Emotions and the Body: Raising the Issues for Medical Sociology

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Emotions lie at the juncture between mind and body, culture and biology and are crucial to our survival by their 'signal function' in relation to danger. Yet despite their cultural significance, and the obvious implications for the study of health and illness in particular, social science research in this area has remained predominantly under the psychological rubric until very recently. Echoing an earlier call in this newsletter (Olesson 1990), this brief paper emphasises the importance of the sociology of emotions for medical sociology and relates these approaches to other highly significant and newly emerging realms of study; namely, the sociology of the body and pain.

Although there may be an implicit recognition of the importance of emotions and feelings within health and illness, the Western medical model could benefit from the philosophies and practises of alternative healing systems. For example, traditional Chinese medicine sees health as a state in which the energy of the mind body and spirit are in harmony. Here an instructive guide is The Barefoot Doctor's Manual (Revolutionary Health Committee of Human Province 1978). As well as "body make-up" and "physical conditions", the section on "How to analyse causes of disease" lists the following factors as equally significant: (i) nervous and emotional make-up: (ii) external factors such as radiation, civil war, etc.; (iii) chemical factors; (iv) external biological factors such as pathogenic viruses, tapeworms etc., and; (v) climactic factors such a: wind, cold, heat und humidity which are thought to affect the body's resistance (1978:25-26).

This model contrasts vividly with the more mechanistic dualist model adopted by Western medicine, which is unable to systematically address the aetiological roe of social or emotional factors in the same way. Practitioners such as Lynch (1977), for instance, have demonstrated the links between cardiovascular disease and emotionally distressing life events, using examples such as electro-encephalographic (EEG) patterns which show dramatic improvements when a nurse holds a patents' hand. Yet the 'faulty-machine' approach remains deeply embedded. Moreover, the Cartesian divide between mind and body resonates through to reason and feeling with the consequence that scientific culture regards emotions with much distrust and suspicion: even within the discipline of psychology. As Davitz (1969) points out, apart from a few notable exceptions such as Freud and James, most academic researchers have hidden behind the argument that emotional experience is outside the realm of 'scientific' investigation:

> *If one wants to learn something about the experience of guilt, anxiety or joy one might turn perhaps to Dostoevsky, Kierkegaard or Wordsworth, but certainly little is to be learned in this area from even the most careful study of Thorndyke, Hull. Skinner, or any of the other major figures of academic psychology (Davitz, 1969:88).*

The tendency for social scientists to **avoid** discussing feelings, presumably in order to increase the respectability of their scientific endeavour, has led to the neglect of the remarkable potential of emotions to transcend the mind-body dualism, as recent sociological work in other areas has successfully attempted. For example, the body of work around the medicalisation of childbirth, particularly the contribution of feminist sociologists such as Oakley (1980, 1993) has advanced the quest to integrate the physical, emotional and existential dimensions of our being.

It could also be argued that emotions have always been an implicit, if not explicit, theme within sociology: consider, for example, Durkheim's work on anomie and suicide (1897) and Marx's concept of alienation (1867). However, it is really only within the last decade that a distinct body of work identified as the sociology of emotions has emerged. One of the major advocates of this work is Arlie Russell Hochschild (1979, 1983) whose theories of emotional labour and emotion work have been instrumental in establishing emotions are socially, as well as personally, faceted. Here she highlights two strongly held notions which act to confuse and cloud our understanding of emotional processes:

> *1. An emotion such as anger or jealousy is seen to have an **independent** presence or identity, often given a bodily location or residency in a person or through time (e.g. love in the heart, envy in the bile; we talk of 'expressing' or 'storing' emotions which acquire an identity - 'that old jealousy' etc.);*
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> *2. When 'possessed' by emotion we act **irrationally** and our perceptions are distorted - love is something we fall in or out of, we are in a thrall: we are taken over or consumed by anger, gripped by fear and so on. The implication is usually **negative**, and our cultural policy towards our emotional life is to watch out for this and manage it. However, such an attitude negates the positive and rational aspects, such as comforting a crying child (Hochschild 1983: 202-203).*

Hochschild outlines two models regarding theories of emotion, the **organismic** and the **interactionist**. The organismic model draws on the works of Darwin, Freud and James and their investigation of die origins of emotion and sees emotion as an essentially biological process, so that the manner in which emotions are managed or labelled is seen as extrinsic and of less interest than how they are 'motored by instinct' (as in the James-Lange theory and the work of Ekman (1988)). Here there is an inherent assumption of emotion having a prior existence distinct from introspection, and one which is passive and fixed. A third model could be seen to be the social constructionist perspective, as, for example, developed in the work of Harre (1986), which sees emotions as culturally invented and contextually relative, so that biology becomes irrelevant.

As Kemper (1990) has shown, the study of emotions itself transcends many divides - micro /micro; quantitative/qualitative; positivist/humanist; prediction/description – and has many perspectives. However, it is the **interactionist** model which has the potential to transcend the mind-body divide superseding the more reductionist features of the organismic model. Hochschild draws upon the proposition that emotion consists of an indefinite number of 'instinctive' activities organised into interests responding to each situation and shows how the role of social factors is given weight by Gerth and Mills (1964). Using a combination of theories of interaction from Mead, motivation from Freud and structural ideas from Weber and Marx, they conclude: 'Social interaction of gestures may thus not only express our feelings but define them as well' (Gerth and Mills 1964:55). Hochschild then makes links with the dramaturgical theories of Goffman (1959), focusing on the interaction between the institution and the individual, with particular reference to stigmatisation and emotions of guilt and embarrassment. Goffman turned the biological focus on its head by maintaining that

feelings contribute to interactions via the social self. Subsequently suppression, repression or expression of feeling is not necessarily unconscious, but can be consciously controlled and open to rules and norms which can be identified within routine social interaction. Thus, the management of feelings implies actively altering our emotional state using **emotional** labour and developing 'status shields' (1983:173) in order to protect attacks on our self-esteem. Having one's feelings ignored or termed as irrational has the subsequent impact of one's perceptions being invalidated, of being 'less than a person'. For instance, the feelings of a person of lower status are given less attention and weight than those of higher status, so they have fewer status shields with which to protect themselves.

Emotional displays consist of both bodily and cognitive components and are a significant determinant of the way in which a person is evaluated socially, as deviation from what is 'socially appropriate' may meet with disapproval from others. Emotion work involves having to change the quality of felt emotion to conform to social expectations, which in turn are affected by characteristics such as gender, social class, ethnicity and age. The gendered pattern of the division of emotional labour, both at work and at home, is emphasised by James (1989), with the inherent assumption that emotion work is 'natural!' for women.

As has been emphasised already, emotional management has repercussions for the body and the relevance of a sociological approach to emotions in the study of health and illness is emphasised by Freund (1990). He maintains that the Durkhemian legacy of the non-reducibility of 'social facts' to biological 'facts' has resulted in a lack of acknowledgement of the body in sociology. To understand that biology can be socially constructed leads to a unification of the cognitive and the physical aspects of emotions, giving rise to:

> *An existential-phenomenological perspective which emphasises subjectivity and the active expressive body [which can be] used to bridge the mind-body-society splits that characterise both fields… a focus on the emotionally expressive, embodied subject, who is active in the context of power and social control, can provide a useful approach for studying distressful feelings, society and health (Freund 1990:452).*

Denzin (1987), however, insists that 'scientific' study of emotions is not possible and stresses the term 'emotionality', which he defines as the process of being emotional. He draws on the philosophical works of Heidigger, Sartre, and Merleau-Ponty in order to show how this 'lived quality' and intersubjectivity is of paramount importance, locating the person in the world of social interaction in which all emotional experiences involve reflection, feeling, cognition and interpretation. However, no emotional experience is ever exactly the same and is open to constant reinterpretation and meaning depending upon the particular social and cultural experiences which shape them. Moreover, Denzin asserts that the study of 'emotionality' requires a conception of the human body as a structure of ongoing lived experience' (1987:3); a suggestion which is equally relevant to the study of pain as an embodied experience.

As Turner (1992) argues, a phenomenology of the body or 'embodiment' has particular importance for medical sociology as it provides us with a sensitive and sophisticated perspective on issues such pain, disability and death. As he points out, (his phenomenological approach to the 'lived body' has been influenced by a diversity of traditions, including Lebensphilosophie, philosophical anthropology and existentialism. For example, in his book Phenomenology of Perception, Merleau-Ponty (1962) developed a conception of human embodiment which attempted to overcome this duality between mind and body. Merleau-Ponty argued that it is not possible to talk about human perception without a theory of 'embodiment' as the 'perspective' from which observation occurs (Turner 1992). That is to say, our perception of everyday reality depends upon a 'lived body': 'Man

taken as a concrete being is not a psyche joined to a organism, but a movement to and fro of existence, which at one time allows itself to take corporeal form and at others moves towards personal acts‘ (Merleau-Ponty (1962), quoted in Turner 1992:56).

From this perspective, human beings can be seen to have a dual nature; one which is

succinctly captured within the German language between the terms *Lieb* which refers to the animated living, experiential body (i.e. the body-for-itself), and *Korper* which refers to the objective, exterior, institutionalised body (i.e. the body-in-itself) (Turner 1992). This also resonates with similar distinctions made by writers such as Plessner (1970) and Berger and Luckman (1967): namely, that each of us *is* a body and *has* (i.e. experiences) a body.

In developing this phenomenological perspective on the body, Leder draws attention to the ways in which our bodies are normally phenomenologically absent from view. As he explains:

> *Whilst in one sense the body is the most abiding and inescapable presence in our lives, it is also characterized by absence. That is, one's own body is rarely the thematic object of experience… the body, as a ground of experience… tends to recede from direct experience (Leder 1990:1).*

Yet as Leder goes on to point out, this normal mode of bodily disappearance tends to be profoundly disrupted in the context of factors such as pain, disease and death. Here the body becomes a central aspect of experience, albeit in an alien and dysfunctional manner. In other words, in contrast to the ‘disappearances’ that characterise ordinary functioning, the body, in the context of pain, suffering and death, *dys*-appears. That is to say:

> *The body appears as a thematic focus of attention, but precisely in a dys state - dys is from the Greek prefix signifying 'bad', ‘hard’ or 'ill', and is found in English words such as ‘dysfunctional’ (Leder 1990:84).*

Like emotions, pain unites nature and culture, although the dominant conceptualisation of pain has focused upon **sensation** over emotion with the subsequent inference that it is able to be rationally and objectively measured. The fact that mind and body are fully interfused in pain also points to another fundamental issue: namely, that physical experience is inseparable from its cognitive and emotional significance. It is for this reasons that pain can be used to describe not only physical agony but emotional turmoil and spiritual suffering (Leder 1984-5). As Scheper-Hughes and Lock (1987) argue, emotions affect the way in which the body, illness and pain are experienced and are projected in images of the well and poorly functioning social and body politic: ‘Insofar as emotions entail both feelings and cognitive orientations, public morality and cultural ideology, we suggest that they provide an important “missing link" capable of bridging mind and body, individual, society and body politic‘ (1987: 28-29). In this respect, explorations of sickness, madness, pain, disability and death are human events which are literally ‘seething with emotion‘ (Scheper-Hughes and Lock 1987). Thus emotion is seen as the mediatrix of the three bodies - phenomenally experienced, social and the body politic - which Scheper-Hughes and Lock (1987) identify, and which they unify through the notion of the ‘mindful body‘. Thus grief, for instance, is an example of emotional pain which is inseparable from its ‘gut churning, nauseating experience‘, whilst physical pain bears within it a ‘component of displeasure, and often of anxiety, sadness, anger that are fully emotional‘ (Leder 1984-5: 261).

However, as Leder notes, whilst the study of pain demands the dissolution of dualities and draws attention to the relatedness of self and world, mind and body, a phenomenology of pain must also confront and account for the enduring power of such categories. In this respect, the alienating and privatised nature of pain seems to shatter the self into a series of

lived oppositions. As Leder states: 'Whereas in day-to-day events we are our body without hesitation, suddenly pain renders the body disharmonious with the self. Such times, along with those of hunger, exhaustion, disability and approaching death, can be seen as experiential antecedents to dualism' (1984-85: 262). Here the painful body emerges as 'thing-like'; it 'betrays' us and we may feel alienated and estranged from it as a consequence. Thus whilst, at an analytical level, the study of pain may demand a transcendence of dualistic thinking, at the phenomenological or experiential level it may perpetuate these very dualisms.

Historically, we should have learnt the lesson that potentially serious implications stem from the separation of reason and feeling, not only for medical practice, but for human culture in general. Instead of the hopes of a new and better world based upon reason which Descartes envisaged - one which signified an end to ignorance and superstition - the ultimate implications of rationality can be seen in more sinister light:

> *It was an idea that at first sparked off great hope and optimism in the West. Yet it was also a blind hope which was crushed forever in the madness of the sheer rationality of Auschwitz, where the mathematical idea of a final solution bore witness to a terrible flaw in the philosophical foundations of modern Western civilisation (Lynch 1985:309).*

Bauman (1989) reaches similar conclusions in Modernity and the Holocaust, arguing that rather than seeing the holocaust an aberration, it represents the fullest expression of modern rationality in all its repugnant glory.

In summary, the main thrust of this brief paper has been to argue that feelings and emotions must be regarded as crucial to our embodiment an as central aspects of experiences such as pain and suffering, as well as sexuality, pleasure and desire. As Turner states:

> *If we recognise pain as an emotional state then we immediately consider the idea of the person as an embodied agent with strong affective, emotional and social responses to the state of being in pain… [this draws] …attention to a neglected aspect of the sociology of health and illness for which a theory of embodiment is an essential prerequisite for understanding pain as an emotion within a social context (Turner 1992:169).*

In this respect we have attempted to suggest some possible links between die sociology o! emotions, and other newly emerging areas such as the sociology of the body and pain in order to provide a more holistic understanding of these phenomena as social, embodied experiences; an approach which aims to trancend the dualistic thinking which has hitherto dogged Western thought.

In order to explore these issues further, the B.S.A. study group on Emotions is proposing to hold a one-day conference on the theme **'Emotions and the Body'** in July 1994. Anyone who is interested in presenting a paper and/or coming the day should contact Gillian Bendelow at the address below…

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