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**Contours of Everyday Life:  
Reflections on Embodiment and Health  
Over the Life Course**

Pamela Wakewich

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of the requirements for the Ph.D.,  
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University of Warwick

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## Table of Contents

<b>Acknowledgements</b>	iv
<b>Declaration</b>	iv
<b>Summary</b>	v
<b>Prologue</b>	vi
<b>Chapter One - Conceptual Orientations</b>	1
Introduction	1
The Gendered Body in Medico-Scientific Discourse	3
Feminist Challenges to Medico-Scientific Discourses	5
Problematizing ‘The Body’	8
Problematizing ‘Gender’	10
Problematizing ‘The Normative’	11
Exploring Health as a Dimension of Embodiment	12
Focus of the Thesis	12
Plan of the Thesis	13
Notes - Chapter One	15
<b>Chapter Two - Theoretical Orientations</b>	18
Introduction	18
The Embodiment of ‘Healthism’ in Everyday Life	22
Health and the Boundaries of Personhood	24
Health and Embodiment	27
Health as Resistance	28
Studies on Lay Conceptions of Health in Canada	31
Gender and Lay Perspectives on Health	32
Gender and Men’s Perceptions of Health	36
Linking Lay Conceptions of Health, Place and Time	37
Gender and Lay Conceptions of Health in Northern Ontario	39
Exploring Gender, Health and Embodiment in Lay Constructs	43
Notes on the Concept of Class in Social Theory	46
Marxist Versus Weberian Definitions of Class	46
De-centring Class	49
Class, <i>Habitus</i> and Structures of Feeling	54
Notes - Chapter Two	59
<b>Chapter Three - Methodological Orientations</b>	63
Introduction	63
The Research Setting	63
The Research Frame	66
Selection of Participants and Characteristics of the Sample	68

Frame of the Interviews	76
Feminist Methodology and Life History Analysis	79
The Narrative Imagination: Re-Collecting Our Past and History	82
A Note on Ethnographic Style	85
Notes - Chapter Three	87
<b>Chapter Four - Narratives of Health</b>	93
Introduction	93
Working-Class Women's Narratives of Health	93
Middle-Class Women's Narratives of Health	108
Working-Class Men's Narratives of Health	123
Middle-Class Men's Narratives of Health	137
Summary	149
Notes - Chapter Four	155
<b>Chapter Five - Narratives of Embodiment Over the Life Course</b>	158
Introduction	158
Levels of Body Consciousness	159
Positive Influences on Embodiment	167
Negative Experiences of Embodiment	170
Embodiment as Temporal and Processual	173
Influences on Embodiment	186
Comparing Body Image Concerns for Women and Men	194
Declining Significance of Body Image Over Time	196
Summary	197
Notes - Chapter Five	201
<b>Chapter Six - Place, Race, Class and Gender: Embodiment and Health in the 'White North'</b>	202
Introduction	202
The (In)Visibility of Whiteness and the Northern Body	204
Whiteness, Neo-Colonialism and the Healthy Body	208
Mapping the Terrain of Insider/Outsider Embodiment and Health	215
Working-Class Notions of the 'Healthy Self' and 'Unhealthy Other'	216
Middle-Class Notions of the 'Healthy Self' and 'Unhealthy Other'	221
Summary	225
Notes - Chapter Six	227
<b>Chapter Seven - 'The Accumulations of a Lifetime': Synthesis and Directions for Future Research</b>	228
Concluding Comments	228
Directions for Future Research	230
<b>Bibliography</b>	233



<b>Appendices</b>	251
Appendix A - Interview Schedule	251
Appendix B - Demographic Sketches of the Interviewees	256
Appendix C - Negotiating the Contradictions of Embodiment, Health and Femininity in the Everyday World -- An Ethnographic Account	260

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## **Declaration**

Portions of Chapters One and Four appear in an article entitled 'Women's Reflections on Embodiment and Health Over Time,' in B. Miedema, J. Stoppard and V. Anderson, eds. Women's Bodies: The Material and The Social. Toronto: Second Story Press. Forthcoming.

## Summary

This study explores lay perceptions of embodiment and health through the narratives of a group of 'everyday' women and men in a Canadian community. Gender, class and cultural influences on individual and collective experiences of embodiment are examined along with the ways in which these concepts evolve over the life course. The research is based on in depth interviews with a sample of forty working- and middle-class white women and men between the ages of 30 and 65.

I argue that notions of embodiment and health are multiple, fluid and contextual. They are shaped and reshaped over time in relation to individual biographies and social and cultural influences, and negotiated in relation to the prescribed values of the larger body politic. I suggest that research must attend to the spatial and temporal dimension of ideas about embodiment and health. In the context of this case study, I argue that everyday ideas about regional identity are enmeshed with the cultural codes which signify racial, class and gender identity. These frame peoples' understandings and representations of 'healthy selves' and 'unhealthy others' and are central to their notions of embodiment.

Based on these findings, I propose a more nuanced approach to theorizing 'the body' and health in feminist and sociological theory. I argue for a closer engagement between theoretical frameworks and empirical studies with the aim of developing a more fully embodied social theory.

## Prologue

I agree, it's a hot topic. But only one? Look around, there's a wide range. Take my own for instance.

I get up in the morning. My topic feels like hell. I sprinkle it with water, brush parts of it, rub it with towels, powder it, add lubricant. I dump in the fuel and away goes my topic, my topical topic, my controversial topic, my capacious topic, my limping topic, my nearsighted topic, my topic with back problems, my badly-behaved topic, my vulgar topic, my outrageous topic, my aging topic, my topic that is out of the question and anyway still can't spell, in its oversized coat and worn winter boots, scuttling along the sidewalk as if it were flesh and blood, hunting for what's out there, an avocado, an alderman, an adjective, hungry as ever (Atwood 1991:1).

Written on the body is a secret code only visible in certain lights; the accumulations of a lifetime gather there. In places the palimpsest is so heavily worked that the letters feel like braille. I keep my body rolled up away from prying eyes. Never unfold too much, tell the whole story (Winterson 1994:89).

People have to inhabit their bodies, and their physical identity is part of themselves. Particularly as they grow older, they have a need to account for this identity, to draw together all that they have experienced. This body is their inheritance, it is the result of the events of their life, and it is their constraint (Blaxter 1983:69).

## Chapter One - Conceptual Orientations

In dealing with the body and the emotions we are dealing with that which is closest to us, as researchers or readers, with our very sense of being in the world. Yet, in our attempts to study the body to make it accessible as an object of enquiry we are likely to achieve that distancing from experience which has characterized much sociological enquiry, distancing through language, through technique, through the sociological gaze itself (Scott and Morgan 1993:19).

### **Introduction**

While efforts to incorporate 'the body' into social theory have become prolific in the past two decades, it is only recently that writers have begun to explore the ways in which people actively constitute and experience the body in everyday life (see, for example, Davis 1997; Haug 1992; Sault 1994; and Scott and Morgan 1993). Social scientists have tended to focus upon representations of the female body in the professional discourses of medicine and science, or the popular discourses of media and advertising, assuming such representations comprehensively shape and reflect women's own understandings and experiences (see, for example, Barthel 1988; Bordo 1990, 1993; McDonnell 1986; Oakley 1980; and Orbach 1986).

Even where authors seek to present alternative frameworks, most analyses remain constrained by the scientific and bio-medical categories and language which they wish to challenge. Notions of embodiment -- 'individuals' interactions with their bodies and through their bodies with the world around them' (Davis 1997:9)<sup>1</sup> – are presented as static and timeless,<sup>2</sup> with the presumption that they remain consistent and homogenous for individuals through the life course.<sup>3</sup> And as foreshadowed by Scott and Morgan in their essay 'Bodies in a Social Landscape,' from which the opening quotation to this chapter is drawn, even turning the sociological gaze on the body in an effort to make it an object of central enquiry has not satisfactorily resolved this

problem (1993:19). The language, techniques and theoretical models of sociological enquiry have in some ways further reified the divide between mind and body, and theory and practice, making our understanding of the body and embodied experience more, rather than less, elusive.

As a departure from these approaches this study explores lay perceptions of embodiment through the narratives of a group of ‘everyday’ women and men in a Canadian community. Gender, class and cultural influences on individual and collective experiences of embodiment are examined along with the ways in which these concepts evolve over the life course.

I argue that notions of embodiment are multiple, fluid<sup>4</sup> and contextual, rather than unitary, static and autonomous. They are shaped and reshaped over time in relation to individual biographies, social and cultural influences, and prescribed values of the larger body politic. Respondents’ narratives illustrate the complex ways in which the multiple dimensions of their identities (such as gender, class, culture, sexuality, age, and region) are constituted and contested within, and through, discourses and lived experiences of embodiment.

Based on these findings, I propose a more nuanced approach to theorizing the body in feminist and sociological theory. If theoretical frameworks and empirical studies are to heuristically inform one another, our analyses must incorporate a temporal dimension, attending to the ways in which notions and experiences of embodiment are multiple and fluid. Further, we must recognize that they are constituted in social rather than individual terms. They are located in particular social and historical contexts and change over time in relation to other dimensions of the social and political body.<sup>5</sup>

Before turning to a review of theoretical approaches to embodiment and health in feminist and social theory, the subject of Chapter Two, in this chapter I give an overview of the key conceptual issues which have guided this project. I discuss the representation of gendered, classed and racialized bodies in both historical and contemporary medico-scientific discourses and the strengths and limitations of feminist challenges to these prescribed discourses. Drawing from recent writings on embodiment, masculinity, and whiteness I argue for a more careful problematizing of notions of ‘the body,’<sup>6</sup> ‘gender’, and ‘the normative’ in feminist and social research and a more dynamic approach to studying embodiment over the life course. Finally, I suggest that a focus on health provides a useful avenue through which to explore embodiment.

### **The Gendered Body in Medico-Scientific Discourse**

In the past decade a number of interesting and important feminist analyses of the history of Western science have documented the use of gender and the gendered body as a key metaphor in the production of medical and scientific knowledge from the mid-eighteenth century onward (see Jacobus et al. 1990; Jordanova 1989, 1980; Poovey 1988; Schiebinger 1993, 1989). Writers such as Jordanova, Poovey and Schiebinger have described the ways in which gender, class and cultural distinctions of the social body (or society at large) were increasingly ‘naturalized’ in late eighteenth and nineteenth-century medico-scientific representations of the individual, physical body. Distinctive sex roles for women and men, and ‘racial’ and class inequalities were legitimated through naturalistic accounts and representations of anatomy and physiology which increasingly emphasized sexual dimorphism and an androcentric and racialized hierarchical ordering of the natural world.

As Schiebinger eloquently describes in The Mind Has No Sex? (1989), the latter half of the eighteenth century was a time in which views of sexuality and the bodily basis of sexual difference underwent radical transformation. Sexuality was no longer defined solely in relation to the presence and meaning of different male and female reproductive organs -- 'sex would henceforth permeate the entirety of the human body' (Schiebinger 1989:190). Anatomists sought to identify the essential sexual differences of every aspect of male and female bodies, both external and internal. Scientific illustrators of the human skeleton relied heavily on dominant ideals of masculinity and femininity in their interpretations of the relative size and proportion of ideal, and thus defined as typical, male and female bodies (Schiebinger 1989:200). Ideals of beauty from classical art, especially of the female form, were consciously referred to in the selection of appropriate specimens for anatomical illustration. The resulting images were then re-presented in scientific and medical texts as accurate portrayals of nature.

Jordanova has argued that science and medicine of the eighteenth and nineteenth centuries constructed 'authoritative visions' of the differences between men and women through such imagery as the anatomical wax figures used for medical education. She reminds us that these images which take on what appears to be a life of their own are imbued with the values of their creators and often reflect and serve to reproduce dominant ideas about sexuality and social roles. Their significance and impact must be analyzed within a broad social and political context. As she states:

[t]he gendered nature of body images, and the ways in which the signs of these work, express relations of power and authority. In addition to this general meaning of 'political', body images have a direct and specific connection with political theories through the persistent use of analogies between parts of society or the state and the human frame ... (Jordanova 1989:50).



A similar point is made by a number of writers analysing representations of the female body in contemporary scientific discourses. Emily Martin's discussion of descriptions of human reproduction in biology textbooks highlights the ways in which highly-charged cultural metaphors of gender pervade ostensibly objective scientific representations and thereby resist deconstruction. Even when the underlying scientific ideas are challenged or radically contradicted by new discoveries, the stereotypical gendered metaphors are replaced by equally value-laden new ones -- for example the passive and lazy female egg is transformed into the active, but dangerous femme fatale egg lying in wait for the unsuspecting male sperm (Martin 1991, 1990).

Similarly, Lawrence and Bendix's review of the representation of male and female anatomy in medical texts over the hundred-year period from 1890 to 1989 in the United States noted a remarkable consistency in the presentation of the male body as the human norm, both visually and in textual descriptions. The female body appeared as a weaker and smaller variation on the male (Lawrence and Bendix 1992:926). The male body was typically used to illustrate 'The Body' even for non sex-specific features, and the female was primarily defined in relation to the male -- often as an altered and less than perfect, or less fully-developed male (Lawrence and Bendix 1992:932).

### **Feminist Challenges to Medico-Scientific Discourses**

Alternative explorations of the female body and body image have proliferated over the past decade in an effort to challenge dominant medico-scientific discourses and uncover ways in which dominant ideas are both reproduced and resisted in the social body. Largely influenced by the writings of Michel Foucault whose work elaborates the political dimensions of embodiment in a historical context, analysts have

carefully documented the ways in which media and advertising serve to promote and normalize disciplinary practices of the female body toward the achievement of unhealthy ideals (see, for example, Bordo 1993, 1990; and Sawicki 1991).

For example, Susan Bordo's much cited essay 'Reading the Slender Body' (1990) brilliantly deconstructs the pathologized, individuated image that both medicine and the media present us with, of the woman who succeeds in achieving these ideals only to damage her own health and perhaps risk her life in the process. Bordo's analysis clearly shows the importance of seeing the 'everyday-ness' of self-regulated body management practices and how they inscribe on the surface (and increasingly the interior) of women's bodies, the 'bulimic personality' (1990:97) of contemporary American capitalist society. The contradictory values of this culture require, at one and the same time, unrestrained consumption to achieve health and happiness, and intense repression of desire and body boundaries to meet narrowly prescribed moral and cultural standards of femininity.

In a similar vein, Emily Martin's The Woman in the Body (1987) explores cultural ideas and attitudes about the female body and reproductive processes among American women, and their relationship to dominant medical discourses. She examines how knowledge about reproduction is socially produced and resisted by the women through discursive and practical means.

Feminist analyses such as these have played a significant role in drawing attention to women's seemingly fragmented and problematic experiences of the body and health in contemporary Western culture as well as the importance of placing our analyses of body and body image in the context of dominant cultural ideals and values about gender. Yet these analyses leave us with little, if any, indication of how women

themselves read and respond to, or perhaps even resist, such prescribed representations. We get little sense of the extent to which they may, or may not, be significant or predominant in women's identity construction, and how this may shift over time and in different social contexts, as well as in relation to other aspects of the multiple subject positions women hold, such as class, ethnicity, age, sexuality, regional identity, and so on.

To date, more attention has been directed to locating the body in social theory than to understanding how people actively constitute and experience the body in everyday life (Frank 1995:187). Important empirical contributions have been made particularly with regard to studying gendered, classed and racialized aspects of embodiment (see, for example, Bartky 1990; Kaw 1994; Klein 1994; Morgan 1993; Wacquant 1995). However, most analyses tend to focus on one particular dimension or location of embodied experience, such as the cultivation of masculinity through sport, or the constitution of idealized feminine bodies in advertising, and so on, leaving us with little indication of how the various dimensions of our embodiment are related to one another. In addition, many empirical analyses such as those focussing upon the representation of the female body in the media, or dominant medico-scientific discourses, presume a direct causal relationship between prescribed representations of embodiment and people's own identities and experiences.

Similarly, relatively few empirical studies situate embodiment and health temporally. Those which have been done tend to concentrate primarily on unwell, for example chronically-ill,<sup>7</sup> or 'crisis' populations on the one hand, (ie. the burgeoning literature on anorexia and bulimia), or marginalized<sup>8</sup> and sub-altern groups on the other hand. (See Lock 1993a for a review of the rich anthropological literature on the body).

Even where authors seek to present contrasting perspectives, analyses attempting to demonstrate resistance generally remain framed by the language and categories of the discourses which they seek to challenge. For example, Emily Martin's The Woman in the Body (1987) seeks to provide a cultural analysis of reproduction from the perspective of American women to show the ways in which women may resist the medicalization of normative life processes. However, because she addresses the women's experiences of menstruation, childbirth and menopause as discrete life events rather than situating them in the context of the women's broader life stories her analysis actually serves to reinforce rather than transcend the biomedical fragmentation of women's bodily experience. Similarly, her efforts to uncover discourses of resistance among the women are in part thwarted because she does not examine the women's own notions of health and embodiment. She begins with the presumption that their notions of reproduction are construed primarily in relation to biomedical understandings.

Thus the potential contributions of feminist and sociological scholars to reshaping discourses on the body and embodiment are often impoverished by the ways in which their analyses, by focussing on singular dimensions of embodiment and prescribed discourses rather than lived experiences, tend to reinforce, rather than critically challenge, conventional medical and scientific assumptions about bodily experience.

### **Problematizing 'The Body'**

An additional limitation of both dominant medico-scientific and feminist discourses on gender, the body and health is the very static notions of embodiment which they hold. Many analyses carry an implicit assumption that once 'formed,' body

perception, image and experience remain primarily fixed and homogenous through time, place and the life course. However, recent historical and anthropological analyses suggest that the significance and impact of the authoritative visions of science and medicine (and one might also add media and advertising here) must be critically analyzed within a broad social, political and cultural context. Writings by historians such as Barbara Duden (1991) and anthropologists such as Margaret Lock (1993b) for example, provide us with case studies of radically different perceptions of gendered bodies, embodied experience and notions of health among eighteenth-century European and contemporary Japanese and North American women. Duden's historical analysis of women's perceptions of embodiment in 18th-century Germany suggests that the body was viewed as constantly under transformation. Movement of time in the body was seen as more constant than the material consistency of the body itself and gender was never unambiguously fixed in particular body features. Gender differences between women and men were more readily identified through the rhythm of bodily flows than through the possibility for them (1991:116-118). Her work suggests that notions of the body and health were constantly being renegotiated by both women and their physicians over time. 'Bio-logies' or stories of the body were historically and socially situated in medical accounts and viewed in processual terms.

Lock's comparative study of mythologies of menopause in Japan and North America also highlights the shifting meanings and boundaries of embodiment (1993a). She demonstrates how the recognition of signs and symptoms (both physical and cultural) of menopause is negotiated and experienced differently in divergent social, cultural and medical contexts and argues for the recognition of 'local biologies,' or the ways in which 'culturally-informed expectations, knowledges and practices' (1998:39)

intersect with physical sensations and bodily changes.

Similarly, studies of women's experiences of menstruation and menopause among community rather than clinical populations (Bransen 1992; Lock 1993b) have shown that women's understandings of these experiences are not construed solely in response to medico-scientific discourses. Ideas about the significance of these bodily events, the ways they enter into aspects of the construction of embodiment and self identity, and how they vary for individuals through time and in different social contexts must all be explored. As Bransen argues, 'the relationship between the medical and the lay world is much more complex than the medicalisation theory would have us believe' (1992:99). Her research on women's accounts of menstruation demonstrates that women do not simply repeat medical ideas but rather construct different genres which reflect their own ideas about the body, and different experiences of their bodies in varied settings, such as at work and at home (Bransen 1992:100-102).

### **Problematizing 'Gender'**

In addition to problematizing the body as a fixed and unitary concept, explorations of the body require truly problematizing gender in our analysis. As previously noted, a focus on female bodies and marginalized groups is predominant in studies on the body. Even in feminist-informed analyses, gender is often read as synonymous with female. As Jordanova points out '[t]here is a notable asymmetry at work in terms like "gender" and "the body" as a result of which we as scholars, like the writers and artists we study, focus more on women than on men' (1989:14). The very idea of gender seems to lead us more to women than men.

The lack of attention to, or problematizing of, the male body has tended to reinforce notions of the homogeneity and normality of male experience as well as the

distinctiveness or otherness of the female and marginalized groups. Writings from the growing field of masculinity studies (see, for example, Connell 1987, 1995; Fussell 1991; Hearn and Morgan 1990; and Klein 1993; Morgan 1992) as well as recent editions devoted to a preliminary dialogue on interrogating the male body (Bordo 1993; and Goldstein 1993 and 1994) suggest that men's experiences of the body and the relationship between masculinity, the male body and self identity are rich arenas to explore in the discussion of how gendered identities are constituted and experienced, and the dimensions of gender and power they embody.<sup>9</sup> And as Jordanova notes, '[i]t is vital ... to keep reminding ourselves that gender is not intrinsically dichotomous.. we have to comprehend how polarities [such as male and female] are made and given credibility' (1989:66). In this fashion we can potentially disrupt the apparent naturalness of prescribed representations of gender and embodiment.

What becomes important here is not to argue that women and men necessarily share the same experiences, although they may do so, but rather to examine how gendered differences come to be signified or valued differently. In a similar fashion other analysts (see, for example, Annandale and Hunt 1990; and Hollway 1984) argue for a more careful contextualization of notions of femininity, masculinity and gender in health and social research and call for particular attention to the ways in which gender is constituted in the production of subjectivity and identity.

### **Problematizing the 'Normative'**

Writings on body image and representation from the field of cultural studies also point to the need for a shift of focus from marginalized or deviant groups to those presented as normative. As Dyer's important work on representations of the racialized body in film demonstrates, while ethnicity is a frequent category of analysis in cultural

representation, 'whiteness' as a category seems to be relatively absent (1993:141; see also Dyer 1997). It remains at once, everything and nothing, being the category that others are compared to, and defined by, and yet itself largely unexplored. By focussing solely on non-dominant groups, Dyer argues, the absence of whiteness as a category is reinforced. As he states:

Looking with such passion and singlemindedness, at non-dominant groups has had the effect of reproducing the sense of oddness, differentness and exceptionality of these groups, the feeling that they are departures from the norm. Meanwhile the norm has carried on as if it is the natural, inevitable, ordinary way of being human (Dyer 1993:141).

As is evident from the recent sociological and literary studies which have begun to redress this absence, a critical examination of how whiteness is both produced and made invisible allows the possibility of challenging the power relations and presumptions embodied within it.<sup>10</sup>

### **Exploring Health as a Dimension of Embodiment**

While there are many avenues from which to study both representations and experiences of the body, this study foregrounds health as a dimension of embodiment. Experiences of health are central to the lived experience of being and having bodies, yet little attention has been paid in social research to the links between embodiment and understandings and experiences of health in everyday life (Williams 1995). As Saltonstall argues, selfhood, embodiment, and health are closely intertwined, thus studying health provides an interesting *entrée* into examining the ways in which the 'social order is negotiated, produced and reproduced through interpretation and construction of selves as healthy and as bodies' (1993:12).

### **Focus of the Thesis**

This thesis contributes to social science and feminist work on the body through



the presentation of a detailed local case study which examines women's and men's ideas about embodiment and health in northwestern Ontario, Canada. I explore the ways in which identities and experiences of gender, class, whiteness and 'northernness' are negotiated through discourses on embodiment and health. I argue that current body theory fails to recognize the ways in which ideas about embodiment and health are fluid and contextual and situated in place and time. Based on these findings, I argue for a more nuanced approach to theorizing the body and health and the development of a more synthetic relationship between theory and empirical research in our efforts to produce an embodied sociology.

### **Plan of the Thesis**

Chapter Two lays out the theoretical considerations which guide this project. I discuss key tensions in feminist and sociological theory on the body, critiques of the 'textual turn' in current social research and recent calls for the return to a more grounded body theory through closer engagement with specific case studies. I discuss the links between gender, class, embodiment and health and the importance of attentiveness to place and time as dimensions of social experience.

In Chapter Three I describe the methodological orientations of my research and the design and frame of the in depth interviews employed. I provide a detailed description of the research sample as well as an orientation to the research setting. The use of narrative analysis and life history methodology in sociology and feminist research are discussed. Recent debates on the analysis and interpretation of narrative material and the textual construction of reality in sociological writing are considered.

Chapter Four provides a detailed analysis of the respondents' narratives of health against the backdrop of the prevailing discourse of healthism. I examine notions

of health and health practices among the four groups, the ways in which their ideas about health and healthiness evolve over time, and points of similarity and contrast along the axes of gender and class.

In Chapter Five, I more closely examine respondents' ideas about embodiment. Levels of body consciousness among women and men, and positive and negative influences on embodiment are elaborated. Multiple and changing perceptions of the body and body image over time, and influences on those changes are discussed. The ways in which gender and class mediate one another in relation to particular aspects of embodiment are explored.

The focus of Chapter Six is the importance of place in respondents' narratives of embodiment and health. I discuss the ways in which identities of race, class and gender are negotiated in discourses on 'northern-ness' and used to construct notions of the 'unhealthy other' against which the values and practices of the 'healthy self' are affirmed. I argue that the concept of place has particular currency in the Canadian imagination making it central to an understanding of narratives of health and embodiment in this research setting.

Chapter Seven is a brief synthesis of the main arguments of the thesis. Future studies suggested by this research are noted. Based on this case study I argue for a closer connection between theory and empirical research on embodiment and health in the pursuit of an embodied social theory.

## Notes - Chapter 1

1. I employ Davis' notion of 'embodiment' throughout the thesis to draw attention to the subjective experiences of the lived body -- the experience of both being and having bodies (Turner 1996:37). I have chosen this term, because of the ambiguity of the term 'the body' as currently used in social science literature. The term embodiment is a more expansive notion which can encompass a variety of aspects of bodily existence such as the comportment or movement of bodies in space (Young 1990), or the experience of pain or pleasure through the body (Scarry 1985), and is thus preferable to terms such 'body image' which draw attention primarily to issues of appearance and the 'observed' body. As will be discussed in more detail in subsequent chapters, body image is one important dimension of embodiment, but there are many other ways in which the lived body is experienced and understood in everyday life.

See also Csordas (1994) and Strathern (1996) for discussions of the utility of embodiment as paradigm for social theory, and as an analytical concept in ethnographic research.

2. Much of the work on women and body image (cf. Bordo 1993 and Spitzack 1990) assumes that body image dissatisfaction is a predominant and enduring experience throughout the life course. Grogan and Wainright view Bordo's perspective as overly pessimistic and argue that it ignores 'the efforts of the large number of women who manage to resist the system and forge their own alternative positive body images' (1996:672).
3. Harris argues that the Parsonian notions of 'career' and 'life cycle' which have predominated in sociological studies of aging are fundamentally limited as analytical tools because they are static and isomorphic and presume the orderly progression of individuals through sequential stages of a stable developmental structure (1987:24-25).

By contrast he proposes the concept of 'life course,' defined as follows:

[a] sequence of events, that is to say a process which is both unintended and the result of intentionality and in which earlier events condition later events. Both the history of a society and the biography of persons are processes which can analytically be construed as event sequences (1987:22).

Viewing 'life course' in this fashion allows for a temporal dimension in studying aspects of bodily experience, as well as the possibility of locating bodies in space (1987:20).

4. I am using the term 'fluid' here to mean changeable or adjustable -- capable of being reshaped or evolving over time. This is distinct from its usage in French feminist philosophy and psychoanalytic theory, as in the work of Annie Leclerc, Luce Irigaray and Hélène Cixous, in which attentiveness to the body's flows and fluids is viewed as a

distinctive metaphysical aspect of female embodiment. These writers argue that valuing women's fundamentally different orientation to the body is necessary to create positive metaphorical representations of femininity (cf. Cixous 1980; Irigaray 1985; and Leclerc 1987).

5. I am using the terms 'social body' and 'political body' following Scheper-Hughes and Lock (1987). 'Social body' refers to the population at large, and the symbolic arena of both cultivating and reading social meanings and identities through individual bodies. Terence Turner refers to this as 'the social skin' -- the idea that nature (ie. the physical body) is turned into culture (the social body) through socially ascribed practices of bodily adornment, etiquette, comportment, hygiene, and so on which serve as means of codifying and reproducing both collective social identities and dimensions of social difference (Turner 1980).

By contrast, the term 'political body' is drawn from the work of Foucault, and refers to 'the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, in work and in leisure, in sickness and other forms of deviance and human difference' (Scheper-Hughes and Lock 1987:7-8).

6. I have demarcated a number of terms such as 'the body,' 'gender,' 'white,' 'race,' 'nature,' 'normative,' and 'everyday' in quotation marks the first time I have used them in the text to draw attention to these as socially constructed rather than objectively constituted categories.
7. Some research has been conducted on conceptions of embodiment and health over time among people suffering from chronic illness and disability. See for example Bendelow and Williams 1995, Charmaz 1991, Wendell 1996, Williams 1996, and Williams and Bendelow 1998. While these authors argue for a less dualistic and more nuanced notion of the health/ill-health dyad, chronic illness and disability are more commonly treated as diametrically opposed to healthiness -- a concept which often remains vaguely defined in social research.
8. In her article 'The Myth of Bodily Perfection' (1995) Sharon Dale Stone details the impact of social expectations of bodily perfection on people with visible and invisible disabilities. She points out that the pervasiveness of this myth in contemporary Western culture promotes the pathologizing and 'othering' of those with visible disabilities and encourages people with invisible disabilities to deny their experiences of disability in an effort to be accepted as 'normal'.
9. Morgan (1992) argues that while men are on the one hand 'everywhere' in sociological analyses, being the group whose perspectives and concerns have shaped the discipline since its earliest origins, masculinity or the experiences of manhood are on the other hand rarely explicitly addressed. He suggests that this situation may be rectified by doing original research on masculinity as well as through revisiting classical texts to see what they reveal about masculinity as a social phenomenon.
10. Excellent examples of a critical analysis of the invisibility of 'whiteness' as a social construct are provided by Frankenberg 1993, Morrison 1992 and Roediger 1991. This

research will be discussed further in Chapter Six where I explore dimensions of diversity in my respondents' narratives of embodiment and health.

## Chapter Two - Theoretical Orientations

[T]he question of how individuals change styles of body usage and what historical conditions affect these changes will best be asked in delimited empirical inquiries and answered only with respect to local contingencies. But even local and empirical inquiries must grapple with theoretical issues ... (Frank 1995:187).

By opening our ears to the languages of health, we hear the reverberations of culture, history and identity. Health is never just a biological phenomenon, it is always imbued with social and political meaning and, if we listen carefully, we find that concepts and practices of health resonate with distinctly audible sounds of dissent (Adelson 1998:18).

### Introduction

As Margaret Atwood's quote in the prologue to this thesis reminds us, the body has achieved the status of a hot topic in feminist and social theory over the past two and a half decades. While the body has never been entirely absent from social theory,<sup>1</sup> it remained largely an 'absent presence' until the publication of Bryan Turner's seminal work The Body & Society in 1984. Drawing on the earlier work of Weber, and more recent writings by Foucault and feminist theorists, Turner persuasively argued that government of the body (both individual and social) is central to social life and thus sociological theory must take account of questions of embodiment. All societies are confronted with the tasks of reproducing populations in time; regulating bodies in space; restraining the interior body through disciplines; and representing the exterior body in social space (1984:1-2). Turner's work challenged other analysts to address the many paradoxes of our embodiment, such as the social constitution of naturalized bodies, the location and experience of bodies as both singular and plural, the body as a site of social control and resistance, and the body as a metaphor of contemporary social and cultural values. Turner's challenge was indeed picked up by a variety of analysts and the past two decades has witnessed the birth of the sociology of

the body as a now well-established sub-field of the discipline as well as growing interest in theorizing embodiment in a variety of cognate disciplines (Shilling 1993).

Contemporary studies of embodiment are theoretically diverse, reflecting the wide range of theoretical and disciplinary influences they draw on. However, key distinctions are visible between those who draw on social constructionist, naturalistic, and postmodern frameworks (see Shilling 1993 for an overview of theoretical approaches to the body in social theory). Writers such as Turner and Shilling (1993), drawing on the earlier work of Michel Foucault (1980, 1979, 1973), see the individual body as a site of surveillance and social control -- an arena in which the politics of the larger social body are played out. In this framework techniques of the body, or bodily practices, are seen as mechanisms for normalizing social behaviour which can have a particularly negative impact on disenfranchised or marginal groups.

A related theme, also influenced by the work of Foucault, emphasizes the body as a site of resistance or rebellion against dominant cultural discourses and values. Ong (1988) and Lock (1993) argue, for example, that illness may be viewed as a form of social protest and that discourses created in the private arena, or the individual body, may 'refuse' categories presented by the public arena. Ong's analysis of spirit possession among female Malaysian factory workers shows how cultural ideas about the female body and body processes are used by the workers to resist and restructure repressive aspects of workplace organization (1988; see also Sawicki 1991 for an analysis of the new reproductive technology debate in this regard).

The naturalistic body (1993:41) forms the core of writings by two distinct groups. The body as a concrete biological and physiological entity which is knowable in the absence of social relations is the 'reified' body of medico-scientific discourse.

The focus here is on the cumulative and objective basis of scientific knowledge of the body and embodiment with little attention given to the social dimensions of knowledge construction.

While radically opposed to the representations of the female body in biomedicine, some feminist discourses on women's health have also presumed a natural female body (Boston Women's Health Collective 1993; Greer 1991). The central theme of these texts has been to understand the body from the 'standpoint' of women (Smith 1990), as distinct from dominant medico-scientific representations which are seen to have ignored women's own perceptions and experiences of body and health. These analysts suggest that in the absence of prescribed medical and scientific discourses women's true relationships to their bodies will become self-evident.

In the past decade, the idea of a women's shared standpoint and experience of the body has increasingly come under criticism from both within and outside of feminism (Harding 1991; Hennessy 1993). As noted in Chapter One, writers seeking to contextualize the relationship between class, gender and culture have argued for a more sophisticated analysis of the multiple identities individuals may hold (see the discussion in Moi 1985) and the need to problematize the way in which whiteness is presumed and constructed in feminist theorizing (Ware 1992).

In distinct opposition to the naturalist approaches of biomedicine and the early women's health movement are the writings of contemporary postmodern and poststructural theorists such as Braidotti (1994), Butler (1993, 1990) and Haraway (1993). In postmodern representations the body or self is seen as an unstable, emerging and possibly unknowable entity which is constituted through discourse. Subject positions or identities are seen as constantly shifting, and metanarratives or



grand theories about 'women's experience of the body', or even a concept like 'the body' itself are refused. Emphasis is placed on the emergent nature of the self and the localized and strategic constitution of bodily experience and self identity (Braidotti 1994).

A number of writers have recently argued that the postmodern turn in feminist and social theory over the past decade has led to the virtual disappearance of the body as a material entity in social analysis (Davis 1997; Frank 1995). The emphasis on the textual and discursive construction of the body (Singley 1993; Smith, S. 1993) has, ironically in many ways, led to a further split between mind and body and the disintegration of the body as a useful construct (Wakewich 1994) at the same time as it has achieved a heightened presence as a measure of social and moral worth and means of constituting social identity in late capitalist society. As the opening quote to this chapter from Frank suggests, there is a need for a greater attention to empirical case studies, and the study of lived experiences of the body in specific historical and social contexts as a corrective to this textual turn.

Similarly, in reviewing recent feminist work on the body, Davis notes an ambivalence toward the material body and a tendency to privilege the body as metaphor (1997:15). She suggests that a truly embodied theory must reintegrate the material body without losing the insights of postmodern analysis and its attentiveness to issues of difference and diversity. As she states,

[b]odies are not simply abstractions... but are embedded in the immediacies of everyday lived experience. Embodied theory requires interaction between theories about the body and analyses of the particularities of embodied experiences and practices. It needs to explicitly tackle the relationship between the symbolic and the material, between representations of the body and embodiment as experience or social practice in concrete social, cultural and historical contexts (1997:15).

## The Embodiment of Healthism in Everyday Life

Lupton (1995) has suggested that a central feature of late 20th-century Western society is the regulation of the body through the discourses of public health and health promotion. Health and 'healthism' have become a virtual imperative for all and are read as important markers of personal worth and social status. The pursuit of health is increasingly 'an arena for the display of the growing bourgeois ideal of taking responsibility for determining one's future' (Crawford 1994:1352). Successful images require successful bodies; thus in the corporate sector, for example, a new ethic of 'managerial athleticism' (Turner 1984:11) has evolved which represents the trained and disciplined body of the manager as metonymic of the values and potential for success of the corporate agenda and a model for the workforce and citizenry as a whole to emulate. And as many contemporary American corporate practices show, from mountain climbing workshops to mandatory drug testing, workers of the 1990s are increasingly being expected to literally embody corporate values of agility, leanness and flexibility in order to achieve a healthy 'corporate body' (Martin 1994:210-217). The rhetoric of the current entrepreneurial culture in corporate America promotes the idea that,

[I]like the human body, American *corporate* bodies that are healthy are 'focussed, fast, friendly and flexible.' Successful corporations will combine the power of a giant with the agility of a dancer (Martin 1994:210).

The growing emphasis on personal responsibility for health is indicative of a new alliance between the medical profession, the state and the healthy citizen. While contemporary western society is largely secularized, discourses on health reveal the moral ideology of the *conscience collective* (Turner 1984:221) -- an ideology that is regulated and mutually reinforced by the medical profession, the state and the

individual. The emphasis on privatization, individual responsibility and lifestyle values in current health and social policy discourse is epitomized by Turner's statement: 'the monogamous jogger is the responsible citizen, whereas the moral deviant becomes through self-induced illness a burden on the state' (1984:221).

In both popular rhetoric and contemporary health policy, health has been transformed from an ascribed to an 'achieved' status. It is no longer the constitution one is born with, or primarily shaped by one's social and physical environment or genetic inheritance, but rather what one as an individual forges and accomplishes through the embodiment of socially prescribed body protocols and lifestyle behaviours achieved through disciplined adherence to cultural maxims of diet, exercise and bodily control. And as questions are increasingly asked about what services and treatments public and private health care programs can afford, or should be obliged to provide, the rhetoric on lifestyle choices and personal responsibility for health is invariably being applied to an even wider array of health concerns.<sup>2</sup>

For example, a recent article in the Toronto The Globe and Mail newspaper<sup>3</sup>, entitled 'Who Will Pay for Lifestyle Drugs' (Sullivan 1998), describes a growing trend among North American insurance companies to limit coverage of so-called 'lifestyle' drugs because of the costs associated with their growing popularity. A corporate pharmacist quoted in the article supports the insurance companies' position, arguing:

[i]t used to be that drugs were for the sick, ... but these days they're also used for cosmetic purposes, to improve the quality of life, as a substitute for dieting, exercise and a healthy lifestyle, and to prevent long-term illness (Sullivan, October 20, 1998, C1).

It is interesting to note that in addition to the perhaps more arguably cosmetic pharmaceuticals cited, such as Viagra (a recently marketed drug to treat impotence)

and Propecia (used to remedy male pattern baldness), the list of problematic lifestyle drugs cited in the article includes those used to aid smoking cessation, and to treat obesity and osteoporosis.

As lung cancer linked to cigarette smoking, hypertension and heart disease related to obesity, and osteoporosis associated with loss of bone density with aging, have all been identified as significant health risks for Canadians, and particularly Canadian women in their middle and upper years, viewing drugs used to enhance their prevention and control as superfluous or unwarranted public expenditures would seem ironic at best, and perhaps negligent at worst. In addition, the notion that the prevention of chronic and ultimately life-threatening illnesses is somehow an unworthy or an unjustified expense for health insurers, as the article infers, promotes the idea that such illnesses are solely the product of poor individual lifestyle choices. Such an approach ignores the well established body of literature demonstrating the social and structural determinants of health and illness (see for example Annandale 1998; Conrad and Kern 1994; and Freund and McGuire 1995).

### **Health and the Boundaries of Personhood**

Despite considerable attention to the relationship between health, lifestyles and social class in social studies of health there has been little engagement between theoretical models, and empirical studies of lay beliefs and health practices. Studies have shown the links between class and health status (Blaxter 1990; and Kooiker and Christiansen 1995), how gender and class location shape health beliefs and practices (Blaxter 1983, 1990; Cornwall 1984; Denton and Walters 1999; Graham 1989, 1993; and Pill and Stott 1985), and how patterns of food consumption and meanings of exercise vary by class (Calnan and Williams 1992; and Hupkens et al. 1998). However,

as Williams argues, the link between health and lifestyles is undertheorized and further research is needed ‘concerning *how* and *why* people adopt, maintain and change their lifestyles’ (1995:580-581; original emphasis). He proposes the utility of Bourdieu’s theoretical work, in particular his notions of *habitus*, practice, bodily hexis and social distinction as a framework to bridge the gap between empirical research on health and lifestyles and social theory.

Williams points out that health is a largely taken for granted concept, and health behaviours a routinised aspect of everyday life. They are part of the *habitus*, or structuring structures, a system of generative dispositions which are acquired through daily practice in particular social and historical locations and spaces (1995:585). The *habitus* shapes people’s world view and provides a set of dispositions which frame individual and collective ways of thinking and acting in the world as well as socially prescribed forms of embodiment (or the bodily hexis) such as ‘forms of body posture, deportment, style and gait’ (Williams 1995:586-587).

Social dispositions, such as those which frame our health beliefs and practices are located in fields or networks of relations of power, domination and subordination which are contingent on resources or capital for prestige and social honour. Thus different bodily forms and lifestyles can be viewed as part of the struggle of different social groups to assert the primacy of their own dispositions and resist the prescribed values of those with greater access to capital. For example, working-class resistance to prescribed middle-class healthist discourses may be viewed as part of an effort to assert the primacy of working-class values of consumption and leisure (Williams 1995:589). However, as William’s notes, one of the potential limits of Bourdieu’s framework is its emphasis on the unconscious or ‘largely thoughtless nature of practice’ (1995:599)

which raises questions as to its potential for addressing issues of agency in health beliefs and practices.

A number of other recent studies have persuasively argued that our analyses must turn to the arena of lived experience and the phenomenological dimensions of embodiment and health to examine how they engage with prescribed ideals (see, for example, Adelson 1998; and Saltonstall 1993). Saltonstall points out that attention to the lived experience of socially and historically situated men and women can reveal ‘the processes and practices of everyday life through which the body is constructed and known in its concreteness and particularity’ (1993:7). Such a framework provides insights into how the body is both personally and socially situated in the construction of self and others as healthy, or unhealthy. The body is the medium through which health is constituted as a social reality. ‘Body insignia’ or bodily signs become ‘indicators not only of physical health, but also of ontological health, or the healthiness of the self’ (Saltonstall 1993:12).

According to Crawford, health has become a key concept in the fashioning of identity in the late 20th century and an important symbolic domain for creating and re-creating the self among the middle class. As he points out,

[t]he pursuit of health, so much a part of the American cultural landscape since the mid-1970s, can be understood as a ritual of personal regeneration in which middle-class identity is secured and conspicuously displayed (Crawford 1994:1347).

Discourses on health are an important site of identity constitution as well as contestation. They are a means by which individual and collective identities are constructed, managed and reworked (see also Radley and Billig 1996). They also mark boundaries and tensions between persons and within the self. Thus, studying the

culture of health, provides an entrée into symbolic dimensions of the socio-cultural order (Crawford, 1994:1347).

Crawford suggests that discourses on persons with AIDS in the United States, for example, reveal the AIDS crisis to be as much an ‘epidemic of signification’ as a reflection of concerns about the healthiness of particular individuals or the public as a whole. Whereas being defined as healthy stands as a metaphor for self-control, self-discipline, self-denial and will power; ‘unhealthy’ individuals, such as persons with AIDS, are seen to signify disorder, moral and sexual laxity and an unworthy drain on increasingly strained public resources.

The social ideology of health becomes a key symbolic means by which the content and boundaries of personhood and the social order are defined and maintained through the projection of contemporary middle class values onto society writ large. Narratives of health mark contours of identity. They are a means by which boundaries of self and other, values of citizenship and personhood, and levels of identification with, and commitment to, the social order are defined and negotiated in relational terms as part of everyday life. Thus, Crawford suggests,

[t]he ‘healthy’ self should be seen in terms of an interrelated set of oppositions: (1) a biologically healthy set that is conceived in opposition to disease and death; and (2) a metaphorically healthy set by way of which conventional beliefs about the self are imagined as opposed to the qualities of ‘unhealthy’ persons already positioned as subordinate, outside, and stigmatized (1994:1348).

### **Health and Embodiment**

Notions of health involve both a sense of health and a sense of body, or embodiment. Definitions of health make specific reference to the body’s history and often refer to deliberate and intentional action involving the body. Health is

‘conceptualized as a creation and accomplishment of a bodied, thinking, individual’ (Saltonstall 1993:8).

Veena Das argues that conceptions of health or well-being are part of an individual’s constitution of him or herself as an embodied self, and they are shaped in specific social and temporal contexts. ‘The body is the point at which individual experience and collective ideologies intersect’ (Das 1989:43). It is also the material site of efforts at social control and individual and collective resistance to dominant discourses.

### **Health as Resistance**

Narratives of health are influenced by, and means of negotiating, other dimensions of our social location such as gender, class, culture and age. As Crawford’s research on working-class responses to the bourgeois rhetoric of self-control, discipline, denial and will power in contemporary American ‘healthist’ discourse illustrates, resisting prescribed values and behaviours can be a way of asserting working-class identity and challenging the status quo (1984:97).<sup>4</sup>

Notions of health are grounded in the experiences of everyday life and talking about health is a means of giving expression to core cultural ideas about quality of life and well-being. In the context of his early 1980s study in Chicago, for example, Crawford noted that among middle-class respondents health was viewed as an object of intentional action, rather than the outcome of normal life activities. To achieve health required self-control, discipline, denial and willpower, all associated with a Protestant ethic of work and a significant commitment of time and energy on the part of individuals (1984:67). However, many of his working-class respondents viewed health as an unaffordable luxury, something they did not have the time or the money to



attain in the course of their everyday work and family commitments. They resented what they viewed as the bourgeois idea that 'leisure or "down time" must be converted to the "up time" of health promotion' (1984:69) and in contrast to middle-class notions of health as achievement, working-class respondents re-defined health as 'release'. While middle-class notions of health stressed individual responsibility and the moral values of control, discipline and bodily asceticism, the working-class narratives celebrated the pleasures of food and drink, and emphasized the importance of relaxation and leisure time as an antidote to the increasing economy of time and productivity demanded by the labour process.

As Crawford's research reveals, the struggle with 'excess' in contemporary American society has become a class-coded ideal of health. Identification with status-quo ideals of healthism may be worn as a badge of distinction, a means of asserting or attempting to shape one's bourgeois identity. Conversely, resisting healthist discourses may reflect working-class consciousness and an effort to frame the self in contrast, or opposition to, culturally prescribed middle-class norms.

Adelson has taken Crawford's analysis one step further. She notes that 'health cannot be understood outside of particular -- yet continually shifting -- social and historical parameters' (1998:6). She argues that we can achieve a better understanding of lay concepts of embodiment and health by transcending the narrow terms of the biomedical frame which defines health in opposition to disease or illness and primarily in individualistic terms. She points out that by following a biomedical orientation many social scientists reproduce the health/illness dyad in their own research thus limiting their potential to uncover alternative cultural and political meanings of health and well-being. In the case of the Cree of Whapmagoostui, Quebec, for example, there is no

traditional term which translates back to English as health. The Cree use the term *miyupimaatisiium* which Adelson translates as 'being alive well' to talk about their well-being.

'Being alive well', ... is distinguished from 'health' in that it draws upon cultural categories that are not intrinsically related to the biomedical or dualistic sense of individual health or illness. That is, the articulation of wellness is made in relation to factors that may be distinct from the degree of one's biological morbidity and are constituted from within as well as outside the boundaries of the individual body. Thus one might speak simultaneously of being both unwell yet feeling *myyupimaatisiiu* (Adelson 1998:10).

To not 'be alive well' may be a condition of the social, rather than the individual body, and indeed is a highly politicized discourse in the current political climate of the Cree's home environment. Embodied in statements about 'being alive well' are concerns about the continued decline of the Cree way of life as a result of the colonization of aboriginal peoples in Northern Canada during the late 19th century, as well as current struggles with the provincial government over hydro-electric developments which are further disrupting traditional Cree hunting grounds, and anxieties about the place of First Nations' peoples within the Quebec government's sovereigntist agenda (Adelson 1998:9-11).

As Adelson notes, the Cree concept of health is a component of strategies of identity and dissent. The cultural and political dimensions of present constructions of 'being alive well' are influenced by both past and present struggles, and transcend narrowly defined biomedical notions of health and illness by framing health in a wider social context and shifting it from an individual to a social phenomenon. Thus Adelson suggests in the opening quote to this chapter, social science approaches to the study of health need to take a more expansive view and attend to the complex languages of health which can be heard in the lay population.<sup>5</sup>

## **Studies on Lay Conceptions of Health in Canada**

Litva and Eyles have carried out one of the few studies of lay concepts of health in a Canadian context (1994). Their research is particularly interesting for comparison with my own as it centres on a small, predominantly middle-class white community, in central Ontario. Using a grounded theory approach, Litva and Eyles conducted in-depth interviews with a convenience sample of 24 women and men between the ages of 26 and 80 focussing on their definitions of health and how they negotiate being healthy (Litva and Eyles 1994:1085).

They note that in general the residents of 'For far'<sup>6</sup> draw a distinction between the abstract concept of 'health' and what it means to 'be healthy'. Similar to other research on lay perceptions of health, their study revealed that people often have difficulty articulating a definition of health and are able to do so only in very general and abstract terms. Their informants typically described health in negative terms as the absence of illness or debilitating disease and viewed it primarily in terms of physical well-being (Litva and Eyles 1994:1085). By contrast, when asked to talk about what it means to be healthy, informants drew more centrally on their own individual experiences. They described healthiness in terms of their quality of life, and their potential for psychological well-being. Healthiness was perceived as a crucial resource for the individual. It was so important to people's sense of personal worth that negotiation or denial of illness sometimes occurred, as in the case of chronic illness or disability, in order for the individual to avoid being labelled deviant, or having to face the moral liability of not living up to normative expectations of functioning (Litva and Eyles 1994:1086).

Respondents' ways of negotiating healthiness or 'being healthy' reflected a

concern to participate in 'appropriate' or conventionally recognized health protocols, for example engaging in dieting and exercise as caloric control rather than to enhance one's nutritional or physiological health. In addition, being healthy involved a conscious sense of self-management as well as making comparisons with and evaluating how others are managing (Litva and Eyles 1994:1088).

Based on this research, Litva and Eyles conclude that it is important for health analysts and policy makers to recognize a distinction between health as an abstract concept, and lay ideas of 'being healthy' which more directly shape health attitudes and behaviour and are part of how we define our place in the social world.

[B]eing healthy is seen as a vital state to ensure that one is regarded as a 'normal' individual, capable of meeting the demands of daily living in the context of the containing society. Being healthy is part of a moral code against which individuals feel that they are judged. . . The code shapes peoples' conduct, their self-management as well as their health-seeking behaviours, for deviance -- outsider status -- is the binary opposite to healthiness. Being healthy is a state negotiated to constitute ourselves as part of the social order (1994:1088).

### **Gender and Lay Perspectives on Health**

While there is a significant body of literature debating the impact of gender roles, gender identity and gender inequality on health behaviours and health status (for a summary of some of these debates see Annandale 1998; Hunt and Annandale 1999; and Arber 1997), until recently less attention has been paid to lay women and men's perceptions of health and how experiences of health and ill-health might themselves be a source of gender consciousness (Cameron and Bernardes 1998; Walters 1991:31).

In Canada, the concern to identify and elaborate women's perspectives on health has been taken up most centrally by Vivienne Walters in her research on women's perceptions of health in Hamilton, Ontario (1991, 1992, 1993). Walters

points out that despite the growing strength of the women's health movement, very little attention has been paid to 'developing a representative picture of women's own health priorities' (1991:28). Even relatively recent efforts on the part of Health Canada (the Canadian government department responsible for overseeing national health care policy and provision) to articulate a women's health agenda have typically relied on morbidity and mortality data, and reports of 'key informants' (generally defined as those delivering health care) to define women's concerns and priorities. As she states,

[R]esearch has generally not allowed women's own priorities to emerge, and we do not know whether and how these priorities vary. We have only scattered information on what women identify as their foremost health problems and what they consider to be the source of these problems (1991:30).

While the women's health movement and feminist critiques of medicalization have been more successful in addressing lay perspectives through their commitment to incorporating women's voices, Walters argues that much of this work tends to perpetuate the narrowly defined parameters of what constitutes women's health that its proponents have criticized biomedicine for. Because of its emphasis on generational reproductive issues, such as menstruation, pregnancy and childbirth and menopause, it provides only a partial glimpse of women's perspectives and priorities (Walters 1991:30). Women's health experiences related to other dimensions of their lives, such as in their roles as paid and unpaid workers, and women's health concerns with respect to health problems that are not gender specific remain neglected (1991:30-31).

To elicit 'ordinary' or lay women's health perceptions and experiences (ie. those women who are not health care professionals, and not leaders of women's groups) Walters conducted a survey in Hamilton, Ontario in the early 1990s. Using a stratified random sample derived from 1986 Census data, Walters interviewed 365

women. Her interview questionnaire comprised a mix of structured and unstructured elements which, in addition to basic demographic information, centred on the women's concerns and experiences regarding their health (1992:371).

Walters found that the issues typically discussed in literature on women's health such as contraception, pregnancy, and gynaecological and reproductive concerns were given little attention by the women interviewed, even by those in the 21-34 age group for whom reproductive issues might be presumed to be of importance (Walters 1992:373). By contrast,

[w]hat did emerge as strong themes were the mental health problems women reported, in particular stress, which was a consistent primary emphasis. Being overweight was a consistent theme too, confirming other studies which have pointed to women's dissatisfaction with body image (whether or not they are indeed overweight in the opinion of medical experts). Arthritis and migraines/chronic headaches were also common themes (Walters 1992:373).

More than two-thirds of the respondents reported tiredness and disturbed sleep, as well as difficulty finding time for themselves, and over a fifth of the sample were unhappy with the quality of medical care, in particular with what they perceived as doctors' unwillingness to acknowledge the problems faced by women (Walters 1992:372). Their main health worries were cancer, especially breast cancer, heart disease and cancer of the womb or cervix, similar concerns to those identified by the sample as major health problems for women in Canada generally.

In discussing their health concerns and experiences the Hamilton women placed their notions of health and ill health in a social and economic context linking both their physical and mental health with family responsibilities, work demands and financial worries and violence (Walters 1992:373). In terms of their mental health, an area which as already noted Walters found to be of primary concern for the women,

variations in the quality of family relationships, and the combined demands of work, family and caring roles were significant determinants of stress and anxiety.

In contrast to predominant medical views of mental health which emphasize biological or psycho-social impairment of the individual, the women's accounts emphasized the social bases of mental health. They incorporated a recognition of distinct gender roles and images of women, and drew links between physical and mental health. 'Physical health was not understood simply in bio-medical terms and mental health problems were seldom explained with reference to a bio-medical model' (Walters 1993:400). It is interesting to note that many of the women had a tendency to 'normalize' the problems they experienced, seeing them as not serious, or perhaps not frequent or intense enough to worry about, or because they were embarrassed to be seen as not being able to cope with 'everyday things' (Walters 1993:400).

Walters' data also highlight the importance of attending to diversity among women as socio-economic status, ethnicity, family structure and labour force participation all shaped the women's experiences of mental health. Women with demanding jobs and family responsibilities reported stress and little time to themselves, but appeared to have resources in the form of higher education and income to help cope with difficulties. Those in similar occupational and educational circumstances, but without a partner and having lower incomes, were more likely to report anxiety. They tended to have fewer sources of social support and financial resources. Depression was reported by those in the most marginal situations. These women tended to have a lower educational level, a less secure labour force position, lower incomes and English was generally not their primary language (Walters 1993:395-396). Some of the women linked their mental health to what Walters refers to as a 'social legacy' -- a history of

long term family or economic problems such as childhood abuse, and the exigencies of migration, and family adjustment after the loss of a spouse.

Walters concludes that while ill health is not a major source of consciousness about gender and other structural inequalities for the women interviewed, it does appear to heighten their consciousness as the socially grounded explanations the women give for mental health concerns illustrate. However, these are not reflected in health and public policy. As she points out:

Women receive more reinforcement to slim and attend to their appearance than they do to leave the dishes or the cooking or the shopping or the parental or childcare. And women who are single parents have no such options as well as limited public support (Walters 1993:401).

A similar point is raised by Green (1994) in her critique of women's health policy in Canada over the past two decades. Green argues that health promotion programs aimed at women are fundamentally flawed because they fail to recognize or acknowledge the social, economic and political context of health-related behaviours and personal assessments of risk, as well as the gendered dimension of health and health-related behaviours (Green 1994:377-382).

### **Gender and Men's Perceptions of Health**

As Walters has argued for much greater attention to gendered dimensions of lay health perceptions and experiences with reference to women's health, Cameron and Bernardes (1998) make a similar point in their research on gender and disadvantage in men's health. Akin to Jordanova's (1990) observation that gender is seen to be something that applies only to women, they argue that '... where health disadvantage has been linked to gender, the focus has typically been on women rather than men' (Cameron and Bernardes 1998:673). Little attention has been paid to men's notions



and experiences of health and the impact of hegemonic masculinities on the ways men negotiate social roles and healthy bodies (see also Sabo and Gordon 1995).

Reflecting on their own research on prostate ill-health, for example, Cameron and Bernardes note that the men interviewed negotiated gender in a range of ways. This appeared to influence the men's health beliefs and health-seeking behaviours sometimes placing their health at risk. This was a particular concern for those men whose notion of masculinity meant that they typically ignored unusual symptoms and were reluctant to seek medical advice as they saw the negotiation and monitoring of health as the domain of women (Cameron and Bernardes 1998:678-679).

Cameron and Bernardes point out that it is important to be attentive to heterogeneity and a range of masculinities when talking about men's health, and to view gender as negotiated rather than fixed or homogeneous. While some of their respondents expressed stereotypical male attitudes toward the body (ie. viewing the body as a machine) and health protocols, a range of perspectives influenced by social class, age, and stage of the life course was also apparent (Cameron and Bernardes 1998:685-687).

### **Linking Lay Conceptions of Health, Place and Time**

A further theoretical consideration in examining lay conceptions of health is the necessity of attending to place and time. Popay et al. argue that little research to date has conceptualised the impact of place on social inequality and health, or analysed how individuals 'make sense of and act upon their environments' (1998:663) in relation to health and health practices. Conceptions of health and well-being are articulated in relation to specific locations and temporal frames.<sup>7</sup> They suggest a more dynamic approach to studies of health would be facilitated by conceptualizing place within a

historical context as the site at which social structures impact on individual lives, and examining how place is conceptualized in lay experiences of the everyday world.<sup>8</sup>

Popay et al.'s concern with the impact of place on social inequality and health may have a special purchase in the Canadian context. While the influence of the specific features of locale, both socio-cultural and environmental, is always significant, it has a pre-eminent role in Canada. No adequate analysis of Canada can ignore the importance of regional differences (Brodie 1988). Debates about national culture in Canada inevitably involve discussions of the fact that there is no consensus as to its form or content. For many this is what defines Canadian identity. Regional differences rooted in the physical environment, economic factors, historical immigration and settlement patterns, and language have apparently compromised efforts to constitute a core national culture (Shields 1990).

Northern Ontario represents a unique region in the Canadian state, albeit a region replete with myriad cultural divisions (Southcott 1993). The heavily-forested (at least prior to intense industrial logging) sub-arctic physical environment, the extractive resource industry economic base (particularly forestry in the west and mining in the east), the large Francophone population in the eastern half, and the significance of eastern and southern European and Finnish immigration in the Northwest, as well as a large First Nations presence, underlie the unique features of this region.

In the context of this present study, one of the most significant social and cultural phenomena would seem to be the importance of a regional identity as 'northerners.'<sup>9</sup> This is, to be sure, a relative concept--a self-definition constructed *vis-à-vis* a perceived 'south'-- the Golden Horseshoe area centred around Toronto. The south is widely perceived to be wealthier and more powerful in political terms (Dunk

1991), but, as will be illustrated in Chapter Six, a number of negative stereotypes or characteristics are frequently attached to the south and ‘southerners.’

### **Gender and Lay Conceptions of Health in Northern Ontario**

To date, there have been no comprehensive studies of lay notions of health in Northern Ontario. Limited attention has been given to the study of gender, health status and health practices in the north, but only with reference to women’s health. In the Northwest, during the late 1970s and 1980s women’s groups such as The Northwestern Ontario Women’s Decade Council (established in 1974), the Northern Women’s Centre and the now defunct Women’s Health Information Network and Women’s Health Services Steering Committee, conducted topical research on violence against women, women’s mental health in isolated communities, and gaps in health services for rural and Northern women. In the early 1990s women’s groups lobbied for the provincial legalization of midwifery, for access to birthing options in rural and remote communities<sup>10</sup> and for better access to abortion for women living in the north. In addition they continued to press for an increase in the range and availability of health services for women and their families in rural and northern communities.<sup>11</sup>

A preliminary look at Northern women’s health status and health priorities is the subject of two recent papers published as part of the proceedings deriving from a conference at Laurentian University in Sudbury, Ontario in 1995 the theme of which was ‘Women in Northern Ontario’. Using selected data from the Ontario Health Survey (OHS),<sup>12</sup> Pitblado and Pong (1996:239) examined Northern women’s health status, health behaviours and use of health care providers. Their review of the OHS data suggests that women in the north experience slightly higher numbers of health problems and higher disease and morbidity rates than their counterparts in southern

Ontario or the province as a whole.

Indeed, of the 20 categories of long-term health problems reported by the OHS, the highest proportions in 15 of these are reported by women in either the northeast, the northwest, or Northern Ontario as a whole.

Compared with women in Southern Ontario, northern women suffer slightly higher percentages of skin diseases and back pain and significantly higher proportions of arthritis/rheumatism, circulatory, and heart disease problems (Pitblado and Pong 1996:241).

In terms of the selective health and risk behaviours assessed, Northern women also fare more poorly. Smoking rates are higher among women in the north in general (29.9 percent in the northeast and 28.6 percent in the northwest compared with the overall provincial average of 23 percent) and significantly higher in the 12 to 19 year age range (18 to 20 percent in Northern Ontario compared to 8 to 14 percent in the south). Northern women are less likely to follow a regular breast screening program or visit a physician about their health problems. Differences in the use of dentists are also apparent with significantly fewer northern Ontario women reporting regular visits to dentists (49 percent as compared with 60-80 percent in Southern Ontario) (Pitblado and Pong 1996:243-245).

The authors point out that the limited availability of physicians in many northern communities, combined with the exigencies of distance and locale may account in part for differences of physician utilization. With regard to dentists, those with dental insurance are more likely to have seen a dentist in the past year than those without insurance, however even when the presence of dental insurance was controlled for, utilization of dentist's services remained comparatively low in the north.

Reflecting on the comprehensiveness of the OHS data, the authors astutely note that while there is limited information on the provision and consumption of health

care for and by women, the lack of information on the determinants of women's health care use, and the virtual absence of data on differences among women significantly hampers their ability to say anything very meaningful about the state of women's health in the north. Quoting Coburn and Eakin they call for more comprehensive approaches in general to studying women's health:

Epidemiological-like studies view the various factors examined in isolation from one another, as separate factors torn out of the broader social structure within which they are located. How can the health status of women, for example, be understood without examining those aspects of women's lives which produce and reproduce gender inequalities? (Coburn and Eakin quoted in Pitblado and Pong 1996:250).

Carole Suschnigg's (1996) study in the same volume presents an interesting complement to the OHS-based analysis of women's concerns in Northern Ontario. Using a feminist participatory research model members of the Sudbury Women's Health Research Steering Committee examined statistical data on women's health and illness, developed a directory of health and social services for women, interviewed formal health care providers and members of workplace health and safety committees, and carried out extensive focus group consultations with diverse groups of women living in and around Sudbury ( Suschnigg 1996:252).

While their research revealed some commonalities with the findings of the OHS survey, many significant differences were also apparent. Responses from the focus group interviews tended to view health more broadly and to draw links between social and political circumstances and individual health status. Similar to the OHS data, limited access to medical services was identified as a key concern for northeastern women, however other barriers cited included the limited number of female general practitioners, language barriers, physical barriers for people with disabilities, concerns

about violence against women, and the vulnerability of women on low incomes (Suschnigg 1996:254-255). As Suschnigg notes, while on the one hand respondents found interaction with the health care system sometimes itself a source of stress citing, for example, poor physician attitudes toward female clients, on the other hand difficulties gaining access to medical services and personnel were experienced as problematic.

Similar to Walters' (1992, 1993) research on Hamilton women discussed above, the health problems and concerns identified by the women tended to be different than those revealed by the OHS survey. Stress, anxiety, and depression, chronic fatigue and difficulty sleeping were commonly cited complaints along with circulatory problems, backache, menstrual problems and allergies (Suschnigg 1996:255). Such health problems were attributed by respondents to a wide range of social and environmental concerns such as the unequal gendered-division of labour in their homes, lack of time and resources to relax or follow health protocols, pollution and environmental hazards, poverty and systemic discrimination based on gender or race (Suschnigg 1996:256-257).

While Suschnigg's study did not analyze women's perceptions of health *per se*, their visions for future health programming as summarized in the focus group data do reveal some of the key elements central to the women's concepts of health and well being. These include: the idea that health-care decision-making should be a partnership between client and practitioner;<sup>13</sup> the desire for a broader approach to health care including funded access to alternative healers such as naturopaths, chiropractors and massage therapists; the need for health care facilities to foster popular health education through the provision of information and space for community members to meet and

child care to allow women time to focus on enhancing their own health; the need for improved accessibility both in terms of language and physical facilities; the availability of more female physicians; and a commitment to address social inequality, violence against women and social justice issues (Suschnigg 1996:259-260). What is of particular interest here among the items identified in the women's wish list is the way in which their notions of health situate well-being in a broad social context which includes recognition of the impact of gender roles and attitudes on health, the importance of time, space and accessible education for informed decision-making, and the awareness that social inequalities have a significant impact on physical health and mental well-being.

### **Exploring Gender, Health and Embodiment in Lay Constructs**

To date, studies of lay conceptions and gendered perspectives on health in the Canadian context have not explicitly addressed the links between notions of health and embodiment. Some inferences about gendered experiences of embodiment may be extracted from this research; for example the heightened concerns with body image and weight control evident among women in Walters' (1993) research, or the somatic consequences of financial distress and an unequal gendered division of labour experienced as pain and chronic fatigue by Suschnigg's (1996) respondents. However, embodiment is not a central analytical dimension of these studies, thus the links between gender, embodiment and health, and the ways in which they are negotiated through the body in everyday life remain largely invisible. Similarly, despite obvious reference to place, in terms of the exigencies of distance, language barriers and limited resources, the spatial context of respondents' accounts is only partially drawn out.

Saltonstall's (1993) research on concepts of the body and practices of health

among a small group of white middle-class Americans provides a valuable starting point from which to explore the links between gender, health and embodiment (1993). Using unstructured interviews, Saltonstall interviewed a convenience sample of nine men and twelve women between the ages of 35 and 55 about their concepts of health and health practices. Drawing on phenomenological theory the research examines ways of defining health, the relationship between the body and self in health, and gendered differences in phenomenological experiences of embodiment and self (1993:7-8).

Saltonstall notes that references to the body were both explicit and implicit in both women's and men's concepts of health. Reference was made to being in good physical shape, having energy to accomplish tasks, and body-oriented protocols such as exercise, eating and sleeping. Women and men generally shared similar notions of what constitutes health, focussing on physicality, emotions, spirituality, social circumstances and consciousness, yet everyday practices of health varied significantly along gender lines. Men emphasized the importance of sporting and outdoor activities, rest and to a lesser extent nutritious food to be healthy. Their accounts frequently used mechanistic metaphors such as referring to food as fuel, and the biomechanics of exercise and its benefits to the body. By contrast, the women emphasized food, in terms of dieting, rather than eating well, exercise such as aerobics to maintain appearance, and then rest. They also discussed appearance-related aspects of body maintenance such as hair cuts and shaving legs (1993:10).

Orientations to the body also varied along gender lines with men being more attuned to their inner bodies, emphasizing the function and capacity of their bodies and the body as a medium of action, and women concerned with maintaining function, especially with respect to their ability to do things for others, and indicating a strong



awareness of the body as object, and the importance of maintaining their appearance and presentability (1993:11).

Body insignia and practices were interpreted through conventional gender norms as indicators of healthy selves and used to signify that one was 'correctly' gendered by adhering to gender protocols such as attending to appearance for women, and participating in sporting activities for men. As Saltsonstall notes, 'the sense of self as healthy, as gendered, and as body, were intertwined, and were realized simultaneously in concrete habits and practices of daily life' (1993:12).

Saltsonstall's research makes an important contribution to our understanding of the links between gender, embodiment and health. However, as it is based on a middle-class sample, and a group of women and men who are childless and unidentified in terms of their geographical locale, it leaves us with a number of important questions about the link between gender, health and other dimensions of embodiment such as class, place, and stage of the life course. In addition, because it focuses solely on present experience, we are left without a sense of how respondents' perceptions of health and embodiment may have changed, or continue to evolve over time and in relation to other aspects of their lives.

It is these considerations which I take up in this study with the aim of adding to our understanding of how perceptions of embodiment and health are linked with other dimensions of identity, and exploring the value of adding a temporal and spatial dimension to research and theory on the body.

Before turning to a discussion of the methodological considerations and parameters of this study in Chapter Three, this chapter concludes with a brief review of the conceptualization of class in social theory to clarify my own usage throughout this

work.

### **Notes on the Concept of Class in Social Theory**

The focus of this thesis is the analysis of lay reflections on embodiment and health and their congruence with feminist and social theory on the body rather than the utility of the concept of class *per se*. It is, therefore, beyond the scope of this project to extensively review the arguments involved in debates on class. However, as will be discussed in the following chapter on methodology, my sample has been chosen according to class and gender criteria, and as will be demonstrated in subsequent chapters, class is one of the phenomena which influences the ways in which both the women and men in this study express their ideas about embodiment and health.

In this section, then, I explain the derivation of the classification system I have used when identifying the place of my informants in the class structure and briefly layout the theoretical model of the potential relationship between location in the class structure and actual lived experience and cultural expression which informs my later discussion of lay concepts of health and their relationship to the body.

### **Marxist versus Weberian Definitions of Class**

Much of the controversy about the concept of class in sociological theory has taken the form of an at times fruitful and at other times frustratingly sectarian and esoteric discussion of the relative merits and utility of Marxist versus Weberian definitions of class. Those claiming to follow Marx have tended to define class primarily as a relational phenomenon; that is social classes are the product, in the first instance, of opposed positions in the relations of production. The classic and probably most often referred to definition comes from The Communist Manifesto where class struggle is said to be central to the history of all 'hitherto existing society' and that

capitalist society is simplifying the complicated social gradations of previous social formations: ‘Society as a whole is more and more splitting into two great hostile camps, into two great classes directly facing each other: bourgeoisie and proletariat’ (Marx and Engels 1998[1848]:35).

This kind of assertion has stimulated critics to argue that Marx grossly overestimates the significance of class as opposed to a range of other sources of identity and social conflict, and that his (and Engels’) definitions of class are too simplistic, for mid-nineteenth century Europe probably, and certainly for the late twentieth-century capitalist world order.<sup>14</sup>

According to many critics of Marx’s definition and uses of class as an explanatory concept, Weber’s class schemes are more useful. For Weber, one’s class position is the result of one’s total economic situation, particularly one’s ability to purchase or otherwise acquire life chances. Rather than a simplistic dualism, Weber’s class scheme involves something more of a gradation of groupings each of which is defined by the fact that its members share a ‘specific common component of their life chances’ (Weber 1978:927).

This is seen by many to be a much more useful way of thinking about class for trying to understand the corporate capitalism of the twentieth century with its legions of managers, engineers, and financial advisers. It also is perceived by many as being more useful for capturing the nature of changes to the social structure that have emerged since World War Two with the growth of the welfare state and the fact that significant segments of the population are now employed by governments in fields such as health care, economic and social planning, and social services.

Weber’s comments on status groups also have been seen as providing useful

insights into recent developments with regard to new identity or subject positions (Weber 1978:304-307; 926-940). Status groups for Weber are groups defined by their lifestyle rather than by their economic situation. They are based upon a shared sense of honour. This concept would definitely seem to offer more insight into the emergence of some of the so-called new social movements such as environmentalism and feminism and subcultural groups such as hippies, bikers, punks, than Marxist definitions of class.

Of course, in writings other than The Communist Manifesto, Marx presents a much more complex image of the class structure of capitalist societies (Marx 1991:1025-1026; and 1978). And for his part, Weber does acknowledge that some classes at least do stand in potentially antagonistic relationship to each other, as for example, in his characterization of positively privileged property classes versus negatively privileged property classes (Weber 1978:303). It is for this reason that some recent contributors to the debates on class have de-emphasized the differences between the Marxian and the Weberian definitions of class, even though they feel obliged to continue to defend their own identity with one or the other camp (compare, for example, the discussion in Hall 1997 to the comments of Western and Wright 1994:607).

The more recent debates have involved Weberians and humanistically-oriented social historians accusing Marxists of dealing in overly abstract, structural theoretical models rather than the messy, empirical reality of actual, concrete societies, and people (see, for example, Hall 1997), while defenders of a more structuralist-Marxist tradition accuse their critics of simplistic empiricism and of draining the concept of class of its critical edge by ignoring the exploitation that they perceive lies at the heart of class relationships (Wright 1989a, 1989b).

## **De-centring Class**

The feminist contribution to these dialogues has been to question the validity of both Weberian and Marxist class schemes because they focus primarily on occupations in the paid labour force or positions in the formal economy to the exclusion of all those who are not participants in the formal economy. The obvious exemplary case from this point of view is homemakers. They are either ignored or assumed to share their partner's (almost always assumed to be a male husband) class location. In other words, debates about class have frequently mirrored the actual treatment of women in society at large by either ignoring the significantly large female part of the population that is not in paid labour and/or subsuming their identity to that of a male partner. (For an excellent summary of the domestic-labour debate in a Canadian context see Fox 1980).

The limitations of both Marxist and Weberian designations of class to adequately account for women's class positions has become even more apparent with the dramatic increase in women's labour force participation over the past three decades. Women made up 45 percent of all paid workers in Canada in 1994 and the labour force participation rate of women, even those with very young children continues to grow significantly (Statistics Canada 1995:8-9). Both Marxist and Weberian definitions of class fail to account for the now well documented gendered patterns of inequality experienced by women in the paid labour force (see Armstrong and Armstrong 1994, 1990, and 1985). Trends such as labour force segmentation, where female workers are typically clustered in the lower-paying, lower status positions within an occupational sector,<sup>15</sup> and labour force segregation, or the continued concentration of male and female workers in separate job spheres (ie. women in secretarial work, men in construction jobs) prevail despite the many changes

which have accompanied late capitalism (see Armstrong and Armstrong 1994, 1990 and 1985; and Clement and Myles 1994). The persistence of these gendered patterns of inequality, as well as the recognition that the class position of unpaid women workers such as homemakers is likely to be radically altered when they are no longer being supported by a male breadwinner (such as in the case of divorce), has led feminist critics to rethink the relative merits of class as an analytical tool in studying women's life experiences (see, for example, Barrett and Phillips 1992; Lovell 1996; and Walby 1990).<sup>16</sup>

Of course the concern directed against feminist critiques is that since quite clearly, however much their shared experience of male authority and power may unite, say, the wife of a working-class papermill labourer and the wife of the mill owner, the obvious differences in economic wealth and power of their husbands is likely to mean that their life chances (to use Weberian language) or their consciousness of political and economic interests (to use more Marxist language) are going to vary, at least while they remain attached to these men. Similarly, the life chances and political consciousnesses of middle-class women and the immigrant domestics and housekeepers they may employ vary in meaningful ways. The differences in their class positions may significantly override other aspects of their shared experiences as women (Arat-Koc 1995:424).

De-centring of class as a central variable in analysing social life has also been promoted by the post-structural and post-colonial turn in feminist and social theory over the past two decades in which attention to difference has eclipsed a focus on class, and in fact, class rarely appears to be recognized as a signifying difference. As Coole ironically points out:

[r]eading currently fashionable literature about difference, ... one might be forgiven for wondering about the significance of class because if it is even mentioned in the capacious list of significant differences, it is rarely discussed further (1996:17).

While acknowledging the important contribution of these literatures in drawing our attention to issues of diversity and the plurality of voice, their near hegemonic status in current theory has led to a concern on the part of some analysts that the utility of the notion of class may be abandoned altogether (Coole 1996; Skeggs 1997). Skeggs argues that we need to think about the relationship between responsibility and knowledge and recognize that in choosing to ignore or make class invisible as social researchers, we are participating in masking its effects. As she states, 'to think that class does not matter is only the prerogative of those unaffected by the deprivations and exclusions it produces' (Skeggs 1997:7).

In her review of the possibility of incorporating class more centrally into the discourses of difference, Coole calls for a 'renewal of social critique' (1996:24) and a shift away from literary and cultural studies back towards the social sciences. She argues for a systematic approach to class, but one that does not privilege it *vis-à-vis* other dimensions of experience. She reminds us that 'class is never an autonomous difference, in so far as it cuts across other diversities like race and gender' (1996:24); thus diverse classes will need to be theorized differently.

My approach to these issues here has been a pragmatic one. Class is not assumed to be the most important feature of social life; it is, however, assumed potentially to be one of the important sources of identity and meaning. Thus, recent claims about the 'death of class' (Pakulski and Waters 1996) are seen as overblown, although the more limited observation that class cannot be seen as the primary or even

necessarily an important source of identity, conflict, or social change in all social contexts is widely accepted. My use of terms such as working class and middle class is guided by Eric Olin Wright's (1989a) definition of class. This is not because of a commitment to Wright's self-proclaimed Marxist position as opposed to a more Weberian or explicitly feminist approach. In fact, while Wright rejects some of what he perceives to be the basic tenets of Weberian approaches to class, his class scheme is partly an attempt to answer both Weberian, and to a lesser extent, feminist criticisms.<sup>17</sup> The primary value of Wright's scheme is that it offers class definitions that are theoretically grounded and yet concretely operational, from an initial classificatory point of view.<sup>18</sup> His 'analytical Marxism' is somewhat problematic, as discussed below, but it does offer a clear and relatively precise set of definitions one can employ as classificatory -- not necessarily explanatory -- devices. This is important because one of the problems with many attempts to analyze relationships between health and class is that definitions of class are often unexplained. Terms such as working class, middle class, upper class and/or lower class are frequently used and seen to be significant variables, yet nowhere are they explicitly defined.

Wright (1989a) defines class locations on the basis of the possession or lack of possession of three kinds of assets: 1) property, that is ownership of means of production; 2) organization assets, that is control over other people's labour power; and 3) skills, that is the possession of a scarce talent that allows one to receive income above the actual costs of reproduction. On the basis of these criteria Wright has developed a scheme of 12 class locations that comprise the overall class structure in capitalist societies. Two of these locations, what he calls the bourgeoisie and small employers, compose the capitalist class. At the other end of the spectrum, class



locations he refers to as uncredentialed supervisor, semi-credentialed worker, and proletarian makeup the working class -- again speaking in structural terms only. This leaves seven other class locations to which members of the middle class belong (Wright 1989a:17-28).

I want to re-emphasize that my use of Wright's definitions of class are only for initial classificatory purposes. I did not assume at the outset that there is any necessary connection between the class structure so defined and actual class formation in the sense of shared interests, values or lifestyles. It is simply a heuristic classificatory device. Even for such a limited task, Wright's scheme has certain problems. It relies exclusively on occupation and thus ignores those who do not have recognized formal occupations. It is also based on individuals and, as many critics have pointed out, even today only a small percentage of the population actually live as individuals. Since developing more sophisticated models of class structure is not a key concern of this thesis I do not try to solve these problems here. Wright develops the concept of mediated class locations to try to account for those who do not hold occupations and for the influence of household situation on an individual. Mediated class locations are those class locations where class interests are 'conditioned' by social relations other than those directly related to the process of production. Wright mentions kinship networks, family structure, and relation to the state as social relations that influence class interests in addition to one's location in relations of production in the formal economy (1989b:325-329).

For example, in my sample, two of the women I have categorized as working class, are identified as such on the basis of a mediated class location. Both are self-employed, running small businesses from their homes. Thus strictly in terms of their

position in the relations of production in the formal economy, these women are part of the petty bourgeoisie (or middle class). However, at the time of the interview the businesses generated very little income, and as is evident in the interviews, these women self-identified very closely with their husband's class location. Their overall economic well-being and class interests were thus mediated by those of their partners at the time of the interview.

It is also important to recognize the temporal dimension of class locations as well, or to put it more precisely in Wright's own words: 'there may be a certain degree of temporal indeterminacy in an individual's class location' (Wright 1989b:329-331). As is illustrated in their interviews, some of the informants felt that their class position was in flux. A subjective sense of downward mobility is expressed in some cases. The idea of a temporal indeterminacy is also important because the discourses about health and embodiment also have a very evident temporal dimension to them. People discussed them in relationship to both past social and economic situations and to projected future social and economic scenarios.

### **Class, Habitus and Structures of Feeling**

As I have indicated, I employ Wright's class scheme only as an initial classificatory device. The question of whether or not there is a correlation between location in the class structure and subjective aspects of life such as values, lifestyles, and expressed identity is an empirical question which I make reference to in the presentation and discussion of my data. Here I wish to explicate the theoretical orientation that provides the most useful way of thinking about this issue.

In a traditional Marxist perspective, the question has been posed in terms of class consciousness -- that is whether or not a group that shares a similar position in

terms of the relations of production is conscious of this fact and develops cultural and political practices and institutions which express this awareness. There are a variety of problems with this formulation, perhaps the most important being that it reflects a dualistic logic which juxtaposes consciousness and unconsciousness. As both Pierre Bourdieu (1977) and Raymond Williams (1977) argue, albeit in very different ways, the processes, experience and determinative structures of actual human existence are best captured by concepts that focus on the practical logic and strategies of everyday life. Actual human practice is not conscious in the sense that people are rarely aware of the forces that generate and limit their own actions or of the range of effects that their actions are likely to have. On the other hand, it is equally inaccurate to describe people as being unconscious of what they are doing in the traditional sense, say, of false consciousness in which people are dupes of dominant ideological forces.

Bourdieu (1977) has developed the concept of *habitus* and Williams (1977) the notion of 'structures of feeling' to try to transcend the dualistic logic of the conscious/unconscious distinction. The concept of the *habitus* is an attempt to hold on to both horns of the structure versus agency dilemma. It is an 'acquired system of generative schemes adjusted to the particular conditions in which it is constituted' (Bourdieu 1977: 95). Structure operates within the *habitus* not as a 'mechanical determinism, but through the *mediation* of the orientations and limits it assigns to the *habitus's* operations in invention' (Bourdieu 1977:95). In other words, people are still active agents but their actions take place according to an acquired set of dispositions. These dispositions are not simply in the head, that is they are not mental maps; rather, they are literally embodied and experienced as preferences, likes and tastes.

Raymond William's concept of 'structures of feelings' is similar to Bourdieu's

notion of *habitus* in that it is also an attempt to overcome the dualistic logic that opposes mind to matter, consciousness to unconsciousness. Structures of feeling refer to:

[m]eanings and values as they are actually lived and felt... characteristic elements of impulse, restraint, and tone; specifically affective elements of consciousness and relationships: not feeling against thought, but thought as felt and feeling as thought: practical consciousness of a present kind, in a living and interrelating continuity (Williams 1977:132).

Like Bourdieu, Williams insists that at one and the same time, there is both structure and process.

We are then defining these elements as a 'structure': as a set, with specific internal relations, at once interlocking and in tension. Yet we are also defining a social experience which is still in *process*, often indeed not yet recognized as social but taken to be private, idiosyncratic, and even isolating ... . (Williams 1977:132, original emphasis).

For both Bourdieu and Williams, *habitus* or 'structures of feelings' of each class are developed in relationship to the actual material circumstances of class existence. In Bourdieu's (1984) scheme the class *habitus* is explicitly developed on the basis of the interaction between economic, cultural, and social capital. The great bourgeoisie is rich in all three kinds of capital. Its members possess economic wealth, their family names and networks are highly valued, and valuable in social terms. Members of this class also define the dominant, 'high' culture, which is characterized by its non-functional nature -- art-for-art's sake, the 'taste of distinction.' At the bottom of the social hierarchy is the working class which is defined by its lack of economic wealth, social status, and its utilitarian cultural dispositions which are the product of the limitations imposed by the lack of economic wealth and social status. Workers learn to value cultural products and processes that reflect their own conditions of work and existence, such as physical group sports, or food which is

filling but not particularly flavourful. In between is the petty bourgeoisie, whose middling levels of wealth and social status are maintained by their own cultural dispositions for self-discipline and self-improvement.

Although Bourdieu argues that the three fields that define the different kinds of capital -- the economy, the social, and the cultural -- are independent, the homologous relationships between them are ultimately, it seems, driven by the economic situation. The economy is the grand 'structuring structure.' The bourgeois taste for distinction is the product of the fact that the bourgeoisie is not constrained by economic limitations; it's economic situation does not place constraints on its tastes. Working-class *habitus*, on the other hand, is the product of the constrained economic circumstances that dominate working-class existence: workers come to desire the very things that they are in any event restricted to because of their lack of economic capital. The petty bourgeoisie's (or middle-class's) economic situation also determines their commitment to values such as self improvement and discipline, since unlike the bourgeoisie they cannot live off the proceeds (interest, rent, profit and so on) of their long established economic capital.

Williams' formulation of the relationship between class and culture also focuses on basic dispositions.

We may now see what is properly meant by 'working-class culture.' It is not proletarian art, or council houses, or a particular use of language; it is, rather, the basic collective idea, and its institutions, manners, habits of thought, and intentions which proceed from this. Bourgeois culture, similarly, is the basic individualist idea and the institutions, manners, habits of thought, and intentions which proceed from that (Williams 1963:313).

For both Bourdieu and Williams class cultures are formed in constant interaction with one another and, at least in Williams' case, there is a recognition of the fact that there

is also an area common to the various classes (Williams 1963:313).

Neither Bourdieu's nor William's approach solve all the problems involved in determining the relationship between class structure and the cultural lives of actual people. Furthermore the issue of whether or not class has the most or even a minimally important influence on the development of structures of feeling or the *habitus* remains a question. As discussed in later chapters, class and gender certainly interact, not necessarily in a mutually supportive fashion in determining expressed attitudes or relationships to the body and health. At this point it suffices to recognize that there are theoretical tools available which help in the understanding of the potential relationship between class and culture which avoids some of the problems inherent in approaches which begin from the premises of the mind/body dichotomy.

With these theoretical issues in mind, the following chapter lays out the methodological considerations which have guided this research, the details of my research sample and research design, and some reflections on narrative analysis and ethnographic writing in feminist and social research.

## Notes - Chapter Two

1. As Turner himself notes, the work of classical theorists such as Marx and Weber, and more recent writers such as Goffman, presumes a connection between social theory and the body. For Marx, it is through a worker's labour, an embodied activity that his or her consciousness is shaped. Weber's notion of the Protestant work ethic is enacted on and through the body. And for Goffman, social interaction is achieved through performative bodily acts. However, while the body is central to these frameworks, it remains largely untheorized or taken for granted in the work of these theorists (Turner 1984; Shilling 1993).
2. A recent article by Sarah Nettleton and Roger Burrows points out that the current emphasis on 'enterprise culture' in health promotion and policy in the NHS has created something of an identity crisis for health promotion specialists. As health promotion has increasingly come to be seen as 'everybody's business', and governed by economic evaluation frameworks, the role of health promotion specialists has become less clear. In addition, those whose work involves the promotion of health often find their personal and professional values at odds with the new public management of health services. The emphasis on cost-effective evidence-based interventions and the promotion of market values based on 'accountability, results, competition and efficiency' (Nettleton and Burrows 1997:26) are incongruous with the social orientation of much public health work.
3. The Globe and Mail is often referred to as Canada's 'national newspaper' as it has a wide readership across the country.
4. See also Burrows and Nettleton (1995) for a discussion of gendered patterns of resistance to prescribed healthy practices among middle-class women and men in Britain in relation to patterns of consumption and taste preferences.
5. Cornwell's (1984) study of lay concepts of health in East London also points to the importance of attending to the ways in which tools of social science research may frame what we hear in lay concepts of health. Her research indicates that poorly-educated respondents may offer very complex ideas of health when given the time and opportunity to express their views. However health values and attitudes are often assessed through survey instruments which working-class and less educated respondents may be less fluent in responding to.
6. 'For far' is a pseudonym the authors have given to the community they studied in order to protect the anonymity of their respondents.
7. A similar argument for renewed attention to the importance of space has been raised in anthropological writings by Gupta and Ferguson (1997) and Rodman (1992). As Rodman suggests, 'attention to multilocality as well as multivocality can empower place and encourage understanding of the complex social construction of spatial meaning' (1992:640).
8. The edited collection by Platt et al. (1993) provides a preliminary analysis of health in relation to place through the discussion of historical and contemporary case studies of

inequality and health in Britain and Europe.

9. Jasen's Wild Things. Nature, Culture and Tourism in Ontario, 1790-1914 (1995) documents the complex way in which romanticized images of the 'wild' and 'rugged' north and northerners were both cultivated and consumed by 19th-century urban tourists who visited the region. Her work suggests that the north has occupied the imaginary in Canadian culture for an extensive period of time.
10. With limited availability of physician specialists such as anaesthetists in small communities a number of rural hospitals in the Northwestern Ontario District refused to deliver babies especially during evening and weekend hours when staff availability was limited. As a consequence women in labour were either expected to relocate temporarily to Thunder Bay in anticipation of an upcoming birth or to drive several hours while in labour to a hospital which provided birthing services. The problem of 'long distance delivery' was a key concern for women's health groups in the region during the late 1980s and early 1990s (see Northwestern Ontario Women's Health Information Network 1990; and Tugwood 1989).
11. My knowledge of these groups and their activities comes from own involvement with the women's health movement in Thunder Bay in the 1980s and early 1990s as both a board member of particular organizations and as an employee of the Government of Ontario Women's Directorate.

As Heald (1991) has noted, the orientation of particular women's research projects in communities such as Thunder Bay has often been shaped more by the availability of issue-oriented funding from 'above' (ie. particular Government ministries) than by concerns identified from 'below' (or the constituents). While community organizations are very creative about trying to use available funding to meet the needs their constituents have identified, the application and post-research reporting processes required by funders heavily constrain their ability to do this and often accounts for the inconsistency of work on particular long-standing areas of concern.

In my experience this was very much the case in terms of addressing women's health needs. While many concerns related to distance, isolation and lack of services have been identified by Northern women, they frequently do not fit with the priorities recognized by the Ministry of Health or the District Health Councils and thus little attention is paid to researching or addressing them.

12. The Ontario Health Survey was conducted by the Ministry of Health, Ontario in 1990 and published in 1992. Data was collected in two stages. Part 1 consisted of a 22-page questionnaire dealing with recent or current health problems, health status, accidents and injuries, chronic health problems, use of health services and basic demographic information. This was completed by interviewing one member of sampled households who was considered knowledgeable enough to answer questions for everyone living in the household. Part II was a self-completed 22 page questionnaire given to everyone over 12 years of age in sampled houses dealing with issues such as self-rated health, use of medicine, and health behaviours and practices (Pitblado and Pong 1996:240). While the survey has provided some valuable information, it has been criticized for certain aspects



of its sampling design including the decision to exclude First Nations peoples living on reserves and in remote locations (Pitblado and Pong 1996:239).

13. A number of respondents noted that while they were being expected to take greater responsibility for their health, they often had difficulty getting access to information, or enough time to discuss their concerns with physicians to allow for informed decision-making. In some instances as well, they found physicians reluctant to discuss treatment options with them (Suschnigg 1996:258).
14. This brief discussion on the debates on class is drawn largely from Edgell (1993), Wright (1989a, 1989b), and Hall (1997).
15. One of the classic examples here is the health care sector. While in Canada women make up almost three-quarters of all health care workers, average female earnings are 50.9 percent of male earnings for this occupational group (Statistics Canada 1996). Women are concentrated in the lower paying sectors of the health field in jobs such as nursing, health care aides and dietary assistants. Males workers, although significantly fewer in number, are much more likely to be employed in the upper end of the category as physicians, medical specialists and medical researchers.

Ironically even in the leading female-dominated occupations such as nursing, where women make up more than 95 percent of all workers, gender segmentation is still apparent. In comparing the average salaries of full-time, full-year male and female nurses, the Armstrongs note that the annual salaries of male nurses are 10 - 20 percent higher than those of female nurses (Armstrong and Armstrong 1994:42-43).

This gendered pattern of occupational segmentation predominates even in newly feminized fields like medicine, where despite the growing numbers of women physicians, women are still more likely to be concentrated in the lower paying end of the field as general or family practitioners. The wage differential for full-time, full-year male and female physicians and surgeons is in fact higher than that for the labour force as a whole. While on average Canadian women workers make a little less than three-quarters of male earnings, women employed as physicians and surgeons make only 65.7 percent of male earnings (Armstrong and Armstrong 1994:46).

16. Crompton and Mann argue that '[g]ender is becoming a more significant feature of inter-class stratification and differentiation, with important effects on class formation' (1986:xix). They point out that the relationship between class and gender is getting more, rather than less tangled; thus theoretical approaches which attempt to treat class and gender as discrete or oppositional phenomena, and privilege class, as for example in the work of Goldthorpe and Marshall (1992), are problematic.
17. As I discuss later, some concepts such as multiple and mediated class locations are meant to partly answer both Weberian and feminist criticisms. Indeed, in some recent work he claims that his class locations could be derived from either a Weberian or Marxist position (Western and Wright). Note, however, that Wright acknowledges that 'the Marxist tradition probably does not -- and perhaps cannot-- provide adequate tools for understanding many of the important issues bound up with gender oppression' (Wright

1989b:320, n.66).

18. While feminist critics have done an excellent job of pointing to the limitations of many classificatory schemes used to operationalize class in research (as previously discussed), I have been unable to find anyone that offers an alternative scheme which is better able to enable assigning class designations which reflect the complex paid and unpaid labour force experiences of women.

## **Chapter Three - Methodological Orientations**

### **Introduction**

In this chapter I describe the methodological orientations<sup>1</sup> of my research and elaborate the specific methods of enquiry and analysis employed. Beginning with a brief discussion of the research frame and the types of primary and secondary source data collected, I then provide a more extensive discussion of the research sample, and the focus and orientation of my interviews. This discussion is situated in a brief review of the use of narrative and life history methods in sociology and feminist research. Finally, recent debates on the analysis and interpretation of narrative material, and the textual construction of reality in sociological accounts are considered.

### **The Research Setting**

Research for this study was conducted in my 'hometown,' Thunder Bay, Canada, between 1995 and 1997. Thunder Bay is a city with a population of 113,662 (Statistics Canada 1998) located in the northwestern part of the province of Ontario. Traditionally Northwestern Ontario has been a resource hinterland, whose economy and ethos were based on the primary resource industries of forestry and mining. In addition the city of Thunder Bay (formerly the twin cities of Fort William and Port Arthur which were amalgamated in 1970) has served as the railway and shipping transportation hub for the Canadian grain industry due to its advantageous location on the westernmost point of Lake Superior, at the head of the Great Lakes (Dunk 1991a). With the diminishing of natural resources and internationalization of the economy in the postwar era, the traditional primary resource industries are in decline and local and regional unemployment rates are on the rise.<sup>2</sup> Leading sources of employment now include the health and social service sector serving both the city and the region, and

service jobs, many of them low-paying, part-time and temporary in tourism and the retail sector.

As will be discussed in Chapter Six, notions about regionalism and regional identity in northern Ontario (see Dunk 1991a and b; Heald 1988; and Southcott 1991) are framed within this context and figure in respondents' accounts of health and embodiment. Having grown up and worked in Thunder Bay and then returning to college and working in other parts of Canada for more than a decade before relocating to the region provided me with valuable 'insider' and 'outsider' perspectives on the community and its cultural and regional identity as well as drawing my attention to contested discourses of 'northern-ness' and regionalism in my research.

This insider/outsider status has, for example, sensitized me to the ways in which the community's identity is itself negotiated and liminal<sup>3</sup> in local discourses and in my respondents' accounts. Located in the geographic centre of Canada, Thunder Bay is at once 'northern' (officially designated part of Northern Ontario, a region which incorporates more than 90% of the province's landmass), and yet it is situated less than 70 kilometres from the American border to the south. It is an urban community which boasts a population of more than 113,000 inhabitants, and yet it is decidedly rural given its physical isolation from other urban centres to both the west and the east, by distances of more than 700 kilometres -- a long day's drive even by masculinist northern standards.<sup>4</sup>

Thunder Bay is an important regional business, service, health and social service centre, and yet residents frequently express a sense of feeling ignored and insignificant in provincial terms especially with regard to political and economic decision making.<sup>5</sup> Its population is culturally diverse, comprising a mix of ethnic

groups deriving from Northern, Eastern and Southern Europe, small but significant First Nations and francophone populations, and recent migrants from Latin America, and South East Asia. Yet despite this seeming diversity, there is a remarkable level of homogeneity or conformity in social norms of dress, speech, language and behaviour<sup>6</sup> and the dominant identity of the community as white<sup>7</sup> is very much taken for granted.

As previously noted, the primary resource industries (such as the paper mills and grain elevators), which along with transportation and construction were once the mainstay of the local economy (and considered prime, well-paid and secure jobs by working-class men), are no longer areas of stable employment. Stafford's demographic analysis of the community shows that, while 'the economic importance of these industries in Thunder Bay has not diminished... the percentage of the labour force in these jobs has declined since the war' (Stafford 1995:54). People are now more likely to be employed in the service rather than the industrial or manufacturing sector, working in education, health, tourism and business services. Additionally, in sharp contrast to the masculinist orientation of the previously dominant industrial sector (see Dunk 1996), women make up an increasingly large share of the new labour force. Yet despite these shifts in the economy and makeup of the workforce, the city maintains an image in the eyes of both local residents and outsiders as being a 'lunch bucket' or 'working man's town' (Dunk 1991). As Dunk's (1991) ethnography of Thunder Bay highlights, the cultural significance of masculinist, industrial work remains strong in shaping Northern identities:

As in most Western nations today, the largest percentage of the jobs in Thunder Bay are in the service sector of the economy. But the economic and cultural importance of industries based on resource extraction in the city and the region as a whole is reflected in the image of the working man with his

metal lunch box. From the perspective of the male working class this is an area where men go to work in work clothes, work boots, and hard hats, and carry a lunch box (1991:45).

The relevance of regionalism and contested regional identities, and their evocation in narratives of health and embodiment to define the location and boundaries of the 'northern self' and the 'outsider other' are explored in Chapter Six along with other significant markers of identity evident in the respondents' accounts.

### **The Research Frame**

Four types of primary data were collected for the study. As will be discussed in detail below, in depth interviews on perceptions of health and the body and how they evolve through the life course form the core of this study. In the choice of this method, I was particularly influenced by writings on the use of life and oral history and the particular advantages these techniques convey in allowing for a temporal dimension in research (see, for example, Etter-Lewis 1994; and Thompson 1988). In particular I was interested in how elements of these techniques could be incorporated into in depth interviews to help draw out the historical dimensions of people's bodily experience and notions of health and health practices.

Additional primary source data include selected ethnographic observations<sup>8</sup> of representations of health and the body in mundane or everyday settings such as work and leisure sites. I collected popular cultural representations from magazines read by my respondents, the local newspaper and television programs with particular attention to articles and shows which stimulated discussions of health, body and identity in the context of everyday settings.<sup>9</sup> My interest here was in attending to how people discussed the images, whether they 'saw themselves' in the popular representations and how they construct a sense of self and otherness in talking about them. My

collection of ethnographic notes and the selective review of popular culture materials began when I returned to Thunder Bay to begin setting up my research and carried on throughout the interview phase. While I will not be dealing extensively with the ethnographic data in the thesis, due to constraints of space, I did make use of them in developing my interview schedule, to provide familiar prompts or points of discussion for the interviews<sup>10</sup> and to provide a context in which to help interpret or decode the interview responses. (See Appendix C for an example of the ethnographic recording and analysis).

Additionally, informal discussions with four local physicians, and key informant interviews with a dietician employed by the public health unit and the coordinator of a local eating disorder program provided an opportunity to elicit their perceptions of the importance of body image in notions of health and the construction of self identity for their clients. As physicians often mediate between lay, or popular, and medical notions of health and the body, I explored what role, if any, they perceived themselves and other practitioners to have in constituting popular ideas about the body. Both the dietician and the coordinator of the eating disorder program interviewed were involved in a public health education program promoting 'healthy body weights' in connection with a recent provincial public health initiative.<sup>11</sup> They were also able to assist with background information on the general health status of the Northwestern Ontario population which was useful in contextualizing respondents' narratives about regional health concerns and notions of embodiment.

Insights were also provided through discussions about health, embodiment and popular culture with students in two of the undergraduate university courses which I teach -- 'Women, Health and Medicine' and 'Introduction to Women's Studies'. As

the link between body image dissatisfaction and media representations of women is a topic of great interest to both young and mature university students, we discussed which magazines and television shows students regularly watch, how they respond to images of health and the idealized bodies they are presented with, and their sense of the impact of this popular cultural material on their own health and body practices. As with the ethnographic material, insights from these discussions inform my analysis of the interviews.

Secondary sources for this research include a review of feminist and social science literatures on the body, gender and health, as well as writings on regionalism, class and northern identity. These provide a frame for my interview material and allow a reading of the local case study through existing theory on the body, and conversely, a reading of contemporary body theory through the lens of this case study.

### **Selection of Participants and Characteristics of the Sample**

The interviews explored perceptions of health and embodiment, how they change through the life course and how they influence the construction of identity. To facilitate a close analysis of textual materials the sample was limited to forty individuals.<sup>12</sup> Utilizing the purposive technique of theoretical sampling (Glaser and Strauss 1967; Strauss and Corbin 1994) a sample of ten working- and ten middle-class women, and ten working- and ten middle-class men<sup>13</sup> was identified through contacts with local community, business and labour organizations as well as personal referrals through friends and family. Potential participants were contacted by telephone to discuss the research project,<sup>14</sup> to screen for age and general health status, and to arrange convenient interview times and locations.

Surprisingly to me, on the basis of previous research experiences, all of those



initially contacted agreed to be interviewed. This may, in part, have been influenced by my being able to introduce myself as both a lecturer at the local university and a student completing my own doctoral studies. Being a lecturer seemed to give my research project some credibility, and being at the local university gave me some familiarity -- a important marker in local cultural terms. However, being a student in need of research participants also resonated strongly with many of the working-class contacts, who remarked that 'although they didn't know if they had anything special to say' or 'didn't know what they could tell me that anybody else couldn't',<sup>15</sup> they would be 'happy to try and help out a student.'

Many of the women contacted were extremely enthusiastic about the project and expressed a sense of the importance of research on 'this topic'<sup>16</sup> -- a term which seemed to become a euphemism for the body or body image as our phone conversations progressed. Male respondents were also agreeable to being interviewed, but requested significantly more explanation of the nature and purpose of the project and expressed more concern about anonymity and dissemination of the results. They seemed more interested in discussing health in relation to work and initially less sure about the link to body and body image as will be discussed further in Chapter Five.

Two male respondents, both in their late 50s, who are owners of small businesses, were at first quite hesitant to commit to interviews and yet also would not decline to be interviewed when I suggested they sounded as though they did not want to participate. In what turned out to be rather lengthy mutual-screening conversations, both expressed somewhat cynical views of university research ('What ever comes of any of it anyway?') and contrasted the 'cushy' jobs of professors with those of small business people like themselves who 'don't just get paid for sitting around.' In the end,

both agreed to be interviewed at their places of work, and indeed gave extremely long interviews -- one of which I had to eventually cut off (after almost three hours of taping) due to my own teaching commitments.

Only two of those initially scheduled for an interview did not follow through. One was a logger employed by a forestry company who had to return to work in the bush before we could reschedule, and the other was a firefighter who cancelled several appointments over three weeks despite his claim to still be interested in being interviewed each time I recontacted him. Two additional participants were recruited from my original list of names to replace these men.

One of my selection criteria was that participants be between the ages of 30 and 65 with the expectation that women and men at this stage of life would have a 'history' of body experiences to reflect on and not yet be preoccupied with significant gerontological concerns. As I wished to interview a non-clinical population,<sup>17</sup> additional selection criteria included not being currently pregnant, and not having a chronically-debilitating illness. Other studies have suggested that pregnancy and chronic illness may have distinctive effects on perceptions of health and body image (see Berk 1993; Vamos 1993; Williams and Bendelow 1998; Williams 1996). The frequent contact with medical professionals and health care institutions which these health states may involve can overdetermine the shaping of individual ideas about health and the body. The only marginal case of inclusion in relation to health status was a woman in her late 50s who had been treated for breast cancer a few years earlier. As she was currently in remission and was very keen to be interviewed, I included her in the sample.

Equal numbers of women and men were interviewed to allow an exploration of

gendered similarities and differences in perceptions and experiences of health and embodiment and the extent to which gender might be invoked as a dimension of experience and identity in the interviews (see for example Hollway 1984). As I have noted in Chapter One, women and marginalized groups have been the subject of most contemporary literature on the body. While analysts have very legitimately attempted to address particular concerns or pathologizing representations (Bordo 1990) of such groups, they have often unwittingly served to reinforce the idea of the otherness or deviance of female and ethnic minority experience of the body by defining their experiences in relationship to a presumed homogeneous and unproblematic male norm.

To address the additional dimension of social class, equal numbers of working- and middle-class participants were included. As discussed in Chapter Two, for the purposes of theoretical sampling, I was guided by the definitions of class developed by Wright (1989b) to provide an analytical sampling tool. As the ‘debate on classes’ (Sayer and Walker 1991:13-55; Wright 1989a, 1989b) illustrates, the class structure of advanced capitalist nations has become very complex, and feminist and cultural critics have soundly critiqued androcentric and economistic class definitions (see, for example, Armstrong and Armstrong 1985; Barrett 1980; Clement and Miles 1994; Delphy 1984; and Lovell 1996). Wright’s analytical definitions served merely as a starting point for the identification of the sample.

One of the issues which I explored in the interviews was whether such analytical definitions are reflected in the everyday commonsense of the participants. In the particular case of Thunder Bay, for example, Dunk (1991a) has argued that male cultural perceptions of class designation vary in different contexts. While the city as a whole is often referred to as ‘a working man’s town’ as distinct from the larger urban,

middle-class stereotype of southern Ontario cities like Toronto (an important reference point in local discourse), the concept of working class is not part of men's pervasive everyday notion of identity (1991a:6). He points out that in one instance individuals will describe themselves as 'middle class' as distinct in terms of wealth from the very rich or the very poor; in another instance they will use a dualistic conception of society in which they are 'the average Joe' in opposition to 'the big shots' who are decision-makers; and alternatively they use a language reflecting a certain type of work experience referring to themselves as 'hard hats' or the 'lunch bucket brigade' which distinguishes them from white collar workers (Dunk 1991a:7).

Women's class positions and identities in relatively isolated regions such as Northwestern Ontario have primarily been studied in relation to research on housework and the sexual division of labour, analyses of the state and job creation programs for women in the north, and in their roles as wives and daughters supporting the political struggles of their working-class husbands and fathers (see for example Heald 1991, 1988; Forestell 1996; Keck, Kennedy and Steedman 1996; Luxton 1980; and Livingstone and Luxton 1989). To date there are no detailed explorations of northern women's perceptions of class and class identity.<sup>18</sup>

To provide a context in which to examine these issues, interview respondents were asked about family backgrounds, education, income level, the history and nature of their work, and their partners/spouses' education and employment if co-habiting. In addition they were asked what class designation they would give themselves and why. As will be discussed in later chapters, this information, along with an analysis of the ways and instances in which class and class identities were emergent in discourses on health and the body, provided an opportunity to compare abstract academic

formulations of class with those invoked by a small group of everyday people.

The inclusion of class as a variable enabled a comparison of both gender and class discourses on the language and representation of health and the body and the extent to which they are invoked in the constitution of 'self' and 'other' as Crawford's research on white middle-class discourses on AIDS (1994), and working-class notions of health (1984) has suggested. It was anticipated in this field setting, for example, that the historical importance of physical labour in primary resource employment for working-class men (such as in the forest or mining sectors) might be reflected in the way in which body size and strength are articulated as positive aspects of self-identity and a means of distinguishing working-class male bodies from middle-class male bodies. For working-class women, however, I expected that there might not be a distinctly beneficial association between the nature of work and body image. The exigencies of work, family and limited income experienced by working-class women might be seen as antithetical to the possibility of cultivating the ideal female body promoted by popular cultural representations. As will be discussed in later chapters, my interest here was to examine whether working-class women and men define their health and experiences of embodiment in relation to the middle-class norms represented in popular culture and medico-scientific discourses on the healthy body or whether they forge alternative meanings and identities.

While I had initially hoped to carry out two interviews with each respondent to provide an opportunity to allow for reflection on the part of both the respondent and myself<sup>19</sup> this did not prove feasible from the start. The first potential respondents contacted indicated that they would be quite willing to participate in one fairly lengthy interview, but could not guarantee their availability for a second interview. Rather than

risking an incomplete set of interviews, or the loss of a number of potential participants between the phases of the research, I opted to integrate the two interviews into one.

The interviews were conducted between July 1996 and August of 1997.

Interviews ranged from one to three hours in length with most averaging one and one-half hours. With participants' permission, the interviews were tape-recorded and transcribed in their entirety for later analysis. Location and timing of the interviews was determined by the participant. Several interviews were conducted at places of work (usually in an office away from the main work or business activity), a number of others were done in respondents' homes, and a few were carried out in my own office at the university.

Participants' choices reflected not only their preference of location, but also the extent of control and privacy they had in their own workplace, whether getting out of the workplace was desirable or optional, and the complexity of multiple roles and responsibilities being juggled. For example, one interview with a woman in her early 30s was conducted over a morning at her home several miles from the city centre. We began the interview quite early while her children, ages two and four, were still asleep, and during the remainder of the morning we taped off and on while the respondent cooked, fed and provided care for her children, received and made several phone calls/faxes related to her new part-time home-based marketing business, and monitored the whereabouts and well-being of a litter of eight new-born kittens. This was, according to the respondent, a 'typical day.' While the interview took considerably longer to conduct in this setting, doing so provided an invaluable ethnographic insight into the complex juggle of work and family roles which, not surprisingly, figured centrally in this woman's discussions of health and embodiment.

The twenty women interviewed ranged in age from 33 to 53 with a median age of 43. Sixteen of the women were currently married, one was living common-law, another was single and two were divorced. All but five of the women had children or dependents living at home. Some of these children were in their late teens and early 20s; however, the women still thought of them as dependents financially, emotionally, and in terms of household labour demands. The men ranged from 37 to 63 years of age, also with a median age of 43. Eighteen of the men were married, one was single, and one was divorced. Twelve of the men had children or dependents living at home. The women and men who participated in the study were not related to one another.

The women's occupations included: nurse, clerical worker, grocery clerk, letter carrier, librarian, teacher, professor, small business owner/operator, lawyer, administrator, homemaker, babysitter, kitchen worker and union representative. Four of the women combined part-time work with primary child care responsibilities; the remainder were employed full-time and most (15/20) reported some additional responsibility for children or dependents. The men held occupations such as: bus driver, electrician, woodlands worker, architect, hydro lineman, administrator, photographer, auto worker, professor, carpenter, miner, union representative, financial analyst, and store owner/operator. All but one of the men were employed full-time at the time of the interview. A smaller proportion (7/20) of the men reported some responsibility for children and dependents in addition to their paid employment. Nine of the women, and four of the men, had more than one paid occupation, either a combination of part-time jobs, or a full-time job and a part-time job (such as union representative). (See Appendix B for a more detailed demographic sketch of the interview respondents).

## Frame of the Interviews

Ideally life history interviews should be free-flowing to enable the person interviewed to create a 'subjective' record of how they look back on all or part of their life, 'how they speak about it, order it, what they emphasize, what they miss out, the words they choose ...' (Thompson 1988:199). However as Thompson notes, a context-free interview cannot exist.

In order to start at all, a social context must be set up, the purpose explained, and at least an initial question asked; and all these, along with unspoken assumptions, create expectations which shape what follows (Thompson 1988:199).<sup>20</sup>

He further points out that efforts to use completely free-flowing interviews often lead to terse and abbreviated accounts which offer limited information for analysis.

In terms of this particular research project, as ideas about health and the body are something of an 'absent presence' meaning that they are part of our *habitus* (Bourdieu 1977) and continually re-formed in daily praxis, yet somewhat unconscious and taken for granted, it was necessary to prepare a series of interview prompts to help initiate discussion and draw out a context for participants' responses. In broad terms, drawing on the technique of oral or life history, the interviews focussed on the participant's current and historical perceptions of health and embodiment with particular attention to the ways in which these have changed or remained stable through the life course. Interviews explored the role of body image in the respondent's perceptions of health and well-being, constructions of self and other and the significance s/he attributes to popular culture, family socialization, employment, medical interactions and other aspects of the social environment in constituting perceptions of health and the body.



The interview schedule (see Appendix A) was organized around five main themes: background information on family, education, employment and social class; perceptions of health and health protocols; gender, work, family and leisure and their relationship to health and identity; perceptions of body and body image and their relationship to gender, work, family, health and identity; and regionality or northernness and its relationship to health, body and identity. Throughout the interviews respondents were asked to give specific examples and provide a historical context to their comments through questions such as, ie. 'Have you always defined "health" in this way?,' or 'Can you think of a time or a specific occasion when you thought about your body differently than you do now?,' or 'Was there something specific going on in your life at this time that might have affected your perception of health?,' and so on.

Interview prompts were refined through pilot interviews with five acquaintances during the spring and early summer of 1996. This was important to assist in developing effective prompts for the interviews, and in the case of the male respondents to assess whether or not it would be feasible for me as a woman to effectively interview men about masculinity and embodiment.<sup>21</sup> Using acquaintances for the pilot interviews enabled me to discuss, both during and afterwards, what I was trying to get at with my questions and whether there were better prompts that could be used. This proved very helpful in refining the initial interview schedule.

For example, my own familiarity with juggling multiple roles (such as work, family and schooling), and awareness of the concerns some female family members and friends share about body image, sensitized me to useful prompts around work, family, gender, health and the body which the women easily related to. However, my own gendered experiences of embodiment through conventional girls' sporting activities

during youth and adolescence, and my early employment history in very stereotypical working- and middle-class women's jobs (kitchen worker, secretary, and community development worker) were quite different than those of my middle- and working-class male respondents. Their accounts linked perceptions of health, embodiment and masculinity to common male team-sporting activities such as hockey and baseball, and physical labour in blue-collar jobs. Their pilot interviews suggested a series of other prompts which proved to be quite helpful in generating responses from the male sample as well as providing a point of comparison with female respondents.

The interviews were open-ended and proceeded as a conversation with the recognition that I was an active participant in them (Stanley 1990). This seemed important in establishing a rapport with many respondents as has been my experience in other research. In the context of both the initial phone-screening call and the actual interviews I was asked many personal questions about whether I was from Thunder Bay, who I was related to locally, what my education was, where I had gone to school, and so on, efforts which I read as a desire to personalize me on the part of respondents.

During the interviews I was sometimes asked my opinion about a respondent's answer to a particular question, what I thought in general about some of the recent political and economic concerns in the region, such as government cuts to education, social assistance and health care funding, and on occasion for advice with regard to a specific health concern or issue. While taking care to clarify my limited credentials (for example, pointing out that I am an academic interested in the social dimensions of health and ideas about the body, and not a medical professional) I tried to respond openly and honestly to respondents' questions, and where requested, to suggest

referrals to sympathetic professionals, or literature that might be of interest.

Skeggs (1994) notes that conventional social science methods texts often encourage a distanced relationship between the researcher and respondent, and suggest quickly redirecting requests for opinions or information back to the informant. My approach to this issue was influenced by feminist analyses of power relations and reciprocity in the interviewing process (see for example, Oakley 1981). In reference to her own interview experiences, Skeggs argues that one can debate whether the provision of opinions or advice to informants is a true form of reciprocity, or whether it completely balances the unequal power relationship between researcher and informant. However, she goes on to say 'to concoct some vague response (as the research textbooks suggest) would have been to insult [her informants]' (Skeggs 1994:80-82). My own position mirrors Skeggs' in this regard. While I agree in principle that Oakley's perspective on reciprocity in interviewing is somewhat naive and does not adequately address the power dimension of the interviewer-interviewee relationship, this dilemma is not resolved by refusing to engage openly with, or provide information to, respondents.

### **Feminist Methodology and Life History Analysis**

Use of the techniques of life and oral history has a long record in sociology (see discussions in Plummer 1983; and Thompson 1988). They are particularly useful in enabling us to focus on people's perceptions of the world around them (Plummer 1983). Life history studies have provided an important means of supplementing and challenging conventional histories and representations from the perspectives of non-dominant groups and, as some analysts argue, are particularly suited to revealing the multilayered textures of peoples lives (Thompson 1988).

In the past decade, the use of life history has experienced something of a renaissance in both sociology and feminist studies. Stuart attributes this to the mutual goals and concerns shared by the two fields. As she says:

Born out of a concern to uncover and recover different pasts to the traditional cultural narratives, they soon recognised their mutual interest ... Oral history was an excellent vehicle for establishing the feminist agenda and feminism was a theoretical framework which oral history could use for gathering the majority silenced voice (Stuart 1994:56).

Writing about the use of oral narrative methodology in research with black women in the United States, Etter-Lewis argues that both the style and flexibility of the technique lend themselves to exploring the complex intersections of race, gender, and class with language, history and culture in the women's lives (1991:43). In addition, it is argued that the attention to linguistic and metaphorical representations in oral history methodology allows for alternative modes of understanding and explanation to be 'heard.'

Anderson and Jack have suggested that the central challenge of oral history research is to 'shed' specific research agendas and try to 'listen in stereo' to respondents' comments. They note that participants frequently describe their lives in familiar and publicly acceptable terms and concepts and often mute their own observations. The task of the researcher then is to try and draw out those muted ideas and concepts and encourage participants to reflect on the meanings which they hold (Anderson and Jack 1991:11-13).

Gagnier's (1987) groundbreaking analysis of working-class autobiography also draws our attention to the ways in which class and social status can be reflected in the specific forms which autobiographical discourses take. Noting that literary critics often comment that workers' writings lack 'significant selfhood' (1987:335) and that they do

not ‘exhibit “flair” and “personality”’ (1987:335), she points out that conventional notions of what constitutes autobiography are based on middle-class forms of narrative. In contrast to middle-class norms, working-class autobiographies do not presume the significance of the author and his or her story as distinct from other accounts, and often begin ‘with an apology for their author’s ordinariness’ (1987:338).<sup>22</sup> Gagnier’s point resonates with working-class responses to my initial telephone calls to request interviews as previously noted. Attention to class and gender differences in narrative and discursive styles is discussed in later chapters.

Because of the focus on individual experience, life history interviews are always somewhat idiosyncratic, however, as Anderson and Jack point out, ‘... a person’s self-reflection is not just a private, subjective act. The categories and concepts we use for reflecting upon and evaluating ourselves come from a cultural context’ (1991:18). Similarly, Humphrey argues that all lives are lived within ‘enclosing contexts’ (1991:167) and that narratives reflect both common social structural influences and individual responses and action. According to Humphrey, one of the advantages of the life history method is that it provides ‘rich qualitative data on the process of people’s lives by enabling people to talk about their lives in their own words’ (1993:168). Following from this my analysis in the remaining chapters highlights both the unique and shared aspects of respondents’ narratives and the ways in which subjects constitute themselves and are constituted through discourse and praxis.

Transcribed interviews were coded according to themes which derived from my review of the interviews. Analysis of the data focussed on variability and consistency in representations to ‘map out the pattern of interpretive repertoires that participants are drawing on’ (Wetherell and Potter 1992:102). Attention was paid to key

metaphors and tropes used in constructing discourses about embodiment and health, the contexts in which they were used, and the meanings participants attribute to them. Comparisons were made within and between each of the four sample groups.

### **The Narrative Imagination: Re-Collecting Our Past and History**

Several writers have pointed out that narrative analysis presents the researcher with a number of dilemmas. As Plummer (1983) notes, with reference to oral history, because the goal of the research is not to establish 'truth' but rather 'perspective,' it is important for the researcher not to force the data into a particularly narrow conceptual framework. Reflexivity in looking at the respondent's account and my own role in the interview dialogue was critical throughout the analytical process (see also Stanley and Morgan 1993 for a discussion of these issues).

As narrative texts may include not one but several possible stories, the question arises as to how to deal with different versions of the same life story. This, according to Ellen is,

[b]oth the attraction and the snare of the life history; for the self portrayed in the story lies less in the 'mechanical memory' than in the individual's capacity to select events, reflect upon them and assign them values; and the pattern of these reflections may, and often does, change over time (1993:248).

While some authors argue that narrative or life history material must be corroborated with other forms of biographical material to establish its validity (Ellen 1993:252), others contend that historical truth does not reside 'outside of the narrative imagination' (Freeman 1993:226) making it impossible, or at least fruitless, to try and disentangle the historical 'facts' of someone's life story from her or his representation of it.<sup>23</sup>

Freeman suggests the need for an imaginative hermeneutic approach to this

type of enquiry. While his analysis centres on written autobiographical texts, his interpretive orientation seems well suited to narrative analysis of other types of texts such as the in depth interviews I employ. Freeman proposes that we see these projects not as inquiries into lives *per se*, but rather into texts of lives. What becomes of interest, then, is the particular interpretations we create of our past and histories.

They are our pasts, our histories, and are in that sense inseparable from who is doing the interpreting, namely ourselves: subject and object are one. We are thus interpreting precisely that which in some sense, we ourselves have fashioned through our reflective imagination (Freeman 1993:5).

In this fashion life history becomes not merely the representation of a life, but rather an active process of re-collection -- a re-collecting or gathering together of aspects of our history in which we make and re-make sense of who and what we are (Freeman 1993:6). Similarly, memories are not seen as discrete things, but rather as acts and imaginings, 'the products of a conscious being bringing to mind what is not present' (Freeman 1993:89).

Analysis of interview narratives from this perspective requires less of a discrete method of analysis, and more of an openness to the way in which the author is actively constituting identity and experience through the text. As Freeman points out, the researcher must resist the tendency within much social science research to impose a linear historical narrative on the account with distinct cause and effect relationships and be willing to 'read the text of a life both backward and forward' (1993:206) to reflect on the ways in which the story of one's past is rewritten in light of both past and present experiences. However, as Stanley and Morgan caution, awareness of the textuality of narratives should not lead to a position in which we deny 'any significant relationship between "the life" as it was lived and "the life" as it has been written [or is

being told]' (1993:3). Instead, it should draw our attention to the complexities involved in working with narrative material.<sup>24</sup>

Richard Ochberg's work extends our analytical considerations in this type of analysis even further by drawing our attention to the 'persuasive element' of life story accounts.<sup>25</sup> As he notes,

[i]n the past few years, ... writers have pointed out that the stories people tell about themselves are not merely descriptions but efforts at persuasion. Narrators try to convince others, and themselves, to take a particular view of their lives; to see them as coherent, dedicated, triumphant -- or perhaps as unfairly constrained. Often, these efforts at narrative persuasion matter because of the contrast they draw between a preferred account and a less palatable alternative: a latent subtext, which is never described explicitly but which is always threatening to emerge (1996:97).

In giving an account, the narrator is actually construing events, not merely describing or reporting them. Narrations may be used in a variety of different ways; for example to show connection to a particular community by providing an account using a favoured or conventional community reading, or to signal identification with, or resistance to prescribed social ideals (Ochberg 1996:111).

Our own goals as analysts and writers of research should not be to simply distil respondents' accounts to present them in a more condensed form, but rather to try and make sense of both the texts and subtexts and what the informant is trying to accomplish with his or her narrative. The purpose of showing 'the rhetoric at work in narratives is not to demean the narrator but to appreciate this act of self-construction' (Ochberg 1996:98).

In the analysis which follows respondents' accounts are examined with these considerations in mind. They are viewed through the lens of contemporary social and feminist theories on the body and conversely contemporary theories on the body are



re-considered through the lens of the narratives.

### **A Note on Ethnographic Style**

Atkinson has persuasively argued in The Ethnographic Imagination (1990) that as sociologists we must be keenly aware of the ‘poetics’ of sociology, or the ‘conventions whereby [sociological] texts themselves are constructed and interpreted’ (1990:3). He argues that we need to examine the ways in which our rhetorical styles and narrative structures create authoritative accounts of social reality, or ‘how sociological texts “mean” what they do’ (1990:2). The use of textual devices such as ethnographic descriptions and the incorporation of ‘voice’ through selective quotes from informants produce *vraisemblance*, or ‘reality-like’ effects, ‘in which an account’s “authenticity,” grounded in an everyday shared reality, is guaranteed’ (1990:62). Literary conventions such as distance, difference and irony in sociological writing shape the particular form of social reality being constituted and play a role in persuading the reader of its ‘realism’.

Atkinson’s goal in mounting this critique is not to challenge the value of sociological research *per se*, or ethnography as a method of study and writing in particular, but rather to encourage methodological attention to the need for self-reflection on the part of researchers. His aim is to increase consciousness of the cultural values held by sociologists themselves and the ways in which these become codified in conventions of research and reporting within the discipline (1990:167-177).

Atkinson’s argument draws on earlier anthropological debates on authority and voice in ethnographic representation (Clifford and Marcus 1986) and literary and linguistic theory (for example Todorov 1968 and 1977) but is less attentive to similar concerns raised and debated over the past two decades in feminist sociology and the

field of women's studies. Canadian sociologist Dorothy Smith, for example, has argued extensively for a critical analysis of the ideological practices of sociology and ways in which textual realities are constituted through the concepts, practice and writing of sociology (Smith 1974, 1987, 1990, 1993). While there is a debate among feminist scholars about whether there are research methods that clearly distinguish feminist research from other forms of social analysis (see Harding 1987; Ironstone-Catterall et al. 1998; and Maynard 1994), it is generally agreed that feminist research requires attention to reflexivity in conducting, interpreting and writing research, critical analysis of 'situated knowledges' such as gender, class, race/ethnicity, and sexuality, and attention to dimensions of power in the researcher/informant relationship (see Burt and Code 1995; Harding 1987; Maynard and Purvis 1994; Stanley 1990; and Reinharz 1992 for a more detailed discussion of these issues).

In my analysis and presentation of the findings from this study I have tried to remain attentive to these issues and concerns. In the chapters to follow I present key themes and issues from the interviews summarized in my own voice, as well as lengthy quotations from dialogues with respondents. Wherever feasible, the latter are presented verbatim to allow respondents' voices to be heard in as complete a fashion as possible, as well as to draw the reader's attention to my own role in delimiting the dialogue through specific questions and prompts (Nippert-Eng 1996). In this way, I hope to achieve some balance between authorial and informant voices in my presentation as well as opening up the text (Aldridge 1993) to draw the reader's attention to the ways in which I have framed my interpretation of the data.

## Notes - Chapter Three

1. I use the term 'methodology' here following the distinction between 'method,' 'methodology' and 'epistemology' established by Sandra Harding in Feminism and Methodology (1987). Harding defines 'method' as the technique/s for gathering evidence (for example, the use of in depth interviews, or a survey questionnaire); 'methodology' as the theory and analysis of how research should proceed; and 'epistemology' as the broader theory of knowledge and justification which informs the choice of methodology and the specific methods or techniques used (1987:2).

In recognition that the choice of specific research methods is theoretically informed, my discussion in this chapter elaborates the specific methods used within a larger discussion of the methodological issues which have influenced my research and analysis.

2. The trend in northwestern Ontario is typical of those in other manufacturing and extraction-based areas. As Livingstone and Mangan note: '[s]tructural unemployment is growing. According to official statistics, the portion of the labour force actively seeking paid work and not finding any has been chronically around 10 per cent for over a decade, and a new category of "discouraged workers" may now be almost as large. In addition, the proportion of the employed labour force that can only find jobs that are beneath their qualifications and needs, the "underemployed," have also been growing quickly' (Livingstone and Mangan 1996:3; See also Dunk, McBride and Nelsen 1996).

According to 1996 Canadian Census data, the unemployment rate for men in Thunder Bay is 11.3% and for women is 9.9%. Unemployment rates for both men and women in Thunder Bay are higher than the provincial averages which are 8.7% and 9.6% respectively (Statistics Canada 1998).

3. I am using the term 'liminal' here following its conventional anthropological and sociological usage to refer to a threshold or 'in-between' space. I argue that Thunder Bay is perceived as rural and northern by those in the south of the province, yet its close proximity to the American border and its relatively large population distinguish it significantly from the remainder of Northwestern Ontario. Indeed, research on the community and its immediate surrounding area does not qualify as 'northern' according to the criteria for Northern research as set out by some research granting bodies.

Andermahr et al. point out that liminality is valued by many postmodern researchers for its deconstructive potential. It is seen to highlight the ways in which differences are marked and given presence and thus may provide the potential to unsettle or deconstruct conventional meanings and values (1997:124).

4. Growing up in Thunder Bay, it was common to drive distances of an hour or two (in both directions) to go for a day outing, and not unusual to hear of people driving the 8 hours to Winnipeg or 18 hours to Toronto for a long weekend vacation. This sense of distance contrasts sharply with my experience in the U.K. where parents of my

children's schoolmates in Coventry frequently expressed great surprise at the distances we had travelled on weekend outings to places such as London and Oxford. While some of this undoubtedly reflects the high cost of petrol in the U.K., gasoline prices are also relatively high in Northern Ontario. It is more likely that this reveals different cultural attitudes toward automobile travel -- car travel as a luxury in parts of the U.K. related to the proximity of communities and a relatively comprehensive public transportation system, as opposed to car or truck travel as a necessity in Northern Ontario due to the exigences of distance and limited public transportation.

5. A recurring theme in provincial election rhetoric is the need for local candidates to bring strong voices from the North to the southern power bloc where decisions are ultimately made. In the most recent provincial election, for example, a highly visible issue in the local media was the apparent anger of Northerners at the cancellation of the spring bear hunt -- an issue which affects the revenue of regional tourist outfitters and guides. While this issue directly affects only a small percentage Northerners (the majority of the hunters it attracts come from the United States), it is viewed by many as symbolic of the lack of consideration provincial and federal policies give to regional fiscal concerns and desires.

A second regional issue in this election, and one with the potential to affect a much greater percentage of Northerners, was the disparity between financial support given to Northerners who must travel to receive special health care services in the south, and southerners seeking treatment in the north. While Northerners receive only a partial reimbursement of their travel expenses from the provincial health care plan, southerners are fully reimbursed. The disparity in policy here is viewed by local residents as one more example of the self-centredness of the south and its hegemony over political policy and decision making. (See Dunk 1991, 1994; and Southcott 1991 for more extensive discussions of regionalism and identity in Northern Ontario.)

6. Several of my interview respondents commented on the similarity of styles of dress, hair and appearance in general visible throughout the city and a sense of social sanction (through publicly made criticisms or 'gawking') if one strays too far from the accepted norms. These observations were contrasted with the greater diversity seen in other communities, even of a similar size, in their travels to other parts of Canada or the United States.

Their comments match my own ethnographic observations in everyday work and leisure settings. For example, a frequent comment in the early fall is residents' ability to tell that 'school' (ie. university) must be starting again soon because of all of the strange clothing styles and hairdos (especially hair colours) visible in town. The assumption usually is that this reflects the high number of students Lakehead attracts from Toronto or other parts of Southern Ontario.

And while it is not uncommon to hear Italian, Ukrainian or Finnish spoken especially by older residents, the City of Thunder Bay has maintained a resolute stance that English is its first language and in 1995 passed a controversial by-law declaring Thunder Bay an English-only city in an effort to deny the provision of bilingual

services to French-speaking residents.

7. I am using the term 'white' here as a social construction following Dyer 1997 as discussed in Chapter One.
8. As this was not my primary research technique, I did not keep a daily ethnographic diary, but rather made occasional notes on articles or features on aspects of embodiment and health in locally-available magazines, the local newspaper, and television shows, as well as attending to the ways these issues were discussed in conversations in everyday settings in which I was involved.
9. Typical examples included conversations at work or in social settings of television shows on cosmetic surgery, or body image issues, or on sport and masculinity.
10. For example, shortly after beginning my interviewing of the female respondents, it became clear that Canadian Living magazine was one of the more frequently read magazines by the women. I began collecting the monthly issues and asking respondents directly about specific articles or features, in part to assess how closely the magazines were being read, but also to get a sense of peoples' reactions to particular images such as fashion layouts.
11. This public health education initiative promotes healthier 'lifestyle habits' through a discussion of the health risks of dieting and the encouragement of generally improved eating habits and regular exercise. As will be referred to in later chapters, a cornerstone of this new campaign is the use of the BMI or Body Mass Index measure to assess healthy weights. In public health terms the BMI is the successor to earlier assessment tools based on life insurance mortality tables which linked ideal weights directly to height. By contrast, the BMI gives a range of healthy weights for those from the ages of 20 to 65 with an acknowledgement that these will vary by frame size, and that they don't apply to children, pregnant and nursing women and the elderly (Ministry of Health 1992).

None of my respondents indicated any familiarity with this specific public health education campaign although some of those interviewed were aware of the BMI index through popular health articles in magazines such as Canadian Living as discussed in later chapters.

12. Although it is a large sample size for a study employing narrative analysis, I chose to conduct forty interviews so that I could include both gender and social class as variables and allow for some patterns of variation within sample groups to become visible. The four sample groups were comprised of: ten middle-class women; ten middle-class men; ten working-class women; and ten working-class men.
13. I did not sample explicitly for ethnicity due to the already large size of the total group, and my primary focus on gender and class; however respondents' ethnic backgrounds as revealed during the interviews are reflective of those typical in this region. They comprise a mix of East European (ie. Polish, Ukrainian, Slavic), Southern Mediterranean (especially Italian), Northern European (Finnish, Swedish and Danish)

and British (English, Scottish and Irish). Two respondents were Francophones -- one with a Franco-Ontarian heritage, the other having grown-up in Quebec. All, but two of the respondents would be considered white. One of the women was of Chinese ancestry, and one of the men was a non-status Indian (of mixed First Nations heritage).

As other analysts have noted, the content and meaning of different ethnic identities has changed over the past century (see Dunk 1991b). Today, however, the primary distinction recognized by local residents is that between First Nations or Native peoples and whites -- a term which is used to subsume all of those who are presumed to be non-native. While whiteness remains, as Dyer (1997) notes, largely unspoken and invisible, in my interviews it is, as I discuss in Chapter Six, the norm against which other racialized groups are measured.

Similarly, while participants did not explicitly name their sexual orientation, it was clear from the interviews that all were currently, or had been in the recent past, involved in heterosexual relationships. I try to make the unspoken discourse of heterosexuality more visible in presenting the data, particularly in Chapters Four and Five where I discuss the constitution of gender in discourses of health and embodiment.

14. When contacting potential participants, I indicated that I was conducting a study of ideas about health, the body and body image and how they changed for people over the course of their lives. I noted that I would be asking for basic demographic information, as well as information about health practices, and work and family histories. Participants were informed that all responses would remain confidential and asked for their permission to tape-record and transcribe the interviews to facilitate analysis.
15. The working-class sense of living unremarkable or ordinary lives, as distinct from more middle-class or bourgeois notions of the importance of having one's perspective heard, and preserving one's lifestory is wonderfully illustrated in Regina Gagnier's article 'Social Atoms: Working-Class Autobiography, Subjectivity and Gender' (1987).
16. The celebrated Canadian writer Margaret Atwood very insightfully and humorously reflects on metaphorical references to women's bodies as 'topics' in her essay 'The Female Body' from which the quote on the opening page to the thesis is taken (1991:1).
17. The decision to choose a community population rather than a clinical population was motivated by my desire to move beyond the medico-scientific language and discourses which have shaped most social science and feminist work on the body (as discussed in Chapter One) and look for ways in which these are given meaning in everyday life. In making this choice, I am not suggesting that lay or popular ideas about health and embodiment are somehow formed in a vacuum and uninfluenced by such prescribed discourses, however, it is reasonable to assume that those experiencing significant health problems, and in frequent contact with health care professionals are more likely to be influenced in an immediate way by the professional discourses of these settings.

18. Kechnie and Reitsma-Street's book Changing Lives: Women in Northern Ontario (1996) provides an important first effort in this direction. This multidisciplinary compilation details some of the early work experiences of women who worked in more traditional female jobs, such as teaching (Blackford 1996) and farming (Debevc-Moroz 1996), as well as in non-traditional areas such as logging (Lindstrom) and mining (Keck and Powell 1996). While several of the articles discuss the relationship between paid and unpaid work, and the ethnic and gendered division of labour in northern communities, there is little direct discussion of the class identities of women workers, except in reference to their roles supporting husbands and families through lengthy mining strikes (Forestell 1996) and as lobbyists for health and social policy programs for single parents and impoverished families (Kauppi and Reitsma-Street 1996; and Suschnigg 1996).
19. Oral historians have pointed out the value of doing follow-up interviews. As Plummer (1983) notes, the initial interview may leave ambiguities which can be clarified in subsequent sessions. In addition, the initial interview may trigger memories which can be recorded in later sessions. Plummer suggests that the ideal for oral history interviewing is to conduct as many as twenty interviews on a regular (for example weekly) basis (Plummer 1983). However, such an intensive commitment of time is not feasible for most potential respondents, nor for researchers who wish to interview more than one or two people; thus, in practice, it is more common for oral history interviews to be conducted over one or two intensive sessions.
20. Similarly, Chambon argues that '[l]ife histories don't just happen. They are conducted and constituted through modalities of telling and talking' (1995:125) thus our analysis must attend to how we do life histories.
21. Some researchers have argued that women are typically more comfortable being interviewed by other women, particularly when being interviewed about sensitive topics like aspects of embodiment or experiences of sexuality. (See, example, Oakley 1981). However, others suggest that arguments for the 'matching' of interviewees and interviewers by gender and/or race are falsely based on a realist epistemology which assumes a unitary truth about respondents' lives which will only be revealed to an interviewer who shares the same characteristics (Phoenix 1994:66-70). Phoenix argues that 'the strategy of matching interviewers and respondents on particular characteristics (such as gender and "race") does not produce "better" data' (1994:70) because respondents are not positioned in a unitary way. Consequently, our analyses must always incorporate the ways in which 'wider social relations enter into the interview relationship' (Phoenix 1994:70).

I think there are merits to both sides of this argument. While I agree in principle with Phoenix's critique of a realist epistemology in interviewing, I can also imagine many topics which I would be uncomfortable being interviewed on by a man. For practical purposes I decided to begin by interviewing a few male friends and to ask them directly about their comfort level with the questions on my interview schedule. Their responses helped to refine some of my prompts and to suggest other ways of asking questions which might be more comfortable for my male respondents.

22. A similar point is raised by Anni Vilkkö in her article 'Homespun Life: Metaphors on the Course of Life in Women's Autobiographies' (1995). She points that the stories told by ordinary Finnish women are 'rather prosaic and realistic, endeavouring to refer to the life lived as candidly as possible and using uncomplicated language' (1995:271). She suggests that moderation is a cultural value held by this group of women and that it is visible in the styles of metaphor they have chosen to use in their accounts.
23. Wagner-Martin notes a similar debate in the literary field of biographical writing. As she states, 'despite today's greater cultural awareness of how complicated the shaping of identity is, biography is still thought to be an art dependent on fact' (1994:9).
24. See also, Cotterill and Letherby 1993; Evans 1993; and Stanley 1993 for a discussion of these issues in oral history and auto/biographical research.
25. Swindells (1995) makes a similar point in her discussion of the political dimension of autobiography in the Western European literary tradition and its use to evoke change.



## **Chapter Four - Narratives of Health**

[I]n contemporary western societies we are expected to attain health, to release the potential of health lying inside us. Disease is no longer misfortune, for all of us have the potential to be 'totally healthy'. Total health is not just the absence of disease or illness, but a higher state of being, a state of harmony between spirit, body, mind, society and the environment, which is achieved through personal transformation (Coward 1989:50).

### **Introduction**

As discussed in Chapter Two and highlighted in the opening quote above, the prevailing discourse on healthism views health as an ongoing process of improvement and transformation achieved through the regimentation and regulation of body boundaries and desires. Lupton argues that, 'knowledges, discourses and practices ... of health serve both to constitute and regulate such phenomena as "normality," "risk," and "health"' (1995:4) and contribute to the moral regulation of society by defining the ethical and moral practices of the self. Healthist discourses form a backdrop against which, or in relation to which, lay narratives of health are negotiated. A focus on such prescribed discourses, however, does not fully encapsulate the meanings of health and health practices which are revealed in lay accounts. Beginning with a discussion of working-class women's narratives of health, this chapter lays out the notions of health among the four groups studied. I explore influences which have shaped their beliefs and practices, the ways in which their ideas about health and healthiness have evolved over time, and points of similarity and contrast along the axes of gender and class.

### **Working-Class Women's Narratives of Health**

The majority<sup>1</sup> of the working-class women interviewed defined health or healthiness in instrumental terms as the ability to function on a day-to-day basis, and to meet work and family responsibilities. Similar to Calnan's (1987) research these

women tended to emphasize the importance of never being ill and the necessity of being functional on a day-to-day basis to meet obligations to others. Health for them was a relational, rather than an individual construct.

**Q. How do you define health? What does being healthy mean to you?**

A. Well I guess it's just being able to function and get through your day-to-day chores. Not feel tired. Be able to function properly and not think about your health. I think health is an issue if you are thinking about it. If you're not thinking about it obviously it isn't an issue (Interview #2, woman age 50).

A. To be functional. To be able to get up in the morning and say I can go to work today. I can do that. I've seen so much of the other stuff that if I am still functional, I am healthy enough to do that. I don't drag an oxygen tank around. There is so many hard things out there I still think I got it easy (Interview #26, woman age 43).

Two of the women defined health primarily in biomedical terms, as the absence of disease. However, even these accounts stressed the importance of functionality. Two other women made reference to a more idealized notion of health, one defining it as 'when you look and feel good about yourself.'

For all but the youngest of the women notions of health had changed significantly over the life course. Most indicated that they thought about health in a more conscious fashion now. Key influences in the changes cited were the added responsibilities for women brought about by having children, the experience of aging, the challenges of multiple roles and family demands, and an increasing sense of mortality brought about by watching parents and friends become ill and die.

**Q. Do you think that your own idea of what it is to be healthy has changed over your life time?**

A. Yes. Sure. When I was younger, I mean, you got a cold. It was a big disaster. You thought, 'oh my God, this is it.' As time goes on and when you have children and they become ill, yours [sickness] isn't the same. It isn't. When you are sick and down, it is amazing how fast you can get up and walk. So it's changed there. That self pity goes. I think a lot of it is self pity. It is so

easy, because mom's got the hot chocolate and chicken soup. All the remedies. Then you become the remedy maker. So you set your own needs aside. I think you become healthier because you have to. You haven't got time to be sick. What I would see as a reason to stay in bed before, because I could, now I can't, or I don't. I feel better because I am not able to be sick (Interview #26, woman age 43).

A. I don't think I thought about stress when I was younger. I don't think I thought about assessing my health. In that way it is definitely different (Interview #19, woman age 44).

For one woman who was in remission from breast cancer, coming face-to-face with a life-threatening illness had profoundly changed her personal notion of health even though she had been working in the health field for many years.

As will be discussed in more depth in the following chapter, body image and appearance also figured in many of the working-class women's current and past assessments of their health. One woman in particular indicated that the way in which her notion of health had changed with time is that she had finally 'come to terms with her body' and was no longer trying to be 'a thin person.' She now assesses her health in terms of her level of energy and her general sense of well-being (Interview #2, woman age 50).

Most of the women considered themselves to be generally healthy apart from stress and fatigue, catching seasonal colds or flus, or suffering from occasional aches or pains. As Popay (1992) and Walters (1993) have previously noted, the women had a tendency to normalize their stress and fatigue seeing them as inevitable aspects of everyday life. Similarly, while reference is made to discomfort and pain in some of the narratives, the cultural value placed on stoicism meant that pain tended to be minimized or dismissed.

One woman described herself as healthy, but noted that she experiences a

number of work-related health problems, such as bursitis and tendonitis in her arms and shoulders, and carpal tunnel syndrome in both wrists (Interview #25, woman age 46). Another suffers from osteo-arthritis but says she has learned to live with it and the limitations it poses so she still thinks of herself as healthy overall. Common complaints at the end of a difficult day or week for the women were tiredness and fatigue, stress, headaches and migraines, and pain in the back and the legs. Again, none of these were expected to interfere with social roles and obligations.

In describing their own health histories, the women indicated that they had been healthy apart from the occasional complicated pregnancy or childbirth, or childhood sickness. However most indicated that they had felt healthier when they were younger. The key defining change cited again was having children and the ensuing juggle of multiple roles and responsibilities.

Ways of staying healthy varied significantly among the group. All of the women indicated an awareness of prescribed notions of healthism. They articulated a strong sense that they ought to be conscious about healthy eating and getting regular exercise and felt guilty when they did not. The extent to which this was practised, however, varied. For women with young children, the exigencies of work and family were seen to interfere with the ability to follow prescribed health protocols. The following exchange from an interview with a 34 year-old working woman with three children under the age of 10 illustrates this well.

**Q. Do you do anything specific to stay healthy?**

A. Just our normal routine at home. I don't take vitamin pills or anything, but we try to pay attention to what we eat, and get out.

**Q. Are you conscious about trying to eat certain things and not eat other things when you plan your meals?**

A. We are. But for the most part, the butter comes back and certain other things come back into the diet. It depends on how active we are at the time. In the past month I have been working on [union] elections so I haven't had a lot of time at home. So they [her husband and children] have been doing without me and doing other things.

**Q. Do you mean eating out and that sort of thing?**

A. Oh, definitely eating out [laughing] at fast-food places a lot!

**Q. Was there ever a time when you were able to be more conscientious about diet and exercise would you say?**

A. Prior to having kids. At that point, before we had kids my husband and I, we didn't even own a car. We had our bicycles. Everywhere we went was on bike. Once the kids came, we got the car. From that point on it was just faster and easier to take the car (Interview #27, woman age 34).

As this excerpt reveals, and as was evident for most of the other working-class women, the maintenance of a healthy lifestyle for the family was assumed to be a woman's responsibility. When the woman was unavailable to attend to this because of work or other commitments it was presumed 'natural' that such practices would not be followed. In some instances, the women indicated that they felt responsible when this happened and felt the need to cutback on their own activities to ensure the health of others in the family. As Simon's research has shown, the meaning of multiple roles is often different for women than for men, and may itself become a source of stress:

Because women's family roles [even when combined with a full-time job] continue to involve providing *round-the-clock* nurturance, it is understandable that the emotional benefits of combining spouse, parent, and worker roles are fewer for women. Employment for women *means* they are not adequately meeting normative behavioural expectations as wives and mothers ... it is reasonable to interpret employed wives' higher symptom levels as a normal and predictable response to their failure to meet highly-important and deeply-valued role obligations (Simon 1995:191).

A sense of guilt about not following prescribed notions of healthism was also evident in many of the women's accounts.

**Q. Do you do anything specific to maintain your health?**

A. Not since I've had children, no. I used to go to the gym quite a bit. Now with the kids and trying to work I don't have the time. I try to spend a lot of time outside with the kids when I can.... and I do try to eat healthy. Usually when I go to the grocery store I don't usually buy tin stuff or junk food.... In some things I read the labels and try to buy like lower fat things. I don't buy skim milk, my husband and kids don't like it, but I buy something that is a little less fatty. But when I bought my kids flavoured waters instead of pop my husband got very upset. He can taste that aspartame [artificial sweetener]. ... It doesn't bother me, but he gets mad at me when I buy those things (Interview #3, woman age 36 ).

As this excerpt suggests, the woman may be seen, and indeed see herself, as the promoter of family health through the purchase and preparation of healthy foods, but her ability to do so effectively is often mediated by the tastes and preferences of husband and family members. Feminist critics have challenged health promotion policy for not taking account of such constraints. (See, for example, Green 1994; and Graham 1993).

Pill and Stott (1985) and Blaxter (1987) have argued that for working-class women structural disadvantage is often experienced as individual inadequacy, especially when illness results. While a number of studies have shown that lifestyle behaviours are less likely to influence health outcomes than unfavourable social and material circumstances (see, for example, Kooiker and Christiansen 1995), the current emphasis on risk as moral danger in contemporary health rhetoric often results in a strong sense of personal responsibility for illness or poor outcomes (Lupton 1993).

Older women or those whose children were grown or more self-sufficient said that they tried to be conscientious about eating low fat foods, and getting some form of regular exercise, such as walking or attending an exercise class if time permitted, but indicated that they were not 'uptight about it like some people are.'

Only one of the ten working-class women consciously followed a strict diet and exercise regime. She indicated that it was very central to her health and sense of well-being. By contrast, another woman indicated that although she knew she should pay more attention, she eats what she wants, when she wants and does not exercise. She sees no point in denying herself pleasures because ‘you never know when you are going to get cancer or have a heart attack or whatever, I’ve seen it happen too many times’ (Interview #26, woman age 43). This perspective was common among working-class men (as will be discussed later in this chapter) and reflects a cynicism about the moralism and rigidity of the healthist discourse (Lupton and Chapman 1995).

The constraints to achieving a ‘healthy lifestyle’ noted by the women were time, money, the juggle of multiple roles, and the lethargy brought about by fatigue.

**Q. Are there times or circumstances when you can’t do things that you like to do to stay healthy?**

A. Yes, the juggling. Sometimes I have to go from work to my union job or to pick up the kids and take them from one place to another. So I grab something to eat on the way, or I might not even eat until much later. It’s the problem of trying to squeeze everything in during the day (Interview #27, woman age 34).

A. I think I would like to go to the gym again, but I can’t do that until the children go to school. Then too, you find that anything that is healthy and good for you is too darn expensive. I don’t think that is right. I think that might be a cause [of people being unhealthy]. Maybe you don’t pick up an extra thing because it is expensive. You are trying to save your pennies so you know you have to purchase something that isn’t as good for you (Interview #3, woman age 36).

Such comments regarding the ‘cost’ of healthiness suggest that efforts to pursue healthism through participating in exercise programs and purchasing foods defined as healthy may be a source of class consciousness for some of the working-class women. They see their efforts in this regard frustrated by their limited finances and their need to be accountable to husbands and families for how money, even money

they have themselves earned, is spent.

Some of the older women expressed regret that they had not made, or been able to make, a greater effort to protect their own health when they were younger.

They drew links between current health concerns and these earlier practices.

**Q. Have you done specific things to stay healthy either now or in the past?**

A. Yes. I tried to in the past. I think that when you are a working mother and when you have a stressful job [nursing] as I did for many, many years, and you try to balance work with home and I was involved in a lot of external things such as committees and boards and I sometimes had to travel. Sometimes it was difficult to do the things that you should be doing to yourself and to your body to stay healthy. You are tired. You are stressed. You know, all these different factors, external factors, that have an impact on your health. But I mean I tried, I certainly tried. I wasn't a person that if I had a discomfort, or if I had a problem, that I would neglect going to see a doctor. You know, I certainly did that. But sometimes I think we get so busy we just don't have the time to maintain our health and to keep healthy. I think in the last few years, what I've gone through [breast cancer], I'm just getting to the point that I am so sick of doctors, and sick of hospitals and sick of being sick. But I still maintain what I'm told and I still try to adhere to you know, the basic principles to stay healthy and be alert for symptoms that would show otherwise (Interview #30, woman age 53).

Reflecting back on her past in terms of a recent experience with breast cancer, this woman is expressing regret about her inability to look after her own health while meeting the demands of her busy work and family life. This again reinforces the sense of multiple roles being experienced as conflictual. While she indicates that she made efforts in this regard, she expresses a sense that the pressures of time and work and family demands really did not allow her the opportunity to hold to this.

The influences which the women cited as shaping their health beliefs included life experience, raising their own children, practices in their family of origin (especially the influences of their mothers), formal education, and the media.

**Q. Where do you think that your ideas about health and what it is to be**



## **healthy have come from?**

A. I think that most of it comes from survival.... You can let yourself get totally lost. Kids make you more aware. When you are making a meal, you are putting it together and you say, 'okay, you've got meat, potatoes, vegetables, this is good for them.' Hot cereal in the morning is better than cold... For me, it comes more from the kids. It's so easy if I am on my own to whip up that little nothing and not take care of myself (Interview #26, woman age 43).

A. I think more probably from the media. I grew up in the 50s where everything was mashed and boiled to death. Red meat was real good for you. Fruits and vegetables were something that were off somewhere. Now the media has put so much stress on body image for women and what you are supposed to do. Again, probably like a lot of women, I feel guilty about not eating properly (Interview #25, woman age 46).

A. My mom, I think had a big influence. She didn't like to take pills. She didn't very often give in to feelings of unwellness, even if she didn't feel well. She talked about how important it was to keep going. It was always a thing where she'd say 'if you don't feel well, go to school. If you don't feel well once you get there, then you can come home,' instead of saying, 'okay, stay in bed. ... Neither one of my parents were ones to sit around and be ill. We just sort of grew up that way I guess (Interview #19, woman age 44).

Surprisingly to me, health professionals were not generally mentioned as a source of influence about health beliefs and behaviour. When they were referred to it was often as negative influences. Examples of this include: setting expectations or standards that were unrealistic, especially with regard to body image issues; not taking patients' concerns seriously; or as the following excerpt illustrates, being dismissive of, or discouraging about, particular health fears women may have such as breast cancer:

**Q. Is there anything that you fear about your health? Anything that worries you in particular?**

A. Cancer, because my sister died very young with cancer. I worry about that.

**Q. Do you do things to monitor that?**

A. No, actually I avoid doing things monitoring that.

**Q. Actually I think that's quite common.**

A. No, I don't do the normal things that you are supposed to do to watch in case of [sentence trails off]. I went out of my way to go to the Thunder Bay thing at the Art Gallery on Breast Cancer Survivors.<sup>2</sup> I went to that just for one night and I was thoroughly disgusted with the doctor<sup>3</sup> so I didn't go back ... I couldn't believe what he had to say. I thought 'no wonder we don't come out anywhere with this' [referring to breast cancer].

**Q. The other nights were better I thought.**

A. Were they?

**Q. Yes. There were people from a lot of different backgrounds and perspectives talking over the week. Quite different from that first night.**

A. I did not go after that first night because I thought the whole thing would be like that. The woman who was there, who works at the clinic [the radiologist from the cancer clinic] she was really into early detection, but he [the surgeon] got up and blowed her theory totally saying 'it was probably already too late. If you found a lump you might as well get used to it because it doesn't matter how quickly you get your treatment, its too late because you've probably had it for seven years by now anyway.' I thought if this is the attitude you have as surgeons, I hope I don't get breast cancer while I'm here [alive]. It was hard for me to go to that, you know, [pause] because of my sister, and that really discouraged me.

**Q. So when you say that you don't do things like breast exams, is it because you are worried about finding something like that?**

A. Yes. If I don't know, I don't have to worry about it. Because the one time I did find something, I had to wait two weeks to see a doctor. I had myself dead and buried, my kids given away. Maybe you grow complacent when you are a doctor or something. They just don't know the stress you go through waiting, you know? (Interview #19, woman age 44).

This woman is clearly anxious about the possibility of getting breast cancer in light of her sister's early death from the disease. As this narrative shows, she does not participate in regular screening or breast self-examinations for fear of what she might find. Her limited effort to educate herself more fully about the disease and prevention programs was thwarted by the presentation of a health care professional who was clearly discouraged about lack of progress in treating breast cancer even in cases of

early detection. What is of significance in this narrative is that whether or not the surgeon's assessment of the situation is accurate, his cynicism about early detection and effective treatment was read by the woman as a further reason to avoid engaging with health care professionals and prevention programs.

Several of the working-class women perceived themselves as raising their own children with health beliefs and behaviours similar to those they grew up with in their families of origin. Differences noted were: more awareness of the health risks of smoking and eating fatty foods; the impact of limited time on women's ability to prepare healthy home-cooked meals; less availability of fresh garden foods especially those they might grow themselves; and a greater likelihood of encouraging the participation of children in structured physical activities in contrast to just 'going out to play.'

One woman of Chinese descent noted that while she enjoys Chinese food the preparation simply takes too long so she tends to eat more conventional Canadian foods. Another indicated that while she is trying to stay at home with her children and do 'motherly things' like prepare home-cooked meals, she is also trying to stay in the workforce so her skills do not become obsolete. For her, time is always a constraint. A third woman indicated that while she liked the idea of healthy meals her own household was organized entirely differently than that of her parents' house making this difficult to achieve:

**Q. In what way would you say it is different?**

A. My parents both work in the daytime. They have nine to five jobs. They were always home for us. The meals were always at a regular time. You always had your meat, potatoes, your normal food. Dinner was over by 5:30. Dishes were done at 6:00. You went out and did whatever you had to. That's not the case in our household. In our household, suppertime could be anywhere

between 5:00 and as late as 7:00 or 7:30.

**Q. Do you tend to all eat together, whatever time you eat?**

A. Depending on if I am working [shift work] or if I have meetings, often it's not.

**Q. Do you eat the same sorts of things as you did at home?**

A. No, we are more flexible in that we eat pasta, rice and sometimes even just vegetables, not just meat and potatoes.... On the one hand we are more aware of eating healthy, but if I was honest and tried harder we wouldn't be eating as much take out food as we do. I mean my kids, they know Macdonald's. They know all the little hangouts... And it's not just what they want to eat, it's who has the [promotional] toys. And the toys each week also determine where they want to go (Interview #27, woman age 34).

In addition to the statement about time and work schedules and how these impact on the ability to cook at home and eat together, it is interesting to note the reference to how consumerism, especially aimed at children, influences household eating patterns and food choices.

General practitioners were the only health care professionals routinely consulted by the women. A few women had seen chiropractors at some time in the past for acute back or joint problems, but none used them preventatively. As one woman noted, the regular six-week visits her chiropractor recommended were expensive. Chiropractic services are only partially covered under the provincial health insurance plan. They are simply not affordable for her. Two of the women (both of whom had semi-regular bouts of joint pain) occasionally used alternative therapists, one a naturopath and the other a massage therapist. Most did not buy products from health food stores. The three that did tended to buy vitamin supplements and foods such as low-fat yoghurt.

The impact of work on health for these women varied considerably by the type

of job held (see also Emslie et al. 1999 for a discussion of gender and health in different occupational areas). Most of the women indicated that there were some ways in which working affected their health positively. Either they enjoyed getting out of the house and having contact with other people, or in the case of jobs that involved a lot of movement, because the job kept them physically active. All of the women with desk jobs found the immobility at work physically confining and complained of back problems. The women whose work experiences impacted most negatively on their physical health were a letter carrier, a grocery clerk, and a kitchen dietary aide. In each of these cases problems were attributed to the physical stresses of lifting, repetitive work, generic work stations which did not fit individual ergonomic needs, and poor environmental conditions in the workplace. All of these women were in unionized jobs and covered by workers' compensation. Nonetheless, they reported difficulties having the problems they experienced taken seriously and the tendency, especially on the part of insurers, to blame health problems on individual lifestyle behaviours.

**Q. Do you think that your work, either now or in the past has had any impact on your health, either positively or negatively?**

A. After working in this cold room [the walk-in fridge in the hospital kitchen] for the past year, there have been some changes. I haven't been warm for so long that when I do get warm it's a blessing. You get the wear and tear and you get the carpal tunnel, you know, from repetitive work. Lots of shoulder stuff, and your wrists are sore. But everybody is very nervous [to complain] especially right now. Everybody is very nervous about saying anything to anybody about body injuries because our [hospital] site is closing down. So everybody is really paranoid about saying anything too much. But it wears you down.

**Q. What happens when you do say something?**

A. They say yes? And the first thing they ask you now is 'do you knit?' Then they are going to say that it was caused from knitting. 'How much knitting do you do? How much crocheting do you do? Do you bowl? Do you do this?' Sometimes after you go through the fight, it is not worth it. Because the

welfare lines are getting too long, because that is where you are going to end up. And be waiting for a cheque. And now, apparently, the compensation board isn't recognizing soft tissue injuries, or stress or any other thing (Interview #26, woman age 43).

Stress and fatigue at the end of the working day were common complaints for most of the women. For those working in retail settings, stress was related to dealing with customers but having little decision-making power. For those such as the nurses, in jobs where staffing levels had been reduced in recent years as a result of government cutbacks, stress was said to be the result of increased workload.

Balancing work and family responsibilities was reported as a source of stress by most of the women and was thought by several of them to have a negative impact on their health. Most of the women indicated that care of the children and household was seen as either solely or primarily their responsibility despite their work outside the home. As Simon (1995) notes, men and men's role conflicts around work and family are typically different. Men's conflicts tend to be highly specific and delimited whereas women's tend to be non-specific and pervasive. The difference relates to the extent of responsibility each is seen to have for the functioning and emotional state of the household.

**Q. How did you and your husband balance work and family responsibilities?**

A. We didn't [emphatically]. When we were married it was my responsibility, and when I got divorced it was still my responsibility. You just went to work, came home and you made their supper. You got them to wherever they needed to go, and met whatever needs they had. You tucked them into bed, and did it all again the next day (Interview #26, woman age 43).

A. I did have to do most of it myself. My husband, even though he was in the picture then, he wasn't very involved... You have to schedule yourself. Organize yourself... You sometimes felt there wasn't enough time in a day but you just had to go from here, to here, to here (Interview #19, woman age 44).

One of the younger women indicated that she and her husband arranged to work opposite shifts on their jobs so that they could share out child care and avoid the costs of babysitting. Two of the older women whose children were now grown indicated that they had the benefit of support from mothers and sisters-in-law who provided child care when their children were young. Both noted, though, that it was seen as their responsibility to arrange for the care, and they were expected to fill in if sitters were not available. Even where shared child care was the norm, most of the women indicated that meals, especially if cooking was involved, and household responsibilities were seen as belonging to them. Even though their partners might think tasks were shared out, the women did not experience it in the same fashion.

**Q. Do you think that women and men experience the pressures around how to juggle jobs and juggle child care in the same way?**

Q. No. Not in the least [laughing]. I think men THINK [with emphasis] they do.

**Q. Can you give me an example?**

A. My husband, when he stayed home, as soon as I was in the door, it was like 'here, it's all yours.' I would cook and I would clean. I had to quickly learn to ignore all the cleaning that needed doing... I don't think they [men] have a clue what women actually do. I found that my husband on occasion would complain that I didn't do any cleaning. So I would stop. I used to think, 'who does he think cleans the toilet? Do fairies come in the middle of the night?' I prefer to clean by myself, but when he does it, he has to clean with an audience. It's like I have to see and comment on what he does (Interview #25, woman age 46).

The double workday was seen to negatively impact on health by increasing women's fatigue and stress levels. Most of the women, however, normalized this, presenting it as a natural outcome of working and having a family, especially a young family. The mode of coping was not to address the unequal division of labour. Rather they learned to ignore the dirt ( vividly expressed by one respondent with the phrase

‘I’m sure as hell not going to kill myself over a dust ball in the house’), to lower expectations around cleanliness, to give in to more consumption of less healthy fast food when this could be afforded, to run to tightly organized schedules and to give up on the possibility of any leisure or relaxation time for themselves (see also Graham 1993 for a discussion of structural disadvantage, multiple roles and women’s health).

### **Middle-Class Women’s Narratives of Health**

In contrast to the working-class women’s definitions of health, the middle-class women tended to define health in more abstract and idealistic terms as a state of feeling good, or well-being (similar to one of the three main notions of health identified in Herzlich’s (1973) classic study) and to speak about the importance of balancing mind and body in a language very similar to the discourse of healthism described in Chapter Two.

#### **Q. What does it mean to you to be healthy?**

A. Oh, health is a part of life. It is almost like a triangle. You have your healthy mind, your healthy body and your healthy soul. With the three together, if you have all that, life is fabulous (Interview #8, woman age 36).

A. To me, healthiness does not just mean free of disease or not on any medication. In my mind, it’s the best physical state you can be in for that particular age and that point of time in your life. So not only being the right weight, not only not having any sort of disease processes. But also too, exercising regularly, feeling comfortable about yourself. Being toned. Feeling energetic, that sort of thing. To me that is healthy (Interview #12, woman age 37).

The middle-class women’s accounts typically addressed health in individualistic terms seeing it as a state of their personal physical and emotional well-being. In contrast, the working-class women’s accounts presented health as a tool or resource that allowed them to fulfil obligations to others such as their families and their employers. Surprisingly to me, the individualized definition of health was strong even



among those middle-class women who had young families and who at a later point in their interviews expressed concerns about trying to balance work and family obligations and how they impacted on health and health practices. Unlike the working-class women, they did not define health in social terms, but rather identified quite strongly with the individualist orientation of prescribed healthist discourses (see also Crawford 1984).

The middle-class women's narratives emphasized health as achieved, rather than as ascribed (Lupton 1995). Being healthy requires work which is accomplished through education, attention to diet, and a regular exercise program. Even those who are very busy are expected to find a way to accommodate healthy practices, as the following quote from a working mother with two young daughters suggests:

A. Quite often my regime is to get up at 6:00 a.m. I've always been a morning person because it is calm, it's quiet ... I will go for a walk in the morning [if my husband is home] otherwise I work out in my basement before the kids get up and I will have my Sony Walkman on. I'm exercising my body and my mind at the same time, plus collecting my thoughts for the day.

**Q. Do you have music on in the Walkman?**

A. Sometimes music, but usually inspirational tapes. Or if I am trying to catch up on a nutritional tape, or something [like that], then I will put that on (Interview #3, woman age 36).

As will be discussed in more depth in Chapter Five, to a much greater degree than the working-class women, the middle-class women's accounts closely linked perceptions of health with toned and fit bodies. Weight concerns or a sense of being overweight were expressed by several of the women when assessing their own state of healthiness.

**Q. Do you consider yourself a healthy person?**

A. Yes, but I wish I could be healthier. I wish I could exercise more than I do.

I've got a job where I work 12-14 hour days, so it kind of cuts into that. I watch my weight, I do those sorts of things, but I don't exercise as frequently as I would like to (Interview #12, woman age 37).

A. Well, I can say that I'm not as healthy as I should be with the weight thing and all that (Interview #1, woman age 49).

Similar to the working-class women, notions of health and healthiness had also changed for many of the middle-class women over the life course although the ways in which they had changed sometimes differed.

For some of the middle-class women attaining health in their middle years was akin to achieving success in their professional careers. For these women health was a badge of social distinction or social status, emblematic of the high standards they set for themselves as achievers:

**Q. Do you think your ideas of what it is to be healthy have always been the same or have they changed in any way?**

A. Probably as I have grown older my expectations for [being] healthy have actually increased rather than decreased... You really start to look at what you really need to maintain good health. I have very high expectations of myself and I have a very demanding job. Therefore in order to get it done I need to be healthy.

**Q. What things do you do to maintain your health?**

A. As far as eating, I make sure that I try and stay at the right weight. I try not to have a lot of excesses. I don't smoke, I drink very minimally. So these sorts of things and exercising. I try to get proper rest, but then again it is difficult with working in jobs where there are mergers and transitions and big things going on to find that sort of time, but I try to find down time where I can relax and putter in my garden (Interview #12, woman age 37).

As in this example, moderation was frequently noted as an important part of health behaviour by the middle-class women, particularly with regard to food. These women heavily identified with the principle of health as 'control' and the need for careful monitoring of intake (as in food and drink) and output (in terms of exercise and

activity).

Similar to the working-class women, for some of the middle-class women definitions of health in their mid-years had evolved to more centrally incorporate emotional or mental well-being.

**Q. What does it mean to you to be healthy?**

A. Well, obviously physical satisfaction, like the way that I am able to function during the day. Also the ability to function at a mental level as well. Does that make sense?

**Q. Yes, I think so. Has that always been how you've thought about health?**

A. No, that's a mature view of it. I don't think that when I was younger I gave the mental stress side of health any thought what so ever. I think that's only been through sort of a baptism of fire, if you will, and coming out the other side of it and saying, 'well, I guess that I am fairly normal and fairly healthy'.

**Q. What was that 'baptism of fire' in relation to?**

A. Work. It probably began with law school. It is a stressful situation ... and then I was an associate with a law firm in a large urban centre for five years. Our move up here [to Thunder Bay] was basically directed at my being able to not have to work full-time ... and to create a work situation that allows me freedom to some degree to run the household (Interview #13, woman age 42).

For some of the middle-class women, revised notions of health were related to resolving body image issues that had troubled them as adolescents. As one woman described it:

A. I'd say now, getting older, that there is no doubt that my sense of health is becoming much more separate from how I look, and having much more to do with how I feel. I think about how I function, rather than just purely the visual. I think I am much more consciously thinking about what health means to me, not to what others think of me (Interview #9, woman age 41).

Most of the middle-class women considered themselves to be healthy in general, apart from occasional mild illnesses. Weight issues were foregrounded in several of the responses where the women described themselves as overweight but

basically healthy or, alternatively, unhealthy because they were overweight. Two of the women had suffered from eating disorders in their adolescence. Another had gone through an intense period of allergies during her early 20s. All three claimed to feel much healthier in their mid-years. One woman, however, described herself as 'trying to be healthy' but expressed regret at her inability to achieve the kind of healthiness she would like because of work and family constraints.

**Q. Do you consider yourself a healthy person?**

A. [Sigh]

**Q. That sigh says it all.**

A. Well, I would like to think I was. There certainly was a time when I had a lot more time to spend on getting myself that way. All the time we were raising the children and everything... I still make all our own bread and pastries, and cookies and things. I think that counts. I buy meat from the farmer that I know doesn't use steroids, or penicillin. We raise our own chickens, eggs and stuff like that. **I try working at it [with emphasis]. I try to get exercise [with emphasis].** Years ago I got tons more than I do now.

I would have to say the working thing has just cramped my style considerably. I'm overweight, of course, and I don't get as much exercise as I should. Years ago when I was home I would walk for three hours a day. I love walking. I love being outside. I also feel at times, I've narrowed it down. I know what it is. It is nature deprivation. I feel nature deprivation if I don't get outside enough... You know the less you do it [exercise], the less you can do it.

**Q. So when would you say that you used to do more? Was it when your children were young?**

A. Yeah. And I babysat and I was at home. We ran the business out of the house for awhile too. When we started doing it, that transitional period, I could just be out more. It was easier to do it... If I could afford somebody full time [to cover her role in the family business] I'd be out of here in a flash. I would be home feeding the chickens and raising the pigs and things like that because that's what I enjoy doing (Interview #1, woman age 49).

As this narrative shows, for this woman, working in the family business is seen as a detriment to her health, and particularly to her ability to participate in the kinds of

healthy activities she enjoys. In addition, and as will be discussed more extensively in Chapter Six, she draws a connection between healthiness and the environment, in particular the ability to enjoy the outdoors and to use and grow unprocessed foods. Like many of the other women I interviewed who were involved in small family businesses, she fulfilled the role of bookkeeper/office manager but did not have any specific training in this area and did not get any particular pleasure from the job. It was described by some of the women as a common role for women in family businesses. They are expected to look after the office, the same way they would look after the home, and, as with domestic labour, remuneration and recognition are not always forthcoming.<sup>4</sup>

Common complaints at the end of a difficult day or week were fatigue, tension and irritability, and pain in the neck and shoulders. One woman suffered occasionally from TMJ (temporomandibular joint tightening which is thought to be stress-related), and another from a hiatus hernia for which she took medication.

Only one of the middle-class women reported that she did not do anything specific to maintain or achieve healthiness. All of the others, emphasized the importance of proper eating (especially a low-fat diet) and regular exercise. While they were not always able to strictly follow their regimes, they were emphatic about their importance to health.

**Q. Do you do anything specific to maintain your health?**

A. Yes. I try to make sure that anything that I put in my mouth is actually supposed to be good for me. Certainly I think that the quality of food I eat generally speaking, is very good... I am very careful about the kind of food I eat. I used to be deeply involved with regular exercise. In fact most of my life has been involved very much with bodily movement [through dance]. That has changed since I've had the full-time job. Since then it's no longer as much of a top priority, since the time element has changed so much... but now I try to

make sure that I fit in regular walks and I do ballet still. I do that and I try to walk as much as I can (Interview #9, woman age 41).

A. We eat well.

**Q. What does that mean to you?**

A. Three meals a day plus snacks. Not leaving the house without breakfast. I always feel really lousy if I do that. Making sure that I eat my fruits and vegetables.... I don't eat a lot of junk food, I never have. If I do happen to indulge, that is not healthy for me. Drinking too much coffee is not healthy for me, so I limit my coffee intake. The other thing is, eating healthy is NOT [with emphasis] eating fatty foods. I don't cook meals that are deep fried and that sort of stuff. So I am conscious of that and cholesterol (Interview #15, woman age 33).

In contrast to the working-class women's narratives, these responses very closely mirror the health behaviours and rhetoric promoted in popular and public health discourse. They emphasize the importance of low-fat foods and moderate consumption. Regular exercise is seen to promote not only healthy bodies, but is also linked discursively to healthy 'attitudes,' and healthy 'minds.' In this fashion, as Turner (1984) suggests, the discourse of healthism draws links between regimes of health and the reproduction of responsible citizens. As is evident from the middle-class women's narratives, 'healthism as the pursuit of good health has become an end in itself rather than a means to an end' (Lupton 1995:70) and is enacted through an ongoing process of personal transformation.

Ironically, while the middle-class women's definitions of health were more individually oriented, constraints to their ability to achieve health were usually described in social and relational terms. Lack of time was a central concern for many of the women, either because of careers which demanded lengthy hours and weekend work, or because of the complications of managing work and family obligations. Several of the women indicated that they had difficulty finding time to exercise as often

as they ought to, or even just to relax. Two of the women also reported unwanted weight gain as a health complication specifically related to lack of time to work out. For one woman, time constraints related to heavy seasonal demands in her business meant that preparation of home-cooked healthy foods was compromised. While she and her husband initially tried to deal with this by purchasing packaged 'gourmet' meals, they found these aesthetically unsatisfying and now try to prepare less time-consuming foods when in a rush (Interview #1, woman age 49).

Similar to Walters' (1993) findings in Hamilton, some of the women, especially those in professional jobs, were able to create more time for themselves by hiring help, adjusting work hours, or buying pre-prepared foods to reduce the amount of time spent on meal preparation at the end of a busy day. These practices allow some reprieve from the gendered imbalance of household responsibilities, but they are dependent upon relatively high incomes and autonomy on the job. Others structured in more physical activity by signing up for exercise classes or purchasing memberships at fitness clubs often with friends so that they would encourage one another to attend.

Lack of personal willpower was the second most frequently cited constraint to the health of the female middle-class informants. This was mentioned in relation to overeating, and eating poorly, as well as with regard to not keeping up with regular exercise programs. In some instances 'falling off the wagon,' as one respondent referred to it, was related to family or summer vacations where rules tend to lapse. For others, as illustrated in the following interview excerpt, it related to stress at work.

**Q. What sorts of exercise do you do to stay healthy?**

A. I think I have had years where it has been very sustained, in other words, I will take a class and go to it religiously. Then I seem to get off the wagon and that is usually coincidental with stress at work. Then that [the routine] falls

apart for a number of months and then I get back into it. In the last few years we have bought ourselves a Nordic Track [a type of treadmill]. I try and get on that regularly. I also do a walk that is a three kilometre walk. I vary it from a three to a five kilometre walk. I try and do it two to three times a week. Again, there are lapses in that, like the summer is a lapse. I haven't done it all over the summer. Then I get back to it, it's an on and off thing (Interview #13, woman age 42).

For one woman, travel to small northern communities as a regular part of her job, created a challenge to the food and exercise protocols she quite strictly adheres to. In order to maintain these, she has devised a way of accommodating herself to the travel.

**Q. Are there times or circumstances when you can't do the things you'd like to do to stay healthy?**

A. I travel a lot for work but when I am travelling for work I am also conscious of what I'm eating. I try and choose things on the menu that aren't high in fat or try and ensure that I am still eating properly. I take work out clothes with me. If there is a gym or a swimming pool or something in the hotel [I use it]. If not, I will go out for walks.

**Q. Right, so you've adapted to the frequent travel.**

A. Yes. I try and adapt, because of the travel. That's what I do. I mean when I'm travelling in Northwestern Ontario, you're in smaller towns, choices are limited on the menus. Often they are higher in fat. I might try and stick more with salads or things. That type of stuff. Generally the hotels aren't going to have work out facilities or pools so that's when I attempt to do walking to try and stay in shape. When I am in other urban places, like I could be in Toronto, or I could be in Ottawa or something like that for a week or two weeks, you can usually find somewhere [a gym] to go and work out at -- in fact I usually call ahead to make sure the hotel I am booked into has a fitness centre or at least a pool (Interview #33, woman age 31).

The gendered division of labour was experienced as a constraint to health and health protocols by many of the women, even those who were in professions comparable to their husbands or partners. While one of the women noted that when feeling very stressed she would simply talk to her partner and they would re-adjust household responsibilities and child care, most of the others indicated that these were



still seen as primarily as women's responsibilities so that even if they could afford babysitting, or housekeepers, it was up to them to make and monitor these arrangements.

One woman professional who had been very athletic in her youth lamented the impact of having a child on her ability to be physically active. She noted that she and her husband enjoyed sports and exercising and that these had been shared activities before their child was born. Her husband manages to continue with his level of activity, by going to work out with friends or colleagues, before or after work or during his lunch hour. His long work day, however, means that he is not often available to look after their son in the evening so that she can have some time to herself. Lunch hours for her are not perceived of as leisure time. They are spent doing errands related to running the household.<sup>5</sup> While she does try to stay active by walking or bike riding with her son, she does not find this type of exercise vigorous enough to physically satisfy herself. She indicated that although she finds this situation quite frustrating, she has temporarily 'resolved' it by resigning herself to the fact that 'her time will come' when her son is more grown up (Interview #15, woman age 33).

Only one of the professional women with children described an equitable division of labour in her home. For this woman work and family issues were not seen to impact on her health or well-being.

While a number of the working-class women saw their family of origin as a major and positive influence on their ideas about health and health practices, this was less commonly among the middle-class women. Two of the middle-class women did indicate that their families and particularly their mothers were an important influence, but both also noted that their views differed significantly from their parents with regard

to the ideal types of food consumed (again reinforcing the importance of low-fat foods) and levels of physical activity. More important influences for these women were health-related articles in popular magazines, health promotion literature, the media, and peers.

**Q. Where do you think your own ideas about what it is to be healthy and how you should stay healthy have come from?**

A. A lot of it has come from society, just from peer pressure. Television commercials tell you what a perfect person should look like, what you should eat and not eat. Just society (Interview #7, woman age 45).

A. I don't know. It sure can't be from home - like from my home. My generation, our mothers were cooking with fat. I say 'no wonder we all say our mothers cooking was good.' They could use fat, sugar and salt all they wanted. Things tasted good. And now, we can't use any of those... I've thought about all of this myself with my own children. Some of it may have to do with thinking about how to be a good parent, and so you read all these things about diet, and from the dentist and things like that (Interview #1, woman age 49).

For many of the women healthist beliefs marked the boundaries of identity between their generation and their parents' generation. In general the women thought of themselves as more informed about appropriate health beliefs and practices than their mothers or parents, defining health again particularly in terms of food consumption and physical exercise. While many of the working-class women saw value in the home-cooked meals prepared by their mothers and defined the 'meat and potato'-based meals as essentially healthy, the middle-class women were more likely to see these as unhealthy high-fat diets. For some of the middle-class women, the differences in attitudes toward health practices between them and their families of origin were a source of tension.

A. I'm much more cautious about what I eat and those sorts of things, and at a much earlier age than they [her parents] were. The fact that I go for a run and exercise and do those sorts of things, to lots of members of my family it seems kind of strange, and almost selfish. Also that you are doing these sorts of things

to be healthy, not necessarily because you maybe want to look a certain way. Maybe being toned is a sort of a side effect of wanting to feel good, but my family doesn't understand (Interview #12, woman age 37).

As this woman notes, her parents find her desire to exercise selfish, and assume that she is doing it because she is overly concerned about her appearance. For the woman, however, the interest in exercise relates to her own definition of health and well-being.

In addition to marking a generational boundary, identification with a healthist discourse also marked a class or status boundary for some of the women, as in the following comment:

A. I think I am more informed. I think society now is perhaps more informed -- or at least the segment I live and work in. I think I am bringing my children up with a little bit more of an awareness about these things than when I was raised (Interview #13, woman age 42).

When discussing similarities and differences between how they were raised and how they are raising their own children, the most commonly noted differences were in relation to the level of physical activity which children are encouraged to have and their conscious knowledge of eating well. All but one of the women with children noted that they encourage their children to be much more physically active than their parents helped them to be.

**Q. Do you think that you've raised your own children with the same kinds of ideas that you were raised with?**

A. No. They have my ideas about low sugar and fat and avoiding preservatives. Very much so. They know these things, but I didn't as a child (Interview #1, woman age 49).

A. No. My kids are more concerned about what they eat. You can't have too much chips and pop. Those are special treats. You don't want to be overweight. Yet, I am not pushing it too much because I don't want them to become little anorexics. Then too, mom goes for a run, and mom does this [exercise] kind of stuff. Sometimes my kids will come out and run with me too, which is good. They are involved in sports more than when I was a kid too... I do set a bad example though with my working hours. I don't have enough

leisure time. I know it, and I'm working on it (Interview #12, woman age 37). For several of the women, the sense that their own children even at a fairly young age had developed a consciousness about low fat and 'healthy' eating habits was remarked upon with a strong sense of pride and almost accomplishment. The transmission of health ideals to the next generation was clearly a central concern for the middle-class women and a marker of their success as mothers. In two instances, it was noted that this was being accomplished in spite of husbands who were remiss in their own eating and health practices. For these women, as with the working-class women, negotiating family health and particularly the health of the children was seen as a woman's role.

The middle-class women typically accessed a wider range of health professionals than the working-class women. Chiropractors and massage therapists were the most commonly used and generally consulted when experiencing significant periods of stress or frequent pain or backache. Two of the women regularly consulted naturopaths for themselves or their children, and most purchased some products such as vitamin supplements and energy boosters at health food stores. Those women who did not patronize alternative practitioners did not cite financial reasons as the cause, but rather expressed scepticism about the efficacy of the practices.

In contrast to the working-class women, the perceived impacts of work on health varied considerably among this group. About half of the middle-class women indicated that their work had a positive impact on their health either because they enjoyed the nature of their jobs, because they had a significant amount of control over what they did and when they did it, or because their current job was an improvement on a previous work situation which they found less satisfying.

**Q. Is there anything about your work that has a positive or negative**

### **impact on your health?**

A. Oh sure. I don't get the amount of rest that I should be getting, but I do enjoy the stress. Like a day like today when there are, for example, a number of problems<sup>6</sup> and I need to solve them. I do get charged by finding those solutions. Like being able to solve problems and doing those sorts of things. Getting into big projects, and getting answers and solutions (Interview #12, woman age 37).

A. I would have to say positive I guess because I can't think of anything else I'd like to do. I enjoy what I am doing. I'm in control of my own life ... and if things don't work it is my own fault (Interview #10, woman age 43).

For some of the women the effect of work on health was more mixed, having some positive and some negative aspects, but again the importance of being self-employed or having control over the job and work hours was seen as a bonus. As one woman lawyer phrased it:

A. We have chosen, and we are in, a very high stress job. I think we have compounded some stresses in that we are self employed. However, we also realize a fair bit of control over our destiny... I like to think that I have eased off on the stress of someone telling me what I must be doing, by choosing a self-employed situation, so I think that I have chosen as best I can, however, that leaves certain liability issues out there because being self-employed means that you are the bottom line as far as liability goes, and that creates stress too (Interview #13, woman age 42).

Two of the women spoke primarily of the negative aspects of work on their health. In both instances they were fulfilling multiple roles, one raising young children, the other experiencing the stress and added responsibility of caring for her mother after the recent death of her father. In both instances the women had experienced several minor illness episodes in the past few years which they attributed to fatigue and stress as a result of long working hours and high demands in the workplace.

The juggle of work and family responsibilities was thought to have a negative impact on the health of the middle-class women as it did for the working-class women, again reflecting the significance of the multiple roles women play. As briefly discussed

above, very few of the middle-class women with children reported an equitable division of house and child care with their partners. One woman who did, attributed it to the fact that she and her husband had both come through earlier divorces, and thus neither of them took anything for granted in their new relationship. She pointed out that many things get negotiated differently in second marriages.

For most of the women varying degrees of support were experienced, but the primary responsibility for household and child care fell to them even when they had originally anticipated having similar career paths to their husbands. Having children meant revising their career goals to accommodate the added task of parenting and in some instances deferring their professional aspirations until the children were grown up. In the example of a woman lawyer discussed above, establishing a law partnership with her husband allowed her to move in and out of the professional world to have and look after her three children when they were young as well as to run her household. Hiring a cleaning lady and part-time babysitters afforded her the ability to maintain a part-time work profile. However, despite the flexibility this situation allowed her, she still felt very stressed. As she notes,

A. I don't balance it [work and family]. I do both very badly [laughing]. Honestly, it is pretty much that. It is a constant stress, and a constant pressure, but I don't think I could get it much better than what I have because I am working with my spouse and all of the income we make and generate comes into one household. I'm able to take a backseat in terms of what I have to bill in the line of work ... and my husband is able to devote most of his energy to hire billings, ... so I just fill the gap, but it's still really stressful (Interview #13, woman age 42).

More typical though is the case of another woman who gave up her full-time marketing position and her part-time job hostessing private parties when she became pregnant shortly after her husband had bought a share in the industrial supply business

he had previously been employed by. Her husband's long hours of work and frequent travel out of town meant that she in-essence became a single parent. While she creatively tried several small-scale home businesses, and even babysitting for other people's children, she experienced a great deal of difficulty and frustration in trying to keep her own career goals alive. She finds the single-parenting and lack of time for herself mentally exhausting and has difficulty justifying, both to her husband and herself, the need to pay a babysitter to free herself up to take an exercise class or to go work out. Recent purchases of home exercise equipment such as a Nordic Track and a rowing machine have helped somewhat but are not the type of activity she prefers. She is, however, resigned to the idea that until the children are more self-sufficient she will have to put her own career and even fitness aspirations on hold (Interview #8, woman age 36).

One of the older women felt that she had experienced a much healthier and less stressful lifestyle when she was at home looking after her two children. She found it much easier to structure in outdoor and physical activities and found parenting and being active in the children's school events very rewarding. Now that she is working full-time with her husband and her two grown sons are still living at home, she finds both working and home life more stressful and less-rewarding in terms of her own health and emotional state (Interview #1, woman age 49).

### **Working-Class Men's Narratives of Health**

Central to the working-class men's definitions of health were assessments of their physicality and levels of energy. Similar to the working-class women, a few of the men defined health in terms of their ability to carry on from day to day and to do their work without experiencing pain or disruption, again reflecting the value placed on

stoicism in working-class culture. However, unlike the working-class women they primarily spoke of health in individualistic rather than relational terms and linked notions of health to their physical capacity. As Saltonstall has pointed out, men's accounts tend to concern themselves with the body as a medium of action, 'implicitly a means of acting in the world' (1994:10).

**Q. What does it mean to you to be healthy?**

A. If you get up every day and things are fine. Your back is going to hurt some days you know. As long as it is not chronic you are pretty healthy, even if you are tired. You can have aches you know. If your head is not hurting all of the time you know. From time to time it will, but generally you get out and carry on everyday (Interview #31, man age 40).

A. Health is the number one priority of life. Without health you don't have the energy to work or enjoy life. My wife and I we've got a camper. We've got a boat and of course we like to use that. Now if a guy is in poor health, how often would you be out there enjoying what the world has to show you, going fishing and hunting and things like that? Your health has to be number one (Interview #21, man age 50).

All of the working-class men felt that their conceptions of health had changed considerably over the course of their lives in relation to differing work circumstances, the maturity that comes with aging, and their own or others' experiences with serious illness. For a few of the men, the change involved reducing expectations of healthiness as the following narrative suggests,

**Q. Do you think your idea of what it is to be healthy has changed over the course of your life?**

A. I guess as you grow older you tend to compromise your ideal of health.

**Q. So when you say compromising do you mean you can't do some of the things you would like to, or what?**

A. Well, for example, I used to be able to do wrist curls with 150 lbs.. I tried that out last week and I was lucky to be able to do a full arm curl, let alone a wrist curl. Things like that (Interview #17, man age 37).



For some of the men, thinking about health was now a more self-conscious activity.

They no longer took it for granted like they did when they were young.

A. I'm probably more concerned about it [health]. It is on your mind you know. When you are younger you could do anything you know. You could go skiing and wipe out and not worry about it back then. But now you do worry about it. You don't take as many risks (Interview #31, man age 40).

For men working in physically demanding jobs, changes in the nature of work, for example relocating from working as a tree-cutter in the bush, to a desk job for the union, have led to a re-assessment of the meaning of healthiness. These men experienced a strong sense of fitness and physical capability in their labouring jobs as young men and contrasted this with the physical immobility and mental stresses experienced in their desk jobs. Some of these men analogized their earlier state of work-related health to athletes, describing themselves in 'top form' when they were out in the bush or working construction, a strong contrast from how working-class women describe the impact of physical work on their health.

**Q. How do you define health?**

A. My idea of health has changed over the last little while. Not so much in the physical end but in the stress end, because at one time, healthy meant physical activity for me because of the nature of the trade (carpentry) and the construction business. You are physically active and you are in good form. When you go into the management end you are not doing the physical, you are then doing the mental. Health for me now when it relates to the job is keeping stress down and that sort of thing. The physical is after hours or on weekends.

**Q. Can you say more about how that is different than when you were younger?**

A. Oh definitely [laughing]. It's about a 360 degree turn. When you are younger your physical activity is so great that you are tired at the end of the night because of physical exertion. Now your body is not tired, but your mental state is. Your body is saying 'let's go', but your mind is saying 'no, I want to relax' [laughing] (Interview #20, man age 41).

One of the men decided to quit drinking after a particularly heavy weekend

drinking binge resulted in a reassessment of health and health behaviour. As a pulp truck driver, he worked and lived in the bush for extended periods of time. He had become acclimatized to a pattern of intense drinking and release on weekends in town. By his own account he might spend \$300 or \$400 on drinks for himself and others at the bar. His first marriage broke up largely as a result of this and he eventually decided to stop drinking altogether. Previously he assessed health only in terms of whether he was physically capable of driving the truck and doing his job. He now thinks about health much more broadly and has become conscious of his diet, is trying to quit smoking, and to remain physically active with his children from the second marriage (Interview #21, man age 50).

It was previously noted that issues of body image and appearance were referred to in working- and especially middle-class women's definitions of health and healthiness. These were less frequently raised by the working-class men. One man did indicate that he was overweight and that this was causing him pain in the back of his legs and reducing his mobility. Another raised the issue of healthy appearances but, as the following excerpt reveals, appearance here is defined in terms of being seen to be physically capable, rather than a more conventional notion of body image as expressed in the women's accounts.

**Q. How do you define health? When you say that you are healthy what does that mean to you?**

A. I guess a lot of it has to do with our parents unfortunately. We are all judged by our healthy appearances. The ability to do things that I used to be able to do when I was younger.

**Q. What sorts of things?**

A. I don't know. I guess running, playing with the kids, being outside playing catch. That sort of thing (Interview #23, man age 41).

Half of the men described themselves as generally healthy and noted that they had always been so apart from minor illnesses. Three others indicated that they were healthy on average, but much less so now than in their youth when they were very active in sports or working in physically demanding jobs.

**Q. Do you consider yourself a healthy person?**

A. I wouldn't say that I'm in top form as an athlete. I smoke too much, so my respiratory system is not the greatest. Other than that I guess I'm okay.

**Q. Has that always been the case for you?**

A. No. I used to be in top form, but I'm no longer there [laughing].

**Q. Okay, has anything specific changed that for you?**

A. When I was in top form I was in school or working in the bush, so my work was a lot more physically demanding. I used to work out and be on the track team at school. I used to partake in the outdoor education program and that kept me going all through the year (Interview #17, man age 37).

It is interesting to note here, as was the case in the interviews with several other working-class men, that such a strong sense of physical decline is being expressed by someone in their late 30s. The decline of physical prowess (whether imagined or real) was an evident concern of many of the working-class men and undoubtedly relates, as Connell notes (1995), to the recognition of their bodies as physical capital in the labour market.

Two men did not consider themselves generally healthy. One felt he was carrying too much weight and that this reduced his stamina and energy level. The other mentioned a combination of stress and physical inactivity of his current office job. Again, this man discussed his current sense of healthiness in relation to times past and previous jobs in which he felt himself to be more active and healthier as this excerpt indicates:

**Q. Do you consider yourself a healthy person?**

A. No.

**Q. Why not?**

A. The nature of this job. I am also diabetic and with all the attending problems that go with diabetes.

**Q. Have you been diabetic for long?**

A. For about six year now. I came back here from Timmins in 1988. It was shortly after we got here. I tried to drink all the water in Lake Superior and couldn't do it [laughing]. Five years in the navy, five years in the Air Force. You were healthy. You lived properly. You exercised. When I worked in the mine, at least up until the point where I was blasting I was healthy. Blasting was a perfect combination of physical activity and having to use a bit of your skull. After that it sort of went downhill after I became an electrician. A good deal of sitting around on your duff. And this job [his office job] is more sitting on your duff ... It's a question to me of long nights, and too many smoked filled rooms, and going on about all kinds of craziness<sup>7</sup> (Interview #24, man age 59).

Common complaints at the end of the hectic day or week for the working-class men were tiredness and/or headaches. For most of the men these were fairly easily remedied by resting, or going out for a walk, or doing something active. Apart from minor surgery in one case, and an extended bout of pneumonia related to working in inclement weather in another case, all of the men reported having been generally healthy for most of their lives.

The working-class men were split in terms of whether they do anything specific to become or stay healthy. Half of the men reported that they do not consciously do anything, but two of these men noted that their wives try to get them to eat healthier meals and are careful about what they cook at home. One respondent who earlier had indicated a concern about his weight and the impact it was having on his circulation and legs answered as follows:

A. Not really, nothing I can think of. Today if I decided that I am going to eat

pork chops, I'll eat pork chops. There is no ifs, ands, or buts about it. All of a sudden if I say to my wife, like if she comes home after work and doesn't feel like cooking, I'll say 'You know I don't feel like cooking either, so how about we go to a restaurant or order something in, or whatever' .... We both enjoy that. Another thing is, if I cook, or she cooks, there is enough food for eight people, instead of four ... and even if it goes into the fridge, by morning there is not much left [laughing] (Interview #21, man age 50).

Two of the men mentioned trying to eat well and working on ways to reduce or eliminate stress as part of their effort to stay healthy. For all of the others, physical activity was the key to healthiness.

**Q. Do you do anything special to stay healthy?**

A. Basically I try to get out of the buses as often as I can, not be just sitting. So whenever the opportunity arises to get up and do something I do it. I try to get outdoors with my kids and participate, chasing them or playing with them. And if the opportunity presents itself, then I like to go canoeing or snow shoeing (Interview #17, man age 37).

A. Well I exercise I guess but I'm not on a rigid routine or anything. I like to get out skiing. I like to play tennis. I like to get out biking ... Lately I'm probably eating a little better. I like to go out for drinks or whatever, but I watch that a lot more now. A bit more anyway [laughing] (Interview #31, man age 40).

Like the last respondent, most of those men who did like to exercise indicated that they were 'not fanatics' -- a term they used in reference to serious joggers or fitness club members -- or not on a rigid program but they enjoyed the activity when they could arrange it. Only one of the working-class men indicated a strong commitment to an exercise program and this is something that he had recently taken up.

**Q. You said it's only recently that you've started to do things specifically to maintain health. What is it that you do?**

A. I have sort of a formal program on a weekly basis. I like to work out at a local fitness place three or four times a week if I can. And I sort of go in and out of phases. Right now I've just started running a little bit with my dog. Who knows how long that will last. I like going, sort of getting out of the house and getting away from everything and everyone and going to a separate place. I've been doing that for about three years now.

**Q. Did something happen at that point that you started being more conscious about your health?**

A. No, I don't think so. I think the easy access was there ... first we bought a family membership so the kids could swim, but then I was able to use the other facilities too and I just sort of got into it and I enjoyed it. I suppose I just fell into it. But I wouldn't want to be without it now. Not that I'm on the lunatic fringe of fitness [laughing] (Interview #4, man age 43).

This last comment is of interest because even someone who is quite regular about their commitment to exercise is careful to distinguish themselves from those whom they identify as 'fanatic' or 'obsessed' with exercise. A clear sense of distinction from healthist values is being expressed here. In fact, many of the working-class men expressed a sense of cynicism about the moralism of contemporary health discourse and the sense of confusion the general public has about what is, and what is not good to consume. Pointing to mixed messages about the consumption of alcohol, fats, and cholesterol in the popular media, one respondent said 'if even the "so-called experts" don't know what's good for us, how the hell am I supposed to know?'

For almost all of the working-class men limited time related to working hours was the biggest constraint to living a healthy lifestyle and pursuing the kinds of physical activities they would like to. Time constraints mentioned were long working hours, the limitations shift work placed on one's ability to regularly make use of exercise facilities, and the fatigue experienced from long working days.

**Q. Are there times or circumstances when you can't do the things you'd like to do to stay healthy?**

A. I leave home at 5:00 a.m. and I get home at 5:00 p.m. So after I have supper and help out the wife with the dishes and whatever, I am tired. So I don't want to go for a walk, so what do I do? I sit down. Now that is my downfall. My get up and go, got up and left -- let's put it that way. I know that I have to get up again at 4:30 the next morning so I don't want to do much ... It is all involved with the job that I am on [truck driver in a bush camp] because we are commuting. We have to drive 1 ½ hours each way on our own time (Interview

#21, man age 50).

For one man whose job involved a considerable amount of travel, being on the road was a major constraint to trying to keep up any kind of exercise regime.

Additionally the range of foods available in the small northern communities he services is extremely limited. As he put it:

A. If I have to go to Red Lake, Pickle Lake or Manitouwadge and I get in there at 10:30 p.m. I don't have a lot of choices of what I am going to eat. I can eat at Joe's greasy spoon, or Charlie's greasy spoon [laughing]... When you are moving about you are a captive of the place where you are (Interview #24, man age 59).

This respondent, along with one other, mentioned the winter weather as a constraint to health. As this man noted, if it is 50 below zero in Pickle Lake he is not going to go for a walk, and the community is too small to have a shopping mall to walk in. Another respondent indicated that the change of seasons made it difficult for him to stick consistently with an activity he enjoyed.

Only one respondent did not feel that he experienced any external constraints to being healthy. He indicated that his interest in activities like curling and golfing was more social than about pursuing health and that he really did not have any excuses for not being more active. Even though his own children were quite young (ages 14 months and 3 ½ years) he did not feel they in any way constrained his own ability to participate in activities (Interview #17, man age 37).

The sources of the working-class men's ideas about health varied considerably. Three respondents attributed them primarily to their families of origin, particularly their mothers who placed a great deal of emphasis on eating well, defined as having solid home-cooked meals made with fresh ingredients. Two of the men's parents had gardens and grew many of their own vegetables, the other grew up on the East Coast

in a fishing village where fresh fish was the basis of the daily meal. All three also noted that their parents themselves were examples of moderation in eating and drinking, and kept regular hours and household routines.

Three others felt that their parents were not positive influences because of their heavy meat and potato diet, the consumption of high fat foods that was part of their ethnic heritage, and their low levels of structured exercise. For these men, the key influences were health education classes in school, the media, especially television and popular magazines, and their own wives and children.

**Q. Where do you think your own ideas about health and what is to be healthy have come from?**

A. Actually it came from my oldest son, more than anything. I guess about seven or eight years ago, he started going to the gym and then he bugged me for three or four years to start going. So that actually came from him ... My parents weren't much of an influence. I guess because when we grew up, I guess a lot of the foods they ate were bad, and the exercise thing they didn't do. They didn't have time for that. I guess they really didn't have the time to worry about health. They were always occupied with something else (Interview #22, man age 43).

A. Our media. Those health classes in grade school too. The gym teacher was always telling you what to eat and not eat. They'd say 'don't eat that stuff', and 'eat this stuff.' [laughing] ... You can't help but pay attention to the media though even if you don't want to. You see it for what it is. It is a crock! You hear about the models that starve to death. You know it is junk, but by the same token you know you are taken in by it. I love the poster over there [referring to a poster on my wall<sup>8</sup>]. It says your body is your natural self or whatever.

As in this last example, school health and physical education classes and involvement with sports teams were cited as an important influence by several of the working-class men. This is consistent with a number of other studies of masculinity which have demonstrated the centrality of sport in the cultivation of ideas about the male body and embodiment (see, for example, Connell 1983; Messner 1990; and White



et al. 1995). Coaches were mentioned as conveying information about proper eating habits, the importance of training and fitness, and how to avoid or minimize injury.

A. I think from having good coaches as a young child playing sports. The coaches would always stress having a good mental state. 'You need a strong mind and a good, healthy strong body too' they'd say. So to have this you need to rest and exercise and stretch and things like that (Interview #28, man age 38).

The other main influence for several of the men was work. For men in unionized jobs, on-the-job training and periodic workplace health and safety seminars and employee-assistance programs provided important information about health issues which was seen to be relevant beyond the workplace.

Most of the working-class men indicated that they were raising their children to have more consciousness about eating habits and the need for structured physical exercise than was true of their own upbringing. Consistent with the working-class women's accounts, several of the men noted that it was their wives who were primarily responsible for passing on these values to their children. Two of the men noted that they do not remember explicitly talking about health or health issues in their families of origin. This is something they try to do more consciously with their own children.

General practitioners and dentists were the main health professionals utilized by the men although a few noted that they rarely went to doctors. These men noted that it was their wives who took the children to the doctor so they had little, if any, contact with the family physician. A few of the men who had suffered sports or work-related injuries had periodically consulted specialists and chiropractors. None of the men had any experience with naturopaths or alternative healers as adults, although one man who had grown up in a small fishing village on the East Coast and another from a small northern community were familiar with the use of herbs and poultices from their

childhood. Three of the men indicated that their wives were 'getting into' or experimenting a bit with alternative medicines such as evening primrose oil and echinacea at home. Several others indicated that their wives regularly purchased vitamin supplements for family members at health food stores. For all of these men, responsibility for the children's health and the health practices of the household in general, were evidently seen as the domain of their wives.

Most of the working-class men discussed the impact of work on health through a comparison of current and past work situations, showing how different jobs impacted differently on health. For those men who worked primarily in the out-of-doors (such as carpenters, bush workers, and hydro linemen) the fresh air and regular physical exercise were experienced as very positive for their health, especially in their younger years. However, as they aged, they found the intense cold of the northern winters much more difficult to cope with. Several reported the beginnings of arthritis and other circulatory problems which were thought to be caused or exacerbated by long exposure to the cold weather.

Job training for physically demanding work was also presented as a positive influence on health.

A. You learn how to do things the right way. How to lift things, how to move, body position and that kind of stuff. How to shovel I guess too. You learn the right way to do that, so when you are doing it, it is a physical workout but you are doing it the right way so I guess it helps you out ... And it's the same thing when you are working in the bucket [of the hydro truck]. You have to lift a lot of weights and that could be dangerous but we learn how to do it the right way (Interview #31, man age 41).

For some of the men the seniority system on work crews allows them to adapt as they age. Typically the newer (and generally speaking younger) crew members are expected to do the more physical labour, such as climbing up and down hydro poles,

leaving the more skilled jobs to the more senior members.

As noted earlier, by contrast, some of the men who had previously held labouring jobs and were now employed in office or desk jobs felt that they were less healthy now because of the stress and immobility related to their current employment. While they did not miss the winters and the cold, they did miss the activity level and being outside in the environment, and they found the mental stress of their office work very tiring and frustrating. The ways in which some of these men saw their current work as positive for their health were related to the satisfaction they got from helping other people, and for some of them, the more stable home life that office work enabled in contrast to the extended periods of absence while working in the bush or mining.

**Q. Can you describe some of the ways in which your or past jobs have affected your health either positively or negatively?**

A. Sure. When you were working on construction you were always fairly healthy -- actually really healthy. You had lots of energy. Even on your time off you had energy because you were working physically all of the time. It's like being a runner. If you run every day, on the weekends you can still run. If you want to. It was good. Physically it was good and mentally too... This type of job [union business manager] is the reverse. There isn't any physical activity all week. At the end of the day you just want to lay down and read which is probably just the opposite of what you should be doing (Interview #20, man age 41).

One man who had given up the high pay of an industrial trade job for a much lower salary doing his trade at a local educational institution felt that the security and regular hours of his current job were much better for his health and his family life. As he notes,

A. I started construction and worked that for ten years which is a different ball game because you only stay in one place for a few months. You are here and there, here and there. Sometimes I tried to bring my family but that was hard, and it was really stressful to be away from them. Phone home and you hear what is happening with the new little baby at home. It's just not right... Now I have real regular hours. I work Monday to Friday and I'm home on weekends. The pay's not as good, we miss that, but it's a lot better for my health and for my family (Interview #23, man age 41).

In contrast to the working-class women, many of the working-class men stressed the positive aspects of work on health either in terms of how it affected them physically, or through the sense of pride and accomplishment which came from doing their jobs well.

The balance of work and family responsibilities was viewed as under constant negotiation by several of the working-class men, although most acknowledged that more of the home and family responsibilities were picked up by their wives. Two of the men indicated that they and their wives tried to schedule opposite shifts so that they could avoid paying for daycare. Several of the men indicated that child care and household duties were a source of tension in their relationships, as the following statements suggest:

**Q. How do you and your wife balance work and family responsibilities?**

A. Oh boy ! [laughing] It's day to day I'll tell you. You just do your best. There are times when my wife will know that on a cold day for instance in the wintertime that I will be really tired when I get home so she gives me a chance to come home and sort of lay down for awhile and then get charged up ... and I try to do the same for her, but lots of times it's just really hard... She does the cooking and we take turns with the groceries and sometimes try to make the cleaning a little family thing. It's something we just try and work on, but it's tough sometimes (Interview #28, man age 38).

A. I've had to realize that my life isn't just this job and that I do have a wife and kids at home, which she [his wife] has reminded me of more than a couple of times [laughing] ... A couple of years ago it was tough to adjust to, you know remembering to pick up the phone and let her know that I have to be in Vancouver next month or whatever to give her as much notice as possible. It is something that we have had to work at quite a bit actually. I had to work at it. She didn't have to work at it. She is very good in regards to letting me know when she has to work and who has to pick up the kids and stuff like that. Sometimes when she is working at the ski hill on March [school] break I try and take a couple of days off to look after the kids and I try to bring my family into my work too so that even though I'm in a sense working, they are with me too... We've been doing pretty good this last little while, but it's hard (Interview #18, man age 38).

As this last narrative expresses so clearly, there is a constant sense of negotiation and tension at play in the juggle of work and family for these men.

Two of the older men indicated that their wives had done the bulk of the work and family juggle, working primarily part-time when the children were young to accommodate looking after them. Both indicated a sense that this reflected gender relations of a time past and that the 'young guys' at work who are fathers are more involved now. One respondent had the primary responsibility for child care and household responsibilities and enjoyed being able to arrange his part-time jobs around these duties. This was a recent situation for him and in part a choice related to the stresses which he and his wife had felt when they were both previously working full-time in another community.

The men were mixed on the extent to which balancing work and family responsibilities impacted on their health. Those with young children and very demanding work hours found the multiple roles stressful. Those whose children were school age experienced less stress, in part because their wives carried more of the responsibility when the children were at home.

### **Middle-Class Men's Narratives of Health**

Definitions of health varied among the middle-class men. Four men defined health similar to biomedical notions as the absence of disease. Three of these, however, added another element to it related to physical activity. Health for these men was to 'not be suffering from any ailments that restrict you from what you want to do' (Interview #38, man age 51) or 'having no chronic or recurring illnesses so that physically I can enjoy just about anything I want to do' (Interview #32, man age 42). For the remaining six, health was defined in broader terms with reference to physical

and mental well-being, having energy or feeling energetic, and similar to the middle-class women, feeling good.

**Q. How would you define health? What does it mean to you to be healthy?**

A. I guess to me, it's feeling good, but also the absence of any chronic kind of disease or whatever. It's both you know (Interview #34, man age 56).

A. Health to me is a fine balance between the mental and the physical. I would think that the mental is more important than the physical. It is like any professional sport. When you get to the world-class level, it is 95% mental because they all have the same golf swing. They all step into the ball and so on and so forth. It is all mental concentration and piece of mind and relax and focus and all that stuff -- so many ailments are a result of that ... so that is how I define health -- I think the mental is the catalyst that charges the physical (Interview #29, man age 41).

As in the above examples, sports metaphors and reference to physical ability, particularly what one can do with the body were common in the middle-class men's definitions of health. This was similar to sentiments expressed by the working-class men.

As with the other groups, ideas of what it is to be healthy had changed for most of these men over the life course. Some of the men began to think about their own health more consciously after friends of a similar age had become seriously ill. Several others indicated that they have become much more conscious of the importance of fitness as they have grown older.

**Q. Has your idea of what it is to be healthy changed over your life?**

A. When I was in my twenties and my thirties I didn't think about it much at all. I always considered myself to be as healthy as I needed to be. I guess now I am thinking more in terms of fitness than of health. I've never had a problem with being unhealthy. But as far as fitness, actually I think I am fitter now than I was a few years ago, because of exercise. I've been taking it a little more seriously. (Interview #37, man age 47).

A. Yes, I think I'm a little more conscious now of fitness as a component of

being healthy now than I have ever been. I make more effort now to do physical activities that contribute to a general level of fitness -- cardiovascular fitness in particular (Interview #32, man age 42).

Only one of the middle-class men did not think that his idea of being healthy had changed significantly. He indicated that he had been quite athletic in his youth and that he had tried to maintain this activity level as an adult.

Two of the men made reference to **body image** issues in relation to notions of health. One was particularly sensitive about the current emphasis on weightism in popular and medical discourses.

**Q. Do you think that your own ideas of what it is to be healthy have changed over your life? Do you look at it differently now than you might have in your twenties and thirties?**

A. Oh yes, it wasn't a big deal then. It wasn't a big deal at all. Now of course, it's the rage to talk about fat. How you should eat and how you should drink, or not drink. What you should eat and what you shouldn't eat and blah, blah, blah, blah. Now looking at me, you can tell that I'm an overweight guy.

**Q. I wouldn't have said that, but go on.**

A. I'm overweight and I've always been overweight, from birth through I've been a big guy... But I've been bigger than I am. I lost weight and then I put it back on. You know the cycle that goes on?

**Q. Yes.**

A. You, you are one that doesn't understand that [making reference to my small stature].

**Q. Well it's different in different families isn't it? But yes absolutely I do know about the cycle you are talking about. So was there anything in particular that changed your idea of health? Going from one where like you say, you didn't really think about it too much when you were younger and it was something that you pretty much took for granted. Is there anything that changed that for you?**

A. Well, yes. The doctor threatened to slice me wide open for my hernia unless I lost weight. He felt I couldn't do a laparoscopy unless I lost lots of weight, he scared the hell out of me... but it motivated me. If I don't have a threat to motivate me I can just go on (Interview #35, man age 63).

This respondent indicates at one point that is probably good for him that his physician was so dramatic as it generated a response on his part. It was, none the less, clear from the tone and tenor of his comments about definitions of health, and later on, discussing body image that he is quite resentful of the extent to which body image issues are privileged in current health discourses.

For another man the link between appearance and health was quite the opposite. He described himself as very attractive in his teens and 20s and continues to think of himself as quite handsome. His good looks, combined with his wealthy family background meant that he was extremely popular. By his own account he had learned to assess his well-being in superficial terms focussing primarily on his appearance and his popularity with women. He described himself in his youth as extremely self-centred and as someone whose self-esteem was measured in terms of his physical attributes. As he has aged, he has struggled a bit with his own weight and watched his sister, who is consumed with fitness and appearance, become unwell. He has begun to think about health in much broader terms, now considering the importance of mental health for his well-being. The loss of his best friend, someone he describes as ‘young, rich and without clue about the world’ who recently committed suicide at the age of 37 has really affected his thinking (Interview #29, man age 41).

Most of the men considered themselves to be generally healthy apart from minor illnesses or injuries and always remembered being so. One man indicated that he was much healthier now than when he was younger because he is much more attentive to his physical fitness levels. Another man considered himself reasonably healthy but noted that he had recently been diagnosed with high blood pressure. As he is currently taking medication for it and considers it under control, he feels that he is healthy



overall (Interview #37, man age 47). Two of the men did not consider themselves healthy. One did not have a regular exercise routine that he was able to stick with. He noted that skiing will begin again soon and that he will get back into it, but for the moment he does not think of himself as healthy. The other man indicated that he had been very athletic as a child. He had an opportunity to play professional hockey and go to the Olympics but had decided instead to stick with his chosen profession and become a chartered accountant. While he had considered himself to be reasonably healthy he was shocked into a different reality when in the midst of a medical check-up one day the physician asked him how long he had been obese. As he noted, this statement 'hit him right between the eyes' and while he admitted that it has not changed his health behaviours significantly, it did change his perception of himself.

A. I still remember that [comment] from twenty-five years ago!

**Q. So did that set you on a course of having to look after your health a bit more?**

A. Yes, what it certainly did was raise the conscious level. I'm not going to say that I really did a hell of a lot different ... but now I am more conscious of the things I should and shouldn't do. I would say, sure, I did change a little bit. I think I changed my eating habits. Not that I do much more exercise or anything, but it's there all of the time nagging at you, that maybe I should do this and that (Interview #34, man age 56).

While three of the men indicated that they did not experience any kind of complaint at the end of a stressful day or week, most others were likely to experience fatigue, or stress. For most, it was easily remedied by resting, taking some time off work, going out for a bit of leisure, or sitting down to a drink and a good meal. Two men who owned retail stores experienced significant stress during the busy Christmas season but were generally able to cope with the long hours and frenetic shoppers with the knowledge that this was a time-limited phenomenon and with the experience that

comes from having done this for many years. One man indicated that his job was very stressful but that he 'enjoyed the challenge of the stress' and how productive it makes him feel.

A. I feed off the stress. Sure it's got its negative aspects, but it also has a positive one. I think while you are into it or while that's there it has the positive influence in the sense that you really go at it and you finish the job that you are doing and you relieve the stress through the accomplishment ... I will work until four in the morning to get something done that's bothering me, rather than go home, have a sleep, and come back and try and face it the next morning (Interview #34, man age 56).

Two of the men didn't do anything specific to stay healthy. One felt that he probably should start exercising more regularly but he really was not motivated to do it. He did, however, indicate that he golfs once or twice a week, takes his dog out for daily walks, and enjoys getting out in the fresh air and doing work in his yard. He saw these more as hobbies than as health-related behaviours.

All of the other middle-class men did have specific exercise and/or eating regimes although some indicated that they there were more consistent about following them than others.

**Q. Do you do anything specific to stay healthy?**

A. Ski in the wintertime. Walk and canoe in the summertime... I try to eat on a regular basis and try to get fruits, vegetables and so on (Interview #40, man age 48).

A. Well I do try and at least three or four times a week do something to get the heart rate going and break out into a sweat. I go to the College fitness centre fairly regularly and I use the Nautilus equipment there and I use the treadmill in the cardio room. Also in terms of mental health I sail regularly. I race a crew for a friend of mine. I am also trying to learn golf so I am trying to get out golfing on a regular basis just for the mental health. There is a physical element to it, but golfing is more recreation than physical activity ...I have terrible eating habits though, although I will say that they are getting better. I used to always skip breakfast and lunch and get by eating only one meal a day. Now I treat myself a little better. I try and make sure that I eat breakfast every day ... but as to what I eat I am not particular. I eat anything. Hot, spicy, mild, benign,

greasy, fatty, it doesn't matter. Taste is the most important (Interview #32, man age 42).

In general, the middle-class men were more likely to be concerned with regular exercise as a determinant of health behaviour than with food consumption with the few exceptions previously noted. They emphasized the importance to them of physical activity and as adults many were pursuing sports very similar to those they had participated in when they were growing up.

Four of the men experienced no constraints to living a healthy lifestyle. They felt they had enough time to pursue the health and leisure activities of their choice and had flexible enough jobs to accommodate re-arranging things when they needed or wanted to. One of the older men who is a business owner indicated that he quite consciously makes sure that he has time for life outside of the business by scaling down profit expectations and hiring extra help during particularly busy seasons. He enjoys skiing and golfing with his wife, and noted that these are social activities as well as forms of exercise and that he is committed to making time for them (Interview #39, man age 54). The other six men in this group experienced varying degrees of constraints to achieving health. For most, limited time related to work demands was a common problem. For others, fatigue and lack of energy related to work were the main concern as the following statements note:

**Q. Are there times or circumstances when you can't do what you want to stay healthy?**

A. When we get busy here in the office it is often difficult to get the time to go and do the things to look after yourself. That's a problem. It's a matter of just making a bigger commitment to it as opposed to letting it slide (Interview #32, man age 42).

A. The single biggest thing, and maybe it's just an excuse, I don't know. But to me, I can't get over the sense that I'm fairly active in my work and my position

[a chartered accountant and partner in the firm]. It requires a whole bunch of things from me. It puts demands on my time and my energy and because of this, the health thing suffers... There's no question about it. If there is an option of whether I should be going for a walk, or walking on my treadmill, or going to a meeting at 7:30 a.m., I'm at the meeting. I did try at one time to move the exercise thing up in the agenda. It lasted a week, ten days sort of thing and then you fall right back into the idea that the other thing is more important and you've got to do it, so exercise takes a second position (Interview #34, man age 56).

Although all of the married middle-class men had at least two children, and half of them had three or more children, none of them perceived child care or household responsibilities to be a constraint on their own ability or time to pursue health activities. This confirms Simon's (1995) argument that multiple roles may carry a different meaning for men than women. To the extent that they may be seen to interfere with personal routines or timetables, these are largely experienced as temporary, and thus do not become a source of stress. This stands in stark contrast to both the working- and middle-class women's narratives and the experiences of at least some of the working-class men.

In addition to interactions with physicians, influences on ideas about health and health behaviour cited by the men included their parents, especially their mothers, their wives, the media and the illness experiences of peers.

**Q. Where do you think that your own ideas about health and healthiness have come from? What has influenced you?**

A. Well partly my wife, because she has always been more physically active and much more dedicated and committed to it than I have. And partly just from society in general. The general level of awareness and the importance of that stuff (Interview #32, man age 42).

A. I guess just news reports and commentary and stuff that you are constantly fed on radio and television although I find there is more detail on radio than on television. That's where I guess I pick up on those things because your doctor just looks at you and says, 'Well I'd like to see you lose a little weight. You're getting older and so on' but you don't learn much from that (Interview #35,

man age 63).

One respondent was less sure about the effects of such knowledge on his own health behaviour. As he said, there is a difference between having more knowledge and acting on it. In his own case, he noted that one of his business partners had recently undergone heart by-pass surgery. While this had raised his own consciousness level, he did not think it would prompt him to do anything different in terms of his own health behaviour. Similarly, while he is interested by and often reads magazine articles about health issues, or watches health reports on the television learning channel he does not think they have much impact on his overall behaviour (Interview #34, man age 56).

Most of the middle-class men were raising their children with attitudes about health and health behaviours similar to those with which they were raised. The extent to which this was the case depended on the physical activity level of their families of origin and eating habits. Some of the men indicated that with their own families they were more conscious about eating well, especially avoiding high fat foods, and put a greater emphasis on regularly scheduled physical activity with their children. The differences with regard to diet were attributed most often to the influence of their wives who it was inferred decided these things for the household. Those who had been very active in sports themselves as children saw their children's activity as stemming naturally from their own example. However, some of the men also noted that one of the changes they saw from their own childhood was the extent to which children's activities today tend to be programmed rather than spontaneous.

A. You had a group of kids that always played something or other when I was growing up. My kids are doing it, but in a much more organized fashion... You can't do anything, well at least not where I live. If you want to have a baseball game. There are just not enough kids around and there are not enough facilities around. The same with hockey. Scrub games just don't happen like they used

to (Interview #37, man age 47).

The main health professionals consulted by the middle-class men were general or family practitioners and dentists. Two of the men indicated that they did not regularly see physicians because they personally felt healthy, but that their wives and children regularly visited the family doctor. Three of the men had consulted chiropractors or specialists in relation to acute back problems or injuries but did not use them preventatively. None of the men purchased products from health food stores or used alternative therapists although a few noted that their wives occasionally bought health food products.

While most of the middle-class men experienced stress during particularly busy periods in their work, or sometimes related to the public relations dimensions of their jobs, most also saw work as having a positive impact on their health. The particular ways in which work benefitted health included the activity, variety and autonomy which some jobs had, and the self-esteem related to accomplishing tasks appreciated by customers and clients. Many of the men evaluated the positive and negative aspects of their current employment in relation to previous job experiences. For some, it was the previous jobs that had influenced the career choices they eventually made. The following comments were typical:

**Q. Is there anything about your current or past jobs that has had any impact on your health either positively or negatively?**

A. Ninety-nine percent of it would be positive. Being in contact with people is a very pleasant kind of thing. The business we are in [retail jewellery store] what we are doing is selling a product that people want for a happy occasion (Interview #39, man age 54).

A. I would like to be a little more organized ... because sometimes it's really stressful. I know that stress is a big part of things and can bring on other problems. For me the stress relates to being a sole [law] practitioner -- when

you are the last man on the totem pole and the buck stops here sort of thing ... Sometimes you get really, really busy. Then it is stressful because you've got to get everything done and you don't want to be sued by a client because you are negligent and not servicing him properly ... and when you are not busy there is the stress of wondering if there is going to be enough money coming in to pay the bills ... on the other hand I control the kind of practice I have, I basically control my own time and I can set my own hours (Interview #36, man age 49).

A. Oh both. The biggest negative is just simply the stress and pressure of dealing with difficult issues on a daily basis and on a long-term basis in some cases. If you have a project [a building that you are designing] that goes a little bad, sometimes you are dealing with it for a year and the legacy of it for years. That can have a very negative effect in terms of your ability to focus and deal with other things. On the positive side, the work is very rewarding. When you finish a building and it's a good building and you've got people who admire and respect it, that kind of positive feedback is very good for one's self-esteem (Interview #32, man age 42).

For one man, the regular travel to cities in different time zones disrupted his own body rhythms making it difficult for him to sleep and eat with regularity. Over the years he had learned to deal with this by 'staying on Thunder Bay time', to the extent he can, no matter where he is actually located (Interview #38, man age 51).

As previously noted, the juggle of work and family responsibilities was not mentioned as impacting on health by this group of men despite the fact that all of those who were married had at least two children. This is likely due to the fact that child care and household responsibilities were primarily handled by their wives. All but two of the wives had given up their employment to raise the children until they were at least in school full time. While some of the women had remained homemakers after this time, most had returned to the workforce on a part-time basis organizing their working hours around the children's schedules. In three instances the women worked as secretaries for their husbands' businesses so working hours could be easily adjusted around school hours and vacation times. For these men, in addition to being responsible for generating the family income, their contributions to the balance of work

and family consisted primarily of booking time off work to take the children to lessons or leisure activities, trying to ensure that their work schedules did not interfere with birthdays or important social events for the family, relieving their wives of evening or weekend child care on occasion, and finding time for holidays and helping out when their wives were getting stressed out or needed a break. Rather than having a negative impact on their health, time off work to be with the children was viewed as positive for their health as it allowed them an opportunity to take a break.

By contrast, one man whose wife was a professional reported that he had done the balance of child care when the children were young. His wife took a year off work after their first son was born and was home for a short time with their second baby, but as his university teaching job had a more flexible schedule, he had filled in around these with the aid of daycare and babysitters. He experienced a certain amount of stress about his own lack of productivity at work when the children were very young and child care was quite time consuming but this improved as the children got older and began attending school and by increasing the use of babysitters for the children (Interview #11, man age 42).

One other man whose wife taught full time found the tensions of balancing work and family quite stressful both in terms of his health and his relationship with his wife. His wife worked shorter hours and had the same vacation-time as the children giving her more flexibility to carry the load of child care, and he made a consistent effort to take the children to weekly lessons during his working-day and to be home for suppers and to be with the children during the early evening hours before returning to the office. However, this became increasingly difficult as the children got older and the type and timing of demands changed. As his business [architecture firm] has irregular



hours and contracts are sometimes very demanding due to short timelines, he acknowledged that most of the day-to-day running of the household fell to his wife and they had difficulty finding time for their own relationship (Interview #32, man age 42).

### **Summary**

The lay notions of health expressed by these respondents reflect and challenge prescribed healthist ideals in different ways and to varying degrees. Of the four groups interviewed, middle-class women most closely identified with healthist protocols in terms of their definitions of health, and the importance of diet and exercise regimes. Ironically, while they subscribed to an individualist notion of health, their accounts indicated that it was relational issues, such as the juggle of multiple roles which constrained their ability to achieve their health ideals. Middle-class men were likely to adhere to prescribed notions of exercise regimes, but less likely to be concerned with strict protocols around food and diet. To varying degrees for both groups identification with healthist discourses was a marker of social status and moral worth, a way of distinguishing the healthy self from the unhealthy other.

Working-class women and men articulated an awareness of healthist protocols but were less likely to define their own health in these terms or to be concerned with the strict maintenance of such ideals. Like the middle-class respondents, they recognized the healthist discourse as a class marker, a sign of middle-class identity. However, they did not wish to be associated with or governed by its regimes of exercise and diet.

A central motif in all four groups' narratives was that ideas about health and how people assessed healthiness changed over time. Men and women, both working-class and middle-class, felt that their own definitions of health and assessments of

healthiness had evolved over the course of their lives in relation to both the maturation process, and their changing social roles and material circumstances. Most respondents indicated that they were much more self-conscious and reflective about their health now than in their youth when many reported that they had simply taken health for granted. For many of the women a more conscious perspective on health derived from their role as 'guardians' of health for their children and families. By contrast for the men, health was generally reassessed in relation to changes in the nature of work and the extent to which they were able to maintain energy and physical activity levels they had grown accustomed to as youth. Current notions of health and health practices were discussed in relation to times past and in some instances the present was compared with a projected ideal future state of health or well-being.

The compression of time in modern life (Harvey 1989) and the constraints it places on the ability to follow health protocols was also a central theme in many of the interviews. This was most strikingly expressed in the women's interviews. Lack of time was attributed to the juggle of multiple work and family obligations commonly experienced by women today; the ways in which current highly structured children's activities tended to be quite inflexible in terms of scheduling, and involved more, rather than less, parental involvement; and the increased expectations of personal and family health and fitness. Related to the motif of time was the lack of a sense of entitlement to leisure time or self-care. Many of the women reported putting their own needs and desires on hold indefinitely until pressures at home or work lessened, children became more self-sufficient, or other household demands decreased. As one of the women put it, 'you just don't have time to be sick' when there are others to look after.

A number of differences were also evident among the four groups. Working-

class women tended to talk about their health in instrumental or pragmatic terms. Health for them was not an individualistic phenomenon. Rather it was socially-based and defined primarily in relation to their ability to carry out multiple roles and meet responsibilities to others. The key influence in transmitting ideas about health for this group was their families of origin. However, they did indicate an awareness of more contemporary healthist protocols especially around food consumption and exercise regimes. While some guilt was expressed at not being able to meet prescribed expectations, most of the women articulated the impact of structural constraints on their ability to negotiate health and health practices in a different fashion. The constraints mentioned included the nature of their employment, their limited finances, and the gendered division of labour and decision-making in their homes. Health was viewed as a resource which was necessary to allow people to fulfil other roles. Identification with healthist discourses was not a predominant concern for this group of women who viewed having the time and money to pursue healthism as a luxury and a marker of middle-class identity.

By contrast the middle-class women defined health in abstract and idealistic terms which closely mirrored those of contemporary healthist discourses. For these women, health was viewed as an individual rather than a social phenomenon. Definitions of health included reference to ideal physical and emotional states as well as the ability to rigidly adhere to prescribed diet and exercise regimes. In other words, health is, and requires work. Identification with healthist ideals was a boundary of identity for these women marking a social and moral distinction between them and groups who did not subscribe to the idea of health as a lifestyle. In some instances this was expressed as a class marker, in others as a marker of generational difference

particularly from their own families of origin. These women were more likely to be influenced by media and popular health sources and to seek out information about health and lifestyles from a wide variety of sources. This group of women defined health in individual terms. Yet, their narratives about constraints to achieving these ideals focussed on external factors, such as limited time related to the juggle of multiple roles, and the gendered division of labour in their homes. In this sense their narratives were similar to those of the female working-class informants. For the majority of the middle-class women identification with healthist ideals was so strong that the inability to achieve health goals for themselves or their children was itself a significant source of stress. Many had devised elaborate means of working health regimes in and around other work and family commitments. Body image and appearance were also concerns raised in the women's, particular the middle-class women's, narratives of health and well-being.

A central theme in the men's narratives was the importance of a perceived sense of energy and physical activity to their health and well-being. For the working-class men especially, being healthy was defined primarily in physical terms. Although their notions of health were primarily individualistic, they were not framed in the language of healthist discourse. Rather, they spoke of health as physical capacity in relation to work as well as to preferred leisure and sporting activities. Of the four groups, working-class men were the most likely to express a lack of commitment, or even resistance to, healthist ideals particularly around food and structured exercise regimes. Similar to working-class women, their families were a strong influence in setting their own health ideals. The other key influences for many of them were media, participation in sporting activities as children and teenagers, job-related training and

their own wives and children.

Middle-class men were the most likely to define health in terms similar to biomedicine -- as the absence of disease -- however activity, in particular physical capacity, was again a central motif in their definitions and many made reference to the importance of mental well-being as well. Similar to the working-class men, having energy or feeling energetic was a sign of health. Identification with healthist protocols particularly around regular physical exercise was an important marker of identity for this group. Exercise often took the form of team activities which were recognized to have both social and physical dimensions.

While the juggle of multiple work and family roles was experienced as a constraint to health by both working- and middle-class women, it had very little impact on either group of men. A few of the men, especially the working-class men, noted tensions around work and family responsibilities, yet none felt that it constrained their own ability to pursue work and leisure activities even among those in families with several children.

In contrast to the women, the men were unlikely to raise issues of body image and appearance in reference to defining health or discussing health-related practices and behaviours. As will be discussed in more depth in the following chapter, when the presence of body was invoked it was done so in terms of what one could do with one's body, or the body as agent rather than as object.

Following from this discussion of lay concepts of health, the next chapter elaborates respondents' narratives of embodiment and the links between health and body articulated in the interviews. Gender, class and cultural influences on ideas about the body are considered and the ways in which ideas about embodiment are located in

time and place and evolve over the life course are explored.

## Notes - Chapter Four

1. In summary statements about interview themes I am using terms such as ‘majority’, ‘most’, ‘some’, and so on to describe the trends identified in my analysis of the transcripts. Because of the small size of the sample, and its non-random nature, quantification would not carry any meaning. More importantly, however, my interest here is in the use of an interpretive framework which focuses on respondents’ ‘own understandings of their experiences’ (Maynard 1994:230), the meanings they ascribe to them, and the contextual ways in which they are framed.
2. She is referring here to a special week long session of lectures and information evenings on breast cancer held at the Thunder Bay Regional Art Gallery, May 11 to May 26, 1996 in conjunction with the travelling art exhibit "Survivors in Search of a Voice" co-sponsored by the Toronto-Woodlawn Arts Foundation, the Northwestern Ontario Breast Screening Program, the Northern Cancer Research Foundation and the Breast Cancer Support Group. This was a multimedia show featuring paintings, photographs, weavings, videos, installations and sculptures commissioned from leading women artists in Canada as part of a national effort to raise awareness of and funding for breast cancer research.

This was an extremely powerful exhibit. The artists consulted extensively with survivors and families of women who died of breast cancer to give their work ‘voice’ and excerpts from interviews [including those from women who died after the exhibit’s completion] were interspersed throughout the display. The media chosen by the artists reflected both women’s ‘traditional’ arts such as quilt making, beadworking and fine stitching and more *avant garde* sculpting techniques. Central themes were the sense of disembodiment and alienation from the body brought on by the disease, how this was heightened by social pressures about body image and the social meaning of the breast, and the way in which women, even when extremely ill were concerned about the impact of their illness and potential death might have on their family members.

Over its 15-day stay the exhibit became something of a shrine, with many women I know visiting several times and some going back daily. And as all noted, it was impossible to get through the exhibit ‘dry eyed’ even after several visits.

The accompanying speaker series was extremely well-attended with overflow seating being needed nightly. The crowd which was composed almost exclusively of women was eager to garner information and to discuss the issues raised at length with one another afterwards.

3. She is referring her to a surgeon who spoke the first evening and gave a very pessimistic view of the benefits of screening and early detection. There was a general sentiment of discouragement and in some cases even anger after his talk.
4. One of the women interviewed, initially jokingly but later more seriously suggested that I should undertake research on the experiences of women working in businesses with their husbands. This comment was repeated by several other women in

subsequent interviews. Although it was not a central focus of this research, many of these women indicated that it was a difficult working relationship as home and work life was difficult to separate and the dynamics of relationships and gender role expectations at home influenced their experiences in the workplace. Although the businesses were frequently co-owned on paper, the women did not feel that they had a significant role in decision-making or in determining what their contributions to the businesses might be.

I was privy to one ethnographic example of this during one of my interviews which was conducted in the office of the business co-owned by one interviewee and her husband. The office which was adjacent to the general reception area had a large glass window through which the woman could keep an eye on things out front but still maintain some privacy for her bookkeeping work. Shortly into the interview her husband noted my presence and knocked on the office door to find out what we were doing. The woman introduced us, indicated that she had booked the interview with me and briefly described the focus of the project to him. He left without a word, but was clearly unhappy about it. He came back to the main area and peered in several times over the next hour and a half (noted each time by his wife). I queried about whether this was an inconvenient time, and if we should re-schedule the remainder of the interview, and perhaps conduct it somewhere else, but the woman indicated that she had plenty of time, was enjoying the interview and wished to complete it. Eventually her husband stood staring at us through the glass for a considerable time and, with a loud sigh, the woman indicated that she 'guessed the interview was over' and we quickly finished up.

5. Nippert-Eng (1996) describes this as one of the difficulties of negotiating the boundaries between work and family. Even while this respondent is at work, and entitled to a lunch hour, her household duties blend into her work breaks, so work and family are experienced as continuous rather than discrete phenomena.
6. This respondent is a nurse-administrator at a local hospital. We conducted the interview in her office which is a small cubicle in the emergency ward where she oversees staffing and patient assignments for the two main regional hospital sites. Our interview was interrupted several times by floor nurses looking for advice regarding bed-assignments and staffing concerns. In addition to the routine under-staffing challenges, the particular problem on this day was how to accommodate five people who were being flown in by air ambulance after having been critically injured in a car-transport truck crash on the TransCanada highway just north of the city. As both emergency units were full and staff were already pressed, the nurse-administrator had to negotiate beds and additional staff from other units. According to her, this was a typical type of problem encountered on her job.
7. Prior to beginning to tape the interview we had a lengthy discussion about his frustration with the politics of occupational health and particularly the resistance on the part of the provincial and federal governments to recognize issues of safety for miners. In this quote his statement about 'craziness' is referring to the difficulties of trying to advocate on behalf of injured miners and the stresses involved in his job.



8. This interview was done in my office at the university and the respondent is referring to a small poster on my wall advertising some upcoming lectures during National Eating Disorder Awareness Week. I had forgotten about the presence of the poster, and interestingly none of the other respondents interviewed in my office made reference to it.

## Chapter Five - Narratives of Embodiment Over the Life Course

### Introduction

As noted in the previous chapter, dimensions and experiences of embodiment were intertwined with definitions of health and well-being in respondents' narratives. For many of the women, embodiment was discussed in terms of appearance norms, body image and concerns about weight. For some, re-evaluations of concepts of health over time were linked directly to 'coming to terms' with their own bodies and refusing to evaluate themselves in terms of 'weightist' medical and popular discourses. For these women the evaluation of health in their later years focussed on much broader notions of well-being in a social context. Their present state of health was generally regarded as an improvement on the past. For many of the men, embodiment was linked to definitions of health through reference to their levels of energy, and physical capacity. Present well-being was assessed in comparison with activity levels established as children or teens -- the past often being viewed as an idealized state which becomes increasingly difficult to maintain as people age.

In this chapter I more closely analyse the range of ways embodiment was invoked in respondents' interviews. Levels of body consciousness among women and men, and positive and negative influences on embodiment, especially with reference to body image, are elaborated. Multiple and changing perceptions of the body and body image over time and influences on those changes will be discussed. Similarities and differences along the axes of class and gender will be articulated as well as the ways in which they mediate each other in relation to particular aspects of embodied experience.

## Levels of Body Consciousness

Gender differences were readily apparent in the levels of body consciousness recognized by women and men. Both working and middle-class women reported generally high levels of body consciousness, while for both groups of men, body consciousness was low. For some women it was heightened at particular times, or in specific circumstances, but for most, awareness of the body was a constancy as the following comments suggest:

**Q. How conscious do you think you are of your body? Is it something you think about once in awhile, frequently, all of the time?**

A. I'm extremely conscious of it. I don't like being extremely conscious of my body. I don't even know why I'm so conscious of it, other than those influences out there that say 'oh look.'... I am conscious all of the time. Not every minute of the waking day, but enough times through the day that I think, 'why spend the time thinking about it?' (Interview #16, working-class woman, age 49).

A. I would have to say that yes, I am fairly body conscious. I have to look a certain way. I don't like it if my hair is not a certain way. I don't wear piles of make up, or anything like that, but I like my lipstick on, and those sorts of things. If I am going out, there is extra time put into my appearance (Interview #15, middle-class, woman age 33).

The consciousness of body for these women was not primarily assessed in terms of how they felt as embodied individuals, but rather related to anxiety about how they were going to be perceived by others reflecting a clear sense of the embodied self as a site of surveillance. As John Berger notes, women are socialized to watch themselves being looked at and in surveying themselves turn themselves into objects, 'most particularly an object of vision: a sight' (1972:47) as the following respondent's quote illustrates:

A. I'm conscious of my body. In some ways it bothers me that I don't still have the shape that I had with my kids. I have this little belly that I don't seem to get rid of. I know that if I did sit-ups I would probably do that. When I do

go into town I do try to look my best. My daughter [age 4] is even in the habit of having to put lipstick on when she goes into town... If I'm at home, slobby, and I know that I have to go somewhere, I will go change my clothes. I am conscious of what I look like because the general public will see me (Interview #3, working-class woman, age 35).

Awareness of the female body as 'object' was also foregrounded when respondents indicated the times and circumstances when they were more likely to be aware of their bodies. Body consciousness was heightened when looking at themselves in mirrors (as in an exercise class), in photographs or on family videos, when deciding what to wear to a social or family gathering, when meeting people they have not seen for some time (such as in the case of a high school reunion), and when shopping for clothing, especially bathing suits and summer wear in which the body is more visibly revealed. Medical examinations also stressfully heightened women's body consciousness.

**Q. Are there particular times or circumstances when you are more conscious of your body?**

A. Even going for a regular yearly examination at the doctor's. Whether it is a woman or man doctor doing it, all of a sudden you catch a glimpse of yourself in the mirror and say 'oh my God. Who is that thing?' Or if you have to go for a mammogram or anything like that. Then you're really self-conscious (Interview #26, working-class woman age 43).

For one woman body consciousness increased significantly after surgery for breast cancer. Even though she had undergone reconstructive surgery she was still not comfortable with her body and found showering and being in hydrotherapy where she was with other women quite intimidating. As she noted, she dressed in the shower stall and avoided being seen without her clothing on as much as she could (Interview #30, working-class woman age 53). As Iris Young and others have noted, the breast stands as a metonym of femininity in patriarchal Western culture; it is the ultimate signifier of

female embodiment.

A woman, especially those in adolescent years but also through the rest of her life, often feels herself judged and evaluated according to the size and contours of her breasts, and indeed she often is. For her and for others, her breasts are the daily visible and tangible signifiers of her womanliness... [a] woman's chest, much more than a man's is *in question* in this society, up for judgement, and whatever the verdict, she has not escaped this condition of being problematic (Young 1990:189).

Given the prominence of the breast in the assessment and valuing of female bodies, breast cancer in general, and the surgical modification or removal of the breast through mastectomy in particular, are experienced as a threat to femininity at its most fundamental experiential level.

Work was another source of body consciousness for some women. One working-class woman noted that work stations for grocery store cashiers are generically sized with a presumption that the workers are female and small. As she noted, every time she went into her work station, or tried to move around at her till, for example, when she was bagging groceries or moving shopping carts, she became hyper aware of the fact that her body size is larger than that of 'a normal woman.' She also found the uniforms she had to wear at work constricting and uncomfortable (Interview #27, working-class, woman age 34).

Class differences were apparent between working and middle-class women in terms of the significations associated with body consciousness. Unlike the negative relationship between body consciousness and work cited by the working-class woman above, for some of the professional middle-class women body consciousness came to the fore as an element of the presentation of their 'skilled selves' at work.

**Q. Are there particular settings or situations in which you become more self-conscious of your body and body image?**

A. Work [at her law practice] is also a setting in which I think more about it... I'm not too concerned about what I have on, or whether I am wearing lipstick, but I am aware of how I am presenting myself, how I am speaking, whether I am coming across in a positive way to clients, whether I am listening appropriately to them, and so on. I'd wrap all of that up into body image, so that is what I'm really referring to when it comes to work. The fact that I want to go off and kick off my shoes and run through a park is a different body image and different sense of self and it is different from work. So it definitely varies with work (Interview #13, middle-class woman, age 42).

The distinction here between working- and the middle-class women's experiences of body consciousness in the workplace is shaped by classed differences in the cultural capital of women's bodies and the extent to which skill is seen to be a part of the capital available to them. It is also at a much more material level related to the gendering of technology. As Cynthia Cockburn (1990) notes, embodied in technology (in this case the generic work station of the grocery store checkout) is a sense of what normative bodies look like, and whether the typical worker is presumed to be male or female. The design of technology carries a distinctive sense of the size and gender of its users. While the middle-class respondent cited above has autonomy in terms of her appearance and presentation of self in her professional setting and undoubtedly the set-up of her office and choice of technology, the working-class woman is constrained by the material limits of her lack of autonomy in the workplace and the gendered technology of her work environment which collectively reinforce the idea that her body size is larger than the prescribed female ideal.

Gender was also mediated by class in terms of the extent to which levels of body consciousness reflected a concern with social distinction. For one woman in particular, who closely identified with the values of a healthist discourse, the body images of herself and her husband were metonymic of their social status and the success of her husband's business. She was always acutely aware of how she presented

herself in social settings as she felt this would be read by everyone around her as a visible indicator of 'who she was' and 'what she represented.'

A. In my husband's case, he has to be 'put together' because of the stature in the business levels that he circulates in. Much so myself, I have to be put together out there as well... We coordinate what we are wearing. This may sound stupid, but we don't clash, we blend.... I think it is more important for us now because of the status we are have in the business community. God forbid that I show up, for example, at the golf do [event] yesterday that we had in an un-coordinated, ratty old outfit, you know? We are [name of business] to all of them. Unfortunately that is the way that society is. Right or wrong you just have to play the part (Interview #8, middle-class woman, age 36).

For this woman, body consciousness relates to a perceived sense of social distinction and the awareness that the surveyors in this instance are peers in the business community who expect a certain shared style of appearance to be maintained. This is akin to Le Wita's description of the processes by which status is negotiated and maintained in French bourgeois culture. It is read on the social skin through consumption of prescribed objects and a shared recognition of the signifiers of taste, such as dress and comportment (Le Wita 1994).

Even where body consciousness for the women related to body functioning, as in awareness of temporary aches or pains, or in terms of consciousness about eating and exercising, appearance remained central to their experience of their bodies.

A. Actually I think about my body all of the time because I compare it to a vehicle. If everything is in tune and running properly the whole mass is running effectively and efficiently. That's the way your body is. If you look at the food you eat, if it is properly prepared, nutritionally wise and it is consumed by your body and all the nutrients are fired out to whatever body parts are required and the toxins are eliminated, the muscles strong, it all works together in one happy mass. And that goes back to your [healthy] triangle too. If your body is there, your mind and your emotions are all working together. There is a cliché that says, 'if you look good, you feel good.' It's so true! (Interview #8, middle-class woman age 36).

As this comment reveals, even the few women who talked about their bodies using the

metaphor of machines and were conscious of it in terms of its physiological functioning, still drew attention to the importance of appearance read here, in particular, as a visible indicator of well-being.

In contrast to the women, very few of the men reported a consistently high level of body consciousness. For most it was situational. While for a few men body consciousness was noted in relation to weight changes, this was not generally viewed as significant. The following statement about the level of body consciousness is typical.

A. Well, not all of the time. Once in awhile I'd say. I could probably lose 10 lbs. but that is about the extent of it. I don't have many aches or pains ... but I really don't think about it much (Interview #36, working-class man, age 49).

Those men who reported a high level of body consciousness usually linked it to the recognition of the body as physical capital in relation to work.

A. I would say all of the time. My body is my vehicle and I want to take good care of it. Because I have a very physical job, my body is my living. It is my machine that makes it happen. So I have to make sure that it is in good running condition. I have to spend time on it and I actually have to pamper myself sometimes. You know, once in awhile I just give my leg a good old slap and say, 'way to go buddy. You've been good to me' (Interview #28, working-class man, age 38).

Some of the working-class men expressed a sense of respect for their bodies, as indicated in the above quote. They recognize the importance of physicality to their livelihood and well-being. The language they used tended to objectify the body, treating it as a separate being. The body-object here is not the surveyed body of the women's accounts. Rather, as will be discussed further in Chapter Six, it is the rugged and enduring body whose physical capacity is deserving of respect and care. Connell observes that working men's bodily capacities are their primary economic asset.

Manual work calls for 'strength, endurance, a degree of insensitivity, toughness and group solidarity. Emphasizing the masculinity of industrial labour has been ... a means



of survival in exploitive class relations' (1995:55). It is also interesting to note in this respondent's quote the reference to the physical body as a 'buddy' or 'chum,' an endearing term usually used in reference to fellow sporting team members, or a son. This type of sentiment, or endearment to the body, was not expressed by any of the women interviewed.

Class differences were apparent among the men in terms of how they experienced and related to their bodies (I will say more about this below). However, some of the middle-class men also indicated a greater body consciousness at work. For these individuals, their presentation of themselves as professionals was seen as bound up with their physical appearance. One might say, then, that they also see their body as a form of capital but it is cultural rather than physical capital. The appropriate physical appearance is less a sign that their body is capable of hard arduous work, as is the case with working-class men. For middle-class professionals their body is one means of expressing their possession of the mental abilities and, presumably, moral characteristics which make them trustworthy and capable.

Connell draws a distinction between working-class masculinity and middle-class masculinity partly on the grounds that workers relate to their bodies as physical capital whereas middle-class capital consists of educational credentials (1995:55-56). In so doing he is reflecting the habit of equating mental labour with the middle class and manual labour with the working class. In other words, the mind/body duality which is a prominent part of Western culture is seen to characterize different social classes as well. I would not suggest that there is nothing to this dichotomy in terms of the way social classes are constituted in contemporary society. I would, however, suggest that the situation is much more complex than this. The divisions may not be

quite so sharp.

Even occupations considered to be manual labour involve a significant amount of thinking. Indeed, separating out the prejudice of middle-class professionals and managers with regard to the work done by those below them in the class and status hierarchy from the reality of the work itself is always difficult. We also know that many middle-class white collar jobs can involve physical discomfort, if not physical effort -- everything from Carpal-tunnel syndrome through to back aches and eye strain. Moreover, while cultural artifacts such as formal credentials certainly matter, skill is always embodied in living human beings. Many critics and commentators on the concept of skill have shown how the perception of the economic value of human labour is inevitably bound up with social perception of the worth of different categories of people. These social perceptions always partly involve cultural ideas about the meaning of physical appearance.

Thus, we should not be surprised then to discover that middle-class professionals do not completely separate their consciousness of their bodies from their own and other peoples' assessment of their abilities. Working-class masculinity may be overtly more physical than middle-class masculinity. But that is not to say that bodies do not matter to the middle class. If Bourdieu's (1984) depiction of the middle class as being particularly concerned with self-improvement is accurate, we should expect that middle-class individuals will be concerned to express their commitment to these values partly through their appearance. I will have more to say on this later in this chapter in relation to the concept of the organizational or corporate body.

Both groups of men also recognized body consciousness as being heightened in certain circumstances. The examples cited included: seasonal changes of activity

such as leisure or sporting activities which invite comparison to the memory (often more imagined than real) of what was accomplished in previous years; public speaking engagements and being concerned about how one is perceived by others; being between relationships and looking for a new girlfriend; and participating in sporting activities, especially team sports, and thinking about how one compares to the other men involved. Bodily awareness also was said to be enhanced in settings where comparison to the bodies of other men, such as in the locker room after a team sporting event, or at the beach, was less easily avoided.

### **Positive Influences on Embodiment**

Very few of the working-class women could spontaneously think of ways in which they experienced their bodies positively. Those who did indicated that it occurred when they were in a context in which they were very comfortable and when they were being active.

#### **Q. Are there ways in which you experience your body positively?**

A. [laughter] Gee. That's a hard one. That's a harder one for women, than men. Well, I don't know if this would be it, but in the summertime when I am gardening, cutting the lawn, outside having fresh air, I feel good. I don't much care what I look like at that point. I am outside doing something that I want and I enjoy it. Then I feel comfortable (Interview #27, working-class woman, age 34).

In another female working-class example a particularly positive sense of body had come during childbirth when her physician commented on her strength and endurance through the labour process.

A. I'm strong because of the work and exercise that I have been doing. When I delivered my last baby the one comment I can remember my doctor saying to me was, 'you take everything positively, even when you are in pain.' I was pushing really hard and I guess my legs were all muscular because the doctor said 'look at your legs, look how strong they are.' I felt so proud! I thought this baby is coming out and I have strong legs and am helping it. I think I am

strong and I feel good about that (Interview #14, working-class woman, age 38).

In this instance, positive reinforcement from her physician, in particular in relation to a central marker of working-class female identity-- childbirth and mothering-- conveyed a very positive aspect of embodiment for this woman. However, it is also interesting to note that even in this case, there is reference to body shape conveyed via the commentary on the woman's muscular legs and her development of them through working out.

Although some had difficulty, more of the middle-class women were able to articulate contexts in which they experienced their bodies positively. Usually this was done in relation to work and norms regarding appearance. Other examples given included the following: the feeling of being toned and the sense of stamina that comes after a particularly strenuous work out; clothing that continues to fit for more than one year; compliments received about one's appearance; relaxing in the bath or having a massage; or, as illustrated below, in relation to accomplishments at work.

**Q. In what ways do you experience your body as positive?**

A. I take a fair bit of positive energy out of the fact that I have accomplished something. That I am a professional and that I seem to be able to handle the stresses. I think that is a maturing process. I would say that in the last few years that I get some strength from that. I've experienced positive energy as a result of having gone through stressful situations and being able to handle that (Interview #13, middle-class woman, age 42).

Again here, class mediates gender as the positive association with embodiment is related to the accomplishments of being a professional.

Negative experiences about embodiment were most often related to derogatory comments about body size or weight. A surprising number of the women, especially working-class women, remembered their fathers and grandfathers making comments

on their weight and body shape as they were growing up. These were experienced as particularly hurtful and had a lasting impact on their self image.

Many of the working-class men were easily able to articulate ways in which they experienced their bodies positively in relation to size, physicality, work and leisure pursuits:

**Q. In what ways or settings do you experience your body positively?**

A. Positively, I am a big son-of-a-bitch. Nobody bothers me [laughing]. Ever since I was a little kid I was always bigger than everybody else. You know all of those classroom fights and the playground bullies? I stayed clear of them. That is one positive thing. They never bothered me. I have always been able to carry on and do what I want. Nobody bothers me because of my size. They just leave me alone (Interview #23, working-class man, age 41).

A. Yes, I guess through sensation. Whether it is the sensation of taste, sexual enjoyment or whatever. Any sensation. I enjoy sitting out in the warm sun. You can feel that radiation and it feels good. Sometimes I like a nice crisp morning when you sit down in the [bus] seat and your butt is almost frozen to it [laughing]. With canoeing, we canoe the old fashioned way with the old prospector's tent, and the stove. We are not into the ultra light stuff. We're not really trendy. So we actually go chop down trees and do all of those terrible things the old Northerners used to do. You get to the end of the day and you've gotten to where you wanted to go, and my friend and I we were just so tired that all we could do was basically get the tent up. It took all we had to get it up. We blew out the fire and we grabbed a brand new piece of stove, which had paint on it that was so toxic that we have to lie out. We had to have our bodies in the tent because it was so cold out we would have been in trouble. We put our heads out of the tent [laughing]. We were just totally physically exhausted but comfortable. It's enjoyable (Interview #17, working-class man, age 37).

Similar to Saltonstall's observations discussed in Chapter Two, for many of the men the body was experienced positively much less in terms of appearance norms and much more in terms of its physical capacity and its potential for activity. Consistent with the working-class men's notions of health discussed in Chapter Four, their narratives reciting positive dimensions of embodiment frequently mentioned connections to leisure activities and the outdoors (camping, fishing) and a sense of pride in being able

to do things without technology by simply relying on their physical strength, endurance and ingenuity.

For middle-class men positive experiences of embodiment were frequently related to satisfaction with their jobs or careers, their image as skilled or professional workers and their energy level and ability to successfully accomplish physical challenges. For some, body image was defined primarily as presentation of self, particularly in the workplace, while for others embodiment was related to physical endurance, energy levels and specific sporting accomplishments. The following comments are illustrative:

**Q. In what ways would you say that you experience your body positively?**

A. When I am in front of employees or at high level meetings I like to present myself the way I think I should be seen – as a leader. It has to do with the vision of how you get to where you want to be. You better look like the person that should be there... When that goes well, I get a very positive sense of myself (Interview #38, middle-class man, age 51).

A. I guess in terms of maybe finishing, or doing quite well in say a ski tour [race]. I don't think of it so much in terms of body as say lung power... as that feeling of accomplishment when you do something really well. I've learned to ski over the last couple of years and I've since been in a number of tours. You know, when you finish them, 25K and 20K with not horrible times. It's a feeling of accomplishment (Interview #11, middle-class man, age 42).

Two of the men who were taller than average noted that their size often conveyed them advantage in social and business settings. Both felt that others were impressed or even in some instances intimidated by their size. The suggested that their size allowed them to control the kind of impression they made on others and the effect they had especially in meetings or contract negotiations.

**Negative Experiences of Embodiment**

For several of the working-class women being heavier than they would like to

be was a significant negative feature of their bodily experience. For the middle-class women not being as toned or fit as they had been in the past or aspired to be were mentioned as ways in which the body was experienced negatively. Intimate experiences with partners could also be a source of negative embodiment, revealing just how much the social intrudes into the most secretive aspects of private life. For example:

A. I experience it negatively at times when being intimate with my husband I am made to feel that my body is not as good as it is... His prior relationships and engagements have all been to wafer thin models with very small breasts and very tiny waists -- quite petite in size. Myself being full-figured and tall, it's been an adjustment for him as well as for me. I have to keep reminding myself and HIM [original emphasis] that I will never be a size 4/6 model. Never in my life. So there has been some adjustment all the way around (Interview #8, middle-class woman, age 36).

This woman generally reported comfort with her self image in other parts of the interview. However, body image operates in relational terms. Here the husband, who has a different sense than his wife of what an ideal female body should be, apparently behaves in a manner that raises her sense of discomfort. Again, as this illustrates, the male gaze is something that many of the women are acutely attuned to and feel anxiety about having to negotiate. This is also an interesting example of the way in which some middle-class women's bodies, like working-class women's bodies, are also their cultural capital. Negotiating a secure and successful relationship with a partner, may mean negotiating one's personal sense of embodiment, often at a disadvantage given the gendered power differential. A middle-class housewife, who in other terms expresses confidence in her body, but whose identity and economic security are dependent on her husband, might experience her embodiment negatively in specific contexts.

For working-class men, the body was experienced negatively when there was

some sense of breakdown or loss of capacity due to illness or injury.

A. When I've had an accident or am in a lot of pain, that's a negative way I experience my body. For example, I crushed my toes this year... In fact I had two accidents and they were stupid accidents. One of those things I knew better than to do, but did them anyhow. Maybe it's just my body telling me I am working too much. I am not getting enough sleep and I have to slow down (Interview #17, working-class man, age 37).

Other negative experiences mentioned included the impact of weight gain or lack of physical activity on energy levels and the loss of athletic ability and stamina with aging. As Connell argues, for working-class men the loss of physical ability that comes with age may contribute to a crisis of masculinity, at least to the extent that their skill base is more dependent on manual dexterity and strength rather than socially recognized formal credentials. However, once again the dichotomy between working-class and middle-class men should not be overdrawn.

Middle-class men's negative experiences of embodiment included a sense of poor or declining physical capacity; poor presentation of self, especially at work; and, less frequently, periodic weight gain. As an example of the last of these experiences, one single man, who defined body image solely in terms of his physique and attractiveness to women, described the effect on his sense of his body of a recent period of weight gain.

A. Well, right now I feel really negative about it. I am tall and big and am used to standing out in a crowd, but I've gained a lot of weight in the last while. You get used to things you know, so I've gotten used to the impact that I have on women, for example. I would say that two women, maybe less, definitely not many more, have looked at me twice since I've been here in Thunder Bay [the past two years]... This may sound rude, or egotistical, but this is just what I perceive. When I weigh my usual 208 lbs. and put on a suit most women will look at me twice. I look pretty dapper and it works (Interview #29, middle-class man, age 41).

For one local business man, having to shop at specialty-sized clothing stores and pay



exorbitant prices for very 'run-of-the-mill' clothing was a negative experience of embodiment both because of its reminder that his body size was above the norm, and the insult of the 'financial penalty' attached to speciality clothing. It is noteworthy that this respondent expressed anger at the weightism implied in this consumer practice. By contrast, the women who expressed concerns about difficulties in purchasing large-size clothing tended to internalize this as a personal failing.

### **Embodiment as Temporal and Processual**

For most of the women perceptions of the body, and aspects of body image had changed significantly over time, sometimes many times, in relation to social roles, material circumstances and relationships. Embodiment was seen as temporal and processual and something which was negotiated differently at different times in their lives. Many of the women reported being very anxious about appearance as teenagers, a time when they were particularly concerned to be seen as attractive by peers. Anxiety about body image at this stage had very little to do with their actual weight or size but more to do with a general sense that it was impossible to achieve the elusive ideal body (see also Bartky 1990; Spitzack 1990). As one of the women put it, 'you were either too heavy, or too thin, not shapely enough, or too shapely but there was no sense of being just right' (Interview #26, working-class woman, age 43).

As Grogan and Wainright suggest, growing up in the culture of slenderness has a significant impact on girl's experiences of body image dissatisfaction (1996). And as discussed in Chapter Four, a number of the women, even those who were not particularly heavy, had engaged in dieting behaviours and taken up exercise or sporting activities with the explicit goal of losing weight or conforming to the disciplinary conventions of femininity.

Body image also shifted for some of the women in relation to the quality of their relationships with male partners. Two women who were now divorced, for example, noted that comments made by their previous husbands made them feel very insecure about their bodies. One of the women indicated that for many years she had been convinced her husband's dislike of her body was the reason her marriage collapsed and blamed herself for not making a greater effort to improve herself. However, both of these women noted that once they were on their own they had grown much more comfortable with who they were and how they looked. They claimed that they now thought about their bodies in a broader sense than simply how their partners reacted to them.

The maturity that comes with aging was thought to have a positive effect on women's perceptions of the body.

**Q. Would you say that in general you are comfortable with your body?**

A. Much more so now. I had a reunion with my nursing class just about five years ago... We always have a good time when we get together. All the ones who were nice-figured in training are all heavier now. One of the girls made the comment 'you know I think the difference is now that we are all comfortable in our own skins.' I think that's it. You are what you are. If you are a small person you are probably intended to be a small person. God knows what I am intended to be but this is what I am. You have to be comfortable in yourself. I think that if people sense that you are not and they'll take shots at you for it. People are funny. They go for the weak spot you know (Interview #2, working-class woman, age 50).

Other women described significant shifts in body image that had taken place in relation to health and medical encounters. For example, one of the women related how the weight gain caused by a drug she was prescribed caused her significant stress. For another intense body dissatisfaction as an adolescent re-surfaced with the body changes associated with pregnancy. Describing herself as a borderline anorexic as a teenager,

she discussed the way that she had been able to grow more comfortable with her body image in her twenties in the context of a supportive relationship with a man who she eventually married. However, pregnancy again created a body image crisis which took some time after the birth to resolve.

**Q. Do you think that your consciousness of your body and your comfort level with it has changed at different times?**

A. Oh yes. When I was in high school it was more intense. It was horrible because you obsess about your body and the way you look and you hate your body. I remember hitting my hips. Well I've got large hips. That's the way mother nature made me and there is nothing I can do about that, but I looked at it as negative.... I definitely did not want to be large. That was my biggest fear was being fat. I was thinner then than I am now and I like myself better now.

**Q. What's changed that for you?**

A. Liking myself first, liking who I am. I think that part of my body image was low self esteem, not necessarily the way I looked but just who I was. My mom used to talk to me and say I was a nice and great person, but it didn't matter because she had low self esteem so how could she really tell me. ... When I was going through puberty, that's when I found it really difficult. My grandfather used to tease me and I got teased at school and I really didn't feel like I fit in. I started working part-time as a dietary aide and wasn't home much at suppertime where my parents could watch what I ate so I started dieting and I really lost weight. I went from 170 to 95 pounds but I still couldn't get as small as I wanted because I'm big boned. While I was dieting I got lots of compliments from people, even my doctor and my family so I just kept going. My period stopped and I got really sick and my mother really pushed me to stop dieting... That helped a bit, but the difference really came when I met my husband in university and he liked me just as I was. I gained a lot of weight the first few years I knew him and he really didn't care. That was when I was able to relax about food.

**Q. So has it been consistent since then?**

A. No. Even though I overcame the problem with fatness before my children were born and I was able to eat normally without obsessing, I found the pregnancies really hard and after my babies were born I really didn't like my body.

**Q. What did you find hard about the pregnancies?**

A. I hated having to weigh myself. I don't have a scale in the house now, because if I do I pay attention to it. But when you are pregnant they weigh you all of the time. I hated that. I knew it was for the health of the baby, but I didn't like that... The other thing was having your stomach measured. My stomach was growing and everything was fine but I was so self-conscious every time the doctor did it and worried about the weight. It took me a long time after my last baby to be able to get comfortable again with my body. But I have gone through it and I have survived (Interview #14, middle-class woman, age 38).

This narrative documents the ways in which for this respondent notions of body image have changed through her life and have been heavily shaped by the social contexts she is in. The body changes and weight gain typically associated with puberty for girls combined with negative commentary from her grandfather and peers at school were the first point of serious tension and caused intense body anxiety. A period of intense dieting induced illness and awareness on the part of others that her dieting was unhealthy helped begin the process of readjusting body image. Having worked through that and grown acclimatized to her body in the context of a supportive relationship with her spouse, she again experienced conflict when she became pregnant. In this case the routine body and weight measurements of medical check-ups during pregnancy drew heightened attention to the body changes she was experiencing. While she could rationalize these in terms of her baby's health, they had a profoundly negative impact on her own self image which took a number of years postpartum to adjust.

Body image tensions related to significant weight gain or loss were reported by several of the women. Interestingly, what was always emphasized, however, was not the presence or absence of the weight itself, or even the volume of the weight gain, but rather the meaning it took on in specific social contexts. The women clearly expressed their anxieties about the ways in which it would be evaluated or responded to by

significant others, most often male partners.

Of course traumatic childhood events may have significant repercussions on embodiment in adulthood. A respondent who had been very comfortable during the early part of our interview and very forthcoming with detailed commentary, seemed less relaxed when we got to the section on body image and a little vague in her initial responses to my questions although at face value her responses indicated that she was generally comfortable with her sense of embodiment. Toward the end of the interview she indicated that she wanted to go back and revisit the discussion of body image because she felt she had not ‘fully answered the questions.’ At this point she disclosed that she had been sexually abused by her grandfather when she was a child. She said she had experienced a number of difficulties with food and body image in her teens and early twenties related to this. She had lacked the confidence to approach her parents about the abuse until well into her late twenties. Only at this point in her life was she able, with counselling and support, to begin to resolve the body image anxieties that had haunted her since childhood. Her sensitivities had returned during the interview when I asked a specific question about whether there was anything about growing up in her family which had affected her sense of embodiment. This was the point at which she had initially become very uncomfortable.<sup>1</sup>

In addition to indicating that their body images were fluid or processual, both working and middle-class women indicated that they concurrently held multiple body images. Body image was different at home and in public spaces, in the company of friends and with strangers, at times of healthiness and during illness episodes, and often between work and at leisure.

**Q. Do you think of yourself as having one body image, or more than one**

**body image? Does it change?**

A. I think I am more aware of what I look like and how I am perceived when I am with a bunch of women. Men are, even though you like to think men are fussy -- they aren't fussy. They don't care. Women are much more critical. I think I worry about it more when I am with a bunch of women (Interview #19, working-class woman, age 44).

Most of the women largely defined body image in terms of appearance norms.

However, some of the working-class women talked about it in a manner that was similar to their notions of health. They spoke of body image in terms of a more instrumental sense of capacity, in particular the ability to carry out roles and responsibilities to others. One of the nurses, for example, noted that her body image at work, where she is lifting patients, moving equipment, helping patients with their physical rehabilitation and being relied upon by doctors, is very different than when she is at home and seen as 'just a housewife' by her husband and children (Interview #6, working-class woman, age 44). Multiple roles for women were seen to result in multiple notions of body image.

A. Well, I think being a mother has affected what I expect in terms of a body image. Both inner and outer body images I think have been altered through motherhood. I think marriage has altered it to some degree. My image of what I think I should or could or must look like. Just natural aging I suppose has altered my image of what I should be looking at.

**Q. You mentioned outer and inner images. Do you think that you have one body image, more than one body image? Is it different at different times?**

A. I think so. I think you present something to the world, or the world sees something. For lack of a better phrase there's a persona that I feel has to be there to some degree when you are working. Who you are and what you are underneath is something that you come to terms with within yourself. To some degree those two should try and match. But you know, what I'm really like, my clients might not necessarily see, so there are two different people, that's for sure. The essence is the same though (Interview #13, working-class woman, age 42).

As the above quote demonstrates context and social relations are critical to the way in which body image is understood and re-evaluated by the women over time (see also Appendix C). While maturity and aging is one important dimension of this, the other elements noted reflect changes in social role and status such as marriage and motherhood.

For middle-class women body image differed at home and at work (in this instance work often being defined as a more positive environment than home), in different social settings, and with friends and family. Two of the women noted that in the presence of peers who are heavily body conscious their own sense of self-consciousness is heightened. As already noted, for another woman, the presumption that she is representing the company when she is out in public dominates her public image and is sharply contrasted to her private sense of self at home.

For the middle-class women, appearance was very central to the notion of body image. However, for many, especially as they aged, the notion was expanded to a broader sense of presentation of self which was heavily shaped by their work situations and the self-confidence they gained as their careers became firmly established.

Both working and middle-class men also recognized changes in body images over time. However, the changes noted were not as dramatic or frequent as those remarked upon by the women. Most of the men drew a contrast between their current body images and their sense of embodiment in adolescence when they were very active in sports and aware of their youth. Some likened this to a sense that there were no limits to their physical capacity at this stage of life and talked about engaging in risk behaviours with very little thought of potential consequences. Appearance and being attractive to the opposite sex was also noted as something of a concern at this stage of

life. A couple of the men who were sensitive about being small or late to develop had taken up weightlifting in the hopes of becoming bigger. Neither was very committed to the process beyond their adolescent years. One of the men indicated that he was overweight as a teenager and that this had caused him some concern. He tried to manage his weight through increased sporting activity but hadn't indulged in dieting behaviours. As he noted, because he was big in stature, he did not really experience much teasing about his weight. It was more his own self-perception that bothered him.

One of the men who was of First Nations' descent recounted how a major change in his sense of embodiment and body comfort had been brought on by his first full-time job working in a bush camp at the age of 17. As he notes here:

A. I was a lot less comfortable with my body especially being naked when I was a teenager. I got this job working at a bush camp, you know where you live in cabins. I was working there with all of these older men. I guess they were all used to walking around in front of each other, in the showers and everything. They'd been doing it for years, but I was kind of intimidated. It was kind of like physical education in high school I guess, and the same thing in regards to sports. We had to use the same showers and things like that. Some people, it didn't seem to bother them, but I didn't like it... At the bush camp I got used to it after awhile too, but it took awhile. Now I don't really care. If there is a steam bath, I will go in the steam bath with a bunch of guys. It just doesn't bother me any more (Interview #18, working-class man, age 38).

Another working-class man also noted the effect of work, particularly with older and more experienced men, in radically transforming his sense of embodiment and masculinity during a summer job. As he tells it:

A. I got this summer job for the railroad working on a section gang. I learned a lot of things there. Probably how to be a man was one of them.

**Q. Why do you say that?**

A. Because I was working with these fellows who were in their fifties and sixties that were just incredibly strong. They had these fantastic physiques. You always felt in your mind when you were seventeen or eighteen that you know you were this muscle man and you were in great shape. These guys put you in



your place.

**Q. So what did you do on the section gang? What was the work like?**

A. Well it was labour intensive. I mean we repaired existing track in the yard. We would change the gate of the track which was at eighty-five and we would put one hundred which is a certain size of rail. Our summer task was to put in five miles of this stuff.

**Q. That must have been really heavy to lift.**

A. It was heavy to lift but they showed you how. These guys were incredible. They were super strong, really witty fellows that had improvised everything, because your tools were limited... It was all hands on. Sledge hammers etc. Probably the hardest job that I had there was pulling the spikes. The first day you walk up there you were this eighteen year old kid and weighed probably 170 lbs. and this bar was 80 lbs. You had to haul this thing around all day... but it was really great because I learned a lot of things. To this day I still use some of those things you know. These fellows taught you how to breathe and lift, and how to work and last the day. It was incredible watching them (Interview #28, working-class man, age 38).

As this narrative shows, despite a sense of his own fitness and strength related to his youth, this work experience both gave him respect for the skills of the older men, and helped him develop a different sense of embodiment and stamina by learning how to move through the day.

Similar experiences were recounted by two other working-class men who were employed in jobs which were physically demanding. Interestingly in one case in particular, the man who is very short and has a slight build noted that learning how to move his body in the context of work, proper ways to lift and to improvise through the use of simple tools had really given him a different sense of body. As an adolescent he described himself as an easy target for the bigger boys and was often bullied and teased. Now he enjoys the fact that with many years on the job he is capable of handling and lifting as much as younger men who are much bigger and stronger than he is (Interview #31, working-class man age 40).

For most of the middle-class men, once they were settled into careers and professions their sense of embodiment remained relatively stable and was disrupted only in a minor way temporarily when, as noted above, they were experiencing an illness, a sudden fluctuation in weight, or loss of physical capacity. The following excerpt illustrates the transition of body image from high school to a professional image for one of the middle-class men:

A. Probably when I was younger, I was smaller than I wanted to be. I wanted to be bigger so I worked out in high school, lifted weights and that sort of thing, but not enough to make a difference really. Too lazy I guess [laughing] and too many other things happening... I played a couple of sports in high school. To a teenager I think body image is very close to the mind. They think a lot about how they look.

**Q. Do you think there was a point for you in which that changed? When you became less conscious or concerned about it?**

A. Oh yes for sure. Probably towards the end of high school. I was less conscious of what I looked like. It didn't bother me anywhere near as much. Once I got out of high school as well ... you have a different set of peers, you have your career, you're settled and it just doesn't matter anymore (Interview #37, middle-class man, age 47).

Interestingly, in contrast to the women, one of these men noted that work provided an important sense of continuity to his sense of self and embodiment while he was between marriages. He talked about work as a bridge between these two less stable aspects of his identity.

Changes in body image for the men were also spurred on by the growth related to puberty, especially quick or sudden growth spurts, by the increase or decline in levels of sporting or athletic activity, by the decline in energy and capacity related to aging and by dramatic changes in the nature of work, for example going from work in the bush or as a trades person to a desk job. Interestingly changes in social role, such as marriage or parenthood, were not mentioned as having any impact on embodiment

by the men, as they had been by both the working- and middle-class women.

Similarly, the female gaze did not appear to carry the same weight or import for men as the male gaze does for women. In fact in one interesting anecdote a middle-class male respondent vociferously indicates his refusal of his wife's efforts to re-shape him. After noting that his wife has a tendency to comment on his body appearance, in terms of the size of his leg muscles, or his stamina level when doing a shared physical activity, he states quite assertively:

A. To me, I don't really give a damn what other people think about my body. My body is my body! That's the way it is. .. I'm not going to go out and lift weights just so that I can build muscles here [pointing to his legs]. The reason that I go and exercise is so that I feel better. I do the kind of exercise that works for ME (Interview #32, working-class man, age 42).

While some of the men had engaged in weight lifting or sporting activities as youth with the hopes of 'bulking up' or increasing their muscle mass, most indicated that their involvement in sports or physical activities was primarily for the pleasure of the sport and the companionship. Several of the middle-class men had engaged in 'elite' sports when they were young such as tennis, golf, skiing and competitive swimming. These were generally individual rather than team activities and the appeal cited was the enjoyment of competition and the sense of individual accomplishment from doing well at them. Many of the men continued to participate in these activities with golf, and skiing, especially downhill skiing, being among the most popular. A number also held memberships at a local fitness club.

Some of the middle-class men had participated in organized team sports such as hockey and baseball when they were younger, but they were less likely than the working-class men to continue with these as they grew older. Some indicated that their preference for individual sports was the ability to more easily integrate them into busy

work schedules. For others, such interests were shared with other people in their social location so that business and pleasure could sometimes be combined on the golf course, at the curling rink, or after sailboat racing night at the Marina. Participation in such activities was recognized to potentially enhance professional contacts for many of the businessmen. Work 'naturally' and comfortably spilled into leisure activities. By contrast, one man described the appeal of the gym in terms of his ability to stick with a fitness routine.

A. I've never been highly motivated on an individual basis. I wouldn't go out and jog, or you know, cross-country ski or anything that just requires an individual effort. I don't have the motivation in me to go out and do those things by myself. Like running to me seems like a very boring activity. There is no social interaction. Instead, I've discovered the College Fitness Centre. I like the mechanical rigidity of the Nautilus routine. There is a program. My mind is a very organized kind of programmable mind. If I start into a Nautilus program I want to go through all of the things and all of the motivations and get to the end. I want to log what I did and tick it off. So I can work through a list. The cardio room, the treadmill, it is a machine. I program it for a 25 minute walk, at four and a half kilometres per hour. It is a random fluctuation between 2% and 8% so I turn it on and I don't quit until it is finished. Because the machine won't let me quit and I can't bring myself to stop. If I were to go for a walk, and got pooped on the second hill, I would slow down and kind of cool off and the sweat would dry up. I might walk a little faster. I need that kind of external push to do those things, so that is why I don't do those kinds of activities (Interview #32, middle-class man, age 42).

In this narrative it is both the regimentation of the routine and its association with technology that are the appeal for this respondent and provide the motivation for his body activity.<sup>2</sup>

This middle-class man's identification with the discipline regime of the gym and the embodiment of the workout equipment stands in stark contrast to the way in which working-class men who had gone to lift weights or to workout at a recreational complex describe their experiences:

**Q. Have you ever been the kind of person to buy memberships at a fitness**

**club or things like that?**

A. I bought them in the past. But I don't find them useful.

**Q. Why? Can you say more about that?**

A. It is hard to explain. Most of those things become too regimented. It is like leaving work and going to work. Me, if I want to run, I go outside the door and run. I don't worry about anything else I just run. If I want to go swimming I go to the lake and jump in. If you want to ride a bike, you go jump on a bike, Whereas at the Complex and places like that you go inside and you go on a stationary bike. You go and lift weights when you could go and cut wood. Cutting wood is probably better for you. You use more muscles than you do when you are lifting weights (Interview #21, working-class man, age 41).

A similar sentiment is expressed this way by another man:

A. I did a little weight lifting when I was young. It was such a bone head thing. You'd sit on a bench and think, 'got to pump that iron'... I tried it out for a few weeks and then I thought, 'this is just bone head stuff.' It was no fun at all ... My wife bought me a treadmill. I tried that for a little while but I can't stand that kind of stuff. I like sports, especially team sports.

**Q. What appeals to you about playing team sports especially?**

A. Camaraderie I guess. Having fun. It is hard to have fun on a treadmill. There is nobody to joke around with, you know? (Interview #23, working-class man, age 41).

Here again, class mediates gender as the goal and pleasure of exercise is expressed in very different terms by the two groups of men, one identifying very closely with an individual healthist agenda, and the others re-shaping the meaning of exercise for their own social purposes.

Unlike the women, few of the men had ever seriously pursued dieting strategies even at times of anxiety about weight. None of the men remembered purchasing diet products or joining weight-loss programs although, as noted above, a few indicated that they might modify their own eating behaviours on occasion. Instead concerns about weight were generally managed through periodic increases in physical activity,

or by normalizing the weight gain as something that would just pass if you waited long enough.

Key influences on body image for the men were the nature of employment and skills either learned or associated with the job, the body changes associated with adolescence and aging, and sports and leisure activities. Unlike the women, especially the working-class women, few of the men mentioned their families of origin as having any impact on their sense of embodiment. Similar to their narratives on health, wives were mentioned as being more keenly aware of body image issues and as being more likely to make a consistent effort at exercise programs or dieting than their husbands did.

While most of the men did have a fluid sense of body image over time, unlike the women few thought that they concurrently held multiple body images. Most indicated that whatever their image is, it tends to remain fairly consistent unless they experience some significant change related, for example, to weight gain or loss. By contrast one of the men felt that he did have multiple body images as the following statement illustrates:

**Q. Do you think that you have one body image of yourself, or do you have more than one image?**

A. Yes. As you get older and you sort of wake up and your hips are a little arthritic and that sort of thing. Your image sort of changes. I have an image sometimes of sort of falling apart [laughing]. I'm getting older. I've got a little arthritis, this sort of stuff. At other times you feel, what's the word -- pumped. You feel good and you feel strong (Interview #4, working-class man, age 43).

### **Influences on Embodiment**

Influences on embodiment through the life course mentioned by the women included: family and friends; medical professionals; spouses/partners/boyfriends; work

and colleagues at work; and media and advertising. The most significant influences were peers and family members. Many of the women, in particular working-class women, noted that body image problems were related to comments or teasing from fathers and grandfathers suggesting that the patriarchal family style was still a factor for them. One particularly poignant example of this was given by a woman who at age 46 is still struggling to feel comfortable with her own body.

A. Going back to my childhood I can see lots of connections. My grandmother and my aunt both were very, very attractive women for the twenties and the thirties. They both sort of fit into the image of the women with the bound breasts and the boyish figures. They were both dime a dance girls [at the local dance hall]. My father grew up in that era. He was older than my mother. He saw women with large breasts as bad women. That was how it was for him. My mother was a relatively large woman, but she carried it well. She lived in an era where women, even women who did housework wore high heels and pearls, so her size wasn't always noticeable although I always remember this and it still affects me. My mother was dying of cancer and she gained a lot of weight from the chemo and the other things that she was taking. My father was very open about the fact that he liked thin women, everybody knew that because he always talked about it. On my mother's birthday a neighbour gave her a diet book. I guess she thought she was doing her a favour. It was her last birthday. She died two weeks after that.... It affected me a lot. I mean the whole family dynamic was that looks were more important for a woman than intelligence or health or anything else (Interview #25, working-class woman, age 46).

Mothers were occasionally invoked as someone you didn't want to see yourself resemble when you were grown up but were generally presented as sympathetic in terms of body acceptance issues. For some of the women medical professionals were mentioned as a negative influence particularly in instances where family physicians had recommended diets in the absence of any indication of health problems. For two of the women such an experience had led to several years of frustration and ill health as they 'dieted their way up' to their present weights.

Media and advertising were acknowledged as being negative influences for girls and women in general, but this was again discussed in a temporal fashion with most

women indicating that in terms of their own body image the influence of media was stronger when they were adolescents than in their current stage in life.

**Q. What about media and advertising? Do you think they have had any impact on you in terms of your own sense of body and body image?**

A. No. I don't really think about it. You know what I do think about? I think about how much money people are making, like someone getting 12 million dollars for a picture. I think to myself 'I work that hard. Why aren't I making that kind of money?' That's what I find at age 50. At 25 I might have been saying 'she's gorgeous. She's so skinny. Why don't I look like that?' But now my focus is different (Interview #2, working-class woman, age 50).

One woman indicated that her reaction to media images is more contradictory.

On the one hand she rejects the images she sees and is angered by them, and on the other hand she still sometimes finds that she evaluates herself by them as she notes here:

A. I get really annoyed. I get annoyed on a personal level because I know that I have fallen into a trap that I feel is quite reprehensible, but there I am. I also get annoyed because a lot of women, in particular, really buy into it. I look at those things and I think 'oh, this is shit.' Even though I look at it and think I shouldn't be so worried about it, and still sometimes I worry about it. I figure that I am in pretty good health and I'm not grossly overweight or anything like that. I don't have an eating disorder and then I look at other people who will for you know whatever reason whether it is genetics, lifestyles or whatever never look like any of the women in those magazines. With whom are they supposed to identify? A woman who is 5'4" and weighs 160 lbs. Do you see people who look like that in magazines? I don't think so (Interview #16, working-class woman, age 49).

Respondents differed on the extent to which ideals of slenderness and feminine beauty were more predominant or widely circulated and influential today than when they were younger. Many recounted routinely reading or even "studying" the teen magazines of their youth, often with a sense of regret that the products and fashions advertised were not readily available in the north, or their families couldn't afford them. While a number of the women continue to be avid magazine readers, the choice



of magazines has changed from teen fashion magazines to those aimed at an older audience such as Canadian Living or Good Housekeeping or Woman's Day and the appeal cited was more the recipes and advice columns than the clothing and fashion images portrayed.<sup>3</sup>

When asked how they respond to, or whether they 'see themselves' in the images of women presented, most indicated a strong sense that the images were largely unreal and sometimes almost amusing in their absurdity. For some of the women the magazine images were a source of class consciousness being identified as the domain of the middle-class or wealthy women, as the following excerpt suggests:

A. When I am at work [at the grocery counter] I love to look at the magazines and laugh. There is a lot of humour in them. I mean as far as what people look like there may be a few who are that skinny, but not many. We love to joke around at work too you know and say if we had this kind of income we could look like this too. If we had the personal trainer, and the person who cooks our meals, of course we could. It is just fun to look at them because this is not what normal people look like.

**Q. Do you have a sense of what magazines at the counter sell the most?**

A. There are lots of fitness magazines but they don't move as well. People pick-up Women's Day, Chatelaine and Canadian Living because they buy them for the recipes and the articles. When the men buy magazines they like muscle magazines but the women buy normal magazines (Interview #27, working-class woman, age 34).

As with other respondents this woman has identified a different appeal which magazines hold for her and the other customers she regularly serves. Magazines are purchased for the recipes which might be used in service to others, or for the advice columns which many of both the working and middle-class women read avidly for advice and information on family or personal health. It is also interesting to mark the gender difference she has observed in the type of magazines women and men purchase. She identifies those purchased by women as 'normal', reflecting a sense of women's

domestic role in relation to food purchase and preparation as well as fostering the health of family members.

In addition to the examples already given, work was seen to impact on embodiment in terms of the unflattering appearance conveyed by uniforms, which as one woman put it 'don't even look good on models' (Interview #26, working-class woman, age 43), by creating stress which sometimes led to poor eating habits, and through the disruptions that shift work caused to body rhythms and household patterns. A few of the working-class women cited the support of co-workers and their recognition of your skill and efforts on the job as positive influences.

One middle-class woman felt that the influence of peers, especially the right kind of peers was an importance influence on her. As she noted:

A. Well, there is a cliché 'if you surround yourself with successful people, you yourself will be successful.' So having said that, if the people you are associated with are also well put together, educated, entrepreneurial, then that has a positive effect on you. Quite often I am told by people 'you know ... you always look good no matter where you go.' That's very positive and I think it comes from being around successful people (Interview #8, middle-class woman age 36).

For this respondent, aspiration to a successful entrepreneurial image as exemplified by a fit body was very strong and extended to her choice of reading material. While, on the one hand, she expressed concern about the narrow range of body images in media and advertising, on the other hand, she indicated that she subscribes to particular magazines such as Shape which is highly attentive to body image, fitness and success stories and marketed primarily to a female audience. The appeal of such magazines for her is the success stories which they present:

A. I get a monthly subscription to Shape magazine. That focuses on bodies being fit. It also focuses on your food intake, products on the market which are good, bad and indifferent.... I like it too because of the success stories they

include. They talk about the person as they are now, and what their goal is, and how they reached it, which is really important (Interview #8, working-class woman, age 36).

At another point in the interview the same respondent talked about an article she had recently read about the CEO of a Fortune 500 company and how important fitness was to his sense of success. This was an ideology that this respondent keenly identified with very much in keeping with Bryan Turner's observations about corporate success being literally embodied in the corporeal form and disciplinary regimes of the corporate director as a model for aspiring successful people to emulate.

Other middle-class women were more mixed in the extent to which they felt that they were influenced by media and advertising. As with the working-class women, many indicated that they had avidly read fashion magazines as young girls and teens. A number still subscribed to magazines such as Chatelaine which are aimed at slightly older women. Although a few indicated that they paid attention to the fashion and make-up tips offered, others indicated a sense of critical distance from the idealized images presented and noted that they were only likely to pay serious attention to the clothing and fashion layouts if they felt the models were more 'true to life.' It was noted that both Chatelaine and Canadian Living which were now read by this group have recently made an effort to include plus-size models and older women in the fashion layouts. This was regarded as a significant improvement by the women.

Middle-class women, to a greater extent than working-class women, often viewed work as a positive influence on body image. Some of the larger women whose jobs required a professional or business-like appearance, described the recent opening of women's stores specializing in fashionable plus-size clothing as representing a beneficial change in the community. One woman pointed out that plus-size clothing

begins at size 14, which is an average woman's size. She welcomed the chance to buy clothing which fit her well and allowed her to look professional on the job. However, while work and the presentation of self in professional settings was viewed as positive by many of the middle-class women, clearly the anxiety about being able to acquire comfortable and suitable business attire for larger women signals some ways in which 'dressing for success' and the production of organizational bodies may also be experienced negatively.

Media and advertising were thought to be minor influences on body image by the working-class men. When asked, for example, whether they remembered paying specific attention to images of men in magazines and advertisements most said they did not remember doing so with any intensity and, in fact, several commented that while they had been avid magazine readers when they were young, it was the images of women which were the appeal, not those of the men. Some of the men indicated that when they were young they were aware of body builders and movie or television personalities such as Arnold Swarzenegger. In some instances they wished they could have more muscular bodies like him or Joe Weider but they generally did not feel heavily influenced by these images.

A. I remember the Marlborough man. He didn't have my body. I wasn't all the mass of muscles. You would see the muscle builders, Swarzenegger and those guys. They used to have comic books too about the guy with the sand getting kicked in his face and all that. I remember them, but I really didn't pay that much attention to them, they were more kind of funny to look at (Interview #17, working-class man, age 37).

What was acknowledged as far more influential by the men were images of sport heroes such as hockey and baseball stars. The appeal of sport stars was not appearance or body image *per se*, but rather the athletic accomplishments and promise of

economic success they represented. Many of the men could still name favourite athletes from their youth and talked about trying to emulate them in their own sporting activities and even body comportment.

As with the working-class men, media and advertising were not thought to be significant influences on middle-class men's sense of embodiment either now or in the past. Again, sports figures were cited as important role models in their youth, but the appeal was primarily in terms of the skills or accomplishments they represented.

**Q. Nowadays there is a lot of concern about body image in the media, especially with young kids growing-up with eating disorders, or young boys using steroids and things like that. Do you remember paying much attention to media images when you were growing up?**

A. No, not that I remember. I sort of looked up to a few hockey players and sports figures when I was young, but I think it was more their skill that I admired. It really didn't have anything to do with what they looked like, or even their size (Interview #38, middle-class man, age 51).

A similar sentiment was expressed by several of the men. A few of the men could recall admiring the physiques of body-builders, but none felt that it significantly influenced their own behaviours or choice of activities in their youth. The magazines they are likely to read today are news/information periodicals such as Time, or its Canadian equivalent Maclean's, sports weeklies such as Sports Illustrated or Golf Magazine, and travel and popular education magazines such as National Geographic or Canadian Geographic. The images they connect to in these magazines are those of successful business entrepreneurs and professionals, and sporting figures. Again, the appeal cited is the successes they represent, or the lessons that might be learned in how to better handle and present oneself in professional settings. With regard to this latter point, several of the men who are in managerial positions indicated a strong sense that the image they conveyed to their employees in the workplace was very important, in

particular their potential for leadership. Attention to presentation of self in terms of the types of clothing worn at work, for example resisting the tendency toward informal wear common to many local work sites,<sup>4</sup> and appearing to be fit and energetic were mentioned as very important to these men's sense of the appropriate managerial role model and goals of the organization. Corporate success was in these instances seen to be literally embodied by the manager.

### **Comparing Body Image Concerns for Women and For Men**

When asked to generalize beyond their own experience, all of the women felt that body image and appearance were greater concerns for women than for men although some noted that in their children's generation boys seemed to be paying greater attention to body image issues. The following comment highlights the link between women's appearance and bodily capital.

**Q. Do you think that in general there is a difference in terms of how much importance women and men place on body image and appearance?**

A. It's much more important for women. Women lose their marketability when they have children. At least if you look at what people expect, they don't expect the same thing for men. Of, if he has a little paunch, he's successful, if he is balding, he is maturing. If a woman has hips, or extra weight, then she is letting herself go. If a man is really obese then he might be in the same category as an obese woman, but when he is just a little bit overweight he is viewed differently. He's a success because of what he does, not what he looks like. That's my view of what people see (Interview #14, working-class woman, age 38).

As this comment indicates social attitudes toward body image were a source of gender consciousness for some of the working-class women who resented the differences in the way they perceived women and men to be valued by society as a whole.

Although some of the women had been very athletic in their youth, participation in sports did not protect them from body image anxieties as they moved

into their twenties. When describing the positive sense of embodiment related to their successes in athletics, they also commented on the ways in which their activity improved their appearance and cited this as part of the appeal of participation. One of the women noted that she underwent cosmetic surgery in her late teens because she developed cysts on one of her breasts. While they were not a medical concern, she became quite self-conscious about the fact that her breasts were disproportionate in size. As a diver attired frequently in a bathing suit in public spaces, she grew uncomfortable with her appearance and felt she would have given up the sport if the surgery had not rectified the problem.

Almost all of the men also felt that body image concerns were more common among women than men of their peer groups and generation. All indicated, for example, that concerns about appearance and presentation of self were felt much more strongly by their wives, and a couple even joked that their wives had tried to make them more body conscious but gave up for lack of success. The men attributed women's greater concern to social attitudes.

A. I think society puts too much stress on them. I see it constantly because my union is 80% female. I have a lot of dealings with routines and things that society forces women to go through in the mornings it is totally different. My wife always complains "you just take a shower and you go" I say "why don't you?" She says "well I can't. I have to get ready to go out of the house". It's different for women (Interview #23, working-class man, age 41).

A. All women worry about it. [laughing] I don't mean that in a negative way. But definitely my wife worries more than I do. I guess it's partly to do with her work, but I think women are just brought up that way (Interview #22, middle-class man, age 43).

One of the respondents who is a professional portrait photographer noted that the gender difference in body anxiety was very evident in his line of work.

A. Women have more media pressure. It is up front. It is in their face more

than it is for men I think. Men can get away with a lot more in my opinion anyway. I think women are under a lot more pressure than men are as far as body image goes.

**Q. Do you see this in your business? Is it the kind of thing that comes through when you are taking photographs?**

A. Yes. Oh big time! Most men couldn't care less what they look like [laughing] in a lot of cases. The women, they want to go in the back row and hide behind everybody no matter how good they look. It's a lot better from the point of view of setting up the photo if they don't, but a lot of women are very conscious of their bodies (Interview #37, middle-class man, age 47).

Interestingly, a number of the respondents indicated that they thought the level of body consciousness and anxiety was increasing in younger men. They noticed more ads to this effect in the media and some were seeing it in terms of their employees or their own children, however, those who had both sons and daughters felt that their daughters were still likely to be more affected by these expectations.

### **Declining Significance of Body Image over Time**

All four groups indicated that the significance of, and concerns with, body image decline significantly over time. Working-class women attributed this to the sense that obligations to other people such as family members or to one's work took on greater precedence with age and for some, that the juggling of multiple roles declined as their children became more self-sufficient. For middle-class women becoming established in a career, often once children were in school, meant a stronger focus on skill development and goal achievement, although the struggle to maintain the fit corporate body was noted to some extent. Working-class men felt that if they maintained their health by, for example, avoiding workplace injuries and had some control over their work situations, such as being able to make the junior crew members do the heavy and cold work, body image was relatively stable for them. This was in



some instances being compromised by workforce downsizing and higher levels of credentialism. In many workplaces these developments were undermining the seniority principle. Even very senior male workers were sometimes expected to do the hard physical labour. They were no longer able to bargain out of these situations by taking an 'inside job' since increasingly these are reserved for younger workers with higher levels of formal education.

For middle-class men body image concerns declined at a very early stage of life, often with the onset of their careers, and as long as they felt they could keep up their leadership and corporate images, it remained relatively stable, and could in many instances continue to be enhanced despite their growing age.

While aging was mentioned by a few respondents as a negative influence on embodiment with time, especially the concern mentioned by working-class women that physical decline might bring dependency on others, most respondents identified aging with a maturity of attitudes toward embodiment and health, a lessening of social pressures to conform to largely unattainable ideals, and an expanded sense of embodiment and body image that allowed you to view yourself in your broader life context. As one respondent cited earlier noted, maturity allowed you to 'grow into your own skin.'

## **Summary**

Perceptions of embodiment were linked to notions of health and well-being by respondents in all four of the groups although levels of body consciousness and the extent to which these changed over the life course varied. Both the working- and middle-class women had high levels of body consciousness most often linked to concerns about weight and appearance norms. For many of the women these had been

a source of stress particularly in their younger years. They reported participating in diet and exercise behaviours with the explicit aim of modifying their appearance. For the women, body image changed significantly through the life course in relation to the quality and nature of social roles and relationships, and for professional middle-class women, in relation to their careers. Media and advertising were thought to be influential in their adolescence but to have very little impact in their later years especially for the working-class women.

Similar to the manner in which they represented health, for working-class women embodiment is inextricably bound up with their sense of their ability to carry out roles and responsibilities primarily to others. Work generally was not a positive source of embodiment for these women although some exceptions were noted, particularly among those whose jobs were recognized as having some level of skill.

Middle-class women identified strongly with healthist protocols to participate in regular exercise and many worked exercise programs in and around their other obligations. A high level of anxiety about body image was apparent for many of these women regardless of their size and appearance; however, the establishment of careers, for those who worked, was a positive source of embodiment.

Both the working- and middle-class men spoke of embodiment in broader terms referring to energy and activity levels as well as to their physical capacity to carry out tasks. For working-class men, job training and the physical nature of particular tasks were positive influences on embodiment. This was closely linked to notions of masculinity. For middle-class men the presentation of self related to their professional skills and careers was a significant positive influence. Working-class men were more likely to pursue team sports and other activities primarily for pleasure,

while middle-class men were more active in individual sports and saw them in terms of challenges and accomplishment. Body image and embodiment had also changed for these groups over the life course, but fewer changes were noted than for the women. The primary shift was from adolescence to adulthood for both groups of men, and was more related to the development and recognition of skill in their employment, than to social roles and responsibilities to others such as their families.

While some comparisons with previous studies are evident, in particular the higher level of body image anxiety among women and the greater focus on positive aspects of embodiment related to masculinity and corporate success for men, some differences are also highlighted here. In particular, this data shows that gender and class mediate each other in particular ways. In the arena of work, for example, middle-class women's experiences of embodiment are more similar to middle-class men's than to working-class women's. Both working-class women and men, in part, assess their embodiment on the basis of endurance and their ability to carry out tasks. They are less likely to participate in competitive leisure activities or to identify with corporate values of embodiment.

The most significant features of this data are its demonstration of the temporality and fluid dimensions of embodiment and the ways in which respondents, in particular the women, see social roles and relationships as having a much greater influence on their notions of embodiment than the media and advertising. Most respondents report that the significance of body image declines over time, suggesting that attention to temporality is necessary in our analysis of embodiment and health. It is also evident that the influence of media imagery is filtered and, perhaps, vitiated by 'real' social interactions and relationships.

In the following chapter the themes and issues identified among these respondents are analysed in the context of ideas about place and race. I examine the extent to which identities of gender, class and whiteness are reflected in the narratives of health and embodiment and explore the ways in which ideas about northern-ness contribute to shaping the identities and experiences of the 'healthy self' and the 'unhealthy other.'

## Notes - Chapter Five

1. As we talked through the remainder of the interview this respondent indicated that she was happy to have the opportunity to discuss the impact sexual abuse had on her. She discussed the strategies she follows in having social contact with her grandfather now that she has a daughter of her own. I asked specifically whether she wished me to leave this discussion out of the dissertation, but she indicated that she thought it was very important to include it.
2. Willis (1991) argues that the workout is a contradictory synthesis of leisure and work which 'isolates the individual for the optimal expenditure of selectively focussed effort aimed at the production of the quintessential body object' (1991:69). She points out the use of equipment such as Nautilus machines represent the culmination of the trend toward privatization in exercise. It seems to be this element of the workout which appeals to this particular respondent.
3. Rosalind Coward describes this phenomena in her brilliant article entitled 'Naughty But Nice: Food as Pornography for Women' (1990). As Coward astutely notes, the presentation of food in women's magazines parallels the techniques of objectification of women's in men's magazines. Photographs are glossy and larger than life signifying both the temptation of desire and the constraints offered by it. The magazines are full of contradictory images of consumption and repression of desire as Bordo argues (1993) but work in large part on the knowledge that the gendered division of labour means that women will produce food for others, even if they are restricting their own food intake to meet prescribed body ideals.
4. One man who co-owns and works at an accounting firm expressed dismay at a local charity's 'dress-down day' campaign where workers are allowed to wear casual clothing on particular days in exchange for a small donation to the charity. Although he was clear to point out that he supports the charity in general, and makes personal and professional donations, he noted that he does not personally participate in the "dress-down" days because he doesn't feel that wearing casual clothing to work gives employees the right image of the corporation.

## **Chapter Six - Place, Race, Class and Gender: Embodiment and Health in the 'White North'**

### **Introduction**

As noted in Chapter Two, the concept of place is an integral part of identity construction in the Canadian imagination. The geographical expanse and diversity, and the historic economic and cultural differences between regions have given spatial relationships a powerful role in the constitution of Canadian identities. One's location in the centre (a large metropolis such as Toronto or Vancouver) or the periphery (a hinterland community such as Thunder Bay) is seen to signify one's relationship to power, decision-making and even economic well-being. In northwestern Ontario, this sense of regionalism has its origins in political economy. Dependence upon external sources of capital and markets has been and remains an essential feature of the natural resource-based economy. And political power is situated 1700 kilometres away in the populous southern region of Ontario (Dunk 1991; Miller 1980; Weller 1977).<sup>1</sup>

Ideas about the signification of 'northern-ness' emerge in the respondents' narratives and are negotiated through the ways in which they indicate their identification with, or resistance to, the ideals of embodiment and healthism they ascribe to 'others' -- whether the external southern power bloc or the internal racialized other. As discussed in Chapter Two, Northern Ontario is not itself a homogenous jurisdiction. It has a long tradition of ethnic and racial diversity which has been construed in different ways at different points in time. In addition to a significant population of First Nations (primarily Ojibwa) people, the region has been settled over the past century by various waves of immigrants from North, East and South Europe. While the ethnic diversity of the region is, on the one hand, recognized through the

presence of various ethnic associations and annual multicultural heritage events (and even the eclectic pastiche of Italian, Ukrainian, British, and mainstream North American foods considered standard fare at local weddings and parties), it is, on the other hand, largely erased through the tendency to polarize people's identities as either 'white' or non-white.

The post-war history of ethnic relations in the region has consisted, to a large extent, of the decline in the social and economic significance of European ethnic background. At one time, one's European ethnic origin, for example, Finnish, Italian, Ukrainian, or British, often denoted a location in the hierarchies of residence, occupation, and social class. By the 1960s, the influence of European ethnic origin in these terms had markedly declined. In David Stymeist's terms, 'core' ethnic identities had or were rapidly becoming 'name' ethnic identities: 'people ... are regarded as having an ethnic dimension simply because their ancestors are or are assumed to have been "ethnics"' (Stymeist 1975: 54). European ethnicity does not carry significant social and economic consequences. But in place of the ethnically diverse society that once existed, a firmly dualistic racialized social division has emerged. Non-white in this case becomes a euphemism for Native or First Nations' peoples, and white is presumed to include most other ethnic groups. Ironically, mainstream Northern culture is seen to be white, rather than Anishenabek,<sup>2</sup> and whiteness forms the implicit, unexamined cultural terrain upon which ideas about the 'healthy self' and 'unhealthy other' are construed.

The objects and practices that signify both whiteness and northern-ness are inextricably bound up with class and gender signifiers. It may in fact be more accurate to describe the relationships between cultural categories such as northern-ness,

whiteness, working and or middle class, and male and female as a field of cultural struggle. The linkages among these categories are the object of contestation. They are at times mutually reinforcing, in the sense that, say, being male, working-class, northern, and white are elided, so that one is metaphorically and or metonymically related to the other in a positive moral sense. On the other hand, characteristics such as being white, female, northern and working-class are discursively stitched together but so as to produce a morally negative caricature. The moral and social meanings of the body and bodily practices and their consequences for health are often at the core of these representations of the complex relationships between place, race, class and gender.

### **The (In)visibility of Whiteness and Northern Bodies**

The association between ‘northern-ness’ and ‘whiteness’ and the associated metaphorical meanings these have in terms of bodily and moral characteristics is not a unique creation of the white population of northern Ontario. Late 19th- and early 20th-century nationalist ideology frequently drew on white racist imagery to celebrate Canada’s imagined glorious future. The Anglophone creators of this nationalist myth drew upon both environmental and biological determinism. The supposedly exemplary strength, vigour and intelligence of Canadians was the product of the cold, harsh northern environment and the Anglo-Saxon biological heritage.<sup>3</sup> Canada’s future was believed to be more promising than that of the United States because the warmer climate and the presence of a significant African population was said to be undermining the biological and cultural virtues of the original ‘Anglo-Saxon’ colonists.<sup>4</sup> The current regional variation of white/northern identity cannot be said to derive in any direct sense from these earlier national myths. However, they do work within a similar semiotic



field in terms of some of the moral and social meanings attached to both whiteness and northern-ness.

At a more general level, local representations of whiteness share much of the underlying logic of much wider racialized cultural patterns. Ruth Frankenberg argues that it is important to map the terrain of whiteness to reveal the ways in which racial privilege is structured as a dimension of daily life even in contexts where people perceive themselves to be racially neutral or non-raced. She argues that there are three related dimensions to whiteness,

First, whiteness is a location of structural advantage, of race privilege. Second, it is a 'standpoint,' a place from which white people look at ourselves, at others, and at society. Third, 'whiteness' refers to a set of cultural practices that are usually unmarked and un-named (1993:1).

In the context of the present study, Frankenberg's assessment holds true.

While my respondents did not explicitly identify themselves as white, and some of them did make reference in the course of their interviews to their familial ethnic backgrounds, generally as an aspect of past rather than present family or personal identity, the primary distinction recognized was between whites and non-whites. In particular, First Nations' people were seen to represent the 'other' against which the largely undefined white identity was construed. With regard to the body, the privileging of whiteness was accomplished through reference to cultivating physical features which are presumed to have a universal appeal, such as blonde hair and tanned skin through body practices such as hair dyeing and going to tanning salons, and through the validation of white markers of beauty or attractiveness in various everyday settings (see, for example, the ethnographic account in Appendix C).

For most informants whiteness is simply the assumed norm. The only ones who seemed to recognize whiteness as a cultural construct were, not surprisingly, the non-white informants. These two individuals, a working-class woman and a working-class man, both made very brief references to whiteness in their interviews. For them whiteness was a prescribed discourse from which they felt excluded. For example, the woman, who is of Chinese descent, noted that she experiences the exclusiveness of whiteness as the cultural norm when looking at images in magazines. The dialogue begins here as we are discussing representations of body image in media and advertising and the extent to which she does, or does not, feel that such images influence her personally. Up to this point in the interview, the issue of 'race' has not arisen.

**Q. Now when you look at magazines, can you see yourself in those images? Can you connect to those images?**

A. No, because those women tend to be all white women which I am not. Also they tend to be tall, skinny women. I am not any of them, so no.

**Q. How do you respond to that?**

A. Well, I guess I get a little skitsy then because I know who I am and I know what I see and what I see in the magazines is the norm for magazines and what I see around me in terms of people with whom I work and the people with whom I associate, that's another reality. The magazine reality is not the reality because it's just in a magazine. It's gone when I'm gone.

**Q. You have a very analytical way of looking at that. Do you think that you've always had that or were there times when you responded to them differently?**

A. Oh yes, there were times when I wished I could be just like them. And then I guess I must have realized that it was never going to happen, so don't worry about it, move on (Interview #16, working-class woman, age 49).

Interestingly, though, while the respondent indicates that she has 'moved on' and is not particularly influenced by the images, at another point in the interview, while

discussing her comfort with her body and body image, the issue of her ethnic heritage and the particular form of embodiment she sees it signifying surfaces again:

**Q. So would you say that in general that you are comfortable with your body?**

A. Even in my normal state, I would say yes. I'm not uncomfortable with my body because it moves. It doesn't have the creaks that other bodies that are nearly 50 have. I don't get sick. I'm not big and fat. Not overly, overly. I'm not unhappy.

**Q. Do you think that this has changed for you or have you always been comfortable?**

A. There's been very few times in my life, in fact I can't think of any time in my life, that I haven't watched what I eat. Because I know that I have the exact body that mother has. I recognize every roll that she's got [laughing]. Mine are just a whole lot smaller. It's so bizarre, because I see her when she's got nothing on and I know that body. I know it very well. I think she is a bit heavy but she still looks nice. Her mother was a little round woman and my father's mother was a little round woman, so I know that it is just a matter of time before I become one of those little round Chinese women [laughing]. I just want to try and keep that time off as far to the future as I can (Interview #16, working-class woman, age 49).

As the references to laughter in the quote signals, the respondent is able to take some critical distance from the anxiety about body image and aging which she is expressing. Nonetheless, concerns with exercise and fitness activities were foregrounded throughout her interview. Additionally, it is not irrelevant that the body which she is trying to keep at bay, is ethnically marked by her as a 'little round Chinese woman' -- an image which stands in sharp contrast to the tall, skinny, white models of the magazines she identifies in her earlier quote.

As Kaw's (1994) perceptive work on cosmetic surgery among Asian American women notes, Asians are negatively stereotyped in North American media as dull, slow-witted, and unassertive people. Racialized body features, such as single versus double eyelids, differences in skin colour, narrow noses and small physiques become

the body insignia of differentiation -- a means by which 'the social skin' of Asians is marked as less worthy than prescribed North American ideals. Given this negative valuing, it is easy to understand the respondent's anxiety about what it signifies to 'become her mother, and her mother's mother' -- while part of the anxiety relates to concerns with aging and decline of the body, another part relates to the taking on of an 'othered' and negatively valued identity.

### **Whiteness, Neo-colonialism, and the Healthy Body**

As noted in the discussion of Crawford's (1994) work in Chapter Two, 'othering' may be accomplished through the definition and labelling of bodies as healthy or unhealthy. In northwestern Ontario, this is indeed one of the mechanisms by which First Nations' peoples are categorized as other. Internal neo-colonialism in the age of the welfare state operates in part through the identification of the colonized population as both different from the assumed norm and in need of special assistance. Concepts of health and healthiness are central to this process. In the context of the present study, the unhealthiness of Native bodies is seen as a signifier of both their difference and their inferiority. The following is a typical way of expressing this dichotomy between the white/healthy body and the Native/unhealthy body.

**Q. Do you think there is anything about living up in the North that has any impact about body image?**

A. Where I come from there is a large Native community and you have a large Native community here too. I don't like to sound prejudiced but, you see the difference in a northern community. A lot of your Native people here don't look very healthy. They're overweight and there's lots of smoking too (Interview #19, working-class woman, age 44).

Interestingly, the characteristics that are being assigned to the 'other' by this respondent, being overweight and smoking, are not distinctive of First Nations'

peoples. According to my key informant interviews with local health professionals, data from the most recent Ontario Health Survey indicate that smoking rates and average weights are higher for Northern Ontario as a whole, than the provincial average, a source of considerable concern for local health professionals and health promotion planners.<sup>5</sup> While rates of obesity and smoking may be marginally higher in the First Nations' population, they are not distinctively different than for other sectors of the local population. This raises the question of why they stand out as distinctive markers of the Native body for this respondent. The answer may lie in the historical legacy of First Nations' colonization by whites and what being white, versus being Native, has come to signify in the current political, economic and social climate.

As Dunk notes, stereotypes of Native peoples abound in northerners' discourse, ranging from the romanticization of Indians as 'the noble savage' to the degenerate 'welfare-bum.' And 'since Indians in northwestern Ontario comprise a large and visible part of the "welfare class" the antagonism toward the poor is transferred onto Natives as a group' (Dunk 1991:113-116). In the context of defining a healthy Northern body, the Native body becomes the metaphorical other. Rather than the controlled, disciplined, successful middle-class corporate body of 'healthist' discourse (the 'monogamous jogger as responsible citizen' of Bryan Turner's (1984) account), or the rugged and pioneering Northern body which is attributed in particular to working-class men, the Native body is associated with laziness, poverty, lack of self control and poor discipline, characteristics which are attributed to the failure of Native people as a distinct group rather than seen as a product of neo-colonial social relations. And the evidence of this failure is seen to be literally written on the Native body.

One particularly illustrative example crystallizing the links between the historical legacy of Native colonization, power, whiteness and embodiment and how they are played out in the contemporary arena is evident in my interview with a young middle-class woman who works as a Federal property management officer. She is responsible for overseeing social housing contracts on Native reserves throughout northwestern Ontario. This involves travel to the most remote and isolated Native communities on a regular basis. This woman who is in her early 30s is very conscious of appearance and fitness, and earlier in her interview had discussed the difficulties of trying to maintain her strict fitness regime when travelling to remote communities where the kinds of foods she likes to eat, and the fitness facilities she needs to be able to work-out are not readily accessible. The issue of whiteness and cultural difference surfaced at a variety of points in her interview, on a range of different topics as the lengthy excerpts below reveal. The dialogue here begins as we are discussing the question of whether and how work has any impact on her sense of body or body image:

**Q. What do you wear to work? What would you wear in those kind of settings?**

**A.** Again, it will vary depending upon the audience. Like if I am up in Sioux Lookout [a small, remote community] or up in a First Nation or something like that, we tend to dress a lot more casually. You are travelling. Maybe flying on these small planes, that type of stuff. You know pants and a blouse maybe. If I have a blazer. Sometimes it is just jeans and a sweat shirt. If I am in a very formal setting or something like that, if I was in Toronto having to do something, I would be in business attire. A suit or whatever.

**Q. Are you conscious when you go to First Nation communities thinking about what people there look like and how you look in comparison to them? Do you notice differences?**

**A.** Oh yes. Oh yes. Very, very conscious of that. It is always a struggle for me because I mean I represent the white people and how much whiter can you

get. (laughing) [She is of Finnish descent and has very pale skin and white-blond hair.]

**Q. Yes, exactly. Even your hair is white.**

**A.** Yes I know. People find it very ironic that I have the most remote fly in reserves. I probably do have the biggest portfolio of reserves yet I look like the least likely person to be out there in the First Nation communities. And that is difficult. It has posed some problems and I have come up against some prejudice with it. So it has always been interesting. I try and ignore it because I don't understand prejudicium [sic]. Our parents brought us up to accept all people for who they are and that type of stuff. They were in a different country [immigrants from Finland], came from a different country, so they were very respectful of that. There are people from all different countries and you should respect them. That type of stuff. For me it is really difficult. But it is interesting when you come up against it. I have had comments when I go into some First Nations. Comments about how white I am.

**Q. Yes. I can imagine. but you are luckily not of British descent which would probably be much worse [making reference to the issue of British colonization and its legacy for First Nations people].**

**A.** Yes. That's right. So I always try and joke around and sort of joke about how I white I am. That makes them chuckle and laugh a little. Definitely conscious as well as how I am dressed when I go into communities. That's something again. You never know when you go into communities. Some of them will dress in business attire when you go to the Band [local governing body] office. Women are in skirts or dresses or in suits or something like that. The men might be a little bit more casual. Some of them you go into and people are just in jeans and sweat shirts or t-shirts. Very casual. So it is really difficult to try and gauge something that is sort of somewhat in-between so you don't stand out and make them feel uncomfortable.

**Q. And in other settings that makes you officious I guess? And that makes people uncomfortable so it can be two sided?**

**A.** Yes, it can be, it can be. That's what I found really difficult. A good example is one of my First Nations and two women that I deal with at the Band office. When they came into Thunder Bay one time for a meeting in our office, they were dressed in business attire and of course I was in business attire. So you know. We had gone out for lunch and everything that day. Maybe four or five months later I had to go out to the Band. I went out there on business. So when I went in I thought, 'oh well, I am travelling', that type of stuff, so I wore dress pants and a blouse, whatever. I went in and they were dressed very casually. So the next day I dressed very casually and they came in business attire (Interview #33, middle-class woman, age 31).

What is interesting in this excerpt is that the respondent is clearly aware of the irony of her visibility as a non-Native person in this community, not just at the obvious level of physical features, but also that despite the fact that she is a very young woman going into a community in which traditionally decision-making rests with the elders, she literally and figuratively embodies the power, both positive and negative, of the Federal government over Native peoples. The poor quality and limited availability of housing on Native reserves is well documented. The support of the Federal government social housing program is a critical necessity in many communities. Thus, it is crucial that Native people submit to the bureaucratic requirements of such government departments. As the administrator of these programs this respondent's reports to her agency carry significant weight.

One of the elements of racial privilege is the fact of never having to acknowledge one's privilege or, for that matter, one's racial being. That this respondent clearly sees the fact that Native people comment on her whiteness as a form of prejudice, reveals how taken-for-granted this racial identity is for her. This is particularly ironic in this case since the entire rationale for this individual's current job is the historical racial separation of Native peoples from the white population under the terms of the Indian Act. However honourable this individual's intentions may be, she seems incapable of perceiving the racist underpinnings of the relationships between First Nations people and individuals such as herself, representatives of the white colonial state. Part of the explanation for this surely lies in the sense in which whiteness is so deeply embedded as the cultural norm that even naming it is seen to transgress the bounds of current white liberal ideas about race and ethnic relations.



At the same time, she indicates her awareness of cultural differences as expressed through styles of dress and normative modes of social interaction, and articulates a sense of the exigencies for both the Band leaders and herself of trying to negotiate these embodied practices in a culturally-sensitive fashion. This is particularly crucial given the power differential at work between her as a young, white, middle-class woman, and the older Native people she engages with.

At a later point in the interview the issue of whiteness arises less visibly, but equally importantly, in a discussion of bodies and health practices in Native communities.

**Q. Would you say that there are any differences between Thunder Bay and the Native communities, the First Nation communities? In terms of body image or health issues?**

**A.** Oh yes there is definitely differences in health issues. With the native diet and that type of stuff. There are a lot of overweight people in the communities. Overall if you look at it. From what I see, so definitely, yes.

**Q. Why do you think these differences exist?**

**A.** Well, they don't have a lot of recreational things to do. They don't have the facilities. You know a lot of them are putting in hockey arenas and things like that, that they haven't had in the past. I think that's something they are looking at with the youth and younger people, is that they don't have enough sort of things to do. That's why there is the high suicide rate and that type of stuff. There is a lot of talk with that kind of thing. I think that's why more of them are a little bit more overweight. At one time they probably were more active in that they had to do a lot more in terms of getting food and things like that. [They used to trap and hunt food] and all that kind of stuff. But now they are not doing that and things are being flown in. Also the food is changing as well because they are getting a lot of fast foods. A lot of places will have you know fast food places, like a Chester Fried Chicken place or something like that. It's a place for everybody to go. Deep fried chicken and all that type of stuff (Interview #33, middle-class woman, age 31).

The references to changes to the traditional, more physically active lifestyle of Native people, such as the decline in hunting and trapping related to the imposition of

reserve life and replacement of healthier traditional foods with processed and fast foods, is a largely accurate portrayal of the changes which have occurred in many Native communities. However, these characteristics are also typical of many people in the respondent's home community, Thunder Bay. Thus, they must be read intertextually against the respondent's own individual health beliefs and practices which indicate a very strong commitment to the healthist principles of discipline and body management. As she indicates earlier in the interview, she makes a significant effort, even when travelling, to maintain her personal fitness routine and to pack food that she finds healthy, rather than to rely on whatever might be available in the community in which she is staying. Her level of commitment to healthism is evidenced by the fact that when booking hotel rooms in larger urban centres, she notes that one of her selection criteria is the availability of a fitness or work-out room. Clearly for this respondent, the lifestyle of small communities such as the Native reserves does not represent the form of embodiment she aspires to.

To return to Ruth Frankenberg's language, the structural advantage this respondent has as a middle-class white woman, contributes in an invisible way to the standpoint she takes in marking herself and her beliefs as healthy and Native peoples as 'the unhealthy other.' As Frankenberg argues, whiteness is accomplished here through the cultural practices of naming and defining difference and otherness. The terms of this practice are, however, set in particular relations of power and domination. As is shown later in this chapter, both class and regional difference may also be marked in terms of healthy versus unhealthy bodies.

## Mapping the Terrain of Insider/Outsider Embodiment and Health

Place is evoked in the interview narratives in relational terms. Notions of northern-ness, both positive and negative, are construed in relation to an imaginary south and mediated by identities of gender and class. While, to be sure, there is some empirical basis to the observations being made about each of these subject categories, the images portrayed tend to be caricatures--they are polarized and do not reflect the complexity of life for any of these social groups. And yet they are important signifiers of identity as evidenced in the respondents' narratives. As Popay et al. note "place" [is] more than a set of static environmental deficits or provisions' (1998:639). What is important is the relationship between people and the places or the relational settings in which they live.

In respondents' narratives, life in the North was generally presented as more relaxed, less hectic or stressful, and environmentally healthier than the south. People commonly talked about cleaner air and water in the north, less pollution, less stress because of the slower pace of life, less commuting and the proximity to a variety of winter and summer recreational opportunities making regular physical activity possible.

A. I was raised in the bush.... We didn't have any of those factories, or smelly smoke. I wouldn't be one to live in Toronto. There would be too much fumes from the vehicles. There'd be all that stuff. ... I enjoy the peace and quiet (Interview #21, working-class man, age 50).

A. When I go down to Toronto to do stuff, it's like two different worlds. There is Toronto -- it's fog infested, everybody is trying to be slim and trim. It's almost like a Hollywood atmosphere (Interview #26, working-class woman, age 43).

On the other hand, while the north was generally viewed as a healthier environment, particular features such as the intense cold of the winters were seen to be health challenges because they discourage physical activity in the winter.

**Q. Is there anything about living in the North that has any impact on your health, either positively or negatively?**

A. I think the fluctuation in weather has a big role in it. Sometimes in the summer you are more active. I enjoy winter. I enjoy skidooing and ice-fishing, whatever it may be, but also in the summer I enjoy the fishing and the hunting. But it does have a big role. I find that I am in the house a lot more in winter than I am in the summer. It's a lot harder to get off of the couch in the winter than it is in the summer. It plays a big role in regards to how you feel and how your body is going to react (Interview #18, working-class man, age 38).

In addition, some respondents felt that the distance and isolation of the north made it more difficult to get fresh fruits and vegetables, and that the more relaxed pace of life sometimes translated into laziness and a lack of effort in terms of presentation of self. This was more likely to be commented on by both male and female middle-class respondents.

#### **Working-Class Notions of the 'Healthy Self' and 'Unhealthy Other'**

For a number of the working-class men working out of doors in the cold winter weather was mentioned as an increasing challenge as they aged. To some extent this posed a threat to the image of rugged masculinity which they had cultivated in their youth.

**Q. Is there anything about your job that has any impact on your health, either positively or negatively?**

A. Well, like I said earlier working with older guys who taught me the basics. Because I knew that I was probably going to work with my hands. Just learning how to work properly. Lifting, utilizing the tools. ... You just think you can grab something and start working with it. Well, there's more to it than that. There's a lot of science that goes into tools and things.... But in terms of negative things. I would say the cold. The cold, because we have to wear rubber gloves, you can see the frostbite on my nails and things. My hands have taken a beating because you freeze them. Because rubber is a good insulator to heat but a conductor for cold.... When I was younger the cold didn't bother me. You could handle it a lot easier, now I get cold a lot easier, I'm a lot more aware of that, it's hard on the body and you get tired a lot easier and sometimes you find yourself having to ask one of the other guys to spell you off or even to come and help you out with something (Interview #28,

working-class man, age 38).

As this excerpt indicates, physical capacity and skill are an important element of this worker's notion of masculinity. He is someone who identified himself early on as wanting to 'work with his hands' and has enjoyed learning how to operate the tools of his trade--both the actual mechanical tools and his physical body as a tool. His notion of masculinity is very much tied to the state of his body as his physical capital, and as he ages he is finding his ability to withstand the cold of outdoor work in the winter reduced.

Images of the rugged and physically capable northerner were conjured up frequently by the working-class men in this study. While not all of these men's jobs required a significant level of physical activity, as many traditional blue-collar jobs such as those of loggers or paper mill workers are highly mechanized today, the idea of being outdoors and able to withstand the harsh environment was central to many of their narratives. Associated with it was the assertion of a certain working-class political consciousness -- a resistance to middle-class corporate values which were seen to be exemplified by the perceived greater degree of adherence to the healthist agenda in the south. Here everyday class resistance, regional identity, and body image and practice are elided.

**Q. Do you think that people up here are as concerned with appearance and body image as say people in southern Ontario?**

A. No, no, not southern Ontario. I have been down there lots. I go down to Toronto at least once or twice a month for the last number of years on union business. No down there, you are surrounded by health clubs. Work faster, look smart, get ahead, go to the office in a nice suit. There is a more corporate atmosphere down there. Up here [laughing] I guess it's the elements. It's rough and tough. If you don't like the way I look -- too bad!

As this excerpt indicates, for this working-class man Toronto and the southern urban environment stand as metaphors of the corporate agenda and its emphasis on the controlled and disciplined body as a signifier and route to middle-class success. The image of the rough and tough North, while largely a construction of the imaginary -- after all people drive heated cars, generally work in heated environments, and live in heated homes -- nonetheless provides an identity of resistance to the dominant values of the corporate agenda which he clearly wishes to distinguish himself from. What is equally interesting is the conscious awareness of the embodiment of these corporate values as exemplified by the patronizing of the health clubs by the 'suits' who work in Toronto.

As our dialogue continued I asked whether he thought that these images of the rugged and tough north that he was portraying were to some extent exaggerated. He acknowledged that they were but noted that part of the reason he frames the north in this fashion is in response to the lack of knowledge about the north that he encounters when working in Toronto. He cited a common complaint (one which I could readily identify with on the basis of my own experience) as follows:

A. I go down to work on various committees. I constantly get phone calls while I'm in Thunder Bay saying 'well, do you think you can come down tomorrow afternoon for a meeting?' When I say it's too late to book a plane flight, they say well can't you drive? If you leave at noon you should be here by 2:00 p.m. Cripes. I won't be anywhere by 2:00 p.m.. Maybe Atikokan, but sure as heck not Toronto (Interview #23, working-class man, age 41).

As he astutely points out, the realities of distance and isolation experienced in the north are generally not recognized or accounted for when people located in the south plan projects that require northerners to travel to the south. This leads to intense frustration about the extent to which the north is often ignored in provincial terms, particularly

because, as noted earlier, the south is perceived of, and of course is in many ways, the site of political and economic decision-making. Not surprisingly, those respondents who did not draw strong distinctions between north and south tended to be people who identified more closely with the class and healthist values the south is seen to exemplify.

The physical landscape was also evoked in terms of its effect on choices of leisure activities. In addition to the wide range of outdoor recreational activities mentioned earlier, many men, and a number of women as well, indicated their preference for activities such as fishing and camping. These were generally identified as family activities and the appeal cited was not fitness *per se* but rather the quiet serenity of the bush and the opportunity to escape everyday routines and activities. Dunk's (1994) research on loggers' perspectives on environmentalism indicates that people who work in the bush also enjoy the bush as a major site of leisure. To people who live in northern communities, the forest is more than a source of wage labour. These people have an active engagement with nature and define their identities and lifestyle on this basis.

Activities such as hunting, fishing, trapping, camping, skidooing, taking drives along forest roads, picnicking, berry picking, and collecting firewood are polysemic. At one level hunting is an expression of a predatory relationship with nature. However, it is also described as a family activity and an opportunity 'just to be out in the bush' for the pleasure of being there (1994:22).

Connecting with nature is a central theme in many northerners' notions of embodiment and health.

As the above discussion suggests, in terms of its physical features, structural consequences and its constructed imagery, place, or northern-ness was a central theme

in respondents' narratives. The north was described in relational terms, most often in reference to Toronto, or the southern powerbloc. The northern environment was generally viewed as superior to that of the south in terms of the quality and cleanness of the physical environment, the slower and less stressful pace of life, and less pressure about body image and appearance.<sup>6</sup> For some respondents, particularly working-class men, the constructed image of the rugged northerner also reflected a political consciousness about the embodiment of middle-class values and a corporate mentality assumed to be typical of urbanites in the south. The continued value placed on independence and stoicism among working-class men was exemplified in the images constructed in workers' narratives.

Notions of place are also mediated by class, gender, age and racial identities. Working-class men's narratives of masculinity and work indicate that ability to withstand the harsh environment declines with age and is experienced by some as a threat to masculinity. Thus the experience of aging mediates the positive connection between body, health and masculinity for working-class men. Working-class women by contrast did not have positive images of their embodiment linked to place to draw on in the same fashion as working-class men, and in fact, in the rhetoric of both middle-class men and women, were generally stereotyped in a rather negative fashion. The more familiar image of working-class women in the North is conveyed in this statement from a respondent:

**Q. Do you think that people in the north feel the same kinds of pressure to conform to the ideals you've mentioned in terms of fashion and body image?**

A. I don't think so. I think it may be a product of perhaps not as much disposable income... I don't think people are really that concerned about it, because I think that Thunder Bay has a large ethnic makeup, there are certain



ways of dressing that are generational, historical, sort of ways of dressing.

**Q. Can you describe them?**

A. Well, I'm thinking of Thunder Bay 'big hair.' You know, women with big hair. Sort of teased up. I mean you don't really see that anywhere else. I think it's a product of isolation more than anything else. You don't see it on T.V. You don't see it in advertising, but it's here.

**Q. Maybe on country and western music videos?**

A. Maybe you do a little bit, but not as exaggerated as I see here (Interview #4, working-class man, age 43).

### **Middle-Class Descriptions of the 'Healthy Self' and 'Unhealthy Other'**

A similar description of working-class Northern women was given by several respondents, mostly male and middle class, although some middle-class women also raised this stereotype. In addition to the 'big hair,' the associated features included wearing heavy make-up and tight clothing, often jeans and t-shirts. While such a style is certainly not unique to Thunder Bay or Northern Ontario, that it is associated with place here is a comment on the primary identification of the community as working class.

One middle-class male respondent who had recently moved to Thunder Bay described his image of 'typical Thunder Bay-ers' as follows:

**Q. Is there anything about living in the North that has any impact on health, either positive or negative?**

A. It's like people here just don't care. Maybe there is too much fast food. It is really a blue collar mentality where all they do is eat. And there's a lot of beer consumption. I would say it's generally a pretty unhealthy life style.

**Q. How would you describe a typical Northerner, or do you think there is a typical image?**

A. I do this without hesitation. The guy is unshaven, dirty, wearing a t-shirt and blue jeans. He is the typical description of a blue collar guy at the end of the working day. Got a pack of cigarettes, *Export A*,<sup>7</sup> in his pocket. He's got dirt

under his fingernails. He is on his way to the bar, or on his way to the L.C.B.O. [the liquor store], or just coming from there... I know this sounds really stuck up, but this is just what I see here. It's very blue collar. Men take pride in being blue collar. Maybe it is just easier to be blue collar than it is to be white collar. I don't know.... And as for the woman. She is probably trying a little too hard. Maybe she has roots, or is a little overweight, or a lot overweight. They have at least one pick-up [half ton truck] between them. She got married young, so maybe she is a little resentful of missing out on stuff. I've met a number of women here who don't go out with their husbands. They'll go to the bar until 4 a.m. without their husbands. I don't know what that's all about.... And her appearance -- it's tacky. Borderline. She's wearing shorts that are too short and a skimpy top that went out of style I don't know how long ago...

If I were to summarize it, I'd categorize it as 'the guys don't try at all, and the girls are trying too hard' (Interview #29, middle-class man, age 41).

Such middle-class stereotypes of working-class embodiment do not share the positive valuing of strength and masculinity evident in working-class men's self-representations. Rather than being accurate descriptors of working-class image and identity they tell us more about the values of middle-class respondents, especially their adherence to the healthist agenda and the particular body styles it encourages cultivating. This particular respondent was very consumed with his own physical attractiveness and made reference many times during the interview to his success in attracting women. He was very committed to a regular work-out routine and also very identified with entrepreneurial business values and trying to achieve monetary success at a relatively early age. For him, the images of working-class leisure represented a lack of control of body boundaries and a lack of commitment to getting ahead financially and socially.

The expressed anxieties about the working-class female body are even more complex. Big hair, heavy makeup, and tight clothing are ways of sexualizing the female body. The informant's response to this image is in part a reflection of anxiety about the morality and overt sexuality of young working-class women. Peiss astutely observes

that, in reference to a broader North American stereotype, '[i]t remains the case today that colourful and "heavy" makeup, as well as "big" hair, are semiotic codes for working-class women, and reinforce a middle-class perception of their "coarseness" and bad taste, their poor educational and social capital' (1996:176). And Beverly Skeggs points out, in a British context, that working-class girls are very aware of walking the line between the rough and the respectable in cultivating their identities. Part of the formation of class and gender for these girls involves negotiating culturally-appropriate modes of sexualizing themselves in recognition that their body is their cultural capital in a world where their educational and economic opportunities are limited.

This respondent's description of local working-class women as 'borderline' signals his anxiety about their overt sexuality as expressed through clothing styles (shorts that are 'too' short) and behaviour (married women in bars, largely a male-space, without their husbands). Similarly, the representation of them as 'tacky' reflects a sense of the class-based nature of style, and his sense that proprietary boundaries of taste are being ignored.

Middle-class women and middle-class men themselves were more likely to identify with the values they attribute to the south. Although many reported enjoying life in the north, especially the ability to take advantage of the recreational opportunities it provides, their pursuit of these activities differed from those of working-class people. For many of the middle-class men leisure activities were connected to their work, for example entertaining clients. For middle-class women activities such as skiing, swimming and aerobics were pursued in terms of fitness and aspirational body goals.

Most of the middle-class women felt that attentiveness to body image and concerns about appearance were less pressing in the North than in other more urban centres. Again, the women noted a cultural ethos which is more relaxed, less style conscious (although this was in some instances attributed to the fewer shopping options in Thunder Bay), and both positive and negative influences of the physical environment. A high level of participation in outdoor sporting activities was perceived to be typical of the region and it was thought that peoples' clothing styles reflected the 'outdoor look' rather than the business or corporate look of cities like Toronto. Some women noted that the severe winters required extra motivation on the part of people to stay active. Thus, they explained the 'fact' that local residents are as a rule heavier than their urban counterparts as a result of the latters' enhanced motivation because of the better weather, more competition, and the availability of media and fashion influences.

Differences between the North and the South were, at times, explicitly attributed to the class make-up of the region.

**Q. Do you think that there is anything about living in the North that has any impact either positive or negative on body image and appearance?**

A. I think we have a lackadaisical attitude in Thunder Bay and Northern Ontario. I purchase, and I'm fortunate to be able to do that, I purchase a lot of my clothes outside of Thunder Bay, for a number of reasons. I get variety and different styles that are tailored to me. Here in Thunder Bay, no matter what store you go in, they are all the same. Also our town is a lunch-bucket mentality [laughing] because we are a blue-collar town. So that affects the pulse of the city and I believe that indirectly it affects how people look and feel... Most people here are friendly, very laid back and casual in their appearance and their dress. They work their eight hours and then they get into their leisure time. There are a lot of people who don't eat well... On a positive note being in this particular area we are very fortunate to have the outdoors, so whether it is downhill skiing, cross-country skiing, boating, sail boating or various outdoor sports we are very fortunate. It's not like living in a suburb and having to travel two or three hours to go skiing on a little hill (Interview #8, middle-class woman, age 36).

Similar sentiments about the level of outdoor activity, concerns with poor eating habits or overeating, and class differences in attitudes about appearance were noted by several of the women. Casualness of dress was thought to be a positive trait by most of the middle-class women, related to a relaxed and healthier lifestyle, although a few others identified it with laziness and lack of effort.

### **Summary**

Everyday ideas about regional identity are enmeshed with the cultural codes which signify racial, class and gender identity, and all of these are related to modes of representing and/or interpreting healthy and unhealthy bodies. Like much common sense thought and expression, these ideas are not necessarily consistent in terms of formal logic. Individuals who proudly proclaim that the northern lifestyle is healthier because it is more relaxed and less concerned about style and image than is true of the south, will also harshly criticize Native people for their supposed lack of responsible behaviour with regard to consumption habits and their appearance. Both 'hard work' and 'hard play' are highly valued as characteristics of young, working-class northerners, especially young men. Yet too much 'hard play' undermines one's capacity for 'hard work.'

Notions about bodily practices and health are, nevertheless, important signifiers of regional, racial, class and gender identities. Often these are articulated in signifying chains so that one stands in for the other. As I have shown, comments on the local lifestyle are, at one and the same time, statements about place and about class. They are also ways of marking and, perhaps, maintaining racial, class and gender boundaries. As is so often the case, working-class women in particular carry a disproportionate responsibility in terms of the moral economy and standing of their own social class and

the region as a whole. In this context, no one should be surprised to discover young working-class girls celebrating the virtues of big hair and tight jeans. Transgressing the southern, middle-class norms of bodily decorum is one of the few means readily available to them for expressing their agency.

## Notes - Chapter Six

1. In terms of political administrative units, northern Ontario comprises 90 percent of the provincial land mass, yet only about 500,000 of the province's roughly 9,000,000 people live there.
2. Anishenabek is one common form of spelling the self-designation of the people known in European literature variously as the Chippewa, Ojibwa, or Saulteaux. They comprise the majority of the First Nations people in the region and as the original inhabitants might more properly be considered as the 'true northerners.' As we will see this is not the case in the contemporary local white imaginary. Throughout this chapter First Nations people, Native people and non-Whites are used synonymously.
3. Such an ideology obviously ignored the realities of the presence of First Nations peoples, the Québécois, and the heterogeneous origins of European immigrants, not to mention the small but historically old black and Asian populations in Canada. Of course, northern Europeans were assumed to share the Nordic racial heritage of the Anglo-Saxons and if one, erroneously, traced the origins of the Québécois to Normandy, even they could be said to have a Nordic heritage.
4. See Francis (1997:152-171) and Shields (1990) for discussions of the myths of north in Canadian nationalist ideology.
5. Interview with Janice Piper, Public Health Nutritionist, Thunder Bay District Health Unit, January 26, 1996.
6. A number of respondents joked about the fact that it was a little hard to even 'see' the northern body under the multitude of layers of clothing we typically wear in the winter, or under the 'parkas' we have on most of the year. Of course, these are overstatements. While winter is indeed cold, and sometimes feels quite long, we do have several summer months where going to the beach is common and bodies are indeed visible.
7. *Export A* is a brand of cigarette sold in Canada which is known for being 'strong.' The image this middle-class commentator articulates of the hard drinking, hard smoking working man is, of course, an inversion of the northern image of the 'soft', style-obsessed, southerner.

## **Chapter Seven - 'The Accumulations of a Lifetime': Synthesis and Directions for Future Research**

### **Concluding Comments**

This case study demonstrates the heuristic value of a close engagement between theoretical models and empirical research on embodiment and health. I have argued that contemporary feminist and sociological theory on the body, while contributing significantly to our understanding of the ways in which 'the body' is central to social life and social experience, has failed to problematize key conceptual categories such as gender and whiteness. The predominance of research on the female body and marginalized groups, and the virtual absence of work on male bodies, masculinity and 'whiteness,' has had the effect of reinforcing notions of the 'otherness' of women and racialized groups and normalizing whiteness and the male body. Similarly, many feminist critiques of medico-scientific representations of the female body and embodiment are impoverished by their inability to transcend the languages and categories of analysis they wish to challenge. They are further limited by the presumption that these discourses reflect women's own experiences and understandings of the body and embodiment. I suggest that part of the problem lies with the recent 'textual turn' in feminist and social theory and the lack of attention to lay conceptions and lived experience within particular social and historical contexts.

As a corrective to this, this study has explored lay conceptions of working and middle-class white women's and men's perceptions of embodiment and health in a Canadian community. I have argued that currently prescribed ideals of 'healthism' and the particular forms of embodiment it promotes form a backdrop against which lay notions of embodiment and health are negotiated. However, healthist ideology is only



one of the features which shapes these ideas. Individual biographies, social and cultural values, and material circumstances are all central to the ways in which notions of embodiment and health are negotiated and re-negotiated over time. Place and time are also significant to our understandings and representations of the 'healthy self' and 'unhealthy other.' In the context of northwestern Ontario, I argue, working and middle-class women's and men's notions of healthy and unhealthy bodies are enmeshed with cultural codes which signify racial, class and gender identities. The meaning and significance of these dimensions of identity vary through the life course in relation to changing social and material contexts.

I argue that among the four groups studied middle-class women most closely identify with 'healthist' protocols although the continued imbalance in the gendered division of labour, even in professional families, means that they often have difficulty attaining their goals. Close identification with healthism itself becomes a source of stress for many of these women, particularly when they have young children to care for. Concerns with body image and appearance are significant among this group of women, although they may decline in relation to a broader sense of skill and accomplishment as professional careers become established. Middle-class men also identify with healthism, however, it is enacted by them more in terms of the development of their presentation of self in the workplace, particularly the cultivation of suitable organizational bodies.

Working-class women indicate an awareness of healthist ideology especially in their role as nurturers of children and guardians of the family health. However, they assess their own notions of health in relational rather than individual terms. Their ideas about embodiment and health are closely linked to the importance they place on

functionality and the provision of service to others. Working-class men were the most likely to resist 'healthist' values and protocols. Their own ideas about embodiment and health were largely shaped in relation to their employment and experiences with sport and other masculine endeavours as youth.

All four groups indicated that ideas about embodiment and health were temporal and changed over time in relation to changing roles and social contexts. Multiple body images were commonly experienced by both groups of women and the significance of body image and media representations of the body was thought to decline significantly over the life course by all four groups.

Ideas about 'healthy selves' and 'unhealthy others' were shaped by the local context, with strong distinctions being drawn between white and non-white bodies, and between working-class and middle-class identification with healthist values.

As suggested by the quotation from Winterson in the Prologue to this thesis, 'the accumulations of a lifetime gather' (1994:89) on the body. And as Blaxter reminds us, 'people have to inhabit their bodies ... and as they grow older, they have a need to account for this identity, to draw together all that they have experienced' (1983:69). This study suggests that our development of an embodied sociology would be enriched by attending to lived experiences of the body and the ways in which 'the accumulations of our lifetimes' are written on and with the body.

### **Directions for Future Research**

This study raises a number of questions which might form the basis for future comparative research on embodiment and health. Ochberg's (1996) assertion that elicited narratives, such as those in this study, are endeavours of persuasion, aimed at constructing particular images of the self, leads to the obvious question of what people

actually do in practice, in contrast with what they say they do in narrative (see also Williams 1995 on this point). Preliminary ethnographic observations from this study would suggest that there are areas in which narrative and practice closely mesh and other areas where they diverge. A systematic ethnographic study of practices of embodiment and health in everyday life would provide a useful complement to this study.

A second area of future research is suggested by the tensions around time for self-care and leisure activities apparent in both working and middle-class women's narratives. It would be instructive to examine more closely the circumstances in which women do and do not feel entitled to time for self-care and leisure activities, how entitlement is negotiated within a gendered division of labour, and at different stages of the life course when household and work demands may differ.

It would also be of benefit to examine distinctions between bodies at work and bodies at leisure. This study suggests that both women and men hold multiple body images and that these are influenced by differing social relations and circumstances. In particular, it would be useful to explore the extent to which bodies at leisure are cultivated differently than working bodies and whether the values and demands of the workplace, and the limitations they place on self-definition, in particular for working-class women and men, carry over to the leisure sphere. For example, do working and middle-class women and men pursue leisure activities which are consistent with the embodied values of their working lives? Or do they participate in activities which might be seen as promoting antithetical bodies? And how does this change at different stages of the life course?

It would also be useful to look at other dimensions of diversity, such as sexual

orientation, ethnicity, age and ability to examine the extent to which they mediate the gendered and classed dimensions of embodiment and health which are evident in this northern landscape, or whether there are particular northern manifestations of such diverse bodies.

Finally, as noted in Chapter Three there is a virtual absence of work on northern women's class identities. The findings of this study suggest that the significance and meanings of class are situational for the women and may vary among different occupational groups particularly with regard to experiences of embodiment in the workplace. A more comprehensive analysis of northern women's class identities and how they link to experiences of embodiment at work and at home would be of interest.

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## Appendix A - Interview Schedule

### A. Demographic Information

1. Age
2. Marital/Co-habiting Status
3. Number, age, sex of children and/or dependents
4. Educational background
5. Employment status and type of work
6. Educational background of spouse or partner
7. Employment status and type of work of spouse or partner
8. Parents' education and employment history
9. Number of siblings, and their education and employment status
10. Family income level
11. Self-described class designation
12. Birthplace and length of time living in Thunder Bay
13. Mother-tongue and languages spoken

### B. Health and Healthiness

14. Do you consider yourself a healthy person? Why or why not? Has that always been the case for you? Please elaborate.
15. How do you define health/healthiness? What does it mean to you to when you say you are healthy? Has your idea of that always been the same? Why or why not? How has it changed, and why?
16. Do you do anything specific to stay healthy? What kinds of things do you do and why? Has that changed during your life? How and why?
17. Are these things you do alone, or with others? Why? Again, has that changed during your life? How? Why?
18. Are there times or circumstances when you aren't able to do the things you'd like to do to stay healthy? Please elaborate. Has that changed for you during your life? How? Why?
19. At the end of a difficult day, or week, what kind of complaint do you have? Where do you feel it? How do you deal with this when it happens? How do those around you deal with it?
20. What do you fear most/least about your health? Why? Has this changed for you during your life? How? Why?
21. Where do you think your ideas about health and what you do to stay healthy have come from? What things influence your ideas and why? (ie. family of origin, formal/self education, media, medical practitioners, peers, etc.) Has

what has influenced you changed through time? How? Why?

22. Are your ideas about health and health behaviour similar to, or different from your parents/siblings/children? Please elaborate.
23. Did you raise your own children with ideas about health and health behaviour similar to, or different from those you were raised with? How are they similar/different? Was this a conscious choice? If so, why?
24. What kinds of health systems do you regularly use and why? (ie. biomedical practitioners, alternative practitioners, health food store products, etc.) Has this changed for you over your life? How? Why?

### **C. Work, Family and Leisure**

25. Briefly describe your work history. How did you end up with the jobs you had? Were these by choice or chance? How? Why?
26. Please describe in some detail the work you do now.
27. Does your current job have any impact, either positive or negative on your health? How? Why? Have any of your previous jobs had any impact on your health? How are they similar/different?
28. How do you and your partner balance work and family responsibilities? How has this changed over your life? Why?
29. Does balancing work and family responsibilities have any impact on your health? How? Why? Has it ever had any impact on your health? If so, how have you dealt with this?
30. Do you have leisure time? How has this changed over your life? Why?
31. What hobbies/activities do you like to participate in when you are not working? Have you always done these sorts of things? If not, how and why have your interests/activities changed? (ie. during childhood, adolescence, etc.) What appeals to you about these particular hobbies/activities? Do you belong to any local clubs/organizations?
32. Were you active in sports when you were young? If so, which ones, if not, why not? How did this activity change through your life and why? What did you like/not like about these activities and why?
33. Do you think your experiences of work and family are typical of others around you? Why or why not?



34. Do you think that women and men experience work and family issues in the same way? Why or why not?

#### **D. Embodiment, and Body Image**

35. How conscious are you of your body? Is it something that you are aware of all of the time, sometimes, occasionally, or in specific circumstances? Please elaborate.
36. In what ways/settings do you experience your body positively/negatively? Why? Has this always been the same for you? If not, how and why has this changed over time?
37. Are you comfortable with your body? Why or why not? Has this changed over your life course and why (ie. childhood, adolescence, pregnancy, illness, etc.) Please elaborate.
38. How typical or unique do you think your perception of body and body experience is? Is it similar to your parents, siblings, friends, children? How, and why or why not?
39. How do you define "body image", or what does the idea of "body image" mean to you?
40. Is body image something that you think about? Has this changed over your life course? How and why?
41. Do you have one body image or multiple body images? Does it change over time and in different circumstances? How and why?
42. Has your body image changed over your life? How and why?
43. In what settings/situations do you become conscious or self-conscious about your body and your body image? Has this changed over your life? How and why?
44. Do you think your own perception of body image is how others (ie. family, friends, children, strangers) see you? Why or why not?
45. Are there times when your body or body image concerns you or becomes a source of stress? Please elaborate. How do you handle this?
46. Have you ever done something specific to change or modify your body or body image? (ie. dieting, exercise, surgery, sport) When? What? What was the outcome? Have you ever spent money on diet products, exercise equipment or memberships, etc.?

47. Was this done in private, or in public? Why? How did you feel about it?
48. Is there anything about your work or workplace that affects your sense of body or body image either positively or negatively?
49. How important is appearance, or presentation of self at your place of work? Does that ever present a problem for you? If so, how and why and how do you handle that?
50. Does/do your partner, family members, friends, children affect your sense of body or body image either positively or negatively? How? Why? Has that ever been the case?
51. Do your hobbies/leisure activities have any impact, either positively or negatively on your sense of body or body image? How? Why? Has this ever changed for you? How? Why?
52. Do the perceptions or responses of those around you influence your own health and body behaviour? Why or why not? How? Has this changed for you over your life? When? How?
53. Do interactions with medical professionals affect your sense of body and body image? If so, how? Has this changed for you over your life? When? How?
54. Does media or advertising have any impact on your sense of body or body image? How? Why? Has this changed for you over your life? How? Why?
55. What magazines, T.V. shows, etc. do you regularly watch/read? What appeals to you about these ones in particular?
56. What kind of images are presented in these magazines/shows? How do you respond to them? Why?
57. Do you think that the current media attention on body image and appearance is similar to, or different from when you were growing up? How? Why?
58. Did your own socialization affect your perceptions of health and body image? Why or why not? How?
59. Are body image and appearance important to your own sense of well-being and identity? Why or why not? Has this changed for you over time? How and why?
60. Are body image and appearance more important to you or your partner? Why? Which of the two of you is most likely to be concerned about body image, or to do something to modify body image?

61. Are you raising your own children with ideas about health and the body similar to the ones you were exposed to as a child and adolescent? Why or why not?
62. Are body image and appearance important to most of the people you are regularly in contact with? Why or why not?
63. Are body image ideals different or similar for women and men? How? Why? Are the women and men you know equally concerned about body image and appearance? Why or why not?
64. Has the significance of body image and appearance changed for you over the course of your life? How? Why?
65. Does it change for most people over the life course? How? Why? Is it the same for women and men? Why or why not?

#### **E. Living in the North**

66. Does living in Northern Ontario have any impact, either positive or negative on people's health? Why or why not?
67. Has living in Northern Ontario had any impact on you or any family member's health? How? Why?
68. Do Northerners share the same body image and appearance ideals as those presented in the media? Why or why not? Is there anything different or distinctive about the region in this regard? Why or why not?
69. Does living in Northern Ontario have any impact, either positive or negative on people's body image? Why or why not? Do Northerners feel as compelled to live up to health and body image ideals as southerners, for example?
70. Has living in Northern Ontario had any impact on you or any family member's body image? How? Why?
71. When you have travelled outside of the region, have you noticed any differences between Northerners and Southerners with regard to health, or body image and appearance? If so, please describe. What do you attribute this to?
72. Do you have any others comments to add, or are there any other questions you think I should have asked?

## **Appendix B - Demographic Sketches of the Interviewees**

**Interview #1** - middle-class woman, age 49, married, two children (ages 21 and 24) living at home, high school education, co-owner of bottled-water business - with spouse, unilingual anglophone;  
husband - co-owner and manager of family business

**Interview #2** - working-class woman, age 50, married, one child (age 20) living at home, some college training and nursing certificate, owner of plus-size women's clothing store, unilingual anglophone;  
husband - bricklayer

**Interview #3** - working-class woman, age 35, married, two children (ages 2 and 4) living at home, some college training, part-time marketing business, unilingual anglophone;  
husband - labourer

**Interview #4** - working-class man, age 43, married, three children (ages 5, 9 and 12) living at home, university degree, part-time radio broadcaster, unilingual anglophone;  
wife - librarian

**Interview #5** - middle-class woman, age 43, married, one child (age 19) at university, college diploma and some university, teaching administrator and co-owner of computer training business with spouse, speaks English and some Polish;  
husband - co-owner and manager of family business

**Interview #6** - working-class woman, age 44, two children (ages 18 and 21 ) one living at home, college diploma, nurse, unilingual anglophone;  
husband - industrial plumber

**Interview #7** - middle-class woman, age 45, two children (ages 22 and 25) living at home, high school education, co-owner of automotive glass business with spouse, unilingual anglophone;  
husband - co-owner and manager of family business

**Interview #8** - middle-class woman, age 36, married, two children (ages 5 and 7) living at home, college diploma and some university, homemaker and occasional part-time office worker in family business, unilingual anglophone;  
husband - owner of industrial machinery company

**Interview #9** - middle-class woman, age 41, co-habiting, no children, PhD, university professor, unilingual anglophone;  
partner - university professor

**Interview #10** - middle-class woman, age 43, married, current husband's children are grown and living on their own, high school education, owner of recreational vehicle business, unilingual anglophone;  
husband - manager of driver's license bureau

**Interview #11** - middle-class man, age 42, married, two children (ages 8 and 11) living at home, PhD, university professor, unilingual anglophone;  
wife - lawyer

**Interview #12** - middle-class woman, age 37, married, two children (ages 6 and 9) living at home, university degree and currently completing graduate work, nurse administrator, unilingual anglophone;  
husband - part-time teacher

**Interview #13** - middle-class woman, age 42, married, three children (ages 7, 9, and 12) living at home, university degree, self-employed lawyer, speaks English and some French;  
husband - lawyer

**Interview #14** - middle-class woman, age 38, married, three children (ages 4, 6 and 8) living at home, Homemaker/volunteer/babysitter, university degree, bilingual francophone;  
husband - chiropractor

**Interview #15** - middle-class woman, age 33, married, one child (age 2) living at home, university degree and currently completing graduate work, nurse-manager, unilingual anglophone;  
husband - lawyer

**Interview #16** - working-class woman, age 49, married, no children, university degree, school librarian/labour activist, bilingual Chinese and English;  
husband - welder

**Interview #17** - working-class man, age 37, married, two children (ages 14 months and 3 years) living at home, high school education, bus driver, bilingual anglophone;  
wife - dietician

**Interview #18** - working-class man, age 38, married, two children (ages 8 and 10) living at home, high school grade 10 and licensed mechanic, woodlands worker/union representative, First Nations (Ojibway-Cree) heritage, unilingual English speaker;  
wife - seasonal worker at ski hill

**Interview #19** - working-class woman, age 44, divorced, two children (ages 24 and 26) living on their own, high school and one year college computer training, clerical worker, unilingual anglophone

**Interview #20** - working-class man, age 41, married, one child (age 5) living at home, college education and trade apprenticeship, carpenter/union worker, speaks English, some Swedish and some French;  
wife - on long-term disability pension

**Interview #21** - working-class man, age 50, married, two children (ages 10 and 13) from current marriage living at home, grade eight education, woodlands equipment operator, bilingual francophone;  
wife - clerk at grain elevator

**Interview #22** - working-class man, age 43, married, two children (ages 20 and 23) one living at home, grade 11 education and trade apprenticeship, tool crib worker, unilingual anglophone;  
wife - waitress

**Interview #23** - working-class man, age 41, married, two children (ages 8 and 11) living at home, high school and trade apprenticeship, electrician/union worker, bilingual Danish and English;  
wife - cook

**Interview #24** - working-class man, age 59, married, four children (ages 16 to 36) one living at home, high school and trade apprenticeship, full-time union worker (former miner), unilingual anglophone;  
wife - homemaker

**Interview #25** - working-class woman, age 46, married, one child (age 18) living at home, university degree, postal letter carrier, unilingual anglophone;  
husband - unemployed, former shipyards worker

**Interview #26** - working-class woman, age 43, divorced, two children (ages 24 and 25) one living at home, grade 12 education, kitchen worker, unilingual anglophone

**Interview #27** - working-class woman, age 34, married, three children (ages 4, 6 and 10) living at home, grade 12 education, grocery clerk, unilingual anglophone;  
husband - railway worker

**Interview #28** - working-class man, age 38, married, one child (age 2) living at home, high school education and trade apprenticeship, power line worker, unilingual anglophone;  
wife - marketing worker

**Interview #29** - middle-class man, age 41, single, university degree, assistant general manager of local sports team, speaks English and some Hebrew

**Interview #30** - working-class woman, age 53, married, one child (age 27) living on his own, college diploma, nurse, bilingual Ukrainian and English;  
husband - retired mechanic

**Interview #31** - working-class man, age 40, single, no children, high school and trade apprenticeship, power line worker, speaks English and some Polish

**Interview #32** - middle-class man, age 42, married, two children (ages 9 and 11) living at home, university degree, self-employed architect, unilingual anglophone;  
wife - teacher

**Interview #33** - middle-class woman, age 31, single, no children, university diploma, property manager, bilingual Finnish and English

**Interview #34** - middle-class man, age 56, married, two children (ages 28 and 31) living on their own, some university, chartered accountant, unilingual anglophone;  
wife - homemaker and part-time hairdresser

**Interview #35** - middle-class man, age 63, married, two children (ages 30 and 31) living on their own, technical college diploma, retail store owner, unilingual anglophone;  
wife - co-owner and worker in family business

**Interview #36** - middle-class man, age 49, married, four children (ages 18 to 29) all living on their own, university degree, self-employed lawyer, unilingual anglophone;  
wife - secretary for husband's law practice

**Interview #37** - middle-class man, age 47, married, three children (ages 7, 10 and 12) living at home, college diploma, self-employed photographer, unilingual anglophone;  
wife - homemaker and part-time support for family business

**Interview #38** - middle-class man, age 51, two children (ages 29 and 31) living on their own, college diploma, manager of operations for grain handler, unilingual anglophone;  
wife - homemaker

**Interview #39** - middle-class man, age 54, five children (ages 21 to 27 from two marriages) all living on their own, university degree, retail store owner, unilingual anglophone;  
wife - nurse

**Interview #40** - middle-class man, age 48, two children (ages 16 and 18) living at home, university degree, financial analyst, unilingual anglophone;  
wife - secretary

## **Appendix C - Negotiating the Contradictions of Embodiment, Health and Femininity in the Everyday World - An Ethnographic Account**

### **Introduction**

To illustrate the seamless way in which identities and concepts of gender, health, embodiment, heterosexuality, whiteness and other dimensions of our social location are shaped and reinforced through what Bourdieu refers to as *habitus*, or the structuring structures of everyday life, I offer the following ethnographic account from my research diary recorded on a Saturday in January of 1994 as I was beginning to make observations about the social landscape of health and embodiment in Thunder Bay.

The three scenarios described below took place on the same day and were, in my experience, typical of many other conversations and situations which I encountered subsequently in the course of everyday settings and activities through the duration of this research. The three situations described involved different individuals, and took place in different settings, but what is of particular interest is the commonality of issues and themes discussed and how they reflected the ways in which women, in women-only spaces negotiate and recreate the multiple dimensions of their identities.

### **Scenario I - Morning**

As I was sitting in the basement of a local dance studio waiting to pick up one of my daughters from her weekly dance class, members of an adult fitness class conversed as they came and went from the changing room in preparation for their session. The 'step' class members, women in their 40s and 50s, were returning for their first workout after the Christmas holidays. Conversations generally focussed on news of the holidays, and catching up on gossip about mutual friends.



Several women commented on how desperately they 'needed' the workout. They talked of the high level of food consumption over the holidays. One woman mentioned that she had done a lot of baking because her daughter came home for Christmas and she knew her daughter looked forward to particular things which she makes only at Christmastime. She noted that if the food was in the house she herself had trouble resisting it so normally she wouldn't have it around.

The following examples were typical of the comments overheard:

I really need this workout. Nothing fits after the holidays. Not even my workout clothes.

I've eaten so much over the holidays. I haven't even weighed myself 'cause I'm afraid to step on the scale.

My husband is so lucky because he can eat all he wants and it doesn't show, or, [laughing] it just doesn't bother him. My sons are like that too. Not me though, I just have to look at food and I gain ten pounds. So I just get to cook and watch them eat it all [laughing] I guess I have to get my calories that way.

I'm glad the holidays are over. There's just too much eating and drinking then.

God I hope she doesn't work us too hard today. I'm so out of shape.

I'm not looking forward to this class - it will be a killer after the holidays. I've gained at least ten pounds and I'm exhausted from all the company, and the cooking. I haven't had two minutes to myself, let alone any time to work out.

It was interesting to note that the focus of the discussion among the women was on the imperative or need for a workout, and that the exercise class was seen as necessary 'body work'. While there were certainly many positive comments about visits with friends and family there was also a strong negative tone about the 'release' of the holiday experience in particular in reference to excesses of consumption in the form of food and drink, and the increased work for women involved in producing a quality leisure experience for husbands and family. Release and 'fitness' were

presented as contradictory, particularly for women. In addition, their comments revealed anxiety about weight gain and a sense that their households needed to get back to 'normal' as quickly as possible.

### **Scenario 2 - Afternoon**

Later the same day I attended a baby shower for a female relative. There were ten women (ages early 20s to late 60s), two young girls and one teenage girl present. The shower was hosted by the mother- and sisters-in-law of the new mother and all those attending were related to one another in some fashion as wives of siblings, or cousins of the new mother.

The format of the shower was typical of others I have attended. The shower was held in the formal living room of the house -- a very large and quite new residence with elaborate furnishings. The home belonged to a sister-in-law whose husband had recently become co-owner of a business in which he had for many years been employed as a tradesman. The idea that they had to work hard to get where they were was a frequent rejoinder to comments about the size of house and the apparently new furnishings.

Participants who had not visited the house previously were given a tour by the sibling of the woman who lived there which was followed by a lengthy discussion with the home owner of the pros and cons of the spatial organization of the layout and many compliments on how nicely furnished the house was. After the tour, which each new arrival was given, we all sat in the formal living room on chairs and couches arranged in a semi-circle.

As I moved to sit down in a chair in the centre of the room I was quickly told by several women in the group that I could sit there until the new mother appeared, but

as the tissue paper flowers on the back signified (a detail I had neglected to notice) this was the 'special' chair for the new mom. This made a certain amount of sense because the chair was both large and comfortable enough to accommodate both her and the baby, and arranged centrally for everyone in the room to be able to see them well.

Prior to the new mom arriving there was much discussion of how everyone was related to, or acquainted with one another, the number and ages of the various children both present and at home, family updates especially after holiday visits and then enquiries about the health and emotional status of the new mother and baby. 'How is she coping with motherhood?' was a frequently asked question, followed by 'Is the baby a good baby?' (defined as sleeping and eating well), and 'How is the husband? Does he "help out" at all?' and so on. The tenor of the responses clearly indicated that it was important and indeed very good that he was helping out but the main responsibility was the mother's and her adjustment to that role was being monitored by the group members.

Upon the arrival of the new mother and baby all attention was devoted to getting the baby out of her car seat and winter snowsuit (no mean feat given the bulky nature of snowsuits which are designed to protect against the harsh winter weather) so that everyone could see her. She was placed on the special chair and scrutinized for how much she had grown since people had last seen her, and for changes in the volume of her hair, and the colour of her hair and eyes. There were several comments about how pretty she looked in her outfit and her mother was complimented on her choice of colours for the baby's pink outfit. The inevitable 'who does she look like query?' and family ownership claims on various physical and character traits were made and debated. In this case in particular, a dimple on the baby's chin generated a lengthy

discussion and demonstrations of various relatives' features. The baby was passed from arm to arm throughout the remainder of the event and discussion intermittently followed on how well she behaved and how quiet she was. Such remarks were frequently responded to by statements such as 'Well, after all she is a girl. And girls are always quieter than boys,' or 'Isn't she lucky to have a girl? They're always so well behaved,' and so on.

The new mother was queried about the baby's behaviour, sleeping habits, and eating habits, especially to do with the success of her nursing. Several others volunteered stories of how their own experiences either matched or contradicted hers. Many of them emphasized how difficult their children were, and how much work was involved in mothering. Most comments included a gendered reference frequently around the extra labour required with boys and qualified by the statement 'boys are just like that.' Daughters who were very physically active were described as 'tomboyish' and marked as different than typical girls. The style of interaction generally was a question to the new mother, followed by an anecdote from the questioner relating to her reply. The anecdotes were then generally discussed by the group and either agreement, or an indication of surprise was given by the group.

There was also much discussion about the appearance of the new mother and 'how good she looked' for someone who had recently given birth. In particular people commented on how quickly she had regained her figure and how lucky she was in this regard. This again led to a number of comparisons with the other women's experiences -- generally with a sense that many of them had never lost the additional weight gained during pregnancy especially after a second or third child. The inability to lose this additional weight was presented with regret. Humorously though, one of the older

women pointed out that few of the women present had ever been as slender as the new mother before they got pregnant. Everyone laughed at this observation, but the conversation continued on as before with an emphasis on the distinction between pre- and post-pregnant bodies and the general sense that most women's body shapes declined with motherhood.

After the 'presentation' of the baby the shower games began. They too were typical in format. We unscrambled words based on items 'needed' when you have a baby such as pampers, diapers, a carriage, a stroller and so on, (the winner being the first person to recognize all of the words). We also picked numbers from a hat for a door prize which was an apron made by the mother-in-law. Several of the games and quizzes focussed on matching, or coming closest to milestone dates in the life of the guest of honour. Prizes were given to the person with the birthdate most closely matching the new baby; the wedding anniversary closest to the new mother and her husband; and the meeting date of the new mother and her husband. Each one of these quizzes led to a comparison of personal milestone dates and invariably to a discussion of how long people had themselves been married and how they had met their husbands. As everyone in the group was related, and many of them knew each other quite well, these stories weren't necessarily new, but re-told in this context nonetheless. Conversations around upcoming milestone events ensued, as well as the work and logistics of various women's experiences of organizing celebrations such as 25th anniversary parties. In one case there was a lengthy discussion of how a woman should go about finding out information and planning the upcoming anniversary of her sibling. She noted that it was obviously her sister's children, in particular her nieces, who should organize the event, but as they were inexperienced she thought they would need

her help to do so.

As the baby was a girl, pink was the theme colour of the shower. The house was decorated in pink, the guest of honour's chair was pink, and the cake to honour the occasion (purchased from a local bakery) was decorated with pink icing. Gifts were purchased collectively by the group and consisted of practical items for the baby (for example a car seat, a gift certificate for shoes, various items of clothing (all pink but mine which was commented on as 'oh that's different') and all wrapped in paper symbolically denoting the sex of the baby as a girl through the use of feminine colours and images such as dolls and lace.

Throughout the gift opening there was a discussion of what gifts the new mother had already received, the needs of the baby and the range of baby gear currently available. Much discussion around the car seat was focussed on the idea that this was a particularly fancy model, 'the Cadillac' [a prestige North American automobile] of car seats, and people talked about how regulations regarding safety equipment kept changing and how hard it was to keep up with them.

The gift opening was followed by a lunch which consisted of finger sandwiches, cold cuts, and relish trays. Lunch brought on a discussion of how much people had eaten over the holidays and how most of them now needed to lose weight. Such comments were generally followed by statements such as 'but this looks so good and you've gone to such trouble I'll just have to try a few of these.' Several people commented on how these type of sandwiches are only made for showers and how much they looked forward to them. The guest of honour noted that she had skipped breakfast and lunch and 'saved up' so she could enjoy the shower food so she intended to make sure that she did.

After lunch, tea and coffee were put out and the guest was asked to cut the cake signalling the end of the formal part of the event. Attention could now politely be diverted from the guest of honour and the baby to others in the room and people began to have more informal conversations on a wider range of topics.

The hostess brought out pictures of her recent trip to Hawaii and these were circulated among the group with much envious commentary and more reference to how successful the husband's new business must be. People compared notes on travel to warm places, costs of travel and so on. The hostess noted that it was a very expensive trip and that it had required several years of hard work to generate the necessary savings.

The conversation on travel took an unexpected turn as someone discussed a relative whose husband comes from Egypt. The husband's desire to travel home to visit relatives for an extended stay was met with some cynicism particularly as the wife could not take that amount of time off work. The issue of whether she should let the children go for fear of what 'those people' might do to the children (the identity of the 'those people' being presumed but never explicitly stated) led into a long digression about how Westerners, in particular women, are poorly treated in other countries. Although there were no specific countries (and little attempt to even distinguish between countries referred to) it was said that 'those people swarm you, and push you down streets you don't want to go on so they can rob you' and that 'you don't know how they treat women there - it's just awful'. One person commented to a young married woman in the group 'You couldn't go over there because you are blond. They just love blondes and you'd never get out of there'. When the young woman expressed disbelief at this statement, several women concurred and said they had heard similar

stories. They then talked again in very vague terms about the need for women 'over there' to cover their heads and faces, and made statements to the effect that even foreigners on short stays could be arrested for not complying with such regulations.

This led to a general agreement in the group that you really have to be careful travelling because women are treated very badly in most places. One woman said 'Yes, except for Canada and maybe Duluth [an American city just a few hours from Thunder Bay] - or some of the States, its just terrible what they do to women in those other places.' People talked about all the 'gobbledy-gook' spoken by 'foreigners' in their own countries and the fact that because they were speaking another language you 'never knew what they were saying about you' with the presumption, of course being that they were constantly the subjects of conversation.

Although I had tried to remain quiet through much of the discussion I couldn't resist interjecting at this point not only because I was bothered by the ethnocentrism of the conversation, but also because my own children were there and listening attentively to a type of discourse which would have been strongly discouraged at home. My attempt to politely contain the discussion by stating that perhaps it was difficult to be objective about the status of women in other countries because of the stereotypes we are constantly presented with in the West, and because different cultural traditions might not be easily understood by us, and indeed some of our own traditions might seem odd to foreign visitors to Canada, was met with a collective a look of bemusement, and a hasty change of topic to the details of another relative's pregnancy.

Peoples' various occupations came out during the conversation. They included a bank clerk, two registered nursing assistants, a fundraiser for a community organization, a government clerk, a former primary school teacher now working part-



time and a retired hairdresser. Weekend pursuits of gambling (at a casino in a small town just across the American border), and skiing were briefly mentioned.

Another interesting conversation began when some of the women turned to the teenage stepdaughter of one of the guests and began to discuss her appearance. They talked about how lucky she was to be pretty and to have such blonde and curly hair. One woman said she was sure the girl was always being told how pretty she was. The young girl was quite embarrassed by the comment and didn't know what to say in reply although it was clear that the women were awaiting some sort of response. Her stepmother interjected and confirmed that indeed everyone comments on her attractiveness. She was quick to point out that the girl's beauty was 'natural', ie. that the blond hair and curls were the girl's own as opposed to the product of hair dye or a permanent, and that her step-daughter hadn't even taken the time to fix her hair properly that day because they were rushed in coming. 'You should see her when she's really had a chance to fix herself up' she commented. Several people reiterated again how lucky she was to be so attractive, and how she would have no trouble in having her pick of boyfriends which was something to celebrate. People also related comments about how much they have to work to achieve their own appearance. The girl was told she should be 'grateful for her looks as many girls aren't as lucky as she is.'

When the teenager and a newly married young woman had their turns at holding the baby, who circulated from knee to knee during the event, several people in the group commented on 'how good it [the baby as a metonym for motherhood] looked on them.' There were humorous chuckles about this and of course the requisite denials on both of their parts of any interest in having children. The newly married

woman was asked to show everyone her wedding and engagement ring which again led to several comparative comments and demonstrations, and questions about when the first baby could be expected.

The format and games of the shower very much emphasized women's connection to the domestic realm as did much of the conversation which took place at the shower. The assessment of the new mother's adjustment to her new maternal role and comments about the supporting role of the father very much reinforced the idea that parenting is primarily women's work, and again in relaying the other women's experiences emphasized the work aspect of that role. Interestingly while most of the women present held full-time jobs, their paid labour was not a topic of discussion during the event and they identified themselves in this context almost exclusively in relation to husbands, children, and their domestic roles. Femininity was promoted through the emphasis placed on women's appearance across the three generations in attendance from comments on the baby's behaviour and looks, to the labelling of and attention to the teenager's prettiness to the assessment of the new mother's figure and the reflections by other women on their body image transformations related to pregnancy and childbirth, and well as the discourse around consumption of the food served at the shower and weight gain over the holidays. The colour scheme of decorations, gifts and the celebratory cake emphasized the gender identity of the new baby as did the comments evaluating her behaviour as feminine because she was quiet and well-behaved throughout the event. 'Whiteness' was promoted through the presumed universal attractiveness of the blond hair and fair skin of the teenage girl and the 'othering' of foreigners in the discussion about overseas travel. Underlying the various milestone marker games, much of the comparative discussion about meeting

husbands and boyfriends, and the advantages of attractiveness for the young women was the notion of compulsory heterosexuality.

### **Scenario 3 - Evening**

In the evening I had a discussion with an older woman about one of her granddaughters. The conversation began with the grandmother's expression of disappointment that her granddaughter had spent all of her birthday and work money on a television for her own bedroom in a house which already has three other television sets.

The grandmother expressed a sense of regret about her granddaughter's appearance and lifestyle. The granddaughter who is in her late teens, is a very large girl and has few interests or hobbies. She seems very shy and aside from a part-time job at a local fast-food restaurant she does not seem to go out much with friends. We talked about how difficult teenagehood is for children and, in particular, the impact that being viewed as overweight has on girls because there is so much attention focussed on their appearance. The grandmother noted that her granddaughter's friends were all at the stage of having boyfriends and she is concerned that her granddaughter's weight and poor skin make her less likely to attract a boyfriend. This made her feel rather sad as she thinks her granddaughter is a bright and sensitive person, but she is not convinced that others will take the time to find this out about her.

She talked about the need for girls to have hobbies or activities from the time they are children and how she thinks this can transcend other problems which often arise for them during adolescence. She reflected on her own experiences in the school drama and year book clubs and how much she liked to participate in musical activities. These were important to her because they generated a cohort of friends who shared

interests and really supported one another through adolescence.

She noted that it seems much easier and more common for families to devote their energies to arranging and fostering activities for the boys, and how often the girls seem left out unless someone makes a special effort to do something for them. She expressed disappointment in her own daughter for not being more aware of the needs of her granddaughter especially as her daughter had experienced many of the same concerns around body image when she was a teen.

Similar to the other two scenarios, this one foregrounds the impact of appearance on women's self esteem and social acceptance. The grandmother recognizes a typical double standard in families in terms of how their resources and energies are disproportionately devoted to the development and needs of sons rather than daughters. As in the other scenarios a link is drawn between femininity, appearance norms and body image. Achieving a prescribed appearance is seen as something which needs to be worked at for women's social success.

## **Conclusions**

In reflecting back on these scenarios I was interested to note that all three took place in women-only sites where it was women constructing and to some extent even regulating themselves and other women. In the case of the baby shower, in particular, the cross-generation mix meant that the baby and young women present were being given a gender primer -- how to be and talk like a woman in the context of an event ostensibly meant to celebrate a new addition to the family. In all three settings gender roles and identities were clearly being negotiated and embodied as the dialogues linking appearance, women's work and body image unfolded. Heterosexuality and whiteness were reinforced through the selection of topics discussed and the validation

of particular physical traits, and milestone markers being acknowledged and celebrated.

Class identities were also being marked although less visibly than some of the other dimensions of identity because the women tended to refer to themselves primarily in their domestic roles. The house tours and commentary on the new house of the hostess made reference to 'how well' the family must be doing as a marker of the new 'bourgeois' status of the husband as business co-owner. And envy about the family vacation to Hawaii was expressed through comments about how others in the room would like but are not able to afford such a luxury. While all of those present would likely have described themselves as middle-class, distinctions about financial status were recognized among them. Class was inferred mostly in terms of acquisition of consumer goods, and in the reference to the baby car seat as a 'Cadillac' of car seats signifying its relatively high cost.

These three examples illustrate the way in which learning about and negotiating elements of identity such as gender, class, culture, heterosexuality and whiteness are literally and figuratively embodied as we go about the course of our everyday lives and how the multiple dimensions of identity are constituted in relation to one another in such mundane everyday settings. As each of these spaces is a women-centred space, participation in such events marks those present as 'correctly gendered' (Skeggs 1998), and in this context what it means to be gendered is defined and largely regulated by the women themselves.

As a woman, I was not privy to male-only spaces in the same fashion, but it is reasonable to presume that masculinity is embodied along with other dimensions of men's identities in culturally prescribed spaces and rituals and in similarly mundane spaces. Indeed, as discussed in my interviews, work in predominantly male blue-collar

jobs, and men's experiences on male-only sporting teams conveyed embodied dimensions of masculine identity and define men's relationships to work and leisure and one another..