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The Body in Social Policy: Mapping a Territory

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ABSTRACT
The paper explores the relevance of recent theorising around the body for the discipline of social policy. It aims to show how such work opens up new ways of thinking within the core areas of social policy as well as proposing new subjects for social policy consideration, arguing that the common image of the body as an absent presence that has been characteristic of sociological accounts in the recent past still applies in relation to social policy, but that considerable gains can be made from incorporating this new theorising and new subject matter into the scope of the subject. It explores this by means of six areas of relevance: health care, community care, disability, no-power consumption, as well as cross-cutting themes of age, 'race', gender, sexuality.

INTRODUCTION

The body is everywhere in social sciences, but nowhere in the discipline of social policy. Apart from pioneering work by Lewis and her colleagues (2000) and Ellis and Dean (2000), the topic remains a neglected one. The explosion of theorising and empirical description that has occurred across the humanities and social sciences in the last two decades has found no equivalent in social policy; and I have argued elsewhere why this is so, outlining some of the reasons – both negative and positive – for the comparative neglect (Twigg 2000a). In this article I want to argue that the body is in fact strongly present within social policy, both in its subject matter and in some of its key debates, and that by re-examining its territory in the light of this literature, we can find new ways of approaching the traditional subjects of social policy.

In common with most commentators I do not take an essentialist view of what 'social policy' is, but see it as an historically contingent field of study, something that emerged in the classic period of the welfare state but that has continued to change and adapt to new theorising and

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new social structures. I will not therefore attempt to engage with an unchanging 'essence' or definition of the subject, but rather suggest how its nature as a field of study enables it to encompass new agendas and theoretical frameworks, of which the body is one.

THE CHANGING NATURE OF SOCIAL POLICY

The project of making the body visible needs to be seen as part of a wider set of changes within the disciplinary field of social policy. Social policy as a subject emerged out a particular historical conjunction, the post-war welfare state, and its theory and definition are closely linked to the assumptions that underlay that. Over the last two decades it has been subject to challenge as a result of a range of interconnected changes, some deriving from developments in the social world and some from new theorising in relation to that world, which have together destabilised its traditional subject matter, proposing new agendas and subjects for consideration, as well as new conceptual tools for their analysis.

At the societal level, the destabilisation of the Keynesian welfare state has thrown in the air many of the old disciplinary definitions, particularly those rooted in the institutions of the state. The growing dominance of neo-liberalism has resulted in a shift away from state-provided welfare towards more fragmented, privatised and plural forms. Social policy can no longer be safely defined in terms of the classic 'social services' or indeed state activity at all. Globalisation has furthermore undermined the autonomy of the nation state, strengthening the supranational forces creating social policy, as well as producing new transnational arenas within which it is negotiated. The shift towards a post-Fordist, post-industrial, information-oriented society has resulted in a radical restructuring of employment, and this has consequences for the ways in which social policy is formed and delivered. Changes in relation to technology and the use of IT have underlined the growing significance of the cultural sphere; and the artistic, commercial and commodity realms are seen as new terrain in which identities are expressed and reformulated. This again has an impact on social policy. The shift from production to consumption orientations has also resulted in a new focus on lifestyles and consumption in the ordering of social experience, again proposing new subjects for social policy analysis. Cahill's account of *The New Social Policy* published in 1994 reflects these changes particularly well, arguing for the need to move the focus of analysis back into everyday life so as to explore how modes of being such as shopping, travelling and viewing can be sources of new patterns of inequality and exclusion, and thus related to the core topics of social policy.

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These social changes have gone hand in hand with intellectual ones, in particular the rise of postmodernism and poststructuralism that have posed intellectual challenges for the subject. Such movements encompass a range of theoretical positions, whose inter-relationships are complex and sometimes contradictory. Certain ideas are however central (O'Brien and Penna 1998; Carter 1998; Gibbens 1998; S. Watson 2000).

The first is the focus on discourse and text. Postmodernism and poststructuralism challenge the idea that language is a simple representation of the world: rather language, or discourse, is seen as fundamentally constitutive of that world and of human subjectivity within it. Poststructuralism deconstructs the Cartesian subject with its radical separation of knower from known and its abstraction of the knowing entity from the social, cultural and economic conditions that have produced it; and as such strikes at the core assumptions of the Enlightenment about objectivity on which the social sciences, including social policy, were predicated. The impact of this 'linguistic turn' has challenged many of the certainties on which the subject was built, presenting social policy as itself a form of discourse.

Concepts like 'need' have traditionally been rooted in a search for universals, but poststructuralists like Foucault reverse this process and ask instead what forms of discourse, what ideas of power, control, normalisation have been involved in producing such concepts and their related categories of the needy person. Social policy, Foucault might argue, constitutes welfare subjects such as the 'single mother', the 'battered wife', the 'child in moral danger', which then become the focus of a range of surveillances and practices (S. Watson 2000). Such deconstruction challenges the complacency of the subject, unpicking the connections between power and knowledge, and showing how social policy is itself implicated in the processes it claims to study.

This brings us to the second major theme which is the connection between power and knowledge. For Foucault in particular, power and knowledge are inextricably intertwined and all forms of knowledge are constituted in power relations. Power has no centre, but is diffused across many sites – religion, science, medicine, social work – and it operates in the fine details of social life as much as the large structures. Power is not so much possessed as exercised. One of the problems of social policy of the 1970s, as O'Brien and Penna (1998) argue, was that the political questions that it discussed all related to the state, but many of the most important questions about individual wellbeing are rooted elsewhere, for example in relationships between bodies of knowledge and professional power. Doctors, judges, social workers, experts of all sorts exercise power

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through the application of systems of knowledge and the practices that relate to them. The Foucauldian account of power/knowledge thus proposes a new approach to the welfare state in which it becomes a key site for the exercise of regulatory and disciplinary power especially through the application of the professional gaze. Such power operates particularly strongly on the body, forming a distinct form of power: bio-power.

The third key theme is the end of the grand narratives, particularly that of Marxism and other accounts of the world that propose an idea of underlying and determining structures. During the 1970s and eighties, critical social policy was rooted in a Marxist framework which analysed the welfare state in terms of the shoring up of capitalism and which saw class as the major social division; though gender and 'race' were subsequently added to the analysis (S. Watson 2000). Postmodernism rejects the possibilities of such meta narratives, or attempts to explain the world in terms of totalising grand theories, arguing that knowledge can only be partial, specific and local. The declining salience of class socially has reinforced such fragmentation of the narrative of social policy. The Foucauldian account of power further undercuts the radical tradition, whether rooted in Marxism or feminism, that regarded power as oppressive or negative, presenting it instead as something that is diffuse, fragmented, exercised rather than possessed.

These new ideas have not always been welcomed, and postmodernism in particular has met with opposition from what Carter terms the 'welfare loyalists' (Carter 1998). Taylor-Gooby (1994) argues that the postmodern focus on diversity and difference ignores the real changes in society that relate to the universalising advance of market liberalism. It thus throws a smoke screen of fashionable theory over fundamental realities. Carter is similar critical of what he terms the celebrationist version of postmodernism with its hypercommodification of the cultural realm and its self-ironising which he sees as obscuring the ways in which choice has been restructured by the Right in ways that recreate and reinforce inequality. Lastly, the thoroughgoing radicalism of its epistemology poses problems for a subject like social policy that is rooted in empirical investigation and moral and political critique. As Sophie Watson (2000) points out, Foucault's critique of universalism undercuts the notions of justice, truth, equality that have traditionally formed the cornerstone of social policy analysis.

THE LITERATURE ON THE BODY

The topic of the body is a complex and protean one, and there is not room here to give an adequate account of what has been an extensive litera-

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ture. Excellent reviews of the field are provided by Shilling (1993) and Williams and Bendelow (1998). Feminist work has been prominent in the area, and Brook (1999) provides a clear guide to this writing. Schiebinger's reader *Feminism and the Body* (2000) covers historical work. Early work on the body was often criticised for its abstract, disembodied character and lack of empirical referent. Newer work in the broad territory of social policy has begun to redress this (Nettleton and Watson 1998; Davis 1997; Ellis and Dean 2000; Hancock *et al.* 2000; Longhurst 2001).

THE RELEVANCE OF THE BODY FOR SOCIAL POLICY

In this article I want to suggest some of the ways in which the new literature on the body is relevant to social policy and might bring insights that are of benefit to the subject. To do this I will explore six areas of potential relevance. The first two encompass areas of social policy where the body is of obvious significance but has either been neglected or overlooked; and the examples are health care and community care. The third area relates to subjects where the centrality of the body has been evaded for reason of 'good practice'. The principle example is disability, though the argument applies also to old age. The fourth area concerns the Foucauldian concept of bio-power; and the key examples are the institutional life of prisons, asylums, hospitals, and the role of professions. The fifth area concerns the ways in which a focus on the body proposes new subjects for social policy; and the section explores the implications of consumptionist orientations to the body. In the sixth section, I look at the ways in which the body resonates through key cross-cutting categories of social policy – gender, 'race', age, sexuality – and the ways in which this analysis is central to the reconstitution of the discipline.

The article illustrates six ways in which the body is relevant to social policy. For reasons of space, I have not attempted to provide a comprehensive review of *all* the areas of the subject where the body is relevant. Among these we could include: education, the criminal justice system, mental health, housing, work with children... the list runs on. In the final section of the article however, I will raise questions concerning the limit of the scope of the body within social policy.

THE BODY TAKEN-FOR-GRANTED: THE EXAMPLE OF HEALTH CARE

We start with a field where the body is of obvious significance: health care. Medicine and health care are centrally about the body, but I want to argue that it is a particular sort of body, that constituted within biomedicine, that is dominant in the field, to the extent that other versions

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are suppressed or hidden from view. The new focus on the body has challenged this taken-for-granted dominance, enabling us to see some of the complex, variable and subtle ways in which the body is constituted within health care. As Foucault argues, the body has its own history; and this is central to the emergence of modern medicine. Put crudely, a profound shift occurred in the late eighteenth century with the move from the earlier 'sick man' model whereby illnesses arose from imbalances in the body, or the life and person of the individual, to the 'modern' conception of illnesses as discrete entities located in specific systems of the body. This represented a shift from a patient-centred cosmology of illness to an object-centred one. As part of this the body in medicine was increasingly constituted by what Foucault (1973) terms the anatomical gaze. The rise of dissection is of central significance here because it treats the body as a functioning machine whose parts can be laid bare for examination. It also presents a direct challenge to the view of the dead body as a person, an individual once known, whose disposal requires special rituals and who is the focus of powerful emotions. Tensions between these different discourses of the body still resonate, as the example of the 'scandal' of retention of organs at Alder Hey Hospital illustrates.

For Foucault the medical encounter is the supreme example of surveillance in which the body become an object to be reviewed, inspected, tested, penetrated, laid bare. The development of medical techniques and practices – the stethoscope, the X ray, microscope, endoscope – as well as new settings – the hospital clinic, the doctor's surgery – allowed the body to be known and presented in new ways. In the modern period – at least within the realm of bio-medicine – the body becomes an object for scientific enquiry, to be studied in terms of scientific causality, a territory to be explored and opened up. Modern medicine thus renders the body anonymous, depersonalised, passive, the sum of its malfunctioning parts (Lawler 1991). This dominant account of the body has implications for the disjunctive experiences of patients within the health care system. For most people, hospital is an alienating experience in which the loss of sense of self that comes with the weakness of the body in illness is compounded by hospital practices that render their bodies subject to discipline and control, confined to certain areas, subject to regulations concerning eating and excreting, attached to machinery, exposed to view.

It is these sorts of experiences that underpin much of the current attraction of alternative medicine, whose nature is in large measure defined in opposition to bio-medicine. Here the body is constituted in a different sets of knowledges. Alternative medicine views the body as

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integral with the person, and the organic linkages between the body, mind and spirit are regarded as central to treatment. The body of the patient is seen as particular to them, rather than anonymously as an example of the human body in general. Treatment tends to be non-invasive and sensuous, emphasising the surface of the body, and often deploying direct manipulation or touch. The personal nature of the relationship between patient and practitioner is acknowledged, and at times the practitioners' own body may be directly involved through such actions as laying on hands.

The issue of the body, its status and meaning also lies at the heart of many of the debates within nursing whether concerning the professionalisation project, the tensions between holism, technology and skill mix, or the status of nursing knowledge. Lawler (1991) argues that the aim of nursing is to integrate the object body of scientific medicine with the experiential body of the individual patient. Through close attention to the person and the hands-on nature of its care, it aspires to heal the fragmenting experience of the hospital and of health care. It is for this reason that nurses seeking to work in a more holistic way, often stress the importance of the basic bed and body work, sometimes attempting to integrate techniques like massage into their practice (van der Riet 1997).

Scientific medicine thus does not deal with the body as lived experience. To some extent it is happy to hand such territory over to nursing. Nurses do the work, Davies (1995) argues, that medicine does not want to do, or chooses not to see; feelings, emotions, bodily experiences are central in this. But such a division of labour has consequences for nursing as an occupational group, underwriting the handmaiden characterisation of the work, denying it independence and authority. Nurses perform the dirty work of care, and the body is central in this. Cleaning up body wastes – vomit, blood, urine, faeces – is a nursing task, and the wider cultural ambivalences around these substances undermines, or at least destabilises, the status of the work.

Nursing knowledge has also been rendered relatively invisible because of the problem of the body and its meaning: knowledges of the body within health care have been theoretically and epistemologically fragmented; at the same time as the wider culture renders the body private and unspeakable. The dominance in the hospital of the twin discourses of bio-medicine and economic rationality in the form of managerialism with their emphasis on objectivity and quantification that denigrate the personal and the subjective makes it hard for nursing to articulate the full range of its knowledge (Lawler 1997).

The account given by Lawler and others of the body within nursing is

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at times an idealised one, rooted in a holistic account of nursing that is not always realised in reality or even sought. Though bodycare is at the heart of nursing, the profession remains paradoxically ambivalent about the activity, sharing many of the perceptions found in medicine and more widely that bodywork is a low form of work (Twigg 2000b). Within nursing there is a clear hierarchy in which status is marked by distance from the body and direct bodycare; and nurses progress from basic bed and bodywork to higher status skilled interventions involving drugs and equipment, moving from dirty work on bodies to clean work on machines. The highest status work in management, teaching and research involves no bodies at all.

Health care is thus centrally about the body, but its very centrality has paradoxically obscured this truth. The bio-medical account of the body occupies the field so effectively that no other account is taken seriously, and rival discourses remain muted whether they are rooted in nursing practice, alternative medical ideas, or the patient's own experiences of embodiment. But the discordances between these discourses of the body lie at the basis of many of the problems and conflicts within health care that social policy aims to analyse and address, whether they relate to organ transplant, the post-mortem retention of tissue, the pattern of skill mix on the ward, the joint training of doctors and nurses, or the emotional and physical wellbeing of patients.

WHERE BODY IS CENTRAL BUT OVERLOOKED: COMMUNITY CARE

We now turn to an area of social policy where the body and its management are central, but have been overlooked in the literature. The prime example of this is community care. One of the reasons for the omission arises from the way in which the field is constructed. The defining discourse of community care is that of social work. Social work focuses on the non-bodily; its expertise lies in relationships and emotions, in psychosocial factors and in the practical consequences of these. Social work also to some degree defines itself as a profession *against* that of medicine: doctors deal with the body and its ailments, social workers with the social and emotional circumstances of the individual and the community; and the body thus traditionally marks the point at which social work expertise ends. But community care is in large measure about the body. The majority of its clients are older people whose problems arise from physical difficulties with mobility, eyesight, hearing and continence. Community care may focus on the social consequences of these impairments, but in doing so it engages directly with the bodily. A significant part of the care input of community care is indeed focused on the body: helping people to

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get up and dressed, assisting them to go out, providing help with personal care (Twigg 2000b).

The downplaying of the bodily in community care arises not only from the nature of the social work gaze, but also from a widespread set of assumptions concerning the body and its management in social life. Historical work by Elias and anthropological analysis by Douglas have charted the ways in which bodily life is something that we are taught to ignore and pass over in silence in modern life (Douglas 1970; Elias 1978). Politeness requires that the body and its needs be downplayed, and to emphasise them in social life is in some sense to breach taboo: to make a joke, to risk vulgarity, to mark intimacy. The body thus belongs to a territory that is private, or at least not part of public discourse. Bodycare by and large takes place in spaces that are private: we clean, groom, tidy, amend and re-present our bodies on a daily basis but this is usually done alone or in the company of intimates.

Within social care this territory is defined as personal care, and is constituted by those things that an adult would normally do for him or herself – dressing, washing, excreting – and it marks the boundary of the truly private in modern society. Help in these areas is by its nature transgressive and a major part of maintaining the dignity of older clients involves hiding from public view these lapses in ordinary social norms. The exposure of bodily failings also threatens the social persona of the individual. Emphasising the body as opposed to the person is enduringly seen as a form of denigration, reducing the person to an object; and good practice in social care seeks to downplay these aspects and emphasise the social identity instead.

This approach is carried over into the analysis of the sector also, with accounts of community care tending to use euphemistic and evasive terminology. Traditions of decorum in public discourse mean that the body is an uneasy topic for policy makers to address directly, and in general they have avoided doing so. As a result, though personal care is the key element in the restructuring of community care, its nature is rarely addressed directly: you get little idea from reading social policy documents of what it actually entails.

Many of the same factors operate in relation to carework. Carework has traditionally been analysed within social policy in terms of the debate on care (Ungerson 1987, 1990; Graham 1991; Thomas 1993; Tronto 1993; Larabee 1993), but a concept of bodywork is in many ways a more fruitful way of looking at this area. Bodywork is an element common to a number of occupations – medicine, nursing, the beauty trades, alternative therapies, new age activities, as well as more contentiously, sex work

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and undertaking. Though these occupational contexts are of course very varied, I have argued elsewhere that there are certain commonalties; and the bodywork element in care shares many of these features: the dematerialising tendency in which status is marked by distance from the bodily; the silenced, demeaned status of the work; its gendered character; the ways in which it is ambivalently placed in relation to the exercise of power; and its links with both intimacy and coercion (Twigg 2000b). Setting carework in the wider context of the body, and of work on and with it, enables us to grasp its nature more fully.

WHERE THE BODY IS CENTRAL BUT CONSCIOUSLY IGNORED: DISABILITY

Our third example concerns areas of social policy where the body is central but where its significance has been obscured for reasons of 'good practice'. Disability is the prime example of this, though the argument applies also to old age. Until recently, disability studies have been dominated by the social model that presents disability in terms, not of the physical impairments of individual disabled people, but of the surrounding society that erects barriers to inclusion and confines disabled people to separate and stigmatised spaces. Here the topic of the body is identified with a reactionary and oppressive discourse, one that individualises and demeans disabled people. But, as Hughes and Paterson (1997) argue, the effect of the sharp distinction drawn by Oliver and others between impairment and disability, has been to hand the body over conceptually to medicine, leaving the subject of impairment un-described and untheorised. Morris (1993) had earlier criticised the dominant version of the social model for its failure to engage with the subjective experiences of disabled people and with problems such as pain that could not adequately be discussed in terms of exclusionary social practices and that did have their roots in issues of impairment. Shakespeare and others have also pointed to the diverse roles bodily impairments play in the different experiences of disabled people (Shakespeare 1994; Marks 1999).

These concerns within disability studies have been reinforced by wider intellectual developments. Parallel social movements such as feminism have renegotiated the boundaries between the biological and the social, notably in the deconstruction of the distinction between sex and gender; and this has strengthened similar impulses in relation to disability. Within postmodernity, the presentation of the body as central in the reflexive project of modern identity also raises issues for disability. Modern culture, it is argued, fetishises appearance and image; and this emphasis on bodily appearance presents a tyranny of perfectionism for disabled

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people. Hughes (1999) argues that the emphasis in modern culture on the visual reinforces the construction of disabled people as Other. The dominant gaze, imbued with authority from the interconnected discourses of medicine, morality and aesthetics, constructs the impaired bodies of disabled people as lesser, Other and dysfunctional.

New work on the sociology of the body has also explored the significance of pain. As we noted, the social model seemed to deny the role of pain in the lives of disabled people. But the experience of pain is one in which the body assumes centrality by virtue of its dys-state. As Williams and Bendelow (1998) argue, pain lies at the juncture of the biological and the cultural. It cannot be understood simply as physical sensation but needs to be interpreted in its social and cultural context. It thus challenges work that focuses exclusively on the biological, as well as work within cultural studies or postmodernism that aetherialises the body, seeing it only as the product of the discourses that constitute it. The study of pain is thus at the forefront of debates that wrestle with the nature of embodiment, aiming to transcend the radical separation of the physical body – conceptualised within bio-medicine – and the social body – conceptualised by postmodernism with its radical social constructionism. The body in disability similarly lies across this conceptual divide.

Such developments are significant for social policy in that they widen its agenda, opening up new perceptions as to how disability is constituted and experienced, challenging the dominance of the social model that has held the field for so long, enabling policy to look at bodily issues once again. By looking at the norms, definitions and expectations that constitute the normalising gaze, such writing also presents a radical challenge to social policy itself, exposing the ways in which it has been implicated in such constructions. Questions of the body also re-present older policy issues around selective abortion, surgical intervention to normalise appearance or rehabilitative practice aimed at mimicking the healthy body. Work on the disabled body by Seymour (1998), for example, has suggested some of the ways in which rehabilitative practice is gendered, imbued with a masculinist values that focus on the needs of the young, fit males and that sidelines those of women and older people who make up the majority of disabled people.

NEW THEORETICAL FRAMEWORKS: THE FIELD OF BIO-POWER

Foucault's work has alerted us to the ways in which power operates on and through the body (1973, 1977, 1979). As we have seen, for Foucault, power is capillary, it acts through the microtechnologies of disciplinary regimes as they operate on a day-to-day basis on the bodies

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of individuals. This field of bio-power opens up new and fruitful ways of looking at some of the key areas of social policy. The key institutions that Foucault explores in his work – the prison, the asylum, the clinic, the poor law institution – are all central to the history of social policy, and his insights have been extended into other areas of the subject, such as education, old age and social work (Katz 1996; Tulle-Winton 2000; Ellis 2000).

The management and disciplining of bodies is also linked to what Foucault terms dividing practices whereby populations and individuals are classified and grouped according to normative categories, so that the sane are separated from the insane, the deserving from the undeserving, and the normal from the deviant. These classifications are sometimes given spatial expression in buildings and institutions in which the bodies of inmates are marshalled and displayed (Markus 1993). Such normalising practices relate closely to the origins of social science in the nineteenth century with its new techniques of data gathering, statistical analysis and reporting. The related emergence of social policy as a discipline and a social practice is part of this imposition of classification and moral order. Foucault's insights thus enable the subject to address aspects of its own origins and constitution.

For Foucault, the modern state rests on a penetrating system of monitoring and surveillance, so that from the moment of birth to that of death, populations are recorded, codified, judged, so that each individual is subjected to evaluative regimes wherein facts of normal life are used to bestow rights, assess needs and entitlements and to judge progress (O'Brien and Penna 1998). Dean (2000) argues that the history of the welfare state in the twentieth century is one of the perpetual refinements of this disciplinary gaze. Foucault terms this the 'petty assizes' of daily life; and it is precisely the mundane and daily quality that is so significant for social policy. A Foucauldian focus on the body enables us to refocus our attention away from the grand schemes of the State to see instead how profoundly power is exercised at the level of the day-to-day and mundane. The role of professional power through the operation of doctors, social workers and experts of all kinds is particularly significant at this level.

NEW SUBJECTS: CONSUMPTION AND MODERNITY

Our fifth example concerns the ways in which the analysis of the role of the body in postmodernity opens up new subjects for social policy. Postmodernity represents a shift from the old productionist values of thrift, hard work and ascetic control to new consumption-oriented ones

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of hedonism and display. In this the body becomes a site for consumption and pleasure, with an ever elaborating range of goods focussed around the body and promoted through glamourised advertising in which the possession of the goods is presented as the key to happiness and success. Here the body becomes a project to be worked upon, a focus for self-identity and control, through such regimes as dieting, exercise, body improvement, plastic surgery (Featherstone 1991; Bordo 1993; Davis 1995). New more stringent demands are made on appearance; and looking good becomes a mode of being good, or more important in believing oneself to be good. Individualistic ideas of 'spirituality' replace collective religion; and these often focus around new age ideas concerning the body and its central role in spiritual and emotional wellbeing.

Such shifts in consciousness are significant for social policy in a number of ways. Social policy is about wellbeing, and it is clear that in postmodern society wellbeing is seen to be located in the body in particular ways. Movements like the New Age may appear far from the traditional concerns of the welfare state, but they embody significant shifts in the ways in which people experience their lives and the sources of wellbeing in it; and social policy needs to engage with these shifts.

The rise of consumption values more generally also has significance for social policy, marking a shift away from the productionist society that underlay much of the political history of the welfare state, towards a modern society that is increasingly individualistic and fragmented. This affects the willingness of people to engage with collectivist solutions. The old allegiances built around class have weakened, giving way in part to divisions around consumption. These provide the basis, as Cahill (1994) argues, for new forms of inequality and exclusion. We can see this emerging in relation to the body in the ways in which, for example, obesity is associated in the public mind with low social status. Or we can see it in relation to cosmetic dentistry which has become increasingly common; so that, for those with resources, perfectly even, dazzlingly white teeth are now the norm, just as access to the traditional range of dental practice becomes limited for those on low incomes. Appearance is becoming polarised in ways that has implications for identity, as well as the more traditional social policy concerns of exclusion.

CROSS CUTTING THEMES: AGE, 'RACE', GENDER, SEXUALITY

At the heart of new theorising in social policy has been the recognition of the ways in which cross-cutting categories such as gender, age, sexuality and 'race' are central in its constitution and operation. Much post-war social policy was rooted in a concept of citizenship; and social policy itself

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was often identified in Marshall's celebrated account of citizenship with the third and last stage of rights: social rights. But over the last decade, the adequacy of this concept of citizenship has been questioned as it has been exposed as resting on implicit assumptions of the citizen as male, white, middle class, heterosexual and of working age. Large parts of the social care system do not in fact deal with such persons. Indeed its scope can in large measure be defined in terms of their opposite: the old, the poor, women, black and ethnic minorities. Such perceptions have been reinforced by the wider impact of postmodern theorising with its emphasis on diversity and difference. This has resulted in a new concern with the politics of identity and their relevance to the actions of the state. These themes have been taken forward in particular in the work of Gail Lewis and colleagues at the Open University (Lewis *et al.* 2000; Saraga 1998) and Fiona Williams and others in the ESRC Future of Welfare programme.

In all this, the body is central – at very least as a marker of difference and identity. This is not to argue that the body is itself *the* generator of difference, but rather the bodily characteristics are imbued with social meanings and that these in turn underwrite social policy. Within society, the body is inscribed in such a way that categories of person come to be read off from physical characteristics: old people, black people, women, disabled people, gay people, children. Exactly how such processes operate, and the rival roles of bodily, as opposed to social factors, in the construction of difference, are contended and contentious matters; and they vary between the different cross-cutting categorisations, so that gender, 'race', age and sexuality are constituted and operate in different ways. In all of them, however, the body and its construction plays a major role.

If we take the example of gender, we accept without question that bodies are sexed; and gender underlies some of the most profound experiences of social life and its ordering. But the role of the body in the area is disputed. Early feminists of the second wave, though they pioneered the exploration of the bodily, also downplayed its significance as part of a concern with the ways in which the bodies of women had been the focus of exclusionary practices, providing the rationale for the presentation of women as lesser, weaker, polluted, belonging essentially to the private sphere (Martin 1989; Brook 1999). Furthermore, the debate on difference that emerged in the 1980s raised questions about the constitution of the category 'women' and the degree to which perceived sex rooted in the body did indeed represent the basis of common interest. Since then, the distinction between sex and gender has itself become increasingly blurred, with feminists like Butler (1993) argu-

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ing that gender itself acts on and constitutes the category of sex, exploring the performative processes whereby bodies are sexed. Work on masculinity has also begun to explore the bodies of men, moving beyond the more obvious topics of sport, violence and sex, to look at men's embodiment more widely (J. Watson 2000). This new focus on the gendered body has implications across the field of social policy, resonating through such topics as health care, disability, education and reproduction.

'Race' provides the second of these cross-cutting categories and one where once again the body and its meanings have been central in the construction of identity, providing a particularly clear example of how bodily differences come to be inscribed with social meanings. Races as such have no scientific reality, but the processes of racialisation have created these social categories so that identities come to be read off from bodies in such a way as to have social and personal meaning. Social and cultural differences are thus naturalised in racialised bodies. Such racial inequalities, Lewis (2000a) argues, produce specific welfare problems and needs; at the same time as welfare policies and practices help to reproduce racial inequalities. As a result, people from black and ethnic minorities find themselves differentially positioned within society in places where 'social problems' are to be found: on low incomes, in the criminal justice system, as recipients of the attention of social services. 'Race', Williams and other argue, cannot be treated as a marginal phenomena in social policy, but something that lies at the heart of the ways it has been constituted historically and currently (Williams 1989; Lewis 2000a; Ginsberg 1992).

In relation to sexuality, though the habits of desire cannot be read off the body in any simple sense, they clearly have a profoundly bodily character, and few would want to discuss sexuality in isolation from bodily experience. New theorising around sexuality, however, has destabilised traditional assumptions about normality and deviance, making visible the degree to which social policy is predicated on the assumption of heterosexuality. Normalising practices in relation to sexuality enter social policy through such diverse issues as pensions, entitlement to benefits, access to fertility treatment, adoption regulations, sexual health. New theorising has also explored the disciplinary role of social policy; Carabine (1998) has argued that social policy does not just rest on certain assumptions about sexuality, but itself helps to regulate and constitute the 'truths of sexuality'.

Though 'age' features less commonly in such accounts of the cross-cutting categories, it is in many ways the most profound. The age ordering of society is held at least as deeply as gender, and arguably more

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so than 'race' or sexuality. The fact that it is rooted in biology and the pathway of the life course endows it with a taken-for-granted reality. This is not to argue that the body dictates the age ordering of society. The developmental account of the life course that was dominant in the social sciences has itself been shown to be socially constructed. And we have long been aware of the ways in which the political economy of ageing, rooted in social rather than biological realities, produces the different statuses and access to resources that underpin the age order (Phillipson and Walker 1986). The body however is still central to the experience of ageing. Featherstone and Hepworth (1991) in their earlier 'mask of ageing' work suggest that we experience the ageing body as a mask, something that obscures the enduringly youthful person within. This account has been criticised for denying the significance of bodily ageing and for resting on a false dualism of body and spirit that forecloses on an understanding of how the body and the self are inextricably entwined (Öberg 1996; Kontos 1999; Andrews 1999). Indeed it is in the fields of ageing, pain and death where some of the strongest and most coherent challenges have been made to the radical epistemology of postmodernism that presents the body solely as a product of discourses (Bury 1995; Lawton 2000).

CONCLUSION

I have not attempted in this article to provide a comprehensive account of all the areas of social policy where the body is relevant. Another author might have focussed on a different range of topics: the criminal justice system, childcare and abuse, the control of reproduction, the dietary adequacy of social security. All contain significant bodily themes; and all are central issues for social policy. Rather I have tried to suggest some of the different ways in which the body and the literature on the body is relevant to social policy, bringing to bear on it new insights and new debates.

But in arguing this, it is important also to indicate the *limits* of relevance. One of the difficulties in delineating these lies in the very ubiquity of the body. The body is indeed everywhere by virtue of the fact that we all have and are bodies. They are a necessary condition of life and action; and social life cannot proceed without this physiological substratum. This is a reality that requires exploration; and social theory has struggled with the intellectual problems posed by it: the relationship of the mind and body, the role of emotions, the meaning of embodiment, the limits of social constructionism, the significance of biology. These are important issues, but they are not primarily social policy ones. They have

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relevance to social policy – and in the article I have alluded to them briefly at various points – but they are not social policy issues as such. Social policy is not concerned with embodiment itself, but with the consequences of it for policy related questions.

Finally in arguing for some of the ways in which the body is relevant for social policy, I want to distance myself from the habit of some writers of substituting the term 'body' for 'individual', so that sentences that would normally contain words like 'individuals' or 'persons' are reformulated in terms of Foucauldian 'bodies'. What this seems to me to do, is afford a spurious gloss of fashionability to an otherwise straightforward text. The theoretical justification in part derives from poststructuralism and its de-stabilisation of the Enlightenment concept of the individual, but all too often it is simply an attempt to make old and fairly ordinary comments sound new and smart. We should confine our use of the terms body and bodies to settings where such terminology brings new insights. There is – as I have argued – no lack of these.

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