

Nature is not a thing-in-itself, but an extension of man – the inorganic body of human agents – and nature becomes a thing-for-man. Nature exists as an external, objective reality, but it is also transformed by labour and socially appropriated, becoming an internal reality of human development.

The Body in Nature and Nature in the Body

The fact of human embodiment was a crucial feature of Marx's view of the essence of human nature and the character of human labour. The existence of man was, for Marx, inescapably sensuous. Much of Marx's criticisms of Hegelian idealism was based on the argument that idealism understated or ignored the necessarily sensuous character of human activity. According to the first thesis on Feuerbach, both idealism and materialism had suppressed the conscious, sensuous and active nature of human *praxis*. Idealism grasped the subjective consciousness of human existence but neglected the way in which existence is rooted in sensuous production; materialism grasped man's location in nature, but converted man into a mere machine responding to external pressures (Rotenstreich, 1965). As we have seen, the concepts of nature as a world of physical objects independent of man and of man as a thing-like phenomenon (a machine, an hydraulic pump, or as a cog within a clock) both emerged at a specific point in history, namely with the growth of commodity production within a fully monetarized economy (Sohn-Rethel, 1978). Marx, by contrast, regarded both man and nature as the sensuous products of historical and social processes. Although Marx himself, especially in the manuscripts of 1844 and in *The German Ideology*, constantly emphasized this practical, sensuous character of human activity, the fact of human embodiment has not been adequately discussed in recent commentaries on Marx's ontology. Embodiment is a necessary condition of man's sensuous appropriation of nature; embodiment is a precondition for practice. Marxists have not really attempted to conceptualize this rather obvious fact that human sensuous agents require embodiment in order to express their agency. Marxists can, therefore, be criticized alongside sociologists because they 'tend to ignore the body and to "desomatize" social relationships' (Freund, 1982: 19). This is an important criticism, but it is possible to develop Marx's ontology in a fruitful and constructive fashion to incorporate the notion of human embodiment. The complexity of the body as both a natural phenomenon and a social product can be exposed by attempting to extend Marx's notion of alienation into a discussion of disease. The problem of disease in the human body in turn brings out the subjective and objective experiences of embodiment.

To repeat a paradox which has formed much of the thematic unity of this study in the sociology of the body, human beings both have and are bodies. In so far as I have a body, I share a number of characteristics in common with other primates which can be regarded as biological systems

and in this sense my body is a natural environment over which I exercise control, but which also exercises restraints over me. Like other phenomena in the environment, I can touch, feel, smell and see my body. However, I require my body in order to carry out this touching, feeling, smelling and seeing. In exercising control through embodiment, I have immediate and first-order possession over my body in a way which I do not experience with respect to other objects. I possess my body, but there is a sense also in which it possesses me, since the demise of my body is also (at least for all practical purposes) my demise. This embodiment, however, is fundamentally social, since my ontology is necessarily social. Thus, references to the possession of my body do not imply any methodological individualism. To employ a distinction which is now common in the analysis of class positions in Marxism, human beings typically have possession of their bodies, but they do not necessarily have ownership. Although Marx always used the word 'man' in a generic sense, it is also well known that his analysis of the 'human essence' very rarely offered an analysis of the location of women in society and history. One fundamental feature of human society has been that, although women have a phenomenological possession of their bodies, they have rarely exercised full ownership. In this sense, the sexual division of labour has always expressed a fundamental alienation of the body. When Marx defined human ontology in terms of sensuous agency, his definition has to presuppose that human beings enjoy both possession and ownership of their bodies. For Marx, this prerequisite for *praxis* was primarily negated by the emergence of capitalist society in which people are forced to sell their labour given the particular character of the social relations of production. However, the negation of the ownership of our bodies is not specific to capitalism.

Under slavery and patriarchy, ownership of bodies is precluded by the political and legal system of control, so that agents experience their bodies as objects which are ruled externally. There are, of course, various institutional arrangements for the commodification of bodies, and prostitution is notoriously the most ancient of such arrangements. In this respect, prostitution can be regarded as the conversion of a natural asset as a use-value into an exchange-value; under some circumstances, casual homosexuality might also be regarded as a commodification of sexuality, devoid of subjective commitment and affective attachment. This loss of sensuous ownership of the body could, therefore, be regarded as one form of corporeal alienation, since at least one dimension of Marx's use of alienation as a concept involves loss of personal control. In a more interesting fashion, it could also be argued that disease involves a loss of bodily ownership and that disease which entails a loss of self is the most proximate and universal form of human estrangement.

A disease can be regarded as an invasion or at least an unwanted alteration of metabolism which has the consequence of disturbing or curbing my everyday social relations and activity. A disease places a limit or restraint on my creative, sensuous practice. To take one example, gout is a fairly

common disease in middle-aged men; it is partly hereditary, but is also associated with poor diet, lack of exercise and alcoholism. Gout is, therefore, probably widespread in the academic community. The immediate cause of gout is an accumulation of uric acid in the blood and the site of the attack is typically the large toe, where the victim feels a sharp and agonizing pain. The agony is usually unexpected and arrives without prior warning. The disease thus has all the features of an uncontrolled invasion of the body as a natural environment. In Greek medicine, gout was called podagra, that is foot-attack, and hence Hippocrates referred to it as the unwalkable disease (Hippocrates, 1886). Podagra is a disease you cannot walk with or upon. Gout is, of course, not simply an invasion of the feet and it is not confined to man, being common in parakeets, turkeys and chickens. Gout thus exists as a metabolic malady in man's domesticated animal environment and also in his internal environment. The tophi which are thus discovered in victims of gout are experienced as an alien intrusion and these tophi, from a phenomenological point of view, indicate the thing-like quality of the body as an environment of the person.

Although disease in this sense is alienation, the important feature of human praxis is that even disease can be appropriated and transformed into culture. Gout can also become part of the ensignia and stigmata of personality, since part of the individuality of a person can be known from their gait. Gout in the foot is thus transferred to the personality, which itself becomes gouty, denoting a special type of person. Although gout is clearly very painful as an alien intervention, it also has a certain honorific status as the complaint of the wealthy and the immobile. James Russell Lowell, who suffered much from the malady, referred to gout as a 'handsome complaint' and associated it with persons who enjoyed 'easy circumstances' (Norton, 1894). William Cullen who was Professor of Medicine at Edinburgh in the second half of the eighteenth century advanced the view that gout was an affliction of the intelligent, and associated it with an abundance of mental and physical abilities (Donovan, 1975). Cullen's treatment involved diet and an abstemious life-style (Talbot, 1964). Gout, like melancholy, was a disease of affluence, leisure and urban civilization. The social and metaphorical associations of podagra as a malady of the leisure class are in this respect interesting. Podagra is a malady of immobility; it is both an effect and a cause of stationariness as the disease of 'unwalkability'. Gout thus creates leisureliness (however painfully enforced) and is the badge of leisure. Although it is an alien attack on the extremity of the skeleton, it is also, at least in eighteenth-century culture, appropriated by people as part of their personality and social status. Gout in this respect becomes part of the total self identity and it becomes perfectly meaningful to then refer to 'the gouty individual'. In social terms, diseases are ranked upon a scale of prestige; gout, TB, melancholy and hypertension can be part of the social marks of intelligence, sensitivity and wit.

The point of this argument about gout is that a disease is a cultural paradox. It appears to be, so to speak, in nature but it is also inevitably

and deeply social. Gout as a malady brought about by uric acid must make a statement about walking or its absence. Walking is a statement about our social and individual character. The horse and the motor car make walking unnecessary for the leisure class who then take up jogging to avoid the unpleasant side-effects of stationariness. The problem of walking was a starting point for many of Georg Groddeck's illustrations of the psychodynamics of disease and illness in *The Book of the It* (1950); Groddeck was the first follower of Freud to ask systematically 'what is the meaning of illness?' Groddeck denied that health and illness are opposites because both are creations of the organism and they have multiple and contradictory meanings. Groddeck offered the illustration of a person walking from the bathroom, falling and breaking the lower thigh. To walk is to be upright, both physically and socially. Children cannot walk at an early age and are not morally and socially responsible for their actions. To be prostrate is to be helpless, but it is also a cry for help and a confession of the need for help. For Groddeck, there is an intentionality about illness, although it is often hidden from the agent himself. The role of psychoanalysis is in part to provide the interpretation of illness to the victim so that the sufferer can understand the positive, eufunctional and protective aspect of disease and illness. Illness also expresses human creativity and this grasp of the artistry of illness is perhaps nowhere more beautifully outlined than in Oliver Sacks's study of *Migraine* (1981).

To understand the point of Sacks's commentary on the meaning of migraine, it is useful to adopt Marx's dichotomy of base and superstructure to the world of human illness. We might argue that disease is a malady of the base, that is, of the organism which all human beings share by virtue of their location as phenomena in a natural world. Human creativity at an individual level occurs in the superstructure, that is, in the social, ideological and moral interpretations they elaborate in response to changes in the organic base. Each disease has an organic grammar, but the speech of the sick patient is highly variable, creative and idiosyncratic. Migraine is something people have, but also something they do. We speak of a 'migraine attack' employing military analogies to suggest an external invasion of the person, but we can also think in terms of migraine behaviour as the activity of a migrainous person. To quote at some length from Sacks:

If the foundations of migraine are based on universal adaptive reactions, its superstructure may be constructed differently by every patient, in accordance with his needs and symbols.

Thus we can now answer, in principle, the dilemma posed earlier, as to whether migraine is innate or acquired. It is both: in its fixed and generic attributes it is innate, and in its variable and specific attributes it is acquired. ...

Walking, at its most elementary, is a spinal reflex, but is elaborated at higher and higher levels until, finally, we can recognize a man by the way he walks, by his walk. Migraine, similarly, gathers identity from stage to stage, for it starts as a reflex, but can become a creation. (Sacks, 1981: 224)

Walking is a capacity of the biological organism, but it is also a human creation and it can be elaborated to include the 'goose-step', the 'march' and 'about-turn' (Mauss, 1979). Walking is rule-following behaviour, but we can know a particular person by his walk or by the absence of a walk. As Groddeck pointed out, my way of walking may be as much a part of my identity as my mode of speech. Indeed 'the walk' is a system of signs so that the stillness of the migrainous person or the limp of the gouty individual is a communication.

The external disease becomes part of culture and personality through appropriation and interpretation. This Groddeckian perspective may appear peculiar, but it is an important corrective to some of the literature on sickness which fails to grasp the contradictory, dialectical nature of suffering. In medical sociology, the symbolic interactionist perspective involves the application of concepts from deviance theory which treats disease and illness as a uniform negation of the self-concept. In this respect, illness can be seen as a process which increasingly restricts social contacts and undermines the coherence of personal identity. Illness creates a sense of dependency on others and on medical technology. For example, patients who are dependent on kidney dialysis have a constant daily reminder of their dependence on machinery (Strauss and Glaser, 1975). The social isolation brought about by chronic illness leads to experiences of being discredited, rejected and devalued. The chronically sick can no longer exercise conscious agency over their circumstances because they are repeatedly reminded of their dependence and they experience themselves as a burden (Charmaz, 1983). The interactionist argument is that illness is a form of deviance and, as such, illness is subject to stigmatization which results in a devaluation of the self. The maladies of the body become the stigmatization of the person. Although this perspective clearly illustrates the alienation of the patient from himself and from his social environment, it is important to bear in mind that not all illness is stigmatized; some forms of illness, like some forms of deviance, have a social prestige and in a peculiar way are positively evaluated. Furthermore, negative social labels are not necessarily incorporated by either the sick or the deviant; stigmatization only occurs where isolated individuals actually internalize negative labels. Associations for the blind, diabetics, paraplegics and the like attempt to resist negative labelling by offering a more positive image of the life-style of the sufferer. These comments on the interactionist viewpoint are obviously trivial. The most important issue is the complex and contradictory phenomenological relationship between the individual and their disease.

We express our agency in terms of our interpretation and adoption of disease and illness in the sense that the migraine attack becomes *my* migraine and the gouty leg becomes *my* special mode of walking. We can also exercise agency, however, in becoming ill or diseased in the trivial sense that if I fail to take my regular walk, eat a protein-rich diet and consume rich wines, then I may well become a gouty person. My choice over pipe smoking may also contribute to future illness and so agency operates both at the

level of interpretation and in the aetiology of disease. Chronic illness does result in a restriction of social contacts, but there is also evidence that loss of rewarding social relations may be causally connected to the onset of disease. The alleged association between cancer and repressed emotions is thus particularly interesting. The notion that cancerous growths are physical signs of repressed feelings can be traced back to both Wilhelm Reich and Georg Groddeck. Reich sought to explain Freud's cancer of the jaw in terms of Freud's unhappy personal life and his repression of emotion. According to Reich, Freud smoked heavily 'because he wanted to say something which never came over his lips' (Reich, 1975: 34). Freud had to bite down his emotions which found their outlet in disease and in this sense Freud 'chose' cancer as an alternative mode of expressivity. For Groddeck, disease is representational, pointing to underlying conflicts and tensions; disease became the symbol of repressed desire (Sontag, 1978). The language we use to describe cancer in terms of unsatisfied and controlled desires emerges out of a consumer culture in which to be complete persons we have to consume, to overspend and to satiate desire. Susan Sontag has suggested, therefore, that modern metaphors of cancer are bits of dangerous ideology, because they hold the patient responsible for disease and thus prevent us from grasping the social aetiology of human misery in capitalist society itself. Her argument is clearly powerful. It would be obscene to argue that workers choose asbestosis as a solution to their repressed emotions; however there is evidence that the onset of cancer is associated with suppressed emotions and that massive stress which is unresolved can act as a trigger for neoplasms (Inglis, 1981).

It is now a commonplace that becoming a patient involves a series of choices, from accepting that one is 'ill' to doing something about it (McKinlay, 1973). While the notion of choice is compatible with illness behaviour, the idea that conscious agency might be involved in the causation of disease is far more problematic. The involvement of will in physical disease takes us back to the problem of the relationship between nature and culture; the crucial issue raised by Sontag's discussion of the metaphors of illness is ultimately the relationship between language and reality. Is disease as a classificatory system itself socially constructed by decision-making processes in scientific medicine? Is the body itself merely a social phenomenon?

Nietzsche versus Marx

For Marx, nature is an objective reality which forms the environment of human beings and the arena in which they satisfy their needs. However, nature becomes less and less significant for human beings who, through collective and productive labour, push back the boundary of natural restrictions. The relationship between people and nature has thus to be seen as essentially social and historical – the relationship being determined by the mode of production by which values are produced. The existence of nature