Bodies and Culture

Bodies and Culture: Discourses, Communities, Representations, Performances

Edited by

Damon Talbott, Marike Janzen and Christopher E. Forth

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INTRODUCTION: BODIES AND CULTURE

DAMON TALBOTT, MARIKE JANZEN, AND CHRISTOPHER E. FORTH

Bodies and Culture reflects and contributes to recent scholarly trends in the humanities and social sciences that take "the body" seriously as a focus of analysis, and thus follow a somatic turn that began around the 1990s and which has continued to expand and develop through the present.[1] There are many ways in which we might understand the body in the West. In many respects we experience the body as being separate from the mind, relating to it as a sort of possession we carry around with us. Yet this commonsense illusion of disembodiment, which was enshrined in modern philosophy by René Descartes, is often frustrated by those moments when our bodies do not operate according to our expectations, notably during periods of illness, injury, or aging when we are rudely reminded of the limitations, vulnerability and mortality of the flesh.[2] Such moments may further encourage fantasies of being separate from the body, as if the body is the not-I and therefore a "prison" that confines or a "burden" that weighs us down.[3] Yet in Western culture a similar stance is often encouraged in relation to material objects as well as non-human animals. Whether through scientific techniques of "purification," in which we seek to overcome our connection to the object world by emphasizing our transcendent reason, or through denials of a shared "creatureliness" with other animals, the body continues to impress with the potentialities it offers and limitations it imposes.[4] The phenomenally lived experience of the body-self grounds our experience of being in a material world, even when we entertain fantasies of transcendence or invulnerability. We "have" bodies just as we *are* bodies; we "possess" material objects just as what we are is also *enabled* by those objects in important ways.[5]

Such seemingly personal responses to the often uncomfortable facts of embodiment must always be framed by the relations and contexts that inflect and constrain them. Somatic imagery permeates our language, structuring the ways in which we perceive ourselves, other people, and the world generally.[6] We habitually use bodily metaphors to describe the nation, medical imagery

to conceptualize threats to society, and the language of hygiene to describe things we consider good/clean/healthy and bad/dirty/diseased.[7] We circulate these representations and proliferate their power through diverse materials: print, television, and Internet advertising, government and corporate policies, advice guidebooks, inter-community dialogue, staged performances, and the discipline and play of sport and exercise. As many corporeal traits are inflected along the lines of gender, race, class, age, and other ways of thinking about difference, focusing on the body offers a complex way of approaching many pertinent social, political, and cultural issues. Many roles of the body—as biological entity, political agent, and social symbol—are thus interrelated and well-suited for interdisciplinary analysis and synthesis.

Corporeal concepts and images inflect a variety of spaces in social life, but bodies are in turn constructed out of those spaces and through such ideas. As Gail Weiss notes, "the experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies."[8] Even as bodies can be used to demarcate distinctions between different groups and spaces, sometimes with the effects of lodging the self firmly within distinct physical boundaries, they may also be used to forge connections and associations that seek to overcome such differences. We are thus at once enabled and constrained, comforted and haunted, by the bodies of others, immersed in intercorporeal exchanges that shape our perceptions in countless subtle and overt ways. We also relate to non-human bodies through the transformation of plants and animals into foodways that reflect the structure of our societies, the trends of our cultures, and our relationships with the natural world.[9] Moreover, thanks to modern science and industry we are enhanced, extended, and otherwise reformed by technologies and informatics that change our bodies' corporeal forms, conceptual terms, and communal relations.[10] As such, modifying bodies and making their meanings are always intertwined.[11]

The ten essays collected in *Bodies and Culture* elaborate many of these aspects of the body in various ways. They represent the best contributions to the second annual Mid-America Humanities Conference, an interdisciplinary forum for undergraduate and graduate research hosted by the Humanities and Western Civilization Program at the University of Kansas in March 2011. In particular, these essays interrogate the role of the body in articulating and reinforcing social differences (e.g. race, class, gender, ability); the effects of racist, colonialist, and other hegemonic ideologies on the agency and diversity of bodies; the place of the body in forming identities, images, and narratives of individuals; the options, extent, and intent of reforming the body through practices; and the reasons for and restrictions of bodies at play and performance in social spaces. Drawing upon scholars working in a wide

range of areas, including literature, anthropology, sociology, art history, cultural studies, gender and sexuality studies, and fat studies, this exuberantly interdisciplinary collection presents some of the most recent and innovative scholarship on the body in culture.

Part One, "Resources and Discourses of the Body," focuses on the ways we talk about the body as well as other key resources for understanding and maintaining the body. As the legacy of Cartesian mind-body dualism has shown, interrogating the basic cultural framing of the body is fundamental to its analysis in the humanities and social sciences. Furthermore, as found in contemporary healthcare debates, issues of resources and agency—financial and physical—are central concerns for healthy bodies in modern societies. This context fosters new discourses and practices, such as patients being "managed" by systems and bodies as machines made optimal by chemical adjustments. Themes in this section include the role of discourses and signs, especially metaphors of illness; cultural ideals of health and standards of care; the management of resources and access by individuals, governments, and healthcare providers; genetics versus lifestyle in determining body shapes; the ethics of cultural frameworks for the body; and the aesthetic re-forming of bodily forms.

Part Two, "Communities and Practices of the Body," looks at how different subcultures work against and within hegemony through establishing agency for their bodies and assigning accountability for their actions. These chapters present diverse communities' ideas about and practices of the body while analyzing these groups' relationships to racial, gendered, and sexual norms and their subsequent access to power. Patterns of behavior are thus situated within historical contexts and social matrices that provide opportunities for some while limiting the abilities of others. Themes in this section include: coping with trauma, whether physical, psychological, or sociological; the embodiment of cultural norms in corporeal forms; the public production and perception of affect; and the use of secrets, lies, discussions, and other tactics to enable bodily activity.

Part Three, "Representing Bodies," centers on the politics and process of representing bodies in texts across different times and places, especially sexualized bodies. Whether considering sexuality in relation to nationality and ethnicity or identity and the life course, these chapters explore the use of narrative to challenge and subvert a variety of customs regarding text and sex by queering binaries such as east/west, privileged/subordinate, citizen/alien, and hegemony/alterity. In this section recurring themes are: the body as intersection of race, power, and gender in post-colonial contexts; the relationship between modes of narrative and the shaping of norms; subjugated

knowledges and suppressed practices; cross-cultural communication; and consciousness raising and social activism through artistic creation.

Part Four, "Performing Bodies," engages in understanding the activities of bodies in performance, exercise, and other physical movements. The extent to which a body can move, and the ways and spaces in which it does move, reveals much about the politics of the body. Further, analyzing how bodies are trained and exhibited exposes the intentions of those attempting to move bodies, whether toward consuming commodified products for bodily use and display or critiquing concepts and practices of the politics of the everyday. This section's themes include: the role and reformation of cultural stereotypes of bodies in their individual actions and group interactions; exercises and other practices of shaping the body; the cultural work of leisure activity; performance and the places of play as the overlap of spatial relations and social relations; the capabilities of improvisation and intention in bodily expression; and physical movement as the enactment of social differences of race, class, gender, and religion.

These essays demonstrate that the body is never solely one "thing," but is instead as multi-form in shape and varied in meaning as the persons who have them and the cultures they inhabit. Bodies move, feel, think, reproduce, and transform, altogether working within and against their natural sources and cultural resources. No longer understood as merely biological, the body as studied in relation to culture widens and complicates accounts of what is a body, what it can do, and how and why it holds such myriad guises and mixed functions. The body is a nexus, a point through which the complex interactions of life occur in diverse ways. Interdisciplinary research across the arts, humanities, and social sciences has always intended to represent this complexity by considering the diversity and density of matters that create it. The interdisciplinary study of culture and the corporeal proceeds likewise, analyzing particular bodies through synthesizing the many things that convene to generate, maintain, and change their physical, symbolic, and other dimensions. Overcoming the mind-body split and its consequences thus requires more than a suture of that wound; it calls for a holistic treatment of the body making culture and culture making the body.

Notes

[1] The literature on the body in the humanities and social sciences is now quite large, but for some notable and pioneering works in a variety of disciplines see Nancy Scheper-Hughes and Margaret M. Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology," *Medical Anthropology Quarterly* 1, no. 1 (1987): 6-41; Bryan S. Turner, *The Body & Society* (London: Sage, 1996); Kathleen Canning, "The Body as Method? Reflections on the Place of the Body in Gender History," *Gender & History* 11, no. 3 (1999): 499-513; George Lakoff and Mark Johnson, *Philosophy in the Flesh: The Embodied Mind and its Challenge to Western Thought* (New York: Basic Books, 1999).

[2] Drew Leder, *The Absent Body* (Chicago: University of Chicago Press, 1990).

[3] Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley, CA: University of California Press, 1995).

[4] Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, MA: Harvard University Press, 1993); Jamie L. Goldenberg, Tom Pyszczynski, et al., "I Am *Not* an Animal: Mortality Salience, Disgust, and the Denial of Human Creatureliness," *Journal of Experimental Psychology* 130, no. 3 (2001): 427-35; Caroline Walker Bynum, *The Resurrection of the Body in Western Christianity, 200-1336* (New York: Columbia University Press, 1995); Martha Nussbaum, *Hiding from Humanity: Disgust, Shame, and the Law* (Princeton, NJ: Princeton University Press, 2004).

[5] Nick Crossley, *Reflexive Embodiment in Contemporary Sociology* (Maidenhead, Berkshire: Open University Press, 2006); Daniel Miller, ed., *Materiality* (Durham, NC: Duke University Press, 2005).

[6] Mark Johnson, *The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reason* (Chicago: University of Chicago Press, 1990); on the role of the body in structuring basic spatial and temporal concepts see Christopher Tilley, *Metaphor and Material Culture* (Oxford: Blackwell, 1999), 34-8.

[7] Ernst H. Kantorowicz, *The King's Two Bodies: A Study in Mediaeval Political Theology* (Princeton, NJ: Princeton University Press, 1957); Jonathan G. Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge, UK: Cambridge University Press, 1998); John McMurtry, *The Cancer Stage of Capitalism* (London: Pluto, 1999); Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: Farrar, Straus & Giroux, 1978); Robert N. Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, MA: Harvard University Press, 1988); Deborah Cameron, *Verbal Hygiene: The Politics of Language* (London: Routledge, 1995); Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1999).

[8] Gail Weiss, *Body Images: Embodiment as Intercorporeality* (New York: Routledge, 1999), 5.

[9] Sidney W. Mintz, *Sweetness and Power: The Place of Sugar in Modern History* (New York: Penguin, 1986); Marion Nestle, *Food Politics: How the Food Industry*

Influence Nutrition and Health (Berkeley, CA: University of California Press, 2002); Michiel Korthals, *Before Dinner: Philosophy and Ethics of Food* (Dordrecht: Springer, 2004); Warren Belasco and Roger Horowitz, eds., *Food Chains: From Farmyard to Shopping Cart* (Philadelphia: University of Pennsylvania Press, 2009).

[10] Donna Haraway, "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in *Simians, Cyborgs and Women: The Reinvention of Nature* (New York: Routledge, 1991), 149-81; Allucquère Rosanne Stone, "Will The Real Body Please Stand Up?: Boundary Stories About Virtual Cultures," in *Cyberspace: First Steps*, ed. Michael Benedikt (Cambridge, MA: MIT Press, 1991); Chris Shilling, *The Body in Culture, Technology & Society* (London: Sage, 2005).

[11] Mike Featherstone, ed., *Body Modification* (London: Sage, 2000); Victoria Pitts, *In the Flesh: The Cultural Politics of Body Modification* (New York: Palgrave MacMillan, 2003).

PART ONE:

RESOURCES AND DISCOURSES OF THE BODY

PHARMACEUTICAL ADVERTISEMENTS AND THE METAPHORS THEY EMPLOY

LINZY KIRKPATRICK

Metaphors pervade the everyday use of language. George Lakoff and Mark Johnson demonstrate in their groundbreaking work, *Metaphors We Live By*, that people use metaphors to better understand abstract concepts and give orientation to certain words.[1] Understanding how these metaphors operate, and why people put more stock in certain metaphorical strains of thought, can give people a power over the English language and an insight into the means of manipulating it to work to their benefit. One such instance of this command of metaphor is in direct to consumer advertising (DTCA). The relatively recent explosion of the DTCA of prescription pharmaceuticals is evidence of these companies' understanding of the role of metaphor in interpersonal relations. Pharmaceutical advertisements employ conceptual metaphors that are universal, suited to the American concept of the sick role, and emotionally and morally relatable to consumers. Pharmaceutical companies use conceptual and orientational metaphors as a part of their television advertising strategy, alongside personification as an element of medical paternalism, to force consumers into a false sick role and implore them to purchase prescription medications that may not be medically pertinent.

In the study of social roles, the controversial concept of a sick role has undergone much discussion. Although the model of the sick role has been reworked numerous times, the core values of Talcott Parsons's original model remain mostly intact. For the purpose of examining pharmaceutical advertisements I employ Parsons's original definition of the sick role, "that illness is not merely a state of the organism and/or personality, but comes to be an institutionalized role," the criteria for which include: the sick role's "acceptance by both self and others, that being in a state of illness is not the sick person's own fault"; the assumption that "the sick role is the claim of exemption from ordinary daily obligations and expectations"; and "the expectation, if the case is sufficiently severe, of [the sick] seeking help from some kind of institutionalized health service agency."[2] Marketers for

pharmaceuticals understand this sick role and use metaphors to augment the sick role to include a larger demographic. In conjunction with medical terminology, the language used in these commercials broadens the definition of illness, and this allows for aspects of common life experiences to be considered elements of an overarching illness.

Pharmaceutical corporations have honed in on the third criterion of the sick role and used commercials to exploit the consumer's need for medical advise. Advertisers acting as medical experts "violate their patients' liberty in order to provide benefits or to remove harms. These benefits and harms are usually represented under the authority of objective science," thus presuming that health care consumers "cannot make informed pharmaceutical choices without the assistance of learned intermediaries."[3] As a result, medical paternalism justifies manipulation of the consumer into the sick role in the name of safeguard against illness, and pharmaceutical advertisements embrace and perpetuate medical paternalism's role in altering the traditional sick role.

A new extension of the sick role is created with the aid of advertising: precautionary measures to combat illness. Consumers operate under the assumption that they are already ill in an attempt to avoid being placed into the traditional sick role. However, the fear of being labeled as ill causes consumers to willingly seek medical help for innocuous "symptoms" of daily life, therefore thrusting them into a cyclical and somewhat inescapable sick role. They continue to medicate and pursue the treatments that are suggested to them by advertisements under the guise of prevention and personal maintenance. As advertising creates and expands the category of treatable illness to include the scope of normal human emotions and bodily (dys)functions, people are allowed to bypass the removal of responsibility required of the traditional sick role by obtaining prescriptions and returning to a normal, productive life. In a fast-paced society where time is equivalent to capital, bypassing a social state of latency is not just desirable but essential to survival. Due to this new type of DTCA, society may be witnessing a reworking of the sick role because, as Alexander Segall argues, "within any given population there may be found a number of distinctive conceptions of illness and socio-cultural patterns of help-seeking behavior," and "it is also reasonable, therefore, to anticipate the existence of a variety of subcultural beliefs regarding behavior appropriate to the sick role."[4] To foster such beliefs commercials insinuate that by investing in pharmaceuticals consumers can ensure social functionality, normalcy, and therefore personal satisfaction and economic gain.

Advertising directly to consumers has existed in the marketing world since the advent of magazines and television. Because DTCA of prescription

drugs was previously illegal, the popularity of the newer application of this strategy to pharmaceuticals is as recent as the early 1990s. The Media Education Foundation points out that between 1996 and 2004 "industries' spending on…DTCA rose over 500%," which means that "even before walking into their doctor's offices, patients have already been exposed to millions of dollars worth of persuasive advertising that encourages them to ask their doctor how a particular brand of drug might help them."[5] As a result, controversy has arisen within the medical community as to whether this type of advertising is beneficial or harmful. Ronald White argues against this new medical economy, citing the problems of advertisers' assumptions that:

> (1) health is a fundamental necessity; (2) the consumer often cannot adequately assess the absence or presence of disease; (3) treatment requires specialized expertise; (4) misdiagnosis, mistreatment, or non-treatment may have profound consequences; and (5) ill people are frequently rendered especially vulnerable to exploitation by their disease.[6]

Metaphor use allows for the prominence of DTCA. It operates within the context of medical paternalism in order to alter consumers' conceptualization of illness so as to mirror that of the corporation's. A marketing team uses universal metaphors to influence the way consumers perceive illness and widen their demographic audience.

For the purpose of examining metaphor use in pharmaceutical advertisements, I divided popular commercials I viewed into three categories: somatic health, mental health, and sexual or reproductive health. The delineation between these three areas was clear, and I hoped to find correlations within the categories as well as overarching metaphors that saturate pharmaceutical advertisements as a whole. Somatic health advertisements focus on treating body systems such as the cardiac, respiratory, digestive, muscular, skeletal, and endocrine. Mental health is distinct from somatic health because it deals with the chemical cause for mood disorders and not the physical structures of the body. While sexual (reproductive) health does deal with both chemicals and a physical system, it has a separate purpose: most reproductive health medications focus on sexual performance or avoiding pregnancy.

Lakoff and Johnson's conceptual metaphor theory revolves around the ideas that "human *thought processes* are largely metaphorical," and language is evidence of the way people use metaphor to communicate and understand larger concepts.[7] Various forms of metaphorical thought exist, though primarily there are structural metaphors, orientational metaphors, and ontological metaphors. These metaphors occur in human cognition and are

reflected in speech patterns when people map characteristics of a concrete object (source) onto an abstract concept (target) in order to help explain the new concept in terms that are already familiar. Structural metaphors are the simplest metaphors to understand, metaphors in which one concept is understood in the terms of another. For example, in the statement *argument is war* physical and descriptive traits of war are applied to, or mapped onto, the concept of arguing. Statements such as "I've never *won* an argument with him," or "your claims are *indefensible*," suggest that arguments are carried out in a way not unlike wars.[8]

Orientational metaphor evolves from our physical perceptions of various stimuli. According to Lakoff and Johnson, "spatial orientations arise from the fact that we have bodies of the sort we have and that they function as they do in our physical environment," which they thereafter refer to as embodiment.[9] Physical displays of emotion are thus conceptually translated into orientational metaphors. When a person is sad their overall stature may be deflated with relaxed limbs, their head hanging and eyes looking to the ground. Conversely, a happy person tends to act light, energetic, engaging, and with their head up. These two contrasting sets of body language, Lakoff and Johnson argue, create the *happy is up, sad is down* metaphor. Statements such as "I'm feeling *up*," "You're in *high* spirits," or "I *fell* into a depression," are metaphorical representations of embodiment, not literally directional descriptions.[10]

The third and broadest metaphorical category discussed by Lakoff and Johnson is ontological metaphor. They help "identify our experiences as entities or substances, [so that] we can refer to them, categorize them, group them and quantify them—and, by this means, reason about them."[11] These metaphors, such as *ideas are objects*, explain intangible concepts in terms of physical properties. Statements such as "he *ran out* of ideas," "now there's a theory you can really *sink your teeth into*," or "we've *generated* a lot of ideas this week," describe ideas in terms of physical properties that people have experienced.[12] Describing things in terms of embodiment allows for specificity when referring to concepts that we have no other means to describe. Personification is a subcategory of ontological metaphors in which "the physical object is further specified as being a person" in order to understand "nonhuman entities in terms of human motivations, characteristics, and activities."[13] Likewise, observable traits of human entities are mapped onto objects in order to better understand and relate to them. Advertisers especially use these metaphors because they allow audiences to place themselves in the position of the object or even feel kinship toward a product or thing. In the case of pharmaceutical advertisements, pills are personified to create a sense of trust between the medication and consumer; medications are

given heroic qualities as fighters, purifiers (in a religious context), and law enforcers. Giving a prescription a face and a personality imbues consumers with a sense of loyalty, reverence, and indebtedness to the drug.

Metaphors in mental health pharmaceutical commercials work toward generalizing the symptoms of mental illness to include the broad spectrum of daily human emotions, thus creating a wider demographic that feels they need to be medicated. The classic "bouncing ball" Zoloft commercial is one of the first famous mental health commercials. In it, a narrator asks a series of generic questions about the viewer's mood related symptoms while a nondescript, black and white sketch of a bouncing ball makes its way across the screen with a face that looks melancholic.[14] The narrator eventually describes the effects of Zoloft while flashing to a shot of neural receptors, demonstrating the physical effects of the drug. Lastly, the personified ball returns to the screen, looking up toward a blue bird and passing a few brightly colored flowers. There are several acting metaphors in this commercial: *symptoms are weather*, *happiness is up*, *happiness is a tangible thing*, *color is happiness*, and *bodily functions work as a signal and response*. There is also the use of mapping onto the Zoloft character: he is created with generalized human traits to avoid singling out any specific audience, making the symptoms mapped onto the character the only relatable aspects of the human-like figure. For this reason, the audience interprets the commercial by identifying their daily gambit of emotions with metaphors for depression. Once this happens, they map their personal characteristics onto the blank Zoloft spokesball, allowing the ball to embody the viewers. The metaphors change when the ball undergoes the chemical transition instigated by Zoloft; this convinces viewers that Zoloft will transform their lives, removing all instances of sadness and dissatisfaction with their lives. The ball's potential happiness is mapped back onto the viewer, compelling them to invest in a prescription. By watching this advertisement audience members are convinced by marketers that they are abnormal for experiencing the negative portion of their natural spectrum of emotions, and thus they are in need of medication to correct this aspect of their human experience.

Another mental health commercial, for Paxil, shows a series of solitary, sedentary men and women indoors.[15] Each person averts his or her eyes, looking downward. Afterwards, a montage of words used to describe general anxiety disorder appears onscreen, terms such as "worry" or "muscle tension," followed by a series of images of the men and women together laughing, outdoors, or being active in groups. The orientational *happy is up, sadness is down* metaphors appear universal, and when accompanied by the generic symptoms of general anxiety disorder they make the illness appear more universal as well. The *sickness is indoors* metaphor is also quite

relatable, and the sense of entrapment from which it is derived is mapped onto the illness. The medication is thus seen as a cure for feelings of dissatisfaction, discomfort, and entrapment. Advertisers recycle societal notions of success through metaphors in order to dictate to consumers what they should do to avoid failure. In American society, where stagnation is considered a waste of time, money, and potential, consumers act upon their derision for boredom and purchase Paxil to prevent similar situations.

Somatic health commercials use most of the same metaphors as mental health commercials. Lunesta is a sleep aid medication whose symbol is a butterfly. One short advertisement makes use of a butterfly soaring through a series of skyscrapers, passing through a suburb, and landing on an open windowsill.[16] Here, the prevalent metaphors are *illnesses are buildings* and *nature is health*. The butterfly maneuvers between the monolithic illnesses, delivering a night of healthy sleep to an eagerly awaiting consumer. The commercial has very few verbal descriptions of the medication and relies almost completely on the visual metaphor to convey a sense of the efficacy of the drug. This leaves the metaphors open to interpretation by consumers, each of whom are allowed to determine what level of problematic sleep warrants a prescription of Lunesta. Advertisers contrast metaphors in this commercial, creating a cognitive dissonance in the audience: people are confined to the rigidity and stress of manmade cities and buildings while they crave the peace and relaxation that only the natural world can provide. These metaphors create an urge to return to nature, and the marketing visually suggests that a prescription can help return patients to a normal, healthier state.

Another medication of this classification, Plavix, is a cholesterol-lowering drug. The commercial sets up a protagonist of the scenario, a hockey coach, who is battling heart problems. Before he takes Plavix, the images are dark and he is depicted as inactive, conducting his hockey practices from the sidelines.[17] The commercial cuts to an image of arteries, or a series of tubes, in which little white discs (plaque) build up to cause heart attacks. Once he begins taking Plavix, the scenes brighten up, he begins smiling, and he actively coaches his team to victory. The final scene of the commercial is the coach dressed in a suit, sitting in his trophy-decorated office, signing papers with a player. The commercial uses a series of metaphors, including: *the body is made up of pipes*, *authority is health*, *disease is an adversary*, *illness is war*, *light is good*, *darkness is bad*, and *health is success*. This advertisement targets men over the age of forty-five, the largest demographic that has high cholesterol. Due to this fact, the commercial focuses on metaphors of strength to appeal to the American ideal of masculinity—if men are anything less than successful, happy, active, or sporting, then they assume the sick role and

pursue the prescription of Plavix. On a basic level, taking Plavix will prevent the body's demise and guarantee success, which is the ultimate goal of overcoming the sick role and re-entering the happy, healthy, social norm. The use of the *body is made up of pipes* metaphor helps explain the function of the drug while also establishing the marketers' role as experts. When the commercial suggests that viewers use Plavix to improve their success, audience members are more apt to accept that this small amount of information is pertinent and reliable. Metaphors that explain bodily functions and operations of medications are used to aid medical paternalism rather than actually educate viewers: television commercials are limited in time, and visual metaphors explaining medications work more toward establishing trust in the marketers than fully explaining the product.

Metaphors in sexual or reproductive health commercials are somewhat similar to mental health metaphors, as these are seen as intimate, secret, and personal drugs. However, this classification of medications is highly oriented to certain gender demographics, for fairly obvious reasons. One of the most popular medications for sexual wellness is Viagra, a drug used to treat erectile dysfunction. One popular commercial for the drug from the beginning of the "Viva Viagra" campaign shows a man pulling into the driveway of his suburban home as part of his daily routine.[18] He is dressed in business attire, driving a safe, neutrally colored four-door sedan, and dropping his wife off with her groceries. After establishing this routine, one day he arrives home on a motorcycle dressed in leather and whisks his wife away on a road trip to an isolated motel where they have intercourse. The metaphors at work (*routine is illness*, *illness is a house*, *sexual reproduction is a journey*, *nature is health*, *freedom is health*) apply to both men and women, and, because of the vague marketing at the beginning of the commercial, problems have arisen where women ask their physicians for a Viagra prescription, not understanding that the medication is intended for men. Although it targets men primarily, this commercial is interesting because it begins by painting the woman as the sufferer. She is stuck in a boring (unhealthy) routine. She is also confined to "housework," a symbol of her discomfort and byproduct of an illness. Upon taking the medication, the man in this scenario is overly masculine. The motorcycle (Viagra) is the vehicle to his freedom (sexual wellness). He rescues the afflicted woman and together they "conquer the open road" or "escape to nature" to do what is natural and healthy, and so their "illness" is cured. In this instance, both the men and women who relate to this commercial feel as though anything less than perfect sexual performance is an illness that needs to be treated; the feeling of boredom or even shame is thrust upon the viewer and thus creates the feeling that they are included in the sick role. Marketers, under the guise

of medical professionalism, suggest that men not taking Viagra fall into the sick category and are dragging their sexual partners into that category with them.

Although marketed toward women, the NuvaRing commercials make use of similar metaphors. One particular NuvaRing commercial begins as a curtain rises and the viewers witness a performance that denotes the action of taking monthly contraceptives. Women are dressed in swimsuits and caps, each labeled as a day of the week that corresponds to a day and color, arranaged in a traditional, daily oral contraceptive pill packet. They swim in synchrony, singing the names of days of the week.[19] NuvaRing, a vaginal contraceptive device, is offered as a replacement for the daily monotony of a pill, and, one at a time, the women break free of the synchronized swimming and make their way to a smaller hot tub or lounge chairs. As they leave the monotony of the original group each woman removes her swim cap, thereby letting down her hair and showing her individuality—they also alter their bathing suits into more attractive bikinis. As newer forms of administering drugs become available, the personification of the pill is manipulated; in this commercial for a vaginal ring contraceptive, "the pill" and older forms of birth control are personified as mundane, conforming, and entrapping. For NuvaRing, individuality is freedom from confining routines and, likewise, freedom from sexual constraint. The metaphors *routine is illness*, *individuality is health*, *monotony is an act*, and *spontaneity is the true self* work to make women identify with the desire to be unique, beautiful, playful, and healthy. These metaphors emotionally manipulate women into believing that their "old routine" is actually causing harm, or is likened to illness, and by switching medications these woman can improve their mood, image, and health. The negative perception of the old types of birth control guide women who use these contraceptives into a perceived sick role, and in order to be removed from this category they are instructed to use vaginal contraceptives to break the monotonous and harmful routine of other kinds of birth control.

While television commercials reach the largest number of consumers, print advertisements are still effective in the pharmaceutical market. Print advertisements employ the same types of metaphors as film advertising, but they focus on the strongest metaphors because they only have one frame to display their message instead of 60-second video clips. One advantageous aspect of magazine advertising is that the market can be geared toward a certain demographic: men's health magazines may focus on cardiac care or advertisements for erectile dysfunction medication, but a woman's health magazine will focus on medications like Boniva or birth control. It is possible to see Viagra advertisements in a women's magazine, but the metaphors will be different: in a men's magazine the advertisement will focus on virility and

the outdoors metaphor, yet in a woman's magazine the advertisement will focus on a functioning relationship as represented by a couple enjoying each other's company. Regardless of political correctness, these are the advertising methods in practice in the magazine market. Researchers have discovered which metaphors work best for their magazine's target demographic, and the advertisements run rampant.

Whilst this new level of consumerism causes the pharmaceutical industry to explode in profits, there are several serious problems with DTCA. Aside from the obvious manipulation of the sick role, some people fall prey to the ambiguity of a commercial, and their interpretations of it, due to their own naivety. Many consumers "talk to their doctors" and request medications before researching what it's used to treat; for instance, there have been several reported cases where women demand a Viagra prescription without understanding that they are corporeally unequipped to use that medication. These women responded to a general emotion or desire that is perpetuated by the advertisements rather than the underlying symptoms that the medication is used to treat. This should cause some concern for the general public because the reason why some of these advertisements are so ambiguous is because there are no strict guidelines for producing a pharmaceutical advertisement. The commercials may undergo some FDA scrutiny after they initially air, but there is no basic requirement for these advertisements before that point.

Generally, each classification of medications adheres to the same group of metaphors. Overall, medications begin with the overarching metaphor *illness is a building* or *illness is confinement/inactivity*, with additional metaphors more specific to each class of medication. Corporeal medications stick to metaphors of *illness is war* and *authority/masculinity/relaxation/outdoors are health*. Mental health and reproductive health are similar to each other in that they are medications pertaining to more private aspects of life; hence, these two classes use personification of the medication the most because giving a drug a personality or face allows the consumer to trust in the medication. By personifying a pill a team is built in fighting an illness or keeping the illness a secret, a team that includes the authority of medical professionals. Medical paternalism is, in large part, to blame for DTCA, and the goal of medical paternalism is to treat the viewer as uneducated and present the "truth" as an image of a better life. Using the socially constructed sick role allows pharmaceutical marketers to choose metaphors that fit within: (1) the ideal for evolving from the sick role into a normative state; (2) medical paternalistic goals for a well-educated specialist to inform an uneducated consumer; and (3) universal human emotions, symptoms of normal life, and desires for success. Metaphors, then, change throughout the advertisements,

guiding consumers through a range of personal identifications with certain traits or emotions that these commercials display: at first they identify with a generalized problem, then they have a strong desire to become "well," and finally they see the medication as the gateway to a successful and improved self. This is not to say that many people who actually suffer from these illnesses do not need these medications. Rather, the metaphors in these advertisements have been understood and used by mass marketing pharmaceutical companies to create a new concept of illness and ultimately overmedicate the general public. Every year 100,000 deaths result from poor drug reactions in the United States, which I contend is a result of the over-promotion and over-prescription of these drugs.[20] By understanding how these metaphors work within the abundance of commercials people are exposed to daily, perhaps people could resist adding another gratuitous designer drug to their medicine cabinet, and the extensive number of people who put themselves at risk by requesting these medications could be drastically reduced.

Notes

[1] George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 2008).
[2] Talcott Parsons, "The Sick Role and the Role of the Physician Reconsidered," *Milbank Memorial Fund Quarterly: Health and Society* 53, no. 3 (1975): 261-2.
[3] Ronald F. White, "Direct-to-Consumer Advertising and the Demise of the Ideal Model of Health Care," *The Independent Review* 11, no. 2 (2006): 229.
[4] Alexander Segall, "The Sick Role Concept: Understanding Illness Behavior," *Journal of Health and Social Behavior* 17, no. 2 (1976): 165.
[5] "Big Bucks, Big Pharma," Media Education Foundation, accessed December 1, 2010, http://video.google.com/videoplay?docid=-634917600336592397.
[6] White, "Direct-to-Consumer Advertising," 224.
[7] Lakoff and Johnson, *Metaphors We Live By*, 6. Italics in original.
[8] Ibid., 4.
[9] Ibid., 14.
[10] Ibid., 15.
[11] Ibid., 25.
[12] Ibid., 47, 48.
[13] Ibid., 33.
[14] "Original Zoloft Commercial," Pfizer Inc., accessed November 1, 2010, http://www.youtube.com/watch?v=twhvtzd6gXA.
[15] "Paxil TV ad (2002)," GlaxoSmithKline plc., accessed November 1, 2010, http://www.youtube.com/watch?v=WY1HSCumuYY.

[16] "Lunesta," Sunovion Pharmaceuticals Inc., 1 accessed November 1, 2010, http://www.youtube.com/watch?v=6WIcPph-zVs.
[17] "Plavix Commercial," Bristol-Myers Squibb, accessed November 1, 2010, http://www.youtube.com/watch?v=Cq6O277ijqc.
[18] "Viagra Commercial," Pfizer Inc., accessed November 1, 2010, http://www.youtube.com/watch?v=LErirfXcWp0.
[19] "NuvaRing Commercial," accessed November 1, 2010, http://www.youtube.com/watch?v=mb49mo5uvE0.
[20] "Big Bucks, Big Pharma." Media Education Foundation, accessed December 1, 2010, http://video.google.com/videoplay?docid=-634917600336592397.

FROM CULTIVATION TO NEGLECT: WOMEN'S BODIES IN THE SOCIAL REPRODUCTION OF HEALTH

SHAWNA CHAPMAN

Introduction

Economically, the United States is a vastly unequal society. Income disparity is greater than in any other Western nation and at it's highest since the Great Depression.[1] Unequal societies are inherently hierarchical, with those at the top maintaining position through a complex web of political, social, and cultural institutions. Social reproduction is a term used to represent the processes that maintain these institutions over time.[2] The social reproduction of health is the process of how social structures perpetuate conditions of health or illness among different groups.[3] Because social position affects access to resources that impact health, the poor often bear the marks of diminished status on their bodies through increased disease and disability.[4] Despite the largely structural limits on resources, the dominant American belief is that everyone can control their position through hard work or "raise themselves up by their own bootstraps." Similarly, physical manifestations of disease are seen as indicators of personal failure.

In *Unbearable Weight*, Susan Bordo shows that women want to acquire the American definition of the ideal body because it indicates potential for upward mobility, the most important aspect of American ideology.[5] Associations between the ideal body, physical health, and individual worth are tangled with beliefs about disease. This paper explores these associations as discussed by a sample of fifty-five women in Kansas City who talked about their perceptions of cardiovascular disease and its related risks.

Methods

Ethnographic data were collected in Kansas City from February 2008 to February 2009 to explore women's perceptions of cardiovascular disease and

related risks. The study: (1) assessed the cardiovascular health information circulating in the community and how it was influenced by public health and health-related industries; (2) explored women's knowledge of cardiovascular disease and related risks; and (3) recorded how women's knowledge affected their actions and interactions with other community members.

Participant observation and informal interviews were conducted at locations where women spent time and accessed services, places such as laundromats, clinics, and community centers in three urban counties, Wyandotte, Johnson, and Jackson.[6] The researcher developed a convenience sample of fifty-five women for formal interviews from informal interview participants. Form interviews included a demographic questionnaire, semi-structured question protocol, and women drawing pictures of someone at risk for and someone with cardiovascular disease. When participants agreed (fifty-two), formal interviews were audio recorded. The portions of interviews that related to research objectives were transcribed. In addition, the researcher video recorded, observed, and took notes on a random sample of television news programs and commercials between July 1 and December 31, 2008.

Demographic information was assessed in Microsoft Excel. Ten women formally interviewed had medical training. Of the fifty-three women who filled out a demographic form, ages ranged from twenty to seventy-four with six participants in their twenties, eleven in their thirties, twelve in their forties, fourteen in their fifties, seven in their sixties, and three in their seventies. The majority (forty-one) of formal interview participants were non-Hispanic white. Seven women were African American, seven were Hispanic, one was Native American, and one was Asian American. Annual household incomes began at under $5,000 and ended at more than $300,000. Participant education levels began with the tenth grade and ranged up to ten women who completed graduate school.

Field notes, interview transcripts, and television observation notes were loaded into Atlas.ti qualitative analysis software and coded. Codes were developed from patterns in women's health beliefs and behaviors, and these emerged in association with their descriptions of their health insurance, access to care, and socioeconomic status. Data were recoded based on emergent patterns, and the researcher identified and named four groups of women with similarities in how they and society treated their bodies. The groups represented women with *cultivated*, *managed*, *neglected*, and *forgotten* bodies. Women with cultivated bodies had the best insurance, rapid access to health care, and the most rigid health habits. Women with managed bodies had slightly more expensive and less inclusive insurance, had to wait longer for care, and used products to replace health habits. Women with