "late capitalist societies" (Featherstone 1982: 18).

The ageing process of Western societies has initiated a new discourse at the scientific, social, and economic levels, related to diets for the elderly, their physical activity, and cosmetics intended for seniors with one goal – to change their ageing bodies (Featherstone 1982: 18–19). Biological features indirectly influence the nature of socio-economic phenomena, determining the demand for specific goods, such as the aforementioned cosmetics, personal trainer services, dietary catering, etc. It is biological features, i.e., sex and age, that influence the formation of specific patterns, including those related to the body (Jakubowska 2009: 21).

Particularly important are the processes related to the ageing of the organism, which entail changes in the physiognomy and appearance of an individual, such as graying hair, the appearance of wrinkles, age spots, a stooped figure, and trembling hands. The physical changes characteristic of the ageing process influence the psychological dimension of an individual's life, their self-acceptance, and well-being (Dziuban 2010: 140–147). The quality of life of older adults is strongly connected with their bodily condition and subjective well-being (Adamczyk 2021a).

The factors that intensify "body-centrism" is consumer culture and the accompanying media message promoting the "cult" of a young, fit and beautiful body, specific to modern times, often associating health with physical attractiveness (Featherstone 1982: 22). Modern people treat taking care of their physical condition, fighting obesity, and following dietary tips as the basic dimension of their individual identity (Shilling 1993: 15–17). The dominance of a consumer lifestyle, in which higher values are increasingly treated in terms of a product or commodity, changes the role and status of older people.

The second important reason that has influenced the scientific and popular interest in the body and corporeality is the feminist movement, both academic and

in the form of a social movement. This movement has shown in a special way the dynamics of social life as constantly occurring changes and progressive processes. If we approach the time-body relationship as a process in which time plays a significant role in the change in the perception of the body, then time becomes a very important variable. In such an approach, time becomes an inalienable aspect of the social reality (Sztompka 2021: 597). The activity of feminists has contributed to the interest in the body as a source of subordination (Jakubowska 2009: 20), but importantly, this interest has turned into a social process taking place at a specific time. In approaching the feminist movement as a social process, its developmental aspect becomes important, in which the direction of this development is valued and assessed positively (Sztompka 2021: 585). In this approach, the interest in the body presented in classical feminist concepts aims at social progress, which is to lead to a state in which an important social goal will be achieved: the body will cease to be a source of oppression and a cause of subordination in social life (this issue is described in more detail in the chapter *The Body and Gender*).

If we approach this issue in this way, we must link it to time because all social phenomena take place in time, at some point, and last for some time. In this approach, the interest in a woman's body as a source of oppression or a biological determinant conditioning social position (Buczkowski 2005: 40) is linked to other social phenomena. Thus, activities for women's equality were and are closely linked to activities to, for instance, combat racism. An example of such connections are the "feminists of color" movements. These are feminists from the African-American community (black feminism), the Native American community (red feminism) or the Latino community, who, in fighting for women's rights, simultaneously oppose the universalist aspirations of feminisms created by white women and point out that identity, including that related to the experience of one's own body, is strongly linked ethnically. In this way, they combine the fight for women's rights with the activities for the recognition of not only their different skin color, but also their different cultural identity. According to the representatives of these movements, these differences entail different cognitive perspectives and value systems. Each of these feminisms addresses issues important for its ethnic or racial group, and activities are conducted at a specific time and refer to situations taking place in a specific time and space (Tong 2002: 278–296).

Similarly, there are movements working to protect the rights of children, the elderly, and other groups of individuals with special needs. All of them refer to earlier actions taken to protect human rights. For example, the Convention on the Rights of the Child clearly states that **every child has rights**, regardless of skin color, religion or origin (United Nations General Assembly 1989).

Sztompka called such a connection of events a sequence, or a chain of phenomena occurring one after another. Such sequences occur at all levels of social life, from an individual biography (individual actions aimed at, for instance, taking up education, gainful employment, etc.), to chains of events occurring on a macro scale (signing legal acts sanctioning such actions). Events initiated in one country trigger a chain of

subsequent changes in other distant regions of the world. If we look at, for example, the sequence of dates that will illustrate how the movement entitling women to vote progressed over the years, we will notice that individual actions and events occurred after some other events and before some events. This means that they took place in "[…] some place in the temporal sequence of preceding and following events. In other words, they have their own temporal location, the time at which they occurred, relative to other events or phenomena: earlier, later or simultaneously," (Sztompka 2021: 598).

Human rights constitute a set of **rights** and freedoms to which every person is entitled, regardless of their race, gender, language, religion, political beliefs, national or social origin, property, etc. **Human rights** are inalienable (they cannot be waived) and inviolable.

The third factor responsible for the growing interest in the body and related to the issue of time is the progress in technology and science. Such a connection seems obvious, but we should ask what progress is and why it is obvious. In order to explain the concept of progress, we must first refer to the concept of social change. In his considerations on the issues of social development, Jan Szczepański has rightly noted that not all changes occurring in society are social changes, and he has also clearly defined how change occurs. Namely, if in a certain social system new components arise or old elements that have existed in it so far disappear, then we are dealing with a change of the system. Similarly, if new relations between these elements arise or existing ones disappear, then we are also dealing with a change of the system (Szczepański 1972: 505). What must happen for a change of the system to be considered progress? According to Szczepański, if development approaches the ideal accepted in a given system, assessed positively, then we say that this development is progress (Szczepański 1972: 505). If we accept such a definition of progress, it means that progress in science and technology should be assessed positively, and most often it is. Medicine is already giving us a foretaste, if not of immortality, then certainly of longevity and improvement of the human body. At the same time, the development of digital technologies creates new risks of exclusion, especially for older adults, limiting their opportunities for participation in social and cultural life (Adamczyk 2021b). Practices that allow the replacement of damaged or diseased organs or body parts, procedures that prolong youth, and techniques that enable the treatment of unborn children are becoming increasingly advanced and widely used. Nevertheless, not all of these activities are assessed unequivocally positively and there is no complete freedom in assessing what progress is. The filter that eliminates undesirable criteria when defining progress is the creation of a social consensus around the criteria of progress, i.e., certain values considered fundamental by the majority of the members of society (Sztompka 2021: 586). What does this have to do with time and the body? Well, time is a necessary dimension of social life in all its manifestations, it is a constitutive, definitional factor of change that occurs

over time (Sztompka 2021: 601). Similarly, the body is possessed and experienced by each individual and this happens at a specific time, and the changes that the body undergoes are not only because of its somatic nature. How we perceive it, what respect we give it or not, is related to development and consequently to social progress.

The body has ceased to be a taboo subject, it has become the point of reference for many actions taken with health, fitness, and beauty in mind. People shape their bodies to manipulate time, and not only women succumb to the spiral of procedures that "cheat time," giving the illusion that it can be stopped.[1] What we eat, how much we eat, and how often is not related to satisfying hunger, but to the models of beauty, fitness, and health adopted in many contemporary societies. The fact that we force our bodies to exert themselves, to improve their fitness, is not related to the need to provide efficient warriors to maintain state independence, as the ancient Spartans did. We do this because, firstly, the development of medicine shows us the positive consequences of such actions (e.g., longer life, more efficient and independent old age, etc.), and, secondly, the models of promoted beauty force us to act in this way (Bieńko 2015: 23–36). The development of technology shows us new possibilities of influencing, transforming the body, such as 3D bioprinting, i.e., a parallel development of medicine and technology, which enables the 3D printing of organs. This is a giant step forward, because thanks to this method, individuals who wait for years for a transplant and wait in lines, losing hope, will be able to receive a new organ without having to wait for a suitable donor. In 2016, scientists from the Wake Forest Institute for Regenerative Medicine, who developed the Integrated Tissue and Organ Printing System (ITOP) printer, managed to print an ear, muscles, and bones for transplantation (Shapira, Dvir 2021).

Another example of the connection between time, the body and progress is cryopreservation. In science fiction films, we find many examples of freezing the characters for many years in order to "wait out the time" in which science is helpless against disease or old age, and unfreezing them in the future, giving hope for health and further life (e.g., *A.I. Artificial Intelligence, Frozen Hope: Second Life Einz*). Cryopreservation ceased to be just an *idée fixe* since already in the early 1970s and it enabled the first human birth from a frozen embryo (Zoe Leyland) in 1984 (Lakra, Planer 2009). Since then, devices for freezing biological samples using programmable steps or controlled levels have been used all over the world to freeze human, animal, and biological samples – for better preservation and future thawing, before they are deep-frozen (cryopreserved) in liquid nitrogen. They are employed to freeze oocytes, skin, blood, embryos, sperm, stem cells, and tissue in hospitals, veterinary clinics, and research laboratories worldwide. The number of live births from slow-frozen embryos is estimated to be around 300,000 to 400,000, or 20% of the estimated 3 million babies born via IVF (Reigstad, Storeng 2019; https://uscfertility.org/egg-freezing-faqs).

1 The broader phenomenon of plastic surgery and generally interventions aimed at "improving" the body is described in the chapter *The Body and Beauty*.

Cryopreservation – a process in which cells or tissues are stored at a negative temperature, usually 77 K, or −196°C (the boiling point of liquid nitrogen). At such a low temperature, all biological activity stops, including the biochemical reactions that lead to cell death (Mikuła, Rybczyński 2006).

The body, thanks to advances in science and technology, has become important, not only during life, but also in what can be called a closed space between life and death in the form of a frozen entity. For example, members of the Alcor Life Extension Foundation commit to having their bodies frozen after death, so that when people can become immortal or when a cure for the disease that "killed" them is discovered, they can be brought back to life (ALCOR). Another example in which the body has become a "battlefield" on which progress fights imperfections and diseases, stretched over a specific time not only physical but also social, is the cutting out of defective genes and the development of HPE (human performance enhancement) and HET (human enhancement) technologies. Why is a specific social time mentioned here? A historian studying the history of ancient societies can do this on the basis of an analysis of the living conditions of these societies, which remained very similar for hundreds of years. That is, their members were born and died in a society that did not undergo very radical changes. Nowadays, civilizational, technological, and social changes are so dynamic that they can change radically and repeatedly during one human life (Fołtyn 2012: 14–16; Sztompka 2021: 601). At present, we live in a time when the CRISPR/CAS9 technology is being developed in Western societies, which, in simple terms, involves cutting out sick or defective genes and replacing them with healthy ones. At the same time, in some regions of Africa, individuals affected by albinism are mutilated and murdered, because according to some beliefs, African albinos are considered the incarnations of the spirits of the dead. There is also a superstition, mainly in East Africa, that the body parts of albinos have magical powers (Greszta 2008).

HPE (human performance enhancement) and **HET** (human enhancement technologies). These technologies are used in both disabled and fully able-bodied people to improve their physical and mental abilities. They include exoskeletons that enable movement for individuals who have lost their mobility, e.g., as a result of an accident. They also include bionic implants, e.g., cochlear implants that enable individuals who have lost their ability to hear, and non-vital transplants, which can be used in individuals who do not need them to save their lives, but to help them function even more efficiently.

Drugs that increase mental efficiency (smart drugs) are also being developed (Hatalska 2018; Blumenthal et al. 2021).

The presented medicalization of life, meaning the growth of medical knowledge and the development of scientific techniques for studying the human body, provides the possibility of an almost unlimited transformation of the body using modern

medical technologies, such as organ transplants or plastic surgery. This has given rise to many ethical dilemmas, including the issue of eugenics and the borderline between life and death. Another effect of medicalization[2] is that non-medical categories begin to be treated as biomedical problems, most often as diseases or disorders (Szymczyk 2013: 208).

As the considerations presented above show, the technicization of life is associated with the perception of the body in both the collective and individual dimensions of existence. Apart from the indicated medical, technological effects, this fascination triggers the development of "biopower" and also "somatic society," in which the body becomes the main field of scientific, political, and cultural activity (Adams 2017). Along with progressive economic development, the value of the body as a tool accelerating this development was noticed. In this context, the issue of "biopower" appears, which was written about by, among others, Foucault. He noticed two extremes of this phenomenon (Foucault 2008).

In the first, the body is perceived as a machine subject to laws such as training, improvement or increased utility, which is related to the transformation of the economy and the organizational principles of Western societies. This is particularly visible in the functioning of modern enterprises, which overcome the complexity of the world and the paradoxes of everyday life, using permanent and variable elements, emerging opportunities, and realizing visions (Fołtyn 2007: 43). What drives them is speed and efficiency, time plays a leading role here, and the human body is only a tool in the race. Speed of action, anticipation, control over deadlines, and the ability to react are the basic types of competitive advantages in the fight against time. Fatigue, illness, and a lack of form are competitive obstacles. Modern organizations are subject to the absolute laws of time, its control, and management (Maige, Muller 1995: 21–28). This means, for example, the control of the arrival at and departure from work based on an electronic monitoring system, but also a system for influencing employees and their working time, based on unwritten norms and customs. For example, officially, the working hours in Japan have no framework. Work time has not been legally established, although it is assumed to be 40 hours a week, or 8 hours a day. In practice, however, due to the culture of work in Japan, because of numerous after-hours meetings and business talks with co-workers, this time is significantly extended. In *The History of Sexuality*, Foucault wrote: "This biopower was without question an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes," (Foucault 1978: 140–141).

The second extreme of the instance of biopower, according to Foucault, focuses on the body as a species and the reproductive mechanisms subordinate to it. He called this process "the biopolitics of population" (Buczkowski 2005: 139). We can, therefore, say that biopower is the power over biology, while biopolitics is the

2 More on the topic of medicalization in the chapter *The Body and Medicine*.

conscious use of biopower in practice (Foucault 1990). These processes are also embedded in the broader frameworks of social security, which shape the ways of organizing life in old age and reflect the institutional dimensions of biopolitics (Adamczyk, Betlej 2021). The biological aspects of human existence have been subject to legal regulation many times. Here are some examples of such norms: in vitro fertilization, a restriction or ban on abortion, a restriction or ban on the use of contraceptives, the permissible age of sexual activity and marriage, a ban on homosexual marriage and polygamy, a ban on euthanasia, a ban on cloning and other genetic manipulations, the control of psychosurgery[3], and compulsory treatment (drug addiction, alcoholism).

Regardless of the reasons for the interest in the body as either a limiting or enabling action, the experience of the human body is a personal one. The sphere of the body has become an inspiration for taking up new issues or reinterpreting "old" issues in postmodern reality.

Time as a social category

Without taking into account the temporal dimension in analyses of social life, it would be difficult to construct or reconstruct social phenomena or interactions (Konecki 1998: 179–180; 2005). Social life, like the lives of individuals, is embedded in time, and time, like space, constitutes the common context of social life (Giddens 1979: 202). We live in a specific time and space. Nonetheless, although Émile Durkheim began to consider time in *Elementary Forms of Religious Life* (2008), relatively few researchers have followed his lead, analyzing the issues of time in society in a systematic way. Since most sociologists treat time as a contingent element of their research and not as a topic in itself, as a result we have relatively few detailed descriptions of how modern concepts of time are related to other subdisciplines of sociology, including the sociology of the body (Tarkowska 1987: 7–8).

In the process of describing the features of physical, quantitative time, the essential features of social time will be revealed (Tarkowska 1987: 125). Elżbieta Tarkowska defines social time as follows:

> Social time consists of patterns of temporal behavior and ideas about time, i.e. phenomena such as duration, passing, change, and succession. Social time is time common to a community, i.e. created by this community in the process of interaction between its members; experienced, internalized, shared by all or most members of the community; embedded in norms and values; performs cognitive, communicative and regulatory functions; is a means of building social bonds and shaping a sense of group identification (Tarkowska 1992: 23).

3 Psychosurgery is a method of the surgical treatment of mental disorders. It is used relatively rarely, usually when some forms of disorders resist pharmacological treatment and other therapies (e.g., electroconvulsive therapy). Psychosurgical procedures are used quite rarely and primarily under the supervision of special committees, and are performed by multidisciplinary teams, in which ethical issues remain very important. One of the frequently used techniques is thermocoagulation, i.e., damaging a selected part of the brain with an electrode. Unfortunately, apart from the probability of achieving improvement, these procedures also cause side effects (Mashour, Walker, Martuza 2005).

It should be remembered that such an approach to the category of time is associated with social change.

Social phenomena are interconnected; they do not exist in isolation. One form of their interconnection is the aforementioned sequence, with precedent and consequence relations connecting events into a process occurring at all levels of life (Sztompka 2005: 53). It is worth taking a closer look at it. At the macro level, this sequence concerns large social groups, as it does at the meso level. At the micro level, the same sequence of events affects individuals who participate in it.

This can be illustrated by the example of the global economic crisis on the financial and banking markets, which peaked in 2008–2009. The first sequence of events was the collapse of the high-risk mortgage market in the United States – the macro level. The crisis initially affected only American investment banks, but owing to the involvement of European banks in the securitization process, it quickly spread to the European continent. Securitization is an off-balance sheet method of raising capital, consisting in the transformation of segregated assets into securities. The market for securitized bonds and structured credit instruments collapsed – the meso level. Going down to the micro level – until individual biographies – we are dealing with individual bankruptcies, insolvencies, and job losses (Szczepański, Szyszko 2007: 141–142; OGE 2011). Another example of the development of the sequence of events is the unfolding of the COVID-19 pandemic from 2019, when the first cases of COVID-19 were detected, to the present (I am is writing these words in 2022).

Quantitative time, qualitative time

Quantitative time is "dead" time, calculated using accepted units: hours, seconds, etc. It serves as an external scale for measuring events and processes, and arranges them chronologically. It enables better orientation in the social world (Horonziak 2014: 109–110). Qualitative time is the time that enables us to find our way in the events taking place, in human culture, and consciousness (Borowiec 2013: 75). Time is most often described in a quantitative way, referring to its understanding as a measure or quantity (Pawełczyńska 1986: 7). In sociology, the issue of time is often connected with time budget research or with the issue of "free time" and "work time." In both of these fields of research, the category of time is understood in a special way. In the case of the perspective of time budget research, the understanding of this category is related exclusively to the quantitative aspect. As Elżbieta Tarkowska has noted, the quantitative understanding of time is very often used in research in an unreflective way. According to the author, researchers too often consider time measured by clocks and calendars as the only acceptable concept of time. In the case of free time, the focus is on work or rest, on activity, and not on time itself (Tarkowska 1987: 12).

Time can be experienced as both a physical change and a social process. In the physical dimension, for example, when speaking about the age of a specific person, we mean physical time, counted in years since their birth. In the case of chronological age, the perspective is broadened, as many social, psychological, and biological factors are taken into account (Lewis, Weigert 1981: 433). The fact that someone

finished their education before the 1989 breakthrough is not just a simple piece of information limited to providing a date, but provides information about its social, political, and economic significance. The social perception of reality in time more often uses symbols than their empirical equivalents. This common perception of reality (e.g., the times of communism, Poland during the partitions) lacks specific data in the physical sense, but these measurements seem very orderly from the perspective of the social vision of time (Horonziak 2014: 105). The characteristic features of quantitative time are its continuity and uniformity. This means that quantitative time is infinitely divisible, divisible into infinitely small segments and that it is characterized by a uniform succession of comparable units. This time is also unidirectional and irreversible, and its measures are reducible to a common measure; these are arbitrary measures, independent of the features of the measured phenomenon (Tarkowska 1987: 125).

Time can be experienced as a physical change. It can also be experienced as an internal, qualitative change, but not necessarily in the sense of, for example, progressive biological changes or involutional processes of the aging of an organism. Qualitative time can be experienced as an internal, immanent property of social events and processes, the essence of which is succession, simultaneity, duration, and change in the direction of the passage of time. The essence of time is movement and change; two contradictory aspects of time are particularly important: the contradiction between transience and duration (Tarkowska 1998: 107–108; Sztompka 2005: 56–57). Sztompka has pointed to several properties of social processes of a temporal nature. Events and processes can last for a short or long time, happen quickly or slowly, can take the form of rhythmic intervals or be chaotic. Social processes are divided into parts according to their substantial properties resulting from the natural or social conditions in which they occur. This means that, on the one hand, we have the time of rest and work connected with the succession of day and night, and, on the other, there is a division of a social nature: into sacred time and secular time – working days and holidays. All these properties refer to social time, because, as Sztompka noted, "in all these cases we are dealing with «time contained in events» rather than simply with «events happening in time.»" In sociology we usually refer to this as "social time" (Sztompka 2005: 57).

Ways to measure time

The fact that time is an experience that is both individual and collective means that all societies and all cultures have certain attitudes towards time, towards the phenomena of duration, transience, change, and succession (Tarkowska 1992: 22). The way in which these universal problems for all societies are explained depends on specific socio-cultural contexts. Social time is an ambiguous category, internally diverse, and, at the same time, important for the everyday life of an individual within a social group and – like the category of time in general – referring to specific events and phenomena important for a society.

Social time is not quantitative but qualitative, non-uniform, heterogeneous, and its individual sections are valued differently. Time can be good or bad, lost or full of hope. As Elżbieta Tarkowska wrote: "quantitatively equal periods of time can be socially unequal, while quantitatively unequal periods can be socially equalized (e.g., counting generations, which are actually quantitatively unequal)," (Tarkowska 1992: 23–24). Social time is a phenomenon that differs significantly from the classical definitions of physical time, but just like it, it is also subject to divisions and, above all, measurement, since it is not completely devoid of quantitative features (Horonziak 2014: 106). We measure physical time in seconds, minutes, days, and years. The measures of social time differ slightly from this scheme, primarily because it is not objective time (Banaszczyk 1981: 23). Nevertheless, in the case of both categories, we are dealing with a human construct. Physically dead dates, such as 1 September 1939, gain the meaning of symbols, holidays, state ceremonies, name days or even birthdays of specific individuals.

When discussing the social methods for measuring time, we should start with those related to natural phenomena, referring to the sequence of days and nights, seasons or phases of the moon. Defining the units of measurement of a day and a year and dividing them into smaller units had the nature of an agreement related to the social dimension of time (Tarkowska 1998: 107–108; Sztompka 2005: 64). One of the greatest human achievements related to the social dimension of time was the creation of the calendar. The calendar has enabled a clear determination of holidays and other important events for the life of various communities. Apart from these events, the rest of the days mainly meant the time of preparation or waiting for the next holiday (Banaszczyk 1981: 31). To this day, this pattern is an important determinant of the orderly functioning of communities in many regions of the world.

Apart from the repeatability of the sequence of natural phenomena, an important determinant of the passage of time has been the sequence of life phases: birth, development and death. This led to one of the basic distinctions in time, namely the identification of three time vectors: past, present and future. These three levels of analysis of reality are present to this day. Although these concepts are very fluid and not obvious, because the present quickly passes, becoming the past, and the future is uncertain, it is thanks to this vectorial distinction that individual societies could find their own identity (Banaszczyk 1981: 26; Tarkowska 1987: 54–55, 60–63).

An example of the use of measuring time in social reality is the historical perspective. In the case of history, the timeline is measured using dates, but generally the years, days or hours that have passed cease to matter, and what lies behind these dates becomes important. Social time becomes the time of "experienced" wars and periods of peace. "Experienced" time is the time behind which events lie, especially those that have an element of importance for a given society (Horonziak 2014: 107). Time in social reality enables the organization of general knowledge about the world and social life, and also enables the organization and reconstruction of more detailed knowledge about the lives of individuals. This theme was taken up by Thomas Luckmann in his work, who identified three compatible levels of human identity

with time: internal time, intersubjective time, and biographical time (Leccardi 2014: 10–24; Krekula 2022: 432–447). Luckmann believed that an individual, a solitary human remained a being at the animal level, and his development was not only preceded by the existing social order, but only thanks to it could the individual function (Berger, Luckmann 1966). External actions undertaken by the individual as a result of the passage of time and resulting from externalization begin to repeat themselves and become habitual. They take the form of ready-made patterns that are used in subsequent actions in similar situations. The individual does not then have to look for new solutions, but uses a previously developed pattern (Berger, Luckmann 1966). Internal time is, therefore, an expression of human subjectivity and its anchoring in reality is subject to the laws of time and space (Leccardi 2014: 13). It is not measurable with an "objective" measure, but it enables people to refer to their past actions (Lech 2013: 184). Intersubjective time is linked to the social structure of everyday life, also of the individual, which is a consequence of sharing it with other individuals. Biographical time is the time that connects life lived on the inner level with the intersubjective level. This type of time is embedded in historical time and enables individual life to be related to a specific moment in which the individual exists (Leccardi 2014: 14).

Classical sociology and the concept of time

Time is a conceptual category belonging to a set of universal concepts that help humans organize the reality around them and make it more understandable. Émile Durkheim and the representatives of the "French school," i.e., Marcel Mauss, Henri Hubert, Maurice Halbwachs, are considered to be the creators of the sociological approach to the category of time (see Banaszczyk 1981; Banaszczyk 1989; Tarkowska 1998: 108; Sztompka 2005: 64–66). Durkheim considered that the characteristic feature of the category of time was its social (collective), not individual character. It is the network of sequential relations that organize social events and arrange them into repeatable patterns of behavior that is crucial for maintaining social order and harmony (Sztompka 2005: 64). The most important relation is the relation of the "before and after" sequence. Another type of relationship is the linear sequence of unique and non-repeating events that take a certain direction, and, finally, there are cycles of repetitive events (Sztompka 2021: 598). For Durkheim, time was a social fact, which resulted from such features as its external character in relation to individual consciousness and the ability to exert coercion on individual consciousness (Durkheim 1982). Durkheim considered "all ways of doing, whether established or not, capable of exercising external coercion over the individual; or, in other words, those which are common in a given society, but which have an existence of their own, independent of their individual manifestations" as a social fact (Durkheim 1982). Therefore, people perceive time as something external to them and limiting their actions, providing norms regulating their individual lives, as well as social life. In this way, time has a return effect on society. Time is also a "collective

representation," a manifestation of shared experiences and social organization, and, as such, is a social construct (Sztompka 2005: 64).

The representatives of the "French school" (Marcel Mauss, Henri Hubert, Robert Hertz, Maurice Halbwachs, Marcel Granet, and Stefan Czarnowski) extended the approach proposed by Durkheim, based on a comparison of different forms of time, resulting from different existential assumptions developed in different cultures and eras, to include analyses of the components of time (Horonziak 2014: 105–106; Sztompka 2021: 606).

Among the many reflections and studies on the issue of social time, it is worth mentioning, among others, those by: Marcel Mauss, who in his analyses dealt with the rhythm of collective life, Maurice Halbwachs, who analyzed the multiplicity of social times and the social differentiation of memory, and Henri Hubert, whose concept of qualitative time became the starting point for the analyses of social time conducted by Pitirim A. Sorokin and Robert Merton (Tarkowska 1987: 80–82; 1998: 108). An important contribution to the development of the theory of time was made by the aforementioned Merton and Sorokin, who introduced the concept of socio-cultural time, strongly linking it with the issue of social change and emphasizing the qualitative and relativistic nature of time (Tarkowska 1998: 108–109; Sztompka 2005: 65).

Another interesting continuation of Durkheim's thought is Georges Gurvitch's theory of social time, the main theme of which is the multiplicity of social times. Gurvitch stated that all elements of social reality occurred in their own time. He reduced the types of tenses characteristic of various social structures, situations, and social activities to eight types and distinguished them: long-lasting time, deceptive time, irregular time, cyclical time, delayed time, variable time, leading time, and explosive time (Tarkowska 1998: 109).

It should be clearly emphasized that in the analyses of time as a social phenomenon, the fundamental role was played by knowledge describing the differences of other cultures, showing different social thinking about time. It was within such sciences as social and cultural anthropology, in addition to the history of culture, that the reflection on time developed. In sociology, time was for many years associated with research on time budgets and free time, in which the concept of social time was not used, referring exclusively to quantitative time. As Tarkowska noted, it was only in the 1980s and 1990s that significant changes were brought about, and they were contributed to, among others, by the works of sociologists such as Eviatar Zerubavel, Helga Nowotny, and Barbara Adam (Tarkowska 1998: 109).

The followers of Durkheim's thought pointed out several important elements. First: different communities (local, rural, urban, professional or age groups) "lived in different times." Time in the countryside passes slower than time in the city. Different organizations such as schools, enterprises, etc., create special time frames that organize the functioning of their members.

In addition to the differences in time temporal profiles among various professional groups, there are differences in time temporal profiles among age groups (adults

– children, retirees – professionally active individuals). This means that there are groups or social categories that are to some extent separated from the time that applies to the lives of other individuals or communities. These groups use individual time frames or ignore time altogether, e.g., hospital patients, residents of retirement homes, and children or retirees.

In the case of these groups, the internal differentiation of time temporal profiles becomes particularly evident in connection with such a social process as aging. Aging people seem to have a different awareness of the importance of time. Its passage and passing are measured not only by a watch or a calendar, but also by observing the progressive changes in one's own body, the decline in its efficiency and fitness, as well as aesthetic feelings. However, the universality of the aging phenomenon, according to which a real change related to age must occur in all members of a species, is strongly internally differentiated (Strehler 1977). It is difficult to predict how an individual's body and mind will age. Each older person has a long and unique life story, ages differently and at a different pace, even if time for peers flows in the rhythm of the same dates and seasons. Nonetheless, generalizing about the changes that occur with age is justified to some extent in order to identify certain universal changes and mechanisms that are common to all people subject to the ageing process (Kilian 2020: 52–53). Although contemporary consumer culture, despite being aimed at the largest possible audience, has not developed different standards of beauty for different stages of life, the increase in the number of older people in Western societies will force changes in this aspect as well.

Another important issue is the emphasized fact that each type of human economic, educational or religious activity takes place in accordance with the guidelines of a different time matrix (Sztompka 2005: 64–65; Sztompka 2021: 605–606). This relationship was noticed in the late 1990s when the World Health Organization (WHO) proposed a new approach to the process of aging and old age, introducing the concept of active ageing into the field of politics and economy (Kalache, Kickbusch 1997: 4–5). According to the definition proposed by the WHO, active ageing "is the process of optimizing opportunities for health, participation and safety in order to improve the quality of life as people age," (WHO 2015). This definition assumes maintaining the ability and capacity to perform professional work by older people for as long as possible, as well as their active participation in social, economic, cultural and civic life. In the approach proposed by the WHO, active ageing goes beyond previous areas such as professional work or physical activity and refers to all spheres of life – social, cultural, spiritual, civic, and economic. This holistic approach assumes that older people should participate in socio-economic life to the extent they are able, which means that they are expected to take such care of their bodies so that they are able to, among other things, work longer, retire gradually and at a later age, and be active as retirees and pensioners, taking action for their health and fitness (Adamczyk 2019: 62–67).

The human body and time

The connections between the human body and physical time have been present for a long time. An example of such a connection is *kalokagathia* – the ideal of beauty in ancient Greece, in which what was beautiful was also considered good. Nevertheless, can an old body be as beautiful, proportionate, muscular, etc., as a young body? And if it is not, because the ageing process affects everyone, can older people not be good? Over the centuries, there has been an interest in older people, and the approach to them has changed. In certain periods, their life experience and wisdom were appreciated, in others they were marginalized and their ugliness, infirmity, and the lack of usefulness were pointed out (Nowicka 2006). The adopted perspective was influenced by the organization and structure of society, the family model and its functions, the type of dominant communication in the community, the place in the social hierarchy developed throughout life, and cultural values (Nowicka 2006: 46–48).

The succession of seasons, spring, summer, autumn, and winter, differentiated by climatic and atmospheric conditions, was naturally associated with the phases of human life, emphasizing their similarity to the individual phases of human life. In the most primitive hunting or gathering tribes, the succession of time was important not only for the organization of activity cycles of horticultural and agricultural societies (Sztompka 2005: 57), but also for the individual existence of a person entering adulthood, a mature individual, and an elderly one. Comparing the phases of human life to the seasons of the year or day, which was previously reflected in philosophical concepts, is only becoming increasingly more distinct in contemporary analyses. One of the first people to develop a theory of life periods corresponding to the seasons was Pythagoras. This motif was later replicated many times. Pythagoras divided life into four sections of twenty years each: childhood – spring (up to 20 years), adolescence – summer (from 20 to 40 years), youth – autumn (from 40 to 60 years), and old age – winter (from 60 to 80 years) (Minois 1995: 66). In literature, we can find many references and comparisons of human life to the changes related to the succession of seasons and the passage of time during the day. Mikołaj Rej devoted much space to this issue, for whom human life was a part of creation, a link in the biological cycle of constant renewal. For Rej, youth was like morning, because it was the first stage of life, and just as morning began each day, it was its announcement. He compared adulthood with noon, firstly because adulthood was chronologically the second stage of human age, just as noon was the second moment of the day. Conversely, noon was the time of day when the sun shone the highest, so it was the hottest, and work undertaken at that time required the most effort, as did an individual's efforts to be responsible. Evening, as the last part of the day, was compared by him with old age – the last stage of human life (Kozaryn 2015: 113).

Kalokagathia – the term comes from the Greek words ***kalos k'agathos***, translated as "beautiful and good". It was an ideal in which beauty remained the visibility of good. In the ancient Greek interpretation, a beautiful thing, phenomenon or deed were, at the same time,

a good thing, phenomenon or deed; therefore, what was beautiful was also, as it were, good by its nature. Plato stated in ***Philebus*** that "what is perfect is by all means good," (Plato, *Philebus*).

Nowadays, the use of seasons or days to denominate a stage of life appears in psychological concepts belonging to the trend called "life span," which encompass the entire period of human life in their analysis. Before we discuss the basic assumptions of these concepts, it is worth emphasizing that although old age is compared to the evening, twilight or autumn, this phase of life does not gain "additional shine" or color thanks to these comparisons. Concepts from the life span circle try to convince modern people of the naturalness of this last phase of life, of its potential attractiveness, but this does not create a new image of the physical beauty of this period of life. Nowadays, when the body has become too valuable a currency, and an attractive appearance an important and desired value, it is difficult to give meaning to the aging body in such a reality (Slevin 2010; Slevin, Linneman 2010). In contemporary culture, aging and being old are treated as a problem, although it is emphasized that this is a problem that is increasingly solvable (Cruikshank 2013). Consumer society treats the body – young, beautiful, slim, well-groomed, and athletic – as a commodity that can be "exchanged" for other goods: a better job, greater life satisfaction or social prestige (cf. Schier 2009). Physically attractive people are more liked and treated more leniently. The old body has also become a "product," a central element of the practices and strategies aimed at stopping aging, and fighting aging, resisting aging or looking old is big business (Gilleard, Higgs 2000; Calasanti, Slevin 2001). Yet, despite all the attempts to combat ageing, bodies are more than social constructs; they are subject to biological and physiological constraints and are subject to deterioration (Turner 1996).

Therefore, the concepts of the "life course" and their basic assumption that a human being develops not only in childhood and adolescence but also throughout adulthood and old age, must face the reality that old age is not accepted (Calasanti, Slevin, King 2006: 13–30). The proponents of this approach emphasize that the life course consists of the observable features of human development from the beginning to the end of life and includes fluctuations, progression, and regression. It is not a continuous process that is easy to understand (Minter, Samuels 1998; O'Connor, Wolfe 1991). Biopsychosocial factors must be taken into account all together when the life course is studied (Levinson 1986, 1996; Kittrell 1998). Practitioners and theoreticians of such disciplines as: personnel policy, human resource management, developmental psychology, socialization theory, organizational psychology, management theory, personality psychology, and others, use the achievements of Daniel Levinson, one of the most famous authors of the human life cycle theory. It was Levinson, among others, who used the concept of the human life cycle, employing metaphors such as a journey or seasons, which brought closer the understanding of phenomena typical of development: moving forward, hardship, discovering something new, wandering, and, at the same time, cyclicality and changeability (Levinson 1986: 5).

The time factor functions in a society, community or social group not only in the form of time orientation, but also in the form of specific rules, normative expectations that regulate various aspects of human behavior, including those related to the body (Giddens 1979: 221). Rules related to time are embedded in the structure of broader networks of rules, in social normative systems (Sztompka 2005: 60). This means that there are norms that, rooted in the social structure, determine the durability of certain actions, the length of the existence of groups and organizations, etc. It is not only about the fact that some forms of life last longer than others, but that there are normative expectations in society about how long they should last, and any departure from such a norm is defined as a deviation (Sztompka 2005: 60). This approach to the significance of time in the social structure clearly links it with Bryan S. Turner's concept of "body management," for which the body is an important object serving to maintain the cohesion and durability of the social structure, in four spheres: the regulation of the spatial functioning of the body, the regulation of the body in time, the representation of the body in social space, and the limitation of the body's internal drives. For Turner, body management is mainly related to exercising control over female sexuality, which plays a special role in the patriarchal system (Buczkowski 2005: 12). In all the spheres indicated by Turner, social time plays a special function, defining the adopted time orientations, which fundamentally influence the management of population reproduction at the institutional level.

At the individual level, the regulation of the body's functioning in time is achieved by suppressing sexual drive. The methods of controlling sexual drive in the name of the survival of society are adopted, depending on the "time temporal profiles" accepted and deeply rooted in the social consciousness and culture (Sztompka 2005: 58), which affect the satisfaction of two important biological human needs – food and the satisfaction of sexual needs (Buczkowski 2005: 13). The setting of time frames for "waiting" to make the decision to marry, the age limits accepted in the community at which women are allowed to enter into marriage, and the age limits considered acceptable when it comes to engaging in sexual practices – all these time frames are established not by biology, but by the "time orientations" accepted in the community, recognizing that the "time for marriage" has come. If we look at the contemporary diversity of "time temporal profiles" adopted by individual societies separated by continent and religion, we will observe that what is obvious to some societies is unacceptable to others. Depending on the region of the world, there are different age limits of the so-called social consent to start sexual activity. The age of consent is the minimum age established by law (usually statutory, within criminal law) at which an individual is considered capable of expressing legally valid consent to sexual activities with another person. It is often different from the age of majority, criminal or civil liability or the ability to enter into marriage. Most often, this age in the world is 14–18 years old, but it can range from 9 to 21 years old from country to country (Waites 2005: 40–59; Monitoring EU… 2018: 18–24). This age may also change depending on the type of sexual activity, the sex of those involved, and other restrictions. In Poland, it is currently 15 years old.

Pierre Bourdieu wrote that the body was a social construct, resulting from the process of socialization of that what was biological (Bourdieu 1990). In his opinion, the body was the basis of social interactions and the means by which an individual was included or excluded from a group. In this approach, the human body not only reflects the norms, rules, social hierarchies, and cultural obligations in force in a given society (Kumaniecka-Wiśniewska 2006: 80), but – importantly – places them in historical time, and links them with social time. The body is embedded in specific temporal realities and social space, in which specific symbols, values, rules, etc., apply. They are codified and deeply rooted in social consciousness (Sztompka 2005: 58). The body is not only connected with physical time passing, the passage of years, but it is a "hostage of the culture" in which it functions (e.g., practices related to clothing or circumcision) (Wąsik, Sygit, Dubiel 2015: 33–44). An example of contemporary migration processes is not only the image of economic, subsistence, and integration problems, but also the image of changes in the perception of the body (especially the female body) by women themselves arriving from countries with different traditions, norms, and rules of behavior.

The influence of such common cultural patterns is permanently present in various areas of social life. Different time temporal profiles are reflected at different levels of social life. At the macro level, for example, they can be reflected in the preferred lifestyle of entire communities. For example, the Spanish *Mañana*, which is a lifestyle associated with Mediterranean countries, according to which "what you have to do today, do tomorrow, you will have two days off," and, in comparison, that associated with Germany or Scandinavian countries, i.e., the maximum use of time, punctuality, which is expressed by the famous saying of Benjamin Franklin: "time is money." We can also see the differentiation of time temporal profiles in some professional groups, where the appearance of the body is particularly important and related to the physical passage of time, as well as to the socially accepted time frame in which representatives of the profession can perform it (e.g., models or actors). Of course, we have examples of these socially defined time frames being broken. An example is the oldest (born 29 August 1921 in New York) professionally active model Iris Apfel. Of course, we also have professions that have specific time frames for being professionally active, not only resulting from changes in the body, but also as a consequence of the mental burdens associated with this profession – such as professional soldiers. As Sztompka wrote, "Not only individual professions, but also social classes, genders, and age groups occur to differ significantly in the way they perceive time," (Sztompka 2005: 60). Time not in the physical sense, which for everyone passes in the rhythm of the same hours and seconds, but precisely social time. Writing about time orientation or perspective, he distinguished specific aspects of social time that should be taken into account in his analyses.

The time factor functions in the culture of a society, community or social group not only in the form of a binding time orientation, but also in the form of much more specific normative expectations that regulate various aspects of behavior or actions, including those related to the body. What are the functions of social time

in the context of the body? Not all functions of social time are directly related to somaticity. The universal requirement of social life, the implementation of which is possible thanks to commonly recognized time measurement systems, i.e., the synchronization of actions (Sztompka 2005: 61–62), belongs to this category of actions. However, when we look at such aspects of life as illness or hospitalization, we will notice that patients must undertake specific actions (taking medication, going to bed – night silence) at the same time. Medications are administered according to a set schedule also owing to the time of their action. The higher the level of the interdependence of units, the greater the need for time synchronization (Lewis, Weigart 1990: 96), which is particularly visible in the case of medical activities.

The first function of synchronizing actions in time is related to another one, namely the coordination of actions in time. Individual actions take place in a specific space and at a specific time (Sztompka 2005: 62). They constitute a bundle of "communicating vessels" leading to a common goal (human bodies that build houses, assemble cars, and manufacture products in factories in a system of the division of labor). This is the coordination of actions undertaken in time by specific individuals, who are, after all, corporeal. This ability to coordinate results from human biology. In the 1960s, a theory was developed that dealt with the degree of the complexity of motor coordination, which illustrated the arrangement of coordination abilities (understood as various specific manifestations of motor coordination) according to their hierarchy. These abilities were divided into three levels of varying degrees of complexity, including indicating the ability to coordinate movement at a specific time. The first level characterized the spatial accuracy of motor actions performed in standard conditions without time limits. The second level determined the spatial accuracy of movement in an optimal – limited time in standard conditions. The third was characterized by movement tasks performed accurately, quickly or with the speed adjusted to changing external conditions (Farfiel 1960). Of course, we have a reference to physical time here, but if we transfer the ability to coordinate movement at a specific time to soldiers of the guard of honor, marching at a specific social time, i.e., 15 August, in a specific place in Warsaw, then we are dealing with the coordination of actions due to a socially sanctioned national holiday. Another example of this type of relationship can be of one appearing in the costume of Count Dracula at the presentation of generals' nominations and decorations by the president of the country on Polish Armed Forces Day. Let us imagine a situation in which an officer nominated to the rank of general wears such an outfit instead of a uniform. The reaction to this type of behavior would be strictly defined, i.e., removal from the ceremony and perhaps the imposition of disciplinary sanctions. In the calendar of every society, there are a number of dates that have social significance, i.e., they are associated with established norms regarding appearance, dress code, behavior, and the individuals participating in these events.

The two previous ones are strongly connected to "sequential ordering." Social processes do not proceed chaotically, but take place in stages, in a specific order. Many actions only make sense when performed at the right time – not before and

not after (Sztompka 2005: 62). In the case of the human body, we can link this to the concept of body management, and in particular to Turner's body management in time. Examples of its implementation include postponing the decision to get married, and get pregnant and give birth to the first and subsequent child. The human body (e.g., in the sphere of reproduction) is strongly connected to the requirement to adopt specific deadlines for certain actions, which can only be undertaken in specific phases or cycles. For example, in a woman's menstrual cycle, the first and the beginning of the second phase coincide with a period of relative infertility. On the 10th–18th days of the cycle, the fertility period occurs, with ovulation being key in its scope (assuming that the female cycle lasts 28 days). This is the period when it is easiest to get pregnant.

The last two functions of time – measuring the duration of various activities and the qualitative allocation of time (Sztompka 2005: 62–63) – are very strongly connected with disciplining the body. Here, we can refer to the example of soldiers and the practice of subjecting a recruit to appropriate training in order to make the soldier's body one that complies with the requirements of power (Buczkowski 2005: 243). In the training process, every gesture, movement, tempo, posture, etc., is subject to influence. The same applies to professional dancers (Byczkowska 2012) or athletes. Foucault wrote about the mechanism of disciplining the body, according to which disciplining became a method that controlled the body's activities in a total way, ensuring subordination and imposing on it a relationship of "usefulness–susceptibility" (Foucault 1977).

3. Key concepts

Social time – an entity thought out and individually created by each society. Its diversity depends to a large extent on the psychological abilities and socio-cultural conditions that an individual has and lives in.

Elements of social time – social time consists of patterns of temporal behavior and ideas about time, i.e., phenomena such as duration, passing, change, and succession. **Features of social time**: it is common to a community; it is created by this community in the process of interaction between its members; it is experienced, internalized, and shared by all or most members of the community; and it is embedded in norms and values.

Functions of social time – it performs cognitive, communicative, and regulatory functions; it is a means of building social bonds and shaping a sense of group identification.

Quantitative time – calculated using accepted units: hours, seconds, etc. It serves as an external scale for measuring events and processes, as well as arranges them chronologically. It enables a better orientation in the social world.

Qualitative time – can be felt as an internal, immanent property of social events and processes, the essence of which is the succession, simultaneity, duration, change, and direction of the flow of time.

Body centricity – the process of considering the body and external appearance as very important or even decisive for building self-esteem.

4. The most important studies

An example of analyses carried out by Polish sociologists, in which threads connecting temporal and somatic profiles can be found, is the research on time in social and cultural consciousness initiated by Elżbieta Tarkowska. In her work from 1992, Tarkowska wondered in what Poles were involved: in imagining and planning the future, in current life and current problems, or in recollecting the past? The work, although created over almost a decade, and 33 years have passed since its publication, and it did not analyze issues in the field of sociology of the body, it provided a strong basis for undertaking temporal analyses, including those connecting time and somatics. This was possible thanks to the adoption of a broader time period in the analyses than the one in which the work was finalized, i.e., 1989–1990. Seeking answers to the questions about in what categories of time Poles live on a daily basis and which of the areas of time – past, present, future – constituted the main plane of reference for their actions, Tarkowska prepared the ground for other researchers to create models that take into account temporal perspectives in analyses of attitudes towards old age and aging, as well as the changes occurring in the body.

One of the constitutive elements of the structure of the temporal consciousness of individuals, as well as entire communities, is the temporal orientations they adopt, i.e., different ways of perceiving and valuing areas of time, i.e., the past, present, and future. The time horizons associated with them are also important, i.e., the scope of the time perspective into the past or the future. On the one hand, these are ideas about time related to the past (memories, individual and collective memory, history, myth), and, on the other, to the future (plans, predictions, expectations, and hopes) (Tarkowska 1992: 26; 1993). The interrelation of social time and collective memory has also been addressed in Polish sociology (Tarkowska 2016). Temporal orientations express different ways of perceiving the passage of time, its specific understanding and valorization, in addition to a specific attitude to it.

This approach was proposed, among others, in the work *Społeczne uwarunkowania pomyślnego starzenia się i aktywnego przygotowania do emerytury* (Adamczyk 2019), in which time orientations comprised one of the important areas of analysis. The study examined the experience of time by humans, which changes with the passing years not only in the calendar, but also as a result of experiencing changes in the

body. The study included 1,010 individuals aged 15 and over. Throughout the course of an individual's life, biological changes occur in them, changes in social roles, but also a change in the proportions between the past and the future. Old age, like all the stages of the life preceding it, has goals and tasks typical of its period, as well as a new configuration of the past and the future. With age, the awareness of the shortening perspective of time grows, and a reflection on and assessment of one's own life appear. As the period of the greatest life activity – professional, family, social – fades away, reflections on lost time appear, which can cause anxiety and a sense of insecurity. Nonetheless, human life happens here and now, what we participate in determines the way we perceive the past, but also shapes our future. How an older person experiences the present may determine their attitude to the future, and, therefore, as part of our own research, respondents were asked about their attitude to three statements placed on three levels: past (retrospective) – "the best things in life are already behind me", future (prospective) – "many good things can still happen in my life," and present (presentist) – "it is hard to say, every day can bring something good or bad." The analysis has confirmed the assumption that the choice of temporal orientation is related to age, which means that young people (18–40 years old) most often identify with a prospective orientation (57.5%), mature people (41–60 years old) with a presentist orientation (43.5%), and older people (over 60 years old) with a retrospective orientation (39.5%). The higher the education and the monthly net household income, the higher the probability of the occurrence of a prospective temporal orientation, but only for the population aged 40 and over. The analysis did not confirm the relationship between the choice of temporal orientation and sex, being married/partnered, having children, and professional activity.

An important example of interdisciplinary analyses in the field of the body and time is the work of Christian Tewes and Giovanni Stanghellini *Time and Body: Phenomenological and Psychopathological Approaches* (Tewes, Stanghellini 2020: 41–122). The authors, adopting two perspectives in their analyses: psychological and phenomenological, analyzed the body and time as spaces that were equally related to each other. In their work, the authors examined how temporal processes contributed to the creation of embodiment and a sense of self-identity, as well as to their destabilization, e.g., in the form of eating disorders, borderline personality disorders, schizophrenia, depression, social anxiety or dementia.

5. Summary

In contemporary society, time and the body are treated as capital – "time is money." This approach results in assigning a special status to both, the body and time. They have become resources that can be safeguarded, managed, wasted, controlled, and even sold. The body has become physical capital, thanks to which we can gain recognition, work, admiration, but also very quickly experience

transience – the relationship between time and the body, which flows "faster" for athletes, models or professional dancers. For example, a professional sports career does not last forever, and when you start and when you end it depends on the sports discipline. Usually, we talk about late teenage years. If health permits, one can compete for even a dozen or so years, sometimes even over twenty, but on the scale of their whole life, this is still not much. Physical capital is one of the most impermanent human capitals. Biological resources have their limitations. As time passes, the body loses those qualities that seem to be the key determinants of attractiveness for the modern civilization: youth, fitness, and physical attractiveness. It is often said that "the despotism of time" is the result of the modern civilization being governed by the calendar and the clock.

6. Review questions

1. How can the functions of social time be linked to the body?
2. Consider how Bryan Turner's theory links the issue of the body to time.
3. How does physical time differ from social time?
4. How does society make the perception of time in an individual's biography dependent on their gender?
5. What is the age of consent and why has it been introduced?

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The Body and Religion

1. Introduction

When we look at the human body from the perspective of individual world religions, we see a huge variety of ways of interpreting it, shaping it, and engaging it in everyday practices or ceremonial rituals. We will also see that religions, in addition to providing their followers with worldviews and axionormative planes, have established the body as the central and, at the same time, executive object of their ideas and dogmas. According to the classics of sociology Émile Durkheim and Max Weber, religion is more than a set of theological beliefs and convictions. It is also a source of ways of behaving and values that shape and discipline the body in various ways. Although religion and religiosity have been constantly present in the most important discussions conducted within the humanities and social sciences for over a hundred years, the issue of the relationship between the body and religion seems to be an unsystematized area in the sociology of the body.

The paradigm that most often appears in sociological publications referring to the relations between religion and the body is that of bodily regimes imposed by religions (M. Foucault, J. Butler, P.A. Mellor, and C. Shilling). Their goal is to develop and socially strengthen the mechanisms of self-control and restraint, which include methods of controlling sexuality, reproduction, diet, and violence or shaping dispositions for the sake of general social stability. Nevertheless, it should be remembered that the common area connecting religions with the body goes far beyond bodily regimes. Drawing inspiration from the achievements of cultural anthropology, sociology of religion, sociology of medicine, social psychology, and cognitive sciences, we can see a number of other levels connecting religions with the body: starting from the ways of experiencing religious ecstasies that bring the human body closer to the sphere of the sacred, through the symbolic dimensions hidden in relics or the ways of unifying and strengthening the sense of community through appearance, ending with changes in the perception of the body related to the phenomenon of secularization or privatization of religion.

2. The most important theoretical concepts

At this point, it should be emphasized that in the Western achievements of sociology of the body, the issues discussed in the introduction have not been systematically theorized. Although numerous attempts have been made to analyze the relationship between religion and the body from a theological, historical, comparative, philosophical, and, finally, dogmatic perspectives, none of the leading sociologists of the body have attempted to collect and organize them. Individual chapters devoted to this topic contained in Western textbooks on sociology of the body usually refer to one selected perspective (e.g., Turner 2008) or approach the subject from a problem-based perspective, analyzing specific rites, rituals or customs.

In order to thoroughly discuss the issue of the body and religion, I will try to refer to both, the achievements of classic sociologists and selected representatives of anthropology, who have been dealing with the symbolic and functional influence of religion on the human body for decades. In addition, I will try to systematize the most important studies and publications describing the relationship between the body and religion from a problem-based and thematic perspective.

Religious narratives about the body

By reviewing historical studies of narratives and ideas dominant in individual religions, we can easily distinguish dichotomous interpretations of the body. In many cases, universalist concepts of good and evil have influenced the way the human body is perceived and used. Below are examples of the most popular narratives.

The foundations of the dualistic way of perceiving the body can be found in various archaic myths explaining the emergence of the idea of evil and sin, which are among the common elements of Abrahamic religions.[1] As the French philosopher Paul Ricœur has noted, in the Christian world, the milestone is the Adamic myth, describing the fall and expulsion of man from Paradise, the myth that "puts an end to the times of innocence, while on the other hand it gives rise to the times of curse," (Ricœur 1986: 230), with which successive generations of practitioners have struggled for centuries.

Already in the Middle Ages, European Christian Churches spread the beliefs emphasizing the impurity and sinfulness of the human body, which without proper means of control and techniques of self-restraint could inevitably lead the faithful to their destruction. Two related perspectives were common at that time, the common foundation of which was the weak and sinful human nature resulting, among others, from the difficulty of controlling sexual drive. The first of them, and, at the same time, the most widespread, treated the body (usually the female one) as a temptation, the second as an instrument of sin. Such narratives dominated social institutions,

1 Religions that in their beginnings referred to the life and teachings of the patriarch Abraham, who initiated the idea of belief in one god. The three main Abrahamic religions are Christianity, Islam, and Judaism.

services, and sacred art. As Jacques Gélis, a historian and anthropologist, explained, these narratives were accompanied by threats of damnation intended to arouse fear and subordination in practitioners (Gélis 2011: 17). The techniques propagated at that time as remedies included various forms of mortification and abuse of the body, ranging from rigorous fasting practices and ending with various methods of self-mutilation. As Caroline Walker Bynum explained, such actions were merely a manifestation of the desire to experience suffering comparable to that of Christ, which, according to the self-mortifiers, would ultimately lead to certain redemption (Walker Bynum 1987). As Chris Shilling noted, various rigorous and, at the same time, extremely drastic penitential practices, instead of helping to distance oneself from the body, attached the sinner even more to it (Shilling 2012).

The opposite narrative, which saw the body as pure, carefree and harmonious, appeared in Renaissance representations describing the life of Adam and Eve in paradise. Healthy bodies, free from temptation and lust, were a symbol of a happy eternal life. Another positive image of the human body also appeared in the works of French theologians. An example could be the works of Francis de Sales, the 16th-century saint of the Catholic Church, who not only drew attention to the affinity of the human body for the body of its Creator and the body of the Savior, but also emphasized its important role on the path to salvation. He claimed that the body and soul were an integral whole that must be appreciated and cared for, because it was this whole that was to experience eternal happiness (Salezy 2002). Referring to the philosophical and, at the same time, semi-medical achievements of European saints, it is also necessary to mention the figure of Hildegard of Bingen. Drawing on the work of Greek philosophers, she created a system of specific recommendations to ensure the well-being of the human body, which was a manifestation of God's most perfect plan. The philosophy she created sought to maintain harmony between man and the universe in which he lived. The set of recommendations she developed was based on a proper diet, a balance maintained between movement and rest, and virtuous Christian deeds that were to ensure physical and spiritual well-being.

In Islam, another Abrahamic religion, the way of perceiving the human body has not changed so radically over the centuries. The relatively constant reception of the human body was a derivative of two factors. The first of them is based on religious law, the so-called *Shari'ah*, the direct source of which is God and which is constantly observed and enforced by believers (Scarabel 2000: 81). The second is a derivative of the concept that the human body is a work of God, which should be cared for in accordance with specific principles described in the Quran (e.g., one should observe the principles related to proper nutrition or sexual life). The human body is not inherently sinful, but when used improperly, it can become a source of sin. The principles of proper conduct are dependent on gender, because women and men, according to their individual physiological characteristics, perform different functions in society. The way of perceiving and treating the human body was defined by Muhammad himself, who initiated the cult of the body and specified which bodily needs should be controlled and which can be properly satisfied (Pachniak,

Nowaczek-Walczak 2016). A sinful person who breaks the rules of proper conduct can be punished according to the principles of religious law (Scarabel 2000).

Also in the work of the classic of sociology, Émile Durkheim, we can find important analogies that fit into the dichotomy of the sinful and holy body. Although the human body belongs to the secular sphere – the profane, through proper conduct it has a chance to transform. It has a hidden aspect of the sacred within it, which can be expressed and developed through ritual practices and adherence to the rules of proper behavior (Durkheim 1976). Thanks to consistency and proper "pure" actions, such a body has a chance to become holy.

In the case of Far Eastern religions, the concept of a pure and sinful body is very rarely encountered. This is because the perspective of existence and its durability is not limited by the physical form of the earthly body. The concept of karma and the ideas of reincarnation significantly change the perception of reality by believers. In Eastern religions, the perception of time is circular, not linear. In Hinduism and Buddhism, life is closed in a circle, the so-called *samsara*.[2] In Indian religions, the relationship between *samsara* and man is based on the idea of the soul, which, as a result of the accumulation of negative previous actions, according to the law of karma, is trapped in a cycle of subsequent rebirths, from which it tries to liberate itself. In the case of Buddhist concepts, the entity that is constantly reborn is not the soul, but the mind (Encyclopaedia Britannica 2006: 964). Yes, in Eastern religions there is a need to purify negative impressions accumulated as a result of improper actions, but the ultimate cause of improper activities is not the body. The human body is not seen as evil and sinful in itself. As John Powers has explained, the narratives we can encounter in classical Indian literature only warn against potential wrong actions that a person can commit, they do not treat the human body as inherently evil. The teachings conveyed in classical Buddhist texts only warn against excessive attachment to the body and corporeality, which, as a result, instead of helping to liberate one from the cycle of *samsara*, can cause a person to become even more attached to it (Powers 2012: 112). Devotion to practice and the performance of various purification rituals are intended to cleanse negative impressions accumulated in previous lives, as well as to accumulate the so-called merit from all positive and noble activities. For this very reason, in both Buddhism and Hinduism we can encounter many practices whose task is not to cleanse the "sinful body," but rather to purify the mind and, consequently, karma. As John Powers has noted, although having a human body involves the risk of developing attachment to it, being reborn in a human body is seen by Buddhists as an opportunity for liberation from the cycle of *samsara* (Powers 2012: 112). This is because, according to the teachings describing the worlds in which beings can be reborn, in the lower realms (hell, hungry ghost, and animal worlds) beings constantly experience an overwhelming amount of suffering that does not allow them to consciously act to liberate themselves from the cycle of constant rebirths (Powers 2012: 112).

2 Which from Sanskrit can be translated as running around.

The body in religious regimes: theoretical foundations

Discussions about the ways in which religion shapes the body should begin from the topic of individualization and civilization of the human body through its gradual distancing from the state of nature. As shown in the previous section, in the Middle Ages it was religion that created the social mechanism that enabled human drives to be subdued and the principles of social life to be regulated, e.g., by identifying sinful and good actions. Gradually, religion began to perform a defining and disciplinary function. As Bryan Turner explained, the authority of the church in Western Europe was already growing stronger at that time, claiming the right to control other beliefs (e.g., pagan ones), identifying and promoting knowledge about miracles or the lives of saints, and supervising not only people's actions but also their thoughts (Turner 2016: 106–107). As Philip Mellor and Chris Shilling (1997: 42) noted, the strengthening of the processes of creation and at the same time control of the human body appeared with the development of Protestant thought. As they explained, this happened as a result of the accumulation of three different, interconnected changes. The first of these was the clear separation of the human body from the state of nature and beliefs in supernatural forces through the development of new cognitive mechanisms referring to the empirical experience of the surrounding world. The second group of transformations was based on the idea of the complete subordination of the human body to the principles and values propagated in Protestantism. The third was the inability to control human emotions and passions despite the application of defined rules, consequently increasing the fear for one's own and other people's bodies, which could lead to sinful actions. As a result, official directives were created regarding discipline and the principles of proper, rational behavior so widely described by Max Weber (2013). As Shilling noted, the central concepts activated within the framework of the changes in customs caused by industrialization and the development of capitalism were values and norms consistent with Protestant thought, such as the idea of self-renunciation and vocation or the ethos of hard work, which Weber exhaustively analyzed (Shilling 2012: 103). He drew attention to the mechanisms of control over human sexuality and desire, which could negatively affect the effectiveness of work, so important for the new capitalist world. As he claimed, it is precisely "work that is a proven form of asceticism, long appreciated in the Western Church […], namely, it is a specific prophylaxis against all those temptations that Puritanism called «unclean life,»" (Weber 1984: 91). Active action and involvement in work were, in Weber's opinion, the only proper and significant activities that, according to the ideas of Protestantism, people should perform in order to increase the glory of God.

At this point, for contrast, it is worth citing the more contemporary thought of Turner, who drew attention to an interesting transformation of customs characteristic of late capitalism. As he noted, the Protestant ascetic values exhaustively described by Weber ceased to suppress and limit the needs of the human body in favor of productivity. Asceticism and limiting desires ceased to be the driving force of production. Paradoxically, the once suppressed and limited desire, the pursuit

of satisfying hedonistic needs, became the foundation of commercial sensualism (Turner 2008: 211). The ever-increasing need to provide various sensory experiences and physical satisfaction began to drive production and services, strengthening the capitalist economy. Tomasz Szlendak also drew attention to the problem of changes in the sphere of sexual behaviors among young Poles, trying to capture the relationships between religious views and consumer culture (Szlendak 2008).

In analyzing the religious mechanisms for limiting human drive, Weber distinguished between two types of ascetic practices: secular and monastic. Ascetic activities characteristic of secular people were aimed at careful and methodical work, as he claimed, idleness or contemplation were reprehensible. Secular puritanical sexual practices were permitted only when their goal was procreation. As he claimed, "sexual intercourse is permitted even in marriage only as a means by which God wills to increase his glory," (Weber 1984: 91). In the case of monastic life, contemplation took on a new meaning, one could say that it was interpreted as a spiritual form of work permitted and even required of ordained persons. Devotion to prayer and religious singing was characterized by Weber as a proper action that also increased God's glory (Weber 1984: 91). Although Weber's starting point for his considerations of asceticism was Christianity, in his works he also devoted much attention to asceticism practiced in other religions, such as Buddhism and Hinduism. As in the case of the analyses of Protestantism, he tried to characterize proper and sinful actions and their potential results. Nonetheless, they will not be cited here due to the cursory and inappropriate nature of his analyses resulting from the lack of access to reliable knowledge about these religions.[3] This does not mean, however, that the issue of bodily regimes and ascetic practices cultivated in other world religions will be abandoned. Quite the opposite.

Manifestations of religious practices disciplining the body

The philosophy of physical restraint and ascetic practices is also present in Buddhism, Hinduism, and Judaism, as is the idea of suffering. Nevertheless, it is worth emphasizing here that in each of these religions the path of asceticism and the idea of suffering are perceived in different ways. In Buddhism, similar to the previously cited examples of Christian practices, we can observe various forms of limiting and controlling physical needs. Nonetheless, it is worth emphasizing that their use in the religious practice has a completely different reason. One such example is the practice of *sojong* used in Buddhism, during which the practitioner is obliged, among others, not to eat meat, to consume food during the day from early morning until noon only, and is also obliged to refrain from all sexual activity. The aim is not to try to increase the sense of suffering in the practicing Buddhist,

3 The reasons for this state of affairs were incorrect and erroneous translations often referring to Christian concepts. One of the simplest examples was the way in which Buddhist monks spoke about their practice. Max Weber wrote about the idea of "salvation" and the concern for "the salvation of other people's souls" (Weber 2006: 412–413).

but the need to maintain the body in a good condition along with a clear and conscious mind. According to classical explanations, this type of bodily abstinence has a positive effect on the meditation process, limiting potential obstacles that distract from concentration and practice.[4] Of course, the example given above is just one of many forms of practice performed by Buddhists.

Another issue that should be mentioned here is the practice of *yoga*, of which we can encounter various schools and traditions throughout India. The etymology of the word *yoga* itself classifies the exercises performed within it as bodily regimes. The term comes from Sanskrit and is translated as "connection," "binding," "to subjugate" or "to put a yoke on" (Świerzowska 2009: 9). In the classical sense, the term *yoga* refers to all kinds of ascetic and meditative activities, which, as a result of their systematic use, are intended to free the practitioner from specific states of consciousness (which include, among others, illusions, an incorrect perception of reality or the entirety of psychological experiences experienced by individuals who do not practice yoga) and enable the experience of differently understood (depending on the tradition) states of transcendence and spiritual perfection. The path that is supposed to lead to liberation is a set of various activities, which include, among others, a series of prohibitions aimed at purifying the body and soul (i.e., sexual restraint, prohibitions against killing, lying or stealing); commandments referring to the desire to deepen knowledge, maintain a state of contentment and maintain proper motivation; a proper breathing technique; and the practice of *asanas* – specific physical exercises aimed at effortlessly maintaining the body in a specific state, which is supposed to facilitate concentration and be a stable and pleasant experience (Eliade 1988: 35–37). The set of yogic actions shaping the physical condition (starting with muscle flexibility, control of internal organs or ways of breathing) is intended to help the practitioner experience a total state, free from the limitations of the human existence. As Mircea Eliade has explained, properly performed exercises cause the experience of a state of "suspension," which is identified as the final stage of psychophysical asceticism. "Motionless, making his respiration rhythmical, fixing his gaze and his attention on a single point, the yogin is «concentrated,» «unified,»" (Eliade 1988: 37). However, such a state of suspension is not the end of the path, it only creates the right foundation for experiencing the right meditative concentration, referred to as *samadhi*. The experience of the state of *samadhi*, meditative insight, is the final crowning achievement of all ascetic efforts, which according to classical explanations can awaken various secret powers in the practitioner, including the ability to levitate, become invisible or awaken the awareness of everyday lives, which, nevertheless, should not be used until the state of freedom is achieved. At this point, we can draw an interesting conclusion, which shows that according to Indian religious and philosophical traditions, all kinds of renunciations do not deepen the practitioner's sense of suffering; on the contrary,

4 Abstinence from all sexual activity helps to reduce the need for physical desire, while restrictions on meals minimize drowsiness during meditation.

they are perceived in a positive way. As with Buddhist practices, in Hinduism the purpose of renunciation is not to weaken the practitioner but to strengthen him.

In Judaism, we can also find many examples of practices that we can assign to the so-called bodily regimes. The main source of commands and prohibitions observed by the followers of traditional Judaism is the Talmud, which is a collection of explanations and commentaries on the Torah. The guidelines collected in it discipline the everyday life of followers in numerous aspects. They take into account both everyday and festive behaviors. They explain and structure the ways of praying, celebrating, eating, resting, and traveling. For example, the rules of celebrating Yom Kippur are based on fasting and asceticism. Every year on a selected day at the turn of October, every practicing Jew is obliged to strictly fast, not do any work and abstain from sexual intercourse. His thoughts should be focused on prayer and the expectation of receiving forgiveness from God. As Ninel Kameraz-Kos has explained, it is a holiday of reconciliation, because it refers to the day when "Moses came down from Mount Sinai with the Tablets of the Law and announced to the Hebrews that God had forgiven them the sin of worshipping the «golden calf,»" (Kameraz-Kos 2008: 47). Another example of a bodily regime commonly observed in Judaism is *kashrut*, the dietary rules, commonly known as kosher rules. These rules are based on the prohibition of eating blood, the permission to eat only certain types of meat, and the separation of meat and dairy dishes. They are very detailed and extensively described. They take into account not only the origin of individual foods, but also how they are prepared and stored (Kameraz-Kos 2008).

In Islam, the most well-known and most widespread practices of physical rigor are fasting and asceticism (the so-called *saum*), which are commonly observed during the celebration of Ramadan. During this month, every Muslim is obliged to observe broadly understood abstinence, both physical and mental. On the physical level, the faithful are obliged from dawn to sunset not to accept any foreign objects or substances, including food or drinks, as well as cigarette smoke (Scarabel 2000). During this time, the faithful should also refrain from all sexual activities. This is also a time when every Muslim should avoid quarrels or conflicts. Shouting, vulgarity or aggressive behavior are prohibited. Such intense engagement of the body and mind of practitioners is intended to honor, commemorate and, at the same time, emphasize the importance of the events that took place during the ninth month of the Muslim calendar.[5] In addition, it is a set of physical practices that is intended to purify and improve the bodies of believers. It is also a time when practitioners have the opportunity to strengthen their spiritual practice, reminding themselves of the norms and values upheld in Islam.

5 The most important event was the revelation of the Quran.

Asceticism and the concept of suffering

Shifting attention from the concept of ascetic actions to the subject of suffering, we can see that the differences between Christian, Buddhist, and Hindu perceptions are also significant. As Mellor has explained, in comparing the ideas of suffering in Christianity, we can see that it is one of the factors that strengthen the meaning of religious life, thanks to which, by encouraging reflection, it brings the faithful closer to God. According to Mellor, in Buddhism, suffering is also strongly connected with the lives of practitioners, but it is not perceived as a factor enabling the approach to the sacred; its perception is completely different. Awareness of the existence of suffering is one of the reasons why Buddhists seek to free themselves from it through meditation practices and the teachings left by Buddha. In principle, at the ultimate level, suffering is only an illusion, an unreal phenomenon, nonetheless, developing such an understanding is possible only after achieving enlightenment. We can find a similar approach in Indian religions, for example, according to the assumptions of the *Samkhya* philosophy (the foundation of yoga), suffering exists solely as an objective state experienced by the human body, which receives and interprets reality through the ten senses.[6] In a simplified way, it can be explained that the basis of suffering is the illusory perception of the unity of the soul, body and mind. As Mircea Eliade explained,

> Pain exists only to the extent that experience is referred to the human personality regarded as identical with the Self. But since this relation is illusory, it can easily be abolished. When spirit is known and assumed, values are annulled; pain is then no longer either pain or nonpain but a mere fact. From the moment we understand that the Self is free, eternal, and inactive, everything that happens to us – pain, feelings, volition, thoughts, etc. – no longer belongs to us. Knowledge is a simple "awakening" that unveils the essence of the Self (Eliade 2008: 34).

The conclusions of contemporary research analyzing the topic of asceticism or body regimes provide new perspectives that change the way they have been perceived to date. This is because the cultural, socio-technological context is constantly changing, creating new challenges for contemporary religions. The conclusions of research conducted by Srinivas Tulasi among the members of the international movement of *Shirdi Sai Baba* followers (whose origins lie in the tradition of Vedic Hinduism) have shown that ascetic activities, adapted to contemporary realities, instead of limiting, provide practitioners with power and strength. According to Tulasi, the implementing the strategy of frugality promoted within the Sai Baba movement and applying body abstinence results in a significant increase in self-awareness and inner power (Tulasi 2012).

6 According to traditional explanations, the 10 senses include: „The 5 senses of reason (hearing, touch, sight, taste, and smell) and 5 senses of action (speech, grasping, walking, excretion, and procreation) (Sankhja).

The body in rites and rituals: theoretical foundations

In order to discuss the issue of rituals, it is a good idea to focus on how sociologists and anthropologists define this phenomenon. Unfortunately, as in the case of "culture" or "religion," it is difficult to find an unambiguous definition. However, one can try to look for universals in the definitions of such authors as Catherine Bell, Randall Collins, Mary Douglas, Erving Goffman or Roy A. Rappaport, who have devoted much attention to the topic of rituals in their scholarly work. They have treated rituals as recurring social events that consist of sequences of actions or statements reenacted by the participants in a given situation. The reader would, therefore, probably think that the identified common elements of the definition could apply to a huge range of social events, and what is more, they might begin to wonder whether a ritual identified in this way could not apply to various recurring actions observed in the animal world, such as mating behavior. There would probably be nothing wrong with this, because many anthropologists and ethnographers began their analyses with such comparisons (see Huxley 1966). Nevertheless, in delving further into the explanations describing the characteristics of rites and rituals proposed by the above-mentioned anthropologists and sociologists, one can quickly notice that the common features of the proposed definitions end with such a laconic description. The elements that significantly differentiate the perspectives they promote are such issues as the motivations and goals or regulations and principles of conducting the described phenomena. Different ways of perceiving and characterizing religious rites affect not only the perception of the rites themselves, they also significantly affect the perception of the body participating in them. Although it is often not the direct addressee of theoretical analyses, it often appears as a side topic. For this reason, by focusing on the body, the reader has the opportunity to awaken their sociological imagination to capture the various factors that shape it. The following paragraphs will present selected theoretical approaches discussing rituals in the context of the rules and principles of their performance, intentions and purpose, or the structure of rites.

An interesting example of analyses concerning the formal aspect of rituals are the thoughts of Mary Douglas, who tried to capture in a comprehensive way the physical, cultural, and religious dimensions of the actions undertaken by participants in religious ceremonies. In her famous treatise published over five decades ago, in just two sentences she managed to capture the multi-threaded and complex nature of the relationship between the individual and social perception of the human body. "The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society," (Douglas 2015: 69). The quoted sentences were the foundation for further considerations on the essence of religious rituals, in which Douglas sought certain rules and methods of expressing the social system through control over the body or its lack. She has distinguished between two dimensions of social action characteristic of controlling religions, in which ritualism has a significantly defined framework, and ecstatic religions, in which social

solidarity is strengthened by abandoning strong social control (Douglas 2015). In her opinion, in the first case, the symbolic system is strongly structured, the definition of a magical or religious situation is clearly defined; during the ritual, social roles and the symbolic dimension of individual actions are clearly emphasized. In the second case, the patterns of behavior and relations between the ritual participants are not so clearly defined; ritual participants can act spontaneously, and the symbolic dimension of objects and gestures is blurred. Within the framework of the cited typology, Douglas has also discussed the phenomenon of trance, which in both cases is understood and interpreted in a different way. In her opinion, in controlling and strongly structured religions, trance states are perceived as a threat, while in ecstatic religions, trance can be one of the essential elements of the ritual. Citing numerous examples from various ethnographic studies and taking into account the level of social control in rituals, she cited and extended Raymond Firth's typology of trance states. The first category includes cases in which a person in a trance loses complete control over their body to an external force or spirit that has possessed them. The second describes situations in which a person experiencing a trance acts as a medium, passing on information from spirits and the dead or predicting the future. The third type of trance concerns the activities of religious professionals (e.g., shamans), for whom the moment of haunting is the norm. The last, fourth category concerns situations in which, as part of a ritual, a person experiencing a trance loses consciousness, but such a situation is not perceived as a threat. On the contrary, according to Douglas, during such rituals, trance has a positive dimension, because "it is a channel of benign power for all. This is the positive cult of trance as such," (Douglas 2015: 80). Of course, it should be remembered that Douglas' proposed interpretation of the perception of the human body during religious ceremonies is one of many anthropological proposals. In the following part of the subchapter, I will try to cite other perspectives that help us better understand and grasp this issue.

When we talk about the reasons why religious rituals are performed, it is worth referring to the works of Roy A. Rappaport, who has claimed that it is precisely rites and rituals that are the substrate from which religion grows (Rappaport 1999). He also noted that it would be impossible to clearly define the content characteristic of religious rites performed all over the world. Therefore, he made a cursory characterization of five elements appearing in rituals practiced on different continents. The first feature concerns the genesis of rituals. According to Rappaport, their creators are not the individuals performing them. The sequences of actions, sounds or statements come from people who are not their performers.[7] Their authors are usually their ancestors. The second concerns the issue also taken up by Douglas, which is the formal dimension of rituals – the characteristics of their form and the specific context in which they are performed, the so-called decorum principle – referring to the harmonious combination of the content and form of the ritual.

7 The exceptions are situations in which new rituals gradually emerge.

This refers to their detailed and lofty dimension, repetition or regularity of actions and statements. The third, which is directly related to the second, concerns their relatively unchanging form, while the fourth concerns the very necessity of their reproduction. The fifth again refers to the formal aspect of the performed rituals, but this time it concerns their communicative dimension and physical or symbolic effectiveness (Rappaport 1999: 24–54). An additional element, which has not been defined as a separate characteristic feature of religious rituals, but which constantly appears in Roy A. Rappaport's considerations, is their symbolic dimension. It concerns not only the undertaken actions or statements, but also the appearance of the bodies of the participants, places, and objects. As Rappaport has claimed, the body of the individual performing a given ritual not only participates in a given ritual, but through its active participation accepts and reproduces its order. It creates and sustains the meaning reproduced during the ceremony. Moreover, poses or gestures performed during the rites take the form of expression; they are a form of materialization of the immaterial. They can, therefore, be a form of communication symbolizing, for instance, devotion, submission or joy and satisfaction (Rappaport 1999: 50).

Another important theoretical approach emphasizing the symbolic dimension and significance of the human body is the concept of rites of passage defined by Arnold van Gennep (van Gennep 2019). Although the human body is not the focal point of his analyses, it seems to be an important element in all the rituals he has discussed. It is the subject that experiences transformation, as well as the addressee of all kinds of ritual actions. As a reminder, it is worth mentioning that van Gennep defined rites of passage as all kinds of customs accompanying a person at moments of transformation occurring during growing up, changes in status, place or social position. As he has claimed, each such rite of passage consists of three separate stages. The first is the stage of separation or exclusion, when a person begins their transformation and abandons their previously performed social function, sheds all its associated attributes. The second stage, called the liminal phase, concerns the time in which the person experiencing the transformation becomes physically and symbolically separated, is outside the previously performed social function, temporarily resides on the margin of the social structure to which they belong. The third stage concerns the act of reincorporating the person experiencing the transformation into society. It is the moment when the participant of the transformation acquires new rights and new functions, and roles are assigned to him, and he takes a new position in the social structure. Although in van Gennep's analyses it is not the body but the process of transformation and changes that is the central point of his concept, in the source texts or descriptions of individual rituals it is the human organism that seems to be the most important element. This was confirmed by the analyses of Victor W. Turner, who developed the concept of rites of passage, devoting much attention to the liminal phase (Turner 1977). As he claimed, the intermediate stage was a time when all previous and future elements of the social order attributed to the position and role of a given individual were suspended. This was the moment when an individual growing up or changing their previous social

status transformed physically and mentally. They acquired knowledge, new social competences, and were an object shaped in accordance with the norms of the society to which they belonged. Turner, describing the state of liminal beings, compared them to clay or matter that took on a new form (Turner 1977). Before entering a new state, it was subjected to various purification practices, applied the principle of sexual abstinence or underwent ritual practices (e.g., circumcision). As Turner wrote,

> the neophyte in liminality must be a tabula rasa, a blank slate, on which is inscribed the knowledge and wisdom of the group, in those respects that pertain to the new status. The ordeals and humiliations, often of a grossly physiological character, to which neophytes are submitted represent partly a destruction of the previous status and partly a tempering of their essence in order to prepare them to cope with their new responsibilities and restrain them in advance from abusing their new privileges. They have to be shown that in themselves they are clay or dust, mere matter, whose form is impressed upon them by society (Turner 1977: 103).

An important characteristic of the liminal phase is also the belief that the person in transition has the closest contact with superhuman beings, deities or other supernatural powers. This is a phase in which the purity and independence created during rituals takes on an additional, mystical dimension.

Relics and bodies of saints – functional and symbolic dimensions

In stimulating the sociological imagination during reflection on the perception of the body in world religions, it is worth paying attention to the various ways of interpreting their symbolic and functional dimensions. The comparative perspective proposed in the following paragraphs clearly highlights the differences that appear in the reception of the body of saints, and both, spiritual and secular individuals.

When leafing through the pages of the history of the Christian religion, one can see the process of changes in the way the bodies of saints and relics were perceived. Christian saints and their life stories were a source of inspiration, proof that salvation was possible. For this reason, as a source of encouragement and an incentive to fervent practice, the art of iconography developed so greatly. The cult of relics also developed significantly. The faithful were convinced of the miraculous power of images or bodies of deceased saints. Initially, however, the techniques for handling the bodies of the deceased were strongly dependent on legal and cultural regulations. For example, at the beginning of our era, Roman law did not allow any practices of exhuming or dismembering the bodies of deceased people. For this reason, the cult of relics originated in the way the bodies of the first martyrs, who had sacrificed their lives for their faith, were handled. According to the belief, their pre-mortal martyrdom brought them closer to God, while ensuring quick salvation. It was believed that their remains were tangible proof of sacrifice and great devotion that allowed them to unite with God. Since the 2nd century AD, the bodies of martyrs were buried with great reverence, along with information about the exact date and cause of death. In order for the memory of their deeds not to fade, Christians kept a special register taking into account the place and date of burial. Thanks to this, on death anniversaries they gathered at the grave of the deceased to pray and

celebrate the Eucharist on altars specially built by the graves (Klawczyński 2018). The participants in prayers often came from far away to commemorate the actions and deeds of the martyrs. Over the years, increasingly more believers participated in these events, which initiated the tradition of building churches on the graves of saints. At the turn of the 7th century, the practice of dividing and moving the bodies of saints became widespread, which resulted in the construction of many new churches. Since then, the relics of saints have been placed under altars where services were held (Klawczyński 2018). Many miraculous properties were attributed to them. It was believed that they were the cause of numerous recoveries. It was also believed that they protected the parish and the faithful from misfortunes. For this reason, the relics of saints were surrounded by special veneration. The popularization of such beliefs, along with the advancing Christianization of the Western world, created a huge demand for the remains of saints. As a result, a number of methods and techniques were developed that allowed duplication of the miraculous posthumous properties attributed to relics. Fragments of clothes or other objects belonging to the deceased saint began to be used, and valuable materials were also used, which after physical contact with the remains of saints took on valuable properties.[8] Interestingly, over time, the phenomenon of the cult of saints' relics was clarified and became part of canon law. As a result, the bodies of the blessed and saints could be universally venerated only after beatification. As Piotr Klawczyński explained, the beatification "of a given person is normally associated with permission for a local cult. On the other hand, canonization eliminates this boundary and the cult of a specific saint thus becomes universal," (Klawczyński 2017: 118).

If we are looking for characteristic features identified among living, contemporary Christians, we may encounter certain difficulties. It is difficult to isolate specific physical features that would clearly identify a believer. Only monks, nuns or priests can be easily selected by their clothing. As Marcin Jewdokimow has noted, contemporary methods of the self-presentation (including online) of religious individuals enable the interpenetration of various types of the elements of secular everyday life, which contributes to the expansion of the phenomenon of semantic secularization[9] (Jewdokimow 2017).

Looking for an equivalent of the Christian saint in Buddhist concepts, we will find the figure of a *bodhisattva*, a person who strives to achieve enlightenment by performing positive actions with the motivation to benefit others (Krajewska 2016: 38). Looking at historical illustrations of *bodhisattvas* in literature or painting, one can easily see the various physical attributes characteristic of a healthy and beautiful body. As John Powers has noted, the reason for this way of presenting *bodhisattvas* is the cultural canon that connects physical beauty and health with

8 Over time, relics began to be traded, which contributed to the creation of many counterfeit items.

9 Monks, in creating their image, increasingly reject the image of a modest, ascetic and prayer-focused life.

spiritual achievements. As he explained, a beautiful external physical body was evidence of the perfect internal qualities that could not be verified by the senses (Powers 2012). As he explained, in the past many fools or charlatans could give the impression of being wise by repeating the words of other great teachers or masters. Nonetheless, on the physical level they were not capable of manipulation, being limited by their own appearance; they were not able to imitate the perfect qualities of their bodies. In various translations, noble, wise, generous, compassionate and just monarchs also enjoyed the qualities of external beauty, but not all of them. As John Powers noted, a being whose body was presented as exceptionally perfect was Buddha Śākyamuni.[10] His perfect physical appearance clearly distinguished him from other gods, representatives of other religions or lay people (Powers 2012: 227). The symbolic dimension hidden in his physicality was intended to inspire his disciples to practice. Probably here the belief proclaimed by all Buddhists, saying that every person has a chance to awaken and achieve enlightenment, also has a chance to become a Buddha, played an important role.

In Hinduism, the image of a holy person and their body is somewhat more complicated. The first concept, whose symbolic dimension should be referred to here, is the idea of the so-called *avatar*.[11] This is a being that is a physical manifestation of a deity that has decided to be reborn on Earth to restore order and harmony. Various artistic and literary forms of presenting such deities can be classified into three groups – human, animal, and hybrid. The variety of their forms and symbolic dimension are enormous, for example, in various translations we can count ten different incarnations of the god Vishnu, who took forms belonging to all three groups. He, therefore, has taken a form called *Kurma*, in which he is a turtle; a form called *Narasimha*, in which he is half human, half lion; or *Krishna*, who has a completely human form (Miller 2014: 123).

Sadhu is a term for one of the most widespread forms of spiritual life practiced in Hinduism. They are ascetics who have abandoned traditional secular life to devote themselves to contemplation in search of liberation. They usually lead a very modest life of celibacy. They are socially identified as noble, good, peaceful, righteous and properly behaving people. Nevertheless, not every *sadhu* follows the same path of practice as there are many different traditions cultivating various ways of living. Some spend their lives wandering, others live in small communities, devoting themselves to group practices, while others still live in solitude, inhabiting caves or small huts (Miller 2014). Despite the many differences in the ways of contemplation or functioning in everyday life, certain features can be distinguished that are common in all traditions. Their appearance is very characteristic. They very rarely cut their hair or beard, which is why the most popular hairstyle among them is long, tied-up dreadlocks. They usually travel barefoot, dressed in a single sheet of cloth, although

10 Nonetheless, it should be remembered here that any literary descriptions or artistic attempts to depict Buddha were created long after his death; therefore, it is impossible to verify his actual appearance.

11 The word "avatar" in Sanskrit means descent or incarnation.

there are some who wear nothing but a small loincloth. Their bodies are usually emaciated, and many of them fast to maintain the highest level of concentration and to cleanse the negative karma accumulated in the past. *Sadhus* are generally held in great respect because it is believed that the ascetic and ritualistic practices they perform benefit not only them, but also the entire community to which they belong. Their appearance is the best evidence of their commitment to the practice.

Another important issue characteristic of Hinduism and, at the same time, very strongly connected with the body is the caste system, which for centuries determined not only the social roles of particular individuals, but also hierarchically ordered the entire social system. The etymology of the word "caste" is rooted in the Portuguese language, in which the word means lineage or race. For this reason, the first anthropologists and sociologists, describing the characteristics of caste divisions, often referred to physical differences. Looking at the caste system in more detail throughout India, one can distinguish three thousand castes and twenty-five thousand subcastes belonging to them, the numbers of which are very diverse. However, one of the most widespread divisions is the division into four *varnas*,[12] classifying the Hindu society in terms of origin, profession, and certain physical features. The caste at the highest in the hierarchy includes religious priests and scholars called *Brahmins*. The second in line are warriors and rulers called *kshatriyas*, at the next level there are the representatives of a caste called *vaishya*, to which merchants, traders, and farmers belong. The fourth caste called *sudras* includes the service population, among which were identified craftsmen, workers, servants, and slaves. The last identified social group not belonging directly to the *varnas*, but located outside the caste system, are people called untouchables – *ujdra*, which includes people with the highest degree of accumulation of negative impressions caused by their origin or professions (e.g., butchers) or eating habits (Encyclopaedia Britannica 2006). The caste system presented in this way became the center of interest of Max Weber, who believed that it was the key element of Hinduism (Weber 2006). Interestingly, he saw the basis of such a division in racial differences as he claimed that significant contrasts in physical appearance were one of the reasons for the creation of such strongly distinguished endogamous groups. In his considerations on the caste system, Weber identified something that he called clan charisma, explained as a certain inalienable quality (being a set of physical and social predispositions) attached to representatives belonging to a given clan (Weber 2006).

When we look at the legacy of the caste system in contemporary India, we can observe a complex network of dependencies, the origin of which is derived from the connection between religion and physicality, and the result still influences the politics and social life of the country today. Many contemporary Indian sociologists have tried to capture the condition of the caste concept in current social life and to characterize its multidimensional effects on the relations between institutions and citizens (see, e.g., Kothari 1970; Khare 2006).

12 In Sanskrit meaning class or color.

3. Key concepts

The body in Buddhism – is seen as a tool, the proper use of which through dedication to the practice of meditation, contemplation, and purification practices can lead its owner to liberation from the circle of suffering, the so-called *samsara*.

The body in Islam – the human body is the work of God; therefore, it is not sinful in nature. Since there is a risk that it will be used in an inappropriate way, it should be cared for in accordance with the principles described in the Quran.

The body as a tool of salvation – a concept promoted by Francis de Sales, who claimed that the body and soul are an integral whole that should be taken care of because it is the soul that has the chance to experience eternal happiness.

The body in Judaism – a broadly developed set of recommendations for dealing with the human body, ensuring that it is in good health. The Talmud contains guidelines on how to act properly so as not to pose any threat to oneself or others.

Yoga – a set of ascetic, physical, and contemplative activities used in India, the aim of which is for practitioners to experience spiritual perfection and clear states of consciousness. They shape the physical body, purify the mind, and help refrain from performing negative actions.

Kashrut – a set of rules related to the way of preparing and eating food practiced in Judaism, commonly called kosher rules.

Rites of passage – a theoretical concept concerning the rituals accompanying an individual in all the moments of the social transformation related to growing up, changing status, place, and social position.

Penitential practices (mortification) – a set of actions used, for example, in Christianity, constituting a remedy for the sinful actions of the human body.

Caste system – a hierarchical way of organizing the social system in India. In addition to the characteristics based on the idea of origin and profession, it often referred to certain physical features.

4. The most important studies

As was explained at the very beginning of the chapter, the area that deals with topics from the border of sociology of the body and religion has not yet been systematized in detail. However, this does not mean that there have been no studies

or publications that fit into this research field. Below are a few examples of studies from the intersection of cultural anthropology, medical sociology, and sociology of religion, which in an interesting way address the topic of the relationship between religion and the body.

The first example from anthropology is the flagship text by Horace Miner, which refers to the ritual bodily practices of the Nacirema tribe (Miner 1956). This text is an exemplification of a case study classic in cultural anthropology, intended to encourage anthropologists to self-reflect, to analyze academic interpretive practices used in the context of using the body as an example of "religious" practices, and Americans (hiding behind the anagram Nacirema devised by Miner) to think about their everyday adventures with the body. The text treats – parodically – Americans and their "devout" attitude to their own bodies, describing everyday hygienic and medical practices in the language of anthropological analysis of religious ritual.

The basic belief of the Nacirema is that man is trapped in an ugly body characterized by a natural tendency towards degeneration and death. The only way to oppose such fatal and unfavorable forces is to submit to and engage in ritual and magical practices. The Nacirema undergo such practices individually, in specially adapted rooms located in each house. Bathrooms – because that is what we are talking about here – are described in the category of private temples or chapels, where people can use magical substances and objects to perform daily ceremonies to protect them from old age, illness, and death. In the text, one can, therefore, find information about ablutions and acts of excretion, as well as practices such as shaving, described, however, as scraping the face with a sharp instrument – a masochistic tendency of the Nacirema people incomprehensible to an outside, non-cultural observer. We also find here an interesting description of healing practices carried out by medics in the so-called *latipso*.[13]

> At other times they insert magic wands in the supplicant's mouth or force him to eat substances which are supposed to be healing. From time to time the medicine men come to their clients and jab magically treated needles into their flesh. The fact that these temple ceremonies may not cure, and may even kill the neophyte, in no way decreases the people's faith in the medicine men (Miner 1956: 506).

Another, more contemporary perspective on the human body in religious rites and rituals can be seen in the works of Randall Collins. In one of his publications, he referred to a micro-sociological perspective, while at the same time referring to interactionist theories, in order to consider the differences in ritual practices performed in Catholicism and Protestantism. As he has claimed, in order to be able to make an exhaustive comparison, it is necessary to analyze the role of priests and their bodies in services. In his analyses, he made a distinction between the body of the priest and the bodies of lay people, emphasizing their symbolic dimension. In Catholicism, he drew attention, for example, to the ceremonial vestments and the specially designated space in which priests could move, and to which lay people had

13 "Latipso" is also a partial anagram of the word for hospital.

no access. Above all, however, he has drawn attention to the symbolic dimension of the priest's body, which takes the form of a sacred object. As Collins has explained, a strong demarcation of space and an emphasis on the differences between the sacred body of the priest and the secular body of the faithful add sublimity to the performed ceremonies. A similar effect is brought about by the act of symbolically crossing boundaries during Holy Communion, when the priest uses his hand to pass the wafer to the mouth of the faithful. Emphasizing status differences as well as clear symbolic boundaries influences the creation and maintenance of a hierarchy, which directly translates into the participants' impressions and religious experiences. In the case of Protestant services, the symbolic dimension of the differences between the bodies of priests and lay people is reduced, the distance between these two groups decreases significantly. This applies to both the space in which the priests move (they are no longer physically separated by special barriers, an altar or lecterns – often all they need is a microphone) and the way they dress (ornate robes have been replaced with informal attire). The egalitarian nature of the performed rituals is completely different from Catholic ceremonies, but as a result, it leads to a similar effect – it stimulates and intensifies the religious experiences of the participants. To sum up, in Randal Collins' considerations, the body and its symbolic meaning given during religious rites become the object of analysis helping to define the nature of the performed rituals, as well as their hierarchical or egalitarian character (Collins 2010).

The third noteworthy issue is research devoted to the analysis of the relationship between body weight and religion. Although this topic has interested sociologists publishing in the "Journal of Religion and Health" for over two decades (see, for example, Yeary et al. 2018), the text by Deborah Lycett deserves special attention. She looked for a relationship between the body mass index (BMI) and the religiosity of residents of Great Britain over the age of 16. In her analyses, she wanted to verify whether there was a relationship not only between individual religiosity and body weight, but also whether it was possible to identify the influence of the religion practiced in a given geographical area. As it turned out, in counties where Catholics dominated, the BMI was lower, while in counties where conservative Protestantism was widespread, the BMI was higher. In her analyses, Lycett also attempted to characterize the healthy and unhealthy habits of the followers of different religions. She, therefore, analyzed the problems of smoking, alcohol consumption, and the frequency of physical exercise. Moreover, she also devoted attention to the activities carried out by the representatives of various religious movements working to combat obesity (Lycett 2014).

Another different perspective attempting to capture the relationship between the human body and religion appears in the research by Kathryn Rountree, a researcher of contemporary pagan beliefs. She has addressed the issue of shaping the body and the ways of self-presentation of the body during religious pilgrimages. One of her texts is devoted to the experiences of women participating in pilgrimages to holy places where pagan goddesses are worshipped. In her research and analysis, the author has drawn attention not only to the process of traveling and rituals

performed in places of worship but also to the way in which pilgrims transform their bodies and self-perception to become goddesses themselves. Rountree has devoted attention to women who belong to the so-called goddess movement and travel around Europe to visit various ancient places of worship, such as Stonehenge in England, Delphi in Greece, and Karnak in Egypt (Rountree 2002). She analyzed their journeys not only from a tourist and religious perspective, but also looked at how the pilgrimages they had undertaken affected the consciousness and psyche of the participants, how they helped them heal the "wounds" caused by living in a patriarchal world. According to the participants, such journeys helped them get closer to the forces of nature, which had healing properties that had a beneficial effect on both the body and the spirit. During an example journey to the caves in Crete, the participants united with the forces of the Earth, recalling the awareness of the past and the original order in which patriarchy did not dominate. Through the symbolic connection with the past and local goddesses, the pilgrimage participants experienced self-healing, strengthened their sense of self-worth, and, at the same time, stimulated their feminine qualities (Rountree 2002).

Another noteworthy issue is the therapeutic aspect of various religious practices. One scholar who tried to systematize and capture the relationship between psychophysical health and spiritual health was the American philosopher Gregory P. Fields. In a book published in 2001, he proposed an analytical model that enabled a systematic exploration of the relationship between health and religiosity in classical yoga, Ayurveda, and tantra. He was interested in the way pain was experienced, as well as the techniques for working with various physical and mental conditions (Fields 2001).

5. Summary

The issue of the human body in a religious context has not yet been discussed in an exhaustive and systematic way in either sociology of the body or the sociology of religion. However, this does not mean that anthropologists and sociologists do not deal with this issue. It is present in the analyses and reflections of both theoreticians and researchers, starting with the classics such as Émile Durkheim or Max Weber. However, it has not been the central point of their analyses. It often appears as a marginal or side topic. In the contemporary achievements of sociology and anthropology, the situation is somewhat different. Researchers analyzing the influence of religion on the human body and health, approach this topic in a more detailed and problematic way. They consider, for example, the relationship between religion and body weight (Lycett 2014) or the therapeutic aspects of individual religious practices (Fields 2001).

Taking a closer look at the relationship between the body and religion, one can identify a number of points of contact. Religion interferes with the human body on many levels. It shapes the individual and group perception of the human body,

assigning it different meanings. This happens in Christianity, Islam, and Buddhism, but these concepts are not always permanent; they change and evolve along with cultural and social changes. An example can be the different narratives appearing in Christianity. In the Middle Ages, the human body was perceived as sinful and weak, leading to destruction, while in the Renaissance it was seen as pure and beautiful, embodying the work of God.

In addition, religions and the principles observed within their practice can also physically shape the appearance and physical condition of their followers. Specific values and related standards of behavior take the form of bodily regimes, which significantly discipline the bodies of the followers of given religions. In the Western world, the moment when we could observe a significant strengthening of control over the human body was the moment of the development of Protestant thought, in which the work ethic, the idea of self-renunciation, and vocation dominated.

When we look at body discipline practices performed in other religions, we can observe a different approach. In Hinduism and Buddhism, the purpose of ascetic practices or other secular activities disciplining the body and mind is to strengthen and add energy and clarity to the mind of the practitioners.[14] In Judaism, the purpose of such practices is to commemorate certain important events and strengthen faith so that the practitioner does not get carried away by external temptations. In Islam, the largest set of restrictions observed during the holy month of Ramadan is to commemorate certain events, as well as to purify and improve the body of the follower.

Another important issue that should be summarized here is the role and meaning of the human body during ceremonies and rituals. Anthropologist Mary Douglas was one of the first to address this issue. In her analyses, she made one of the first attempts to characterize and typologize rituals, which, as she claimed, illustrated the norms and values shared in a society by means of control over the body or its absence. This has also been confirmed by the reflections of another anthropologist, Roy Rappaport, who, by focusing his attention on the role of the body of an individual participating in a ritual, accepts, reproduces and, at the same time, maintains the values and meanings played out during the ceremonies. The theoretical concept that deals with the human body in ceremonies and rituals is the theory of rites of passage developed by Arnold van Gennep (2019) and extended by Victor W. Turner (1977). Although the human body is not the direct addressee of their analyses, it is an entity that experiences transformation both on the symbolic and physical plane.

14 Such as following a vegetarian diet, practicing yoga, and practicing meditation.

6. Review questions

1. What is the function of the human body in religious rituals and ceremonies?
2. At what historical moment did the development of body discipline practices occur in the Western world?
3. Explain how the body is viewed in rites of passage.
4. How can we characterize the fundamental differences in the way suffering is viewed in Buddhism and Christianity?
5. Explain how the relics of saints are viewed in Christianity.

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(the order of the biographical notes corresponds to the order in which the authors appear in the publication)

Dr. hab. Dominika Byczkowska-Owczarek – assistant professor at the Department of Sociology of Culture at the Institute of Sociology, University of Lodz. Author of the books *Ciało w tańcu. Analiza socjologiczna* [Body in dance. Sociological analysis], *Batutą i skalpelem. Ciało w zawodach wysokospecjalistycznych* [With baton and scalpel. Body in highly specialized professions], co-author of the monograph *Za drzwiami oddziału. Badania etnograficzne w szpitalu* [Behind the ward's door. Ethnographic research in a hospital]. Author of articles on sociology of the body, dance, work, symbolic interactionism, grounded theory methodology, and qualitative social research techniques published, among others, in "Studia Socjologiczne," "Qualitative Sociology Review," "Przegląd Socjologii Jakościowej," as well as Polish- and English-language books. Chairwoman of the Sociology of the Body Section of the Polish Sociological Association.

Prof. dr. hab. Honorata Jakubowska – sociologist, professor at Adam Mickiewicz University in Poznan conducting research and publishing in the field of sociology of the body/embodiment, the sociology of sport and gender studies. Author of the books: *Socjologia ciała* (2009), *Gra ciałem. Praktyki i dyskursy różnicowania płci w sporcie* (2014), *Skill Transmission, Sport and Tacit Knowledge. A Sociological Perspective* (2017), co-editor of the book *Socjologia sportu* (2017), and co-author of the book *Female Fans, Gender Relations and Football Fandom Challenging the Brotherhood Culture* (2021). The principal investigator of three grants funded by the National Science Centre: "Transmission of beyond discursive knowledge with reference to the transfer and acquisition of sports skills" (2014/13/B/HS6/01367), „Women entering the male-dominated world of football fans: causes, course and consequences" (2016/21/B/HS6/00846), and "The menstruation management in professional sport: a sociological perspective" (2023/51/B/HS6/00245). Vice-president of the Committee of Sociology of the Polish Academy of Science (2024–2027). Coordinator of the Research Network „Society and Sport" of the European Sociological Association in 2017–2019 and its member in the years 2015–2017 and 2024–2026. Member of the Editorial Boards of „Studia Socjologiczne," „Polish Sociological Review," and the „Ruch Prawniczy, Ekonomiczny i Socjologiczny" journal.

Dr. hab. Mariola Bieńko – sociologist, university professor at the Department of Family Studies and Social Pathology at the Institute of Applied Social Sciences of the University of Warsaw. She deals with issues of the sociology of family life, close relationships, upbringing, and sexual education, as well as issues of the body and sexual expression of women and men in the experiences and practices of everyday life. Author of the monograph *Intymne i prywatne praktyki codzienności. Studium socjologiczne*, as well as author, co-author, editor, and reviewer of books and numerous articles in Polish and foreign scientific journals in the field of sociology of intimacy. Collaborates with cultural institutions, expert in Polish and international scientific and research projects and social campaigns.

Dr. Sylwia Breczko – sociologist and manager, graduate of the Institute of Sociology at the University of Warsaw and the School of Social Sciences at the Institute of Philosophy and Sociology of the Polish Academy of Sciences. Author of the book *Polityzacja ciała. Między dyskursem publicznym a teorią socjologiczną* (Krakow 2013) and articles on sociology of the body. Professionally associated with the publishing market, cultural and scientific institutions, she has worked, among others, at the PWN Scientific Publishing House, the Ujazdowski Castle Centre for Contemporary Art, and is currently associated with the National Museum in Warsaw.

Dr. Julita Czernecka – assistant professor at the Department of Rural and Urban Studies and Sociology of Social Change, Institute of Sociology, Faculty of Economics and Sociology, University of Lodz. Author of a doctoral dissertation devoted to the social determinants of the choice of single life among single men and women from big cities. Participant of research projects and author of publications addressing the issue of gender stereotypes; the influence of cultural concepts of gender and age on women's and men's attitudes towards appearance, the role of appearance in personal and professional life, the social definition of love, differences in expectations regarding functioning in a romantic relationship.

Dr. Krystyna Dzwonkowska-Godula – assistant professor at the Department of Rural and Urban Studies and Sociology of Social Change, Institute of Sociology, Faculty of Economics and Sociology, University of Lodz. Author of a doctoral dissertation on the cultural models and patterns of femininity and masculinity, motherhood, and fatherhood. Participant in research projects and author of publications addressing, among others, issues of gender stereotypes and stereotypes of parental roles; the human and social capital of women and men; the subjectivity of women during pregnancy and childbirth; the influence of cultural concepts of gender and age on women's and men's attitudes towards health and appearance, reproductive health rights and reproductive justice, as well as social activity in this area.

Dr. Emilia Garncarek – assistant professor at the Department of Rural and Urban Studies and Sociology of Social Change, Institute of Sociology, Faculty of Economics and Sociology, University of Lodz. Author of a doctoral dissertation on the social determinants of voluntary childlessness. Her scientific and research interests include transformations of the modern family (voluntary childlessness, changes in contemporary motherhood, gray divorce); the influence of cultural concepts of gender and age on women's and men's attitudes towards health and appearance. Author of scientific articles, as well as co-author of scientific monographs on the issues of gender, transformations of the modern family and the sociology of health. Her latest research concerns the psychosocial determinants of modern knitting.

Dr. Magdalena Wojciechowska – sociologist affiliated with the Department of Sociology of Politics and Morality at the Institute of Sociology, University of Lodz. She serves as the Executive Editor of the scientific journal *Qualitative Sociology Review*. Her research interests focus on the social construction of deviance and the lived experience of social exclusion. She is the author of *Agencja towarzyska – (nie)zwykłe miejsce pracy* [The Escort Agency. An (Extra)Ordinary Workplace, 2012] and *Dwie matki jednego dziecka* [Two Mothers of One Child, 2020], and co-editor of the collective monograph *Narrating the Everyday* (2019). Her publications address such topics as sex work in escort agencies, non-heteronormative motherhood, and pole dance. Her current research explores the intersections of sexuality and the art of shibari bondage.

Dr. Agnieszka Maj – completed her doctorate at the Graduate School for Social Research (GSSR) at IFiS PAN. Since 2010 she has been working as an assistant professor at the Department of Sociology at the Warsaw University of Life Sciences. Deals with the specificity of perceiving the body in contemporary culture, the social determinants of caring for the body and appearance, the social determinants of obesity, and the sociology of food.

Dr. Anna Wójtewicz – sociologist, assistant professor at the Department of Cultural Studies at the Institute of Sociology at Nicolaus Copernicus University in Torun. Her scientific work is based primarily on qualitative methodology in the following areas: the social dimensions of the body, gender, health, and the broadly understood realities of consumer society. In 2019, she received a grant from the National Science Center dedicated to the bodily practices of Polish men. Author and co-author of several monographs and scientific articles published in Polish and English, among others, *Class Clash: An analysis of conflicts related to class affiliation in the bodily practices of Polish men under 35 years of age from the working class* (2024) published by "Qualitative Sociology Review" (available online). She regularly participates in the Virtual Seminar on Sociology of the Body (an initiative of Sociology of the Body Section of the Polish Sociological Association). Currently, she is preparing a project focused on the manosphere with a research team.

Dr. Magdalena Wieczorkowska – sociologist, methodologist of social research, head of the Department of Sociology at the Medical University of Lodz. Member of the Section of Sociology of Health and Medicine and the Section of Sociology of the Body of the Polish Sociological Association. Vice president of the 2035 Foundation. Her research interests include the processes of medicalization and pharmaceuticalization in contemporary Western societies, the processes of ageing societies, and the socio-cultural and medical aspects of the perception, functioning and impact on the body, as well as issues related to teaching medicine in a multicultural environment. Coordinator and member of teams implementing international projects within EIT HEALTH (CoActive, Healthy Loneliness, CitizenAct) and ERASMUS + (Healthy Loneliness+). She collaborates with local non-profit organizations operating in the area of senior citizens. Author of numerous publications devoted to the issues of medicalization, ageing, and the body.

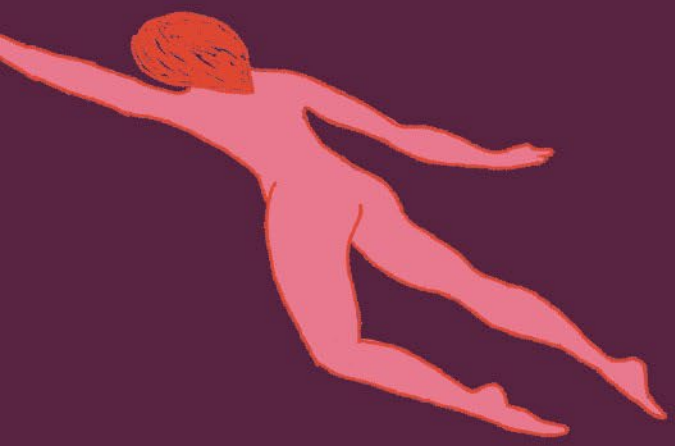
Dr. Katarzyna Kowal – assistant professor at Władysław Biegański Collegium Medicum of Jan Długosz University in Czestochowa. In her scientific and research work, she consistently uses the strategy of qualitative research, in the implementation of which she refers to grounded theory, phenomenology, and biographical analyses. The scope of her conducted research is determined by three sociological subdisciplines: the sociology of health, illness, and medicine; sociology of the body; and qualitative sociology. Author of the monograph entitled *Między altruizmem a egoizmem. Społeczno-kulturowe uwarunkowania przeszczepów rodzinnych* and several dozen scientific publications in both Polish and English. Her papers have been presented during over thirty national and international scientific conferences with both sociological and medical profiles. She is the author of numerous sociomedical research projects, carried out in cooperation with scientific institutions, medical centers and patient associations. In 2019, she obtained funding from the National Science Center for the implementation of the scientific activity entitled „Rzadka choroba genetyczna w doświadczeniu chorego – socjosomatyczne studium nerwiakowłókniakowatości typu 1." Co-founder of the Section of Sociology of the Body of the Polish Sociological Association and winner of the Anselm Strauss Award established by the Section of Qualitative Sociology and Symbolic Interactionism of the Polish Sociological Association.

Dr. hab. Michał Skrzypek MD, PhD – practicing diabetologist, medical sociologist, member of the Scientific Council of the Institute of Rural Health in Lublin. Received his habilitation from the Faculty of Social Sciences of the John Paul II Catholic University of Lublin, PhD degree received from the Faculty of Medicine, Medical University of Lublin. In the years 2001–2016, he reactivated lectures on medical sociology at the John Paul II Catholic University of Lublin. Has also lectured on medical sociology at the Medical University of Lublin and Warsaw University. He was elected chairman of the national Section of Health and Medicine Sociology of the PTS (two terms), appointed several times as a member of the NCN Expert Team.

Author and co-author of 158 publications with an IF value of 56.8, author and editor/co-editor of 6 sociomedical monographs, as well as 2 books in the field of health sciences and obesitology. Has organized and co-organized numerous conferences and scientific sessions with a sociomedical profile, including the Jubilee Scientific Session "50 lat socjologii medycyny w Polsce – nurty badawcze, najważniejsze osiągnięcia, perspektywy rozwoju," as well as two sociomedical sessions as part of the National Sociological Congresses. In his research he has addressed issues of the social aspects of chronic illness, as well as the social aspects of overweight and obesity. His professional activity is currently focused on medical practice.

Dr. hab. Monika Dorota Adamczyk – professor at the John Paul II Catholic University of Lublin (KUL), sociologist, social gerontologist, faculty member at the Institute of Sociological Sciences, John Paul II Catholic University of Lublin. Expert on senior issues in numerous research teams. Member of the Polish Sociological Association and the Polish Gerontological Society. Her research interests focus on the sociology of old age, social gerontology, social problems, social capital, education of older adults, and social exclusion. Author of more than 100 scientific articles. Author of several monographs, including: *Social Determinants of Successful Aging and Active Preparation for Retirement* (2019), *Discovering the Dynamic Third Age* (ed.) (2016), *Old Age Between Tradition and Modernity* (ed.) (2016), *Active Towards Retirement* (2015), *Introduction to the Theory of Social Capital* (2013).

Dr. Malwina Krajewska – assistant professor at the Department of Cultural Studies at the Institute of Sociology of Nicolaus Copernicus University in Torun. She is a member of the International Society for the Sociology of Religion (ISSR), one of the oldest global associations of sociologists of religion. Her academic interests include the sociology of religion, culture, the body, and social change. She is a great enthusiast of field research and keenly observes the multidimensional religious transformations taking place in different parts of the world. Her research interests broadly encompass Buddhism and its remarkable diversity of forms, practices, and interpretations across the globe. Her research focuses on the diverse ways in which Buddhism is experienced, adapted, and transformed in different cultural and social contexts. Her interests mainly focus on Tibetan Buddhism, exploring its manifestations both in Europe and Asia. Author of *Buddyzm Diamentowej Drogi w Polsce*, *Narracje o początkach*, and articles published in, among others, "Studia Socjologiczne" and "Kultura i Społeczeństwo."



The culinary triangle, body positivity, and one-sex body model – these are just some of the concepts explored in this book that illustrate the ways in which human bodies are shaped by, and in turn shape, society. The volume takes readers on a journey through diverse spheres of social life in which the body plays a central role: from medicine and illness to religion and work, from food and sport to questions of gender and beauty, from temporality and media to sexuality. It also introduces readers to the achievements of sociology of the body, presenting empirical studies, both classical and contemporary theoretical approaches, and highlighting the most significant directions of research in the field.

The Body and Sociology – empirical research and theoretical concepts brings together twelve chapters written by fifteen scholars specializing in the sociology of the body from across Poland. Both experienced readers and those beginning their academic exploration of the field will find valuable insights, discovering how various social phenomena influence the ways bodies are used, represented, understood, and governed.

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