Bill Green
Nick Hopwood   *Editors*

The Body in Professional Practice, Learning and Education

Body/Practice

Springer

Professional and Practice-based Learning

Volume 11

Series Editors:

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Professional and practice-based learning brings together international research on the individual development of professionals and the organisation of professional life and educational experiences. It complements the Springer journal *Vocations and Learning: Studies in vocational and professional education.*

Professional learning, and the practice-based processes that often support it, are the subject of increased interest and attention in the fields of educational, psychological, sociological, and business management research, and also by governments, employer organisations and unions. This professional learning goes beyond, what is often termed professional education, as it includes learning processes and experiences outside of educational institutions in both the initial and ongoing learning for the professional practice. Changes in these workplaces requirements usually manifest themselves in the everyday work tasks, professional development provisions in educational institution decrease in their salience, and learning and development during professional activities increase in their salience.

There are a range of scientific challenges and important foci within the field of professional learning. These include:

- understanding and making explicit the complex and massive knowledge that is required for professional practice and identifying ways in which this knowledge can best be initially learnt and developed further throughout professional life.
- analytical explications of those processes that support learning at an individual and an organisational level.
- understanding how learning experiences and educational processes might best be aligned or integrated to support professional learning.

The series integrates research from different disciplines: education, sociology, psychology, amongst others. The series is comprehensive in scope as it not only focusses on professional learning of teachers and those in schools, colleges and universities, but all professional development within organisations.

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This book is dedicated to the memory of Alison Lee – friend, colleague, mentor; always missed, always an inspiration.

Series Editors' Foreword

This book series brings together scholars from a range of disciplines and fields of inquiry to present their interests, findings, analyses and contributions to advance our understandings about professional and practice-based learning. Often these contributions – all important and highly differentiated in their own ways – focus in their analyses on processes of thinking, learning and acting under particular perspectives and analyses, as the previous volumes of this series indicate. However, the vast majority of these approaches consider mental processes for their analyses – how professionals' knowledge develops, how individuals construe sense of practice settings, or how collective understanding develops in work environments.

The contributions in this volume stand to widen the view on professional and practice-based learning, because its scholarly focus is on analyses of what other approaches neglect or take for granted: The body. From the philosophy of Enlightenment came the separation of the mind from the body. This kind of precept then came to dominate the world of critical informed inquiry in social sciences for a long time. However, it would be inappropriate to insinuate that the body has been wholly omitted in recent research approaches on professional and work-related learning so far. For example, regarding communication within working teams or for leading those, body language seems to be a well-considered concept with a long tradition. Gut feeling, body sense and somatic markers are concepts related to human capabilities to act or decide appropriately. However, all those examples aim at understanding mental aspects of human behaviour and acting. Yet, it is plausible to consider the body also in other ways than this to understand professional and practice-based learning. Our bodies – or at least what engineers think about our bodies – influence and shape the form of tools and machines we are daily operating in achieving our life and work demands. So is the current arrangement of computer keyboards – tools researchers are well familiar with – shaped by engineers' thinking about our bodies, but in a surprising way: They were designed in times of mechanical typewriters to slow the input down. The physical shape of fingers allowed input much too quick for the mechanic process of typing and keys that might otherwise become entangled. Reflection upon this example – how bodies shaped our environments – opens easily a wide area of interesting phenomena.

This book provides a systematic approach of considering the body and its role for professional and practice-based learning by clarifying what can be meant by the terms body and practice. The contributions analyse the professional self as embodied subject, and they reflect on work environments as corporate body. The volume comprises theoretical as well as empirical analyses of professional practices embedded within different interesting domains (e.g., nursing, medicine, teaching, but also winemaking) and invites, thus, readers to rethink their notion of professionals, practice, and professional and practice-based learning.

Contributions are provided by researchers from a wide array of disciplines that are engaged to analyse and extend our understandings of professional and practice-based learning.

Australia   Stephen Billett
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Karen Vella is an organisational development/change management consultant in Victoria, Australia, and a Ph.D. student at Monash University, Melbourne, Australia. She works in a range of industry sectors: government, higher education, transport, health, not-for-profit and community based organizations to understand the challenges faced by their workers and stakeholders, and to identify areas for useful change and development. She is interested in developing people's potential to see what is needed in complex situations and in building diverse and challenging working relationships. Through her doctoral studies with Margaret Somerville, she is applying feminist body theories to the question of sustaining the change agent, using an emergent arts-based research methodology.

Part I
Introducing the Body in Professional Practice, Learning and Education

Chapter 1
Introduction: Body/Practice?

Bill Green and Nick Hopwood

In practice, does the body matter? In what ways does the body figure in (professional) practice? What can be said about the role and the significance of the body in understanding and researching professional practice, learning and education? How are we to think about the body in our work in and on professional practice, professional learning and professional education more generally? What value is there in better realising and articulating the notion of the professional practitioner as crucially *embodied*, and perhaps even beyond that, conceiving of the professional practice field itself as a corporate *body*? How is the body implicated, and necessarily so, in understanding and researching professional practice, learning and education?

These matters all figure heavily in this book, which is addressed more generally to the complex issue of the body in the work of professionals and indeed of the professional practice fields. Questions of what it means to *be*, to *practise*, and to *learn* as a professional are hugely significant, relevant alike to professionals and their associations, to policy-makers, and to universities as sites of research and professional education. What makes this book different and distinctive from existing work on professional practice is its quite particular focus on what we want to call *corporeality* (see Chap. 2) – on professional practice as embodied, performed by material and corporeal beings, in specific space-time. Yet to date this has rarely been thematised, let alone problematised, or theorised.

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Lack of attention to professionals' bodies in accounts of their practice constitutes a major shortcoming. Disembodied accounts can be challenged on epistemological and ontological grounds, and on the basis that they simply fail to do justice to the lived experience of practice (Jackson 1983). Furthermore, critical, feminist and poststructuralist literature makes a clear case for the politics of (dis)embodied discourses: theorising, researching and writing (about) bodies in professional practice presents a profound challenge, therefore, to dominant discourses that remain within a classic Cartesian mould, separating mind from body, and promoting practice as above all else rational and cognitive (Colebrook 2000).

While the book seeks to chart significant new territory in the accounts it offers, it does not come out of a theoretical or empirical vacuum. Indeed the various contributors draw on a rich and well-developed series of frameworks relating to bodies and embodiment, as well as practice theory and philosophy. The intellectual foundations of such a project are moreover diverse: philosophical works including Aristotle, Wittgenstein, Heidegger, Merleau-Ponty and Schatzki, among others; feminist literature, particularly Butler and Grosz; and work in the sociology of the body such as Shilling and Turner, etc. Familiar poststructuralist theorisations from Foucault, Derrida and others are also pertinent, with a distinctive focus here on how bodies and practice(s) are to be thought together.

Such has been the growth in interest around embodiment more generally that reference has been made to a *somatic turn*, now realised over two 'waves' of scholarship (Farnell and Varela 2008). This has been embraced in many disciplines and fields, but has as yet failed to make its mark on writing about professional work *specifically with regard to the bodies of professionals themselves*. While the bodies of others (clients, patients, service-users, etc.) have been written about, few accounts exist of professional practice that acknowledge or focus on the professional self as an embodied subject. This book takes on the explicit task of engaging such significant developments in the specific context of (researching) professional practices. Hence, while seeking to address a major neglect in existing work, this volume provides a powerful platform for rethinking what it means to be, learn, and practise as a professional. The aim of the book is to demonstrate how embodied perspectives reconstitute the notion of the professional subject in profoundly different ways, questioning and challenging dualisms between mind and body, self and other, human and non-human, space and time, flesh and image.

In summary, then: our focus here is on *the body in professional practice, learning and education* – that is, how explicit attention to the body and to corporeality informs and extends our current understandings and conceptualisations of (professional) practice.

Rethinking (Professional) Practice

How is professional practice best understood? What is changing and emerging in this respect, with specific reference to understanding and researching professional practice? Our overall concern here is with a reconceptualised view of practice in

the institutional context of what has been called the professional practice fields (Schwandt 2005), with a particular interest in Health and Education, in so-called new and emerging areas such as teaching or nursing, and in related fields such as social work. An argument has been made elsewhere that practice as such (that is, as *concept*) is all too often under-thematised, and consequently largely untheorised (Green 2009b). It is a term more often than not quite 'taken for granted', and in its common usage it is typically imprecise, and even rather confusing. This raises the question as to whether it is indeed meaningful other than as some more or less vague gesture towards a so-called 'real world' of application and activity? Much recent work has responded positively and productively to that question, and there are now available various useful summary and synthesis accounts (e.g. Schatzki 2001; Reckwitz 2002; Rouse 2007; Hager 2012). In addition, there is growing engagement with what this means for professional practice, learning and education, as a field of inquiry itself. Indeed, this book is situated within an on-going program of largely collaborative research, represented in particular in recent volumes edited by Green (2009a), Kinsella and Pitman (2012) and Hager et al. (2012). Other important work focused on or otherwise addressed to practice theory has appeared in fields such as management and organisational studies (e.g. Gherardi 2008; Antonacopoulou 2008; Miettinen et al. 2009). The present volume provides a distinctive line of inquiry in this regard, seeking to bring together theoretical work on practice and the body respectively. As Landri (2012, p. 91) writes: 'The body is … of great interest to practice theorists since they describe embodied human activity as know-how, dispositions, skills and tacit knowledge'. Practice and expertise are always embodied, in ways that are not always discernible to traditional research.

A Meta-methodological Note

This consideration leads inexorably to questions of methodology. How might such explorations and investigations be conducted? What kind of research and scholarship is called for? A key concern for the research program to which this book contributes has been to initiate and maintain a conversation between traditions and paradigms, while, at the same time, marking out a distinctive territory. From the outset, this has meant combining rigorous, expansive, explicitly theoretical or conceptual inquiry with detailed empirical work, whether by way of case-study or other forms of qualitative inquiry, within a broadly ethnographic framework, or else incorporating discourse-analytic perspectives and methods. What has emerged, as something of a programmatic feature, is what can be called *philosophical-empirical inquiry*, as a distinctive research stance. This formulation originates informally with Stephen Kemmis, a key figure in the recent practice theory turn in professional education, although it has not been systematically elaborated to date. Here, it serves as an umbrella term for a range of approaches and perspectives, so that bringing together conceptual sophistication with empirical rigour is seen as a deliberate

project. For us, the research reported in this book demonstrates its overall framing within a broadly conceived philosophical-empirical inquiry.

A warrant for this is to be found in the review conducted by Miettinen et al. (2009). Practice theory, as they write, can

> ... be defined through two distinct but complementary motives or research programmes. The first is an empirical programme, ethnographic in its sensibility, for understanding social and organizational life. The second is a theoretical one aimed at transcending perennial problems in philosophy and social sciences, such as Cartesian dualism and the agency-structure problem. (Miettinen et al. 2009 p. 1312)

Importantly, Miettinen et al. see a key role for ethnography in the 'empirical programme' they envisage, or rather, research that is 'ethnographic in its sensibility' and directed at 'understanding social and organizational life' and the practice of everyday life – 'what people do every day to get their work done' (Miettinen et al. 2009, p. 1312). This requires close-grained study, of the sort that is exemplified in the work of ethnographers and ethnomethodologists, as they indicate. To this should be added discourse analysts, of various kinds (Lee and Poynton 2000; MacLure 2003), even though how discourse analysis deals with corporeality, as it is evoked here, is still a matter for debate. Some practice theorists, such as Schatzki, would no doubt insist on their incompatibility, while others are more open to the possibility that 'discourse', properly understood, can embrace various forms of materiality. There is considerable potential here, nonetheless, for empirical work bringing together ethnography and discourse analysis, as evidenced for example in recent literacy studies (Wohlwend 2014). Miettinen et al. (2009, p. 1314) indicate the need for 'rich empirical studies that enable us to not only learn about diverse practices but also to develop our theoretical understanding of the various aspects of practice, such as the role of objects or the relationship between language and embodied routines, power and so forth'. Hence they point to work in actor network theory (ANT) and also cultural-historical activity theory (CHAT) as potentially rich resources for generative empirical work in the field. To this can be added what is called sociomaterial studies (Fenwick and Landri 2012). Similarly, Lee and Dunston (2011, p. 484) argue the case for "close conceptual and empirical encounters with the actual nature of professional practice in situ, in particular times, places and circumstances". Collectively, all such work is addressed to the close study of practice and discourse in everyday life, including in the work of professional practitioners.

Regarding their second research programme, Miettinen et al. (2009, p. 1312) assert that 'the concept of practice has proved to be viable for solving philosophical problems concerning knowledge and the nature of reality, as well as theoretical problems in the social sciences concerning social order'. They specifically reference Heidegger and Wittgenstein in this context, noting the importance of these writers in practice theory and philosophy, and they indicate also the significance of figures such as Merleau-Ponty and Bourdieu, as well as Mead and others in the American Pragmatist tradition. Their co-edited Special Issue of *Organization Studies* (Vol. 30, No. 12, 2009) provides various examples of the kind of work they have in mind.

Elsewhere, reference has been made to distinct traditions (or 'meta-traditions') in practice theory and philosophy (Green 2009b, pp. 5–6). One is the neo-Aristotelian tradition, ranging from Aristotle through to McIntyre and beyond, and more recently exemplified by Kemmis (2010). The other is post-Cartesianism, 'a line of thinking that traces (critically) back to Descartes, or rather that embraces the critique of Cartesianism in Western philosophy and culture' (Green 2009b, p. 5). This is work that, among other things, takes seriously the problem of subjectivity, and more particularly the constitution of subjectivity in discourse and (more recently) practice. It includes attention to what, following Merleau-Ponty, is called the *body-subject*, linking subjectivity to the body in ways that emphatically challenge the Cartesian legacy in this regard. More particularly, work in this tradition allows better apprehension of the significance of the body itself, along with 'a critical rethinking of reason, knowledge, objects, and subjects', and especially 'the Cartesian legacy of mind-body dualism' (Bayer 1998, p. 8).

To these two (meta-)traditions might now be added the American Pragmatist tradition, exemplified in the work of Johnson (2007) and Shusterman (2008), for whom the body is a central concern. The key figure here, philosophically, is John Dewey (in this regard, see also Burkitt 2002). 'The pragmatism I advocate', Shusterman (2008, p. xii) writes, 'puts experience at the heart of philosophy and celebrates the living, sentient body as the organizing core of experience'. For Johnson, fascinated as he is with meaning and aesthetics, imagination and experience, 'mind' is always embodied. Noting Dewey's non-dualistic focus on 'the body-mind' (Johnson 2007, p. 7), he goes on to describe traditional formulations of 'mind' and 'body' as 'aspects or abstractable dimensions of an interactive – or "transactive" [. . .] or "enactive" [. . .] – process' (Johnson 2007, p. 274). There are similarities here with Shotter's views on bodily participation in everyday life (Shotter 2008). We still need to ask, though, what might this involve empirically? What would such accounts mean for research and scholarship, for philosophical-empirical inquiry? At the very least, attention to researching the 'body-mind' might open the way to greater engagement with narrative and poetic modes of knowing, or at least methodological innovation and experimentation in qualitative research – an orientation certainly evident in various chapters in this book.

What is required here is programmatic work embracing *both* philosophical investigation and empirical inquiry. As Miettinen et al. (2009, p. 1313) argue, regarding the development and consolidation of practice theory as a distinctive research field: 'We think its positive development requires work simultaneously on both theoretical and empirical planes and – what seems essential – on the interactions between the two planes, in a form of grounded theorizing'. Even though we acknowledge the difficulty this presents, we agree with the need and the challenge they express here. That is, it is not enough simply to conduct research along these lines, and in accordance with these strands, although that is certainly necessary, and worthwhile in its own right. Rather, the point is to bring them together, as much as possible. Whether this at the level of specific projects or at other, possibly subordinate levels – that of the research article or the book

chapter, for instance – is debatable. Programmatically, however, it seems imperative, and moreover eminently do-able. Our hope is that this book speaks to such a possibility.

The Book

The book has its origins in a research program developed over the past decade at Charles Sturt University (CSU). A group of researchers in the Research Institute for Professional Practice, Learning and Education (RIPPLE) sought to bring together work in practice theory and professional education in the context of what was originally intended to a comparative, cross-disciplinary study of professional work, identity and learning. This program was subsequently expanded to forge collaborative ('global') links with other groups with similar interests, notably the Interdisciplinary Network for Scholarship in Professions' Research in Education (INSPiRE) at the University of Western Ontario (UWO) in Canada and the Centre for Learning and Change at the University of Technology, Sydney (UTS). As already noted, the book itself is one among a set of volumes to emerge from this collaborative work: *Enabling Praxis: Challenges for Education* (Sense, 2008), edited by Stephen Kemmis and Tracey Smith; *Understanding and Researching Professional Practice* (Sense, 2009), edited by Bill Green; *Phronesis and Professional Knowledge: Practical Wisdom in the Professions* (Sense, 2012), edited by Elizabeth Anne Kinsella and Allan Pitman; and *Practice, Learning and Change: Practice-Theory Perspectives on Professional Learning* (Springer, 2012), edited by Paul Hager, Alison Lee and Ann Reich. Other publications are currently in development. While the research program is no longer operational in the same focused, systematic way, due largely to changing personnel and institutional circumstances, nonetheless it remains an important moment in history, and there are various signs that new initiatives are now underway which seek to build on its insights and achievements. At UTS a strand of work focused on 'Learning in Work and Life' builds on a longstanding tradition of research exploring questions of education and learning as they apply in and to workplaces. Drawing on a range of contemporary conceptual lenses, including practice theory and governmentality, this refreshes the prior work of the Organisational, Vocational and Adult Learning (OVAL) research centre.

This book was originally conceived as a large-scale conference, sponsored by RIPPLE. Planned for mid 2010 and featuring keynotes by John Shotter, Margaret Somerville and Anne Kinsella, unfortunately it had to be cancelled. A smaller-scale two-day symposium was held at Wagga Wagga in December 2010, however, with participants from CSU, UTS and UWO. This was followed a year later by another one-day symposium, held at UTS, where a range of proposals were presented and discussed, addressing the theme of the embodied profession(al), or the body in professional practice, learning and education. These became the basis for many of the chapters included here. Along the way, there were several changes – some contributions fell away, for various reasons, but we were fortunate to be able to

replace them with others which were extremely congruent with the book's overall concept. One planned contribution was simply irreplaceable, however. This was due to the untimely death of our colleague and close friend Alison Lee. She was more than just a contributor – rather, she had worked closely on the research program itself, as a major scholar in the field, and indeed was a key figure in its articulation and development. It is for this reason, above all else, that this book is dedicated to her.

* * *

The book is divided into four parts. Part I ('Introducing the Body in Professional Practice, Learning and Education') introduces the volume as a whole. Chapter 1 provides contextual information of how the idea of the book emerged and lays out some of the conceptual and methodological territory, as well as presenting a summary of the chapters to follow. Chapter 2 by Bill Green and Nick Hopwood discusses some key themes and issues in bringing together theories of practice and the body, especially in the context of professional education. It is explicitly theoretical and philosophical in its orientation and its aim, outlining the significance of corporeal co-existence as a basis for the realisation of professional practice, learning and education.

Part II ('Thinking with the Body in Professional Practice') is addressed to the body in professional practice more generally. It includes accounts of consultancy, research, wine-making, and teaching and teacher education, as specific sites and forms of professional practice.

Margaret and Somerville and Karen Vella (Chap. 3) draw on feminist philosopher Elizabeth Grosz. Relations between the body and language are explored in their study of sustaining the organisational change agent in professional practice. In the context of conversations between Somerville and Vella in a doctoral supervisor-student relation, un-representable somatic symptoms of stress experienced in professional practice are translated through the artistic production of fabric assemblages. Art forms enable the eventual articulation of the body into language. Their conversations mark pivotal moments in processes of transition, emergence and insight, and address the question of what feminist body theory teaches us about sustaining the professional practitioner more generally. Somerville and Vella argue that using creative processes of fabric-making enabled the body of the professional practitioner in change-agency work to emerge into representation, but suggest that further steps were needed to bridge the transition into language, through an onto-epistemological transformation in which new knowledge came into being simultaneously with new forms of subjectivity. Their conclusions link their personal experiences of change to planetary sustainability.

Nick Hopwood's chapter (Chap. 4) asks how can we better notice and understand bodies in professional practice? Working from his own body as ethnographer, he develops the concept of body geometries to think through what the body does in fieldwork, and how bodily positioning in relation to other (human and nonhuman) bodies underpins processes of data generation. Concepts of the body as

'background', 'resource' and 'metaphor', outlined in Chap. 2, are drawn on in his analysis of specific ethnographic practices and practical challenges. The concept of relational geometries is presented as helpful in getting a grip on the body in practice as a material entity, enabling us to think in more nuanced ways about its position in relation to other bodies and things, and offering new ways of thinking about the ethnographic body beyond those represented in the existing literature.

Mary Johnsson (Chap. 5) then takes us into the world of wine-making. She examines the body as instrumental resource for the practice of work and for changing practices. Practice dynamics are represented as body rhythms that beat in particular patterns through timespace, foregrounding the importance of sensory embodiment, movement and relational geometries in the practice of work. Johnsson draws upon the theoretical work of Mauss (techniques of the body), Lefebvre (oppositions in rhythmanalysis), Pirani (rhythmic itinerary) and others in using a rhythmic vocabulary to discuss body rhythms in the context of winemaking. She shows how commitment to professional practices ensures that the polyrhythmic resonances of winemaking practice endure, even in a context of change that insists on growth and challenges survival. Johnsson concludes by considering the significance of rhythmic understanding for understanding how professional practices are sustained.

Jo-Anne Reid and Donna Mathewson-Mitchell (Chap. 6) focus on teacher education as a professional practice. They ask: how does professional practice produce 'some body' as a teacher? How is a teaching habitus – a body in which the attitudes, gestures, vocalizations and predispositions it has are recognizable to other bodies as 'teacherly' – acquired? Working in a Bourdieuian tradition, they argue that it is the recognition of a teaching body that indicates a new professional is ready and prepared for 'practice', and is thus able to accumulate and learn from situated practice to develop expertise. Reid and Mathewson-Mitchell offer detailed engagement with empirical examples of the expert and novice teaching body, to explore how teachers use their bodies as resources in their work, in the craft knowledge inscribed in their bodies as habitus, and in the discourses and practices that frame and support the production of a well-prepared teaching. Juxtaposing the striking failure of an aspiring new teacher body to reach a preliminary standard, and the vivid success of an expert teaching body at the highest levels of accomplishment, they highlight what is often taken for granted about the bodily performance in expert and novice teaching, and reflect on how teacher education might address these embodied dimensions.

How passions, emotions and desires play out pedagogically in classrooms and other learning settings is the broad question Dianne Mulcahy addresses in Chap. 7. Here she investigates the workings of affectivity within school classrooms by exploring intensities, sensations or energies that can be discharged not only through human bodies, but also objects and spaces. Deploying detailed data fragments drawn from video case-studies of geography lessons, Mulcahy traces affective relations and embodiments in action utilising an analytic of assemblage. She draws on concepts from actor-network theory and poststructuralist theory here, and invokes

the work of Deleuze to make an argument about the critical contribution of affects, as socio-material practices, to teaching and learning. This highlights the value of investigating affectivity in a way that breaks with subject-centredness and its privileging of the human/individual. Mulcahy shows us how an exploration of teaching and learning 'as practised' affords a strong sense of the embodied and affective terrain of teaching as a profession. This approach invites attention to the role that affectivity, as an 'unruly practice', can play in challenging institutional norms in classrooms as well as our currently established systemic concerns in education with metrics, measures and outcomes.

Bill Green (Chap. 8) concludes Part II with an explicitly post-Cartesian perspective in practice theory and professional education, in seeking to re-think the body as concept. Beginning with a re-assessment of current formulations of practice theory and philosophy, the chapter draws specifically on the work of Gilles Deleuze within an explicitly post-Cartesian exploration of the body in (professional) practice. This involves seeking first of all a way of *thinking the body* – that is, of rendering the body as an object of Thought, or rather as a specific concept. This means among other things working Deleuzian notions such as affect, virtuality, multiplicity, etc., to reconsider how practice and the body might come together, analytically and empirically. The professional practice field in question is early reading pedagogy, with the focus here being specifically on the teacher's body.

Part III ('The Body in Question in Health Professional Education and Practice') focuses on professional practice and learning in the health field.

It begins with Stephen Loftus' work in Chap. 9, on aspects of embodiment in medical education. It explores how health practitioners come to know and act in professional practice, based on ideas such as embodied narrative knowing and what Todres has called 'embodied relational understanding'. The role of language in embodied knowing is discussed in relation to the insights and arguments of scholars such as Gadamer, Bakhtin and Wittgenstein that we understand reality in terms of the life that people share. Proposing that there is an intimate relationship between this shared life, bodily knowing, and language use, it suggests that our embodied knowing also includes our relationships with the artifacts we use to enact professional practice, and which mediate our consciousness and engagement with the world.

Erika Katzman's account of her experience as an attendant health-care worker (Chap. 10) is contextualised by a review of current formulations of reflexivity and embodiment, as key concepts in health professional education and practice. Drawing on feminist and poststructuralist literature and informed particularly by the work of Barry Sandywell and Anne Kinsella, she proposes the notion of 'embodied reflexivity' as an important contribution to the field's self-understanding. She presents an 'embodied story', an 'illness narrative', of her involvement in home-caring for a wound on a patient's body, one which didn't heal, and recounts how her personal, experiential knowledge, as well as that of her employer, the patient, was effectively marginalised in the hospital setting. The chapter demonstrates the power relations inherent in professional health care and the lived politics of knowledge.

A sense of vulnerability and intensity continues into Laura Ellingson's discussion of dialysis care (Chap. 11). Drawing on rich ethnographic data from fieldwork in an outpatient dialysis treatment unit, Ellingson elucidates bodies in professional practice with a strong emphasis on communicative aspects. She demonstrates how dialysis care-giving practices are accomplished through multi-faceted negotiations between care and the bodily performance of professionalism. The chapter takes a layered form, presenting alternating ethnographic narratives and academic analysis informed by feminist theorizing of embodiment and Schatzki's practice theory.

In Chap. 12, Jodi Hall offers a highly intimate account of the body in professional practice, focusing on approaches to teaching the pelvic examination in medical schools that make use of Gynaecological Teaching Assistants (GTA). Intimacy in Hall's writing comes through not only in its substantive focus, but also through her auto-ethnographic approach, in which she reflects on her own performances in making her body pedagogically available to others as a GTA. Drawing on (post)critical feminist theories, she explores how the 'culture' of pelvic teaching, instantiated in this particular approach, simultaneously (re)produces and resists normative discourses about women. Hall extrapolates from a detailed, reflexive and personal account to consider how GTAs, medical students and program administrators together enact professional pedagogy in ways that reflect wider social-political and biomedical discourses.

Chapter 13 by Sandra DeLuca, Pat Bethune-Davies and Janice Elliott focuses on the body in nursing. Working with a dialogic, auto-ethnographic methodology and drawing on a range of literature from feminism, poststructuralism and health studies, they explore the impact of corporatisation and technology on the field, in particular the implications for traditional, inter-personal forms of 'body-work'. Emphasising the importance of 'phronetic practice' and 'practical wisdom', they intersperse critical reflections on the introduction of virtual, online practices into nursing (professional) education with a framing commentary that theorises personal ('body') knowledge and techno-scientific rationality. Their reference-point in this regard is a short story, E.M. Forster's 'The Machine Stops', which provides a powerful metaphor for sharply contrasting views of practice, the body and nursing itself, in a lifeworld increasingly characterised by a scientific mindset and a corporate-bureaucratic sensibility.

Sally Denshire (Chap. 14) also brings us back into an auto-ethnographic mode, this time exploring her own practices as an occupational therapist. Questions of representation are strongly foregrounded in a discussion of the body of the occupational therapist and the embodied performance of occupational therapy, and through reflections on past publications and their re-presentation as 'twice-told tales' of practice. Denshire confronts questions of gender, whiteness, demeanour, and the sensory. Moments from practice are evocatively, hauntingly presented, and difficult, often obfuscated issues of leaky bodies and intensive affect take centre stage. Her chapter richly exemplifies how autoethnography offers a means to challenge hegemonic representations of occupational therapy (and indeed other professional practices), not least in offering a highly personalised and above all embodied account.

In Part IV ('Concluding Reflections'), finally, Elizabeth Anne Kinsella provides an overall commentary chapter, reflecting on the role and significance of the body in professional practice, learning and education, as played out in the preceding chapters. After such diverse accounts, presenting a broad range of empirical contexts and theoretical-philosophical foci, she highlights various threads interwoven in the overall fabric of the book, as well as linking back to her own work on reflective practice and *phronēsis* in professional education.

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Chapter 2
The Body in Professional Practice, Learning and Education: A Question of Corporeality

Bill Green and Nick Hopwood

Introduction

Lyotard famously asked: *Can thought go on without a body*[1] This question can be complemented, here, with others: *Can practice go on without a body? Without bodies?* This is perhaps especially important and indeed challenging for professional education, which has experienced what seems an ever-increasing emphasis on 'mind' at the expense of 'body'. This has been clearly so in the case of fields such as teaching and nursing. Aldrich (2006) proposes in this regard that there is a noticeable shift in the historical record of teacher education, from an initial focus on 'apprenticeship' to college-based 'training' in the late-nineteenth and early twentieth centuries and then on to 'theory', with the rise of the educational disciplines and the movement into universities. Similarly, medical education has been described as characteristically working with a view of learning as 'mainly a cognitive process' (Zukas and Kilminster 2012, p. 200), rather than also being embodied, with 'practical, physical and emotional aspects' (p. 201). The movement towards 'virtual' forms of professional education, for instance in nursing, can be cited as a further instance of such postmodernising developments in technology and culture (Lyotard 1984).

What happens, then, when bodies are foregrounded, or are brought back in? What is involved when practice and the body are thought together, in seeking to re-assess the challenge of professional education? *Does the body matter?* This book takes

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such questions as its organizing imperative. Our focus here will be on what is called simply *corporeality*. This follows on from the introductory work of Schatzki and Natter (1996, p. 2) in their account of the interplay of 'socioculturated bodies . . . and bodies sociopolitical'. For them, corporeality refers to the way in which the world is profoundly organised by the multidimensional body – a body which 'is not simply physicality but activity, experience and surface presentation as well'. As they write: 'social bodies are maintained through the social molding of corporeality' (Schatzki and Natter 1996, pp. 5–6). For us, this is to be realized in terms specifically of professional life.

But it might be better still, rhetorically, to present the term itself as 'corpor-reality'. This indicates that what is at issue are professional worlds, a professional reality, above all else predicated upon and constituted in and by corporeal co-existence, the orchestrated work of bodies – professional bodies. Yet while there has undeniably been increasing interest in and emphasis on the embodied nature of professional practice, learning and education, this is clearly still something requiring closer analysis and further investigation. Fenwick (2012, p. 67) observes: 'What or whose bodies, how are they mobilized and how are they distinguished in practice? *What constitutes a "body"?*' (our added emphasis). Further, there is little agreement yet about just what is actually at issue here, with regard to the body itself, despite a growing corpus of scholarly attention, seeking at once to challenge commonsense and to extend understanding, amid changing social and cultural conditions and preoccupations. All this points to the need for 'a revised view of what "the body" means' (Johnson 2007, p. 264).

In what follows, we take up what such a revision in our view of the body might mean, and explore a range of resources for conceptualising issues of corporeality in practice, learning and education in professional contexts. We begin by exploring the turn to the body in practice theory and philosophy, locating our arguments (and indeed, this volume more widely) within a body of work that shifts the ontological basis for our understanding of society in ways that clearly foreground the body, while resisting individualism. We then focus specifically on the work of Theodore Schatzki, as a key figure in contemporary practice theory and philosophy, and outline his concepts of being a body, having a body, and the instrumental body, before considering the kind of body or 'body-ness' that is implied in his work. Next, we turn to questions of representation as crucial both to the wider practice-theory movement and to specific problems of the body, how we study it, and write about it. We then go on to address matters such as performance and habituation in (professional) practice. In concluding the chapter, we seek to draw these strands together, presenting a tri-partite framework for conceiving corporeality in professional practice, or the practising body: the body as metaphor, the body as background, and the body as resource. Our aim in this broad and complex mapping of the territory is to introduce and expand on various conceptual aspects of philosophical-empirical enquiry (see Green and Hopwood, Chap. 1, this volume), while many subsequent chapters weave these and other related ideas through specific empirical contexts. How *are* bodies and practice(s) to be brought and thought together?

The Body in Practice Theory and Philosophy

Recent work in professional education draws explicitly on what has been called practice theory and philosophy (e.g. Green 2009a, b; Hager et al. 2012a). Practice is now seen as crucial in understanding professional learning and change. Lee and Dunston (2011, p. 489) usefully describe 'practices' as 'complex socio-material accomplishments, multi-dimensional, situated, embodied, and fundamentally relational'. Importantly they are best conceived as 'supra-individual', or at best both 'individual' and inter-individual', meaning that, properly conceptualized, they are to be understood beyond and outside an individualist, rationalist framework. Postill (2008, p. 1) points to 'two "waves" or generations of practice theorists', with the so-called 'first generation laying the foundations and 'regard[ing] the human body as the nexus of people's practice engagements with the world'. Key figures here are Pierre Bourdieu, Michel de Certeau, Michel Foucault, Anthony Giddens and others. The 'second generation', exemplified in the work of Sherry Ortner, Theodore Schatzki, Andreas Reckwitz, John Warde, and others, 'is currently testing those foundations and building new extensions to the theoretical edifice' (p. 1). As Postill (2008, p. 5) writes: 'Most practice theorists ... minimally define practice as 'arrays of activity' in which the human body is the nexus'. He goes on, perhaps rather aphoristically, to describe practice theory as 'a body of work about the work of the body' (p. 5). 'With one or two exceptions', he writes, 'this loose network of approaches to social theory takes the human body to be the nexus of "arrays of activities" (i.e. practices) that agents perform with greater or lesser commitment, dexterity and grace' (Postill 2008, p. 6).[2]

Reckwitz (2002, p. 251) similarly asserts that '[a]t the core of practice theory lies a different way of seeing the body'. At the same time, it seems that, for him, the body itself is just one of several components of practice to be accounted for:

> A 'practice' ... is a routinized type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge (Reckwitz 2002, p. 249).

Bodies matter in such an account, that is, but by no means exclusively. This is certainly a matter of some contention, and even confusion. How best to understand the body in this regard? For our purposes here, our focus on the body as such is based on the view that bodies matter, over and above their participation in the sociality of professional practice, as a 'partly reproductive, partly ever-evolving network comprising human bodies well as artefacts' (Reckwitz 2012, p. 248), and as such involving both affectivity and spatiality.

So what does this 'different way of seeing the body' consist of? Reckwitz is again worth quoting here:

> Practices are routinized bodily activities; as interconnected complexes of behavioral acts they are movements of the body. A social practice is the product of training the body in a certain way: when we learn a practice, we learn to be bodies in a certain way (and this means more than to 'use our bodies'). A practice can be understood as the regular, skilful

'performance' of (human) bodies. This holds for modes of handling certain objects as well as for 'intellectual' activities such as talking, reading or writing. The body is thus not a mere 'instrument' which 'the agent' must 'use' in order to 'act', but the routinized actions are themselves bodily performances (which does not mean that a practice consists only of these movements and of nothing more, of course). These bodily activities then include also routinized mental and emotional activities which are – on a certain level – bodily, as well (Reckwitz 2002, p. 251).

Importantly, practice thus understood embraces both 'body' and 'mind': 'A "practice" thus crosses the distinction between the allegedly inside and outside of mind and body' (Reckwitz 2002, p. 252). At the very least, what counts as a 'body' is complicated in such accounts.[3]

For Schatzki (2012, p. 14), a key figure in the recent practice turn in contemporary theory (Schatzki et al. 2001), practice is conceived as 'an open-ended, spatially-temporally dispersed nexus of doings and sayings'. If we focus for a moment on the foundational role and significance of 'doings' and 'sayings', as what are described as 'base activities', what needs to be emphasised is that these are conceived right from the outset as 'bodily activities' (Schatzki 2012, p. 15). They pertain to, and arise from, the body, that is, and are implicated in the interaction of bodies. This can be observed, from the outside, but it can also be *experienced*, as in Shotter's arresting accounts, over many years, of what he sees as relational, participative, practical understanding-in-action:

[A] much more immediate and unreflective, bodily way of being related to our surroundings than the ways that become conspicuous to us in our more cognitive reflections, a way of relating or orienting towards our surroundings that becomes known to us only from within the unfolding dynamics of our engaged bodily movements within them (Shotter 2011, p. 439).

This is thinking with and through the body, in the very course of practice, as a primary mode of being and becoming, of moving on, often resourced by but not determined by conscious thought. These are quite fundamentally body matters, although this may not be something usually or widely given due acknowledgement, or fully, properly recognised.

Hager et al. (2012b) point to five key principles in a practice-theory perspective; namely, that practice is to be understood as [1] 'more than simply the application of theoretical knowledge, or a simple product of learning. (p. 3); [2] 'a sociomaterial phenomenon, involving human and nonhuman actors' (p. 3); [3] 'embodied and relational' (p. 3); [4] 'neither stable, homogeneous not ahistorical' (p. 4); and [5] 'emergent, in the sense that the ways in which [practices] change and evolve are not fully specifiable in advance' (p. 5).[4] That is, in summary, practices are purposive, embodied, situated ('emplaced'), and dialogical, or co-produced, as well as being emergent and necessarily sociomaterial. Moreover, with specific regard to understanding and researching professional practice, and explicitly building on Schatzki and others, Green proposes that 'saying' and 'doings', as so-called 'base activities', are to be seen as fundamentally matters of interaction, or rather intercorporeality (cf Csordas 2008):

> Professional practice in this light consists of *speech* (what people say) plus the activity of the *body*, or bodies, in interaction (what people do, more often than not together) – a play of voices and bodies. In this view, practice is inherently *dialogical*, an orchestrated interplay, and indeed a matter of co-production (Green 2009c, p. 49).

It is worth thinking moreover of what 'speech' involves, what it consists of: lips and tongue, in movement, and the musculature of the throat, breathing, the head itself, and relatedly, its associated gaze-work, the eyes, and the senses more generally, the sensorium, including the body's apprehension of itself, in space, relationally, its haptic awareness, etc. What people *say* and what they *do*, in practice, in its enactment and realization, are quite fundamental, then. Furthermore, these are always bodies in action, or inter-action, located in space-time (ie 'context') – moving bodies. While thoroughly implicated in what has been described as the socio-materiality of professional practice, learning and education (Dahlgren et al. 2012, p. 190), nonetheless bodies arguably remain distinct, effectively 'anchoring' practices, albeit along with various non-human artefacts (Reckwitz 2012, p. 248). These are to be understood as 'living bodies', comprising 'at once a sedimented-biological life and a personal, intentional, projective power' (Hass 2008, p. 88), and hence always 'body-subjects': 'The body as we live it is no thing among things, but the pulsing, carnal condition for perceiving things; it is the stable, yet elusive being around which things and the world take shape' (Hass 2008, p. 84).

Schatzki's Body

Given Schatzki's importance in the recent 'practice turn', it is appropriate to focus here on his account of the body. His co-edited volume on the social and political body is addressed to 'the interwovenness of socioculturated bodies (i.e. human bodies that incarnate and are transformed by sociocultural practices and phenomena) and bodies sociopolitical (i.e. social and political formations and institutions)' (Schatzki and Natter 1996, p. 2). The Introduction to that volume further proposes the notion of 'corporeality' as indicating the centrality of the body in social life. In his own essay, Schatzki focuses on the relationship between *practice(s)* – 'a central topic of social and political thought' – and what he calls 'social constitution', tracing through Foucault, Butler and Wittgenstein how individuals, as 'persons' and 'subjects', are constituted in and through practice, and specifically on the role of the body in this regard. Following Wittgenstein, Schatzki (1996a, p. 65) refers to 'the expressive body', by which he means the manner in which 'mind' is to be understood as 'the expressed of the body', and sees this as realized in turn as 'firstly, a manifesting body', 'second, a signifying body', and 'finally, an instrumental body' (pp. 68–69). This is an important contextualizing account for our purposes here, in considering work on practice and the body.

More broadly, Schatzki identifies Wittgenstein and Heidegger as the primary influences on his practice theory. Wittgenstein provided a basis for his earlier works on social practices, while Heidegger features more prominently in his later focus on spatiality, temporality, and activity. Schatzki's relation with these thinkers perhaps provides a template for how researchers might engage with his work. He presents his thesis as a 'creative interpretation' of Wittgenstein (Schatzki 1993, 1996b), and an 'appropriative interpretation of Heidegger' (Schatzki 2007, 2010). So, we might most usefully approach his works not with a rigid *application* in mind, but with perhaps a degree of interpretation or appropriation as befits particular philosophical or empirical purposes. What follows is offered in this spirit, not as a definitive re-presentation of Schatzki's work, but as a partial (in both senses) reading that reflects our focus of this volume on the body, and the purpose of this chapter, which is to rehearse some of the foundational concepts that are woven throughout the book. Our account follows a chronological template, tracing the varying emphases in Schatzki's work and the different connections he makes to questions of the body.

Schatzki explains that, despite building closely on Wittgenstein, renowned for work on 'language games', he does not imply any particular significance for language: 'language alone does not articulate intelligibility – bodily behaviour and reactions also play an omnipresent and foundational role' (Schatzki 1996b, p. 13). Here we find a number of entry-points into his thinking on the body. It is invoked as 'omnipresent' and 'foundational'. There is a strong sense in Schatzki's account of social phenomena that the body is *always* there, no matter what issue is in question: there are no facets of social life where bodily doings, sayings, and sensations are not somehow in play. The foundational notion rests on a concept of people as entities who are in the world via behaving and feeling bodies. Schatzki's reference to bodily doings and sayings is repeated in his writing and prominently cited in works that reference him. 'Bodily doings' refers to 'all behaviour that is not a speech act' (Schatzki 1996b, p. 47), noting, however, that not all speech acts involve language. 'Bodily sayings' refers to a subset of bodily doings that have communicative function. Schatzki maintains an emphasis on their bodily-ness, stressing that speech acts, like other behaviours, are directly carried out bodily.

The newfound prominence of the body that Schatzki hails stems from a view that 'bodily doings and sayings, and bodily sensations and feelings, are the medium in which life and mind/action are present in the word . . . By way of the body, mind is present in experience' (Schatzki 1996b, p. 41). Here we can begin to see how Schatzki joins many others in challenging a Cartesian mind/body dualism. The performance of an action consists in bodily doings and sayings, but also sensations, images and feelings accompanying that behaviour. His focus on performance, taken up further in his later writings on activity (Schatzki 2010), underpins an assertion of doubt that there is any significant division between the realms of mind and action.

It is worth clarifying here how, for Schatzki, bodies link to practices. One understanding of this concerns the notion that personhood is an effect of social practices (Schatzki 1996). Expressive bodies exist, at least for the most part, within social practices. That particular life conditions present and prevail, and that bodies express and manifest particular states of affairs, reflect a social dimension.

These phenomena are understood by Schatzki to be properties of human co-existence, the hanging-together of human lives. Individual bodies perform actions, but the repertoire of actions is learned and is intelligible as part of a social practice. However, Schatzki's later focus on activities provides us with another sense of how bodies and practices relate. Bodies perform doings and sayings that constitute particular actions. Any particular activity instantiates and upholds the very practice that shapes it and through which the activity is intelligible. Without bodies performing doings and sayings, practices would cease. Without practices, the development and ongoing performance of meaningful repertoires of bodily doings and sayings and accompanying sensations and images, would not occur. This is not to say that bodies are passively seized by social practices, constituted as collective clones. But it is to assert that an expressive body depends on the existence of other people, other bodies, who react to it as such.

So, although Schatzki writes of 'the body', in fact his arguments imply 'bodies'. Bodies are foundational to social life, not as instruments or as material features of collective beings held together in some other fabric, but because practices are the medium in which lives interrelate, a central dimension of human co-existence, and because without bodies there can be no practices. And without practices, there remains nothing but a residual material entity, devoid of expression and performance of meaningful activity.

Three Dimensions of Body-ness

The three dimensions of 'body-ness' outlined by Schatzki are: being a body; having a body; and the instrumental body. The first draws attention to the ability to perform bodily 'doings' and 'sayings', and to experience bodily sensations and feelings. These are 'basic' in their nature, referring to things like being able to move one's fingers, lift one's feet, adjust focal length of the eyes, and so on. Such bodily being is often backgrounded, resulting from the experiential and conceptual unity that a person has with her body in normal circumstances of acting and experiencing. We don't normally 'try' to see, or 'remind ourselves' to sense heat or cold, or have to think about having legs and being able to move them when we walk. This is not to define bodily being with a universal or homogenous performative requirement: bodies are different, and have different (dis)abilities. But whatever body we have, in normal circumstances there is a dimension of that body-ness – what Schatzki calls 'being a body' – that sinks into our unified concept of self, and which we simply perform (rather than perform with).

That we have a body is made evident in situations of breakdown, malfunction, discomfort, and incompetence. Here the fact that one is a body manifests itself, forcing a distinction between self and body. This may occur as we learn to touch-type and find our fingers missing the correct keys, as we stumble in performances on musical instruments, lose our balance, trap fingers, strain to hear a voice over background noise, and so on. Schatzki (1996b) describes this in terms of a

distinction between self and body – although the body is someone's, (s)he is not identical with it, rather (s)he *has* it. This does not undermine the fact that one may also be a body. These are not categories or types of bodyness, but *dimensions*.

The instrumental body refers to the notion that it is through the performance of bodily actions that the performance of other actions is effected. The action of typing is accomplished through movements of the hands and fingers. The action of speaking is accomplished through muscular movements of the lips and jaw, and the production of sound through the vocal chords. The bodily actions through which the secondary performance is accomplished would be understood in terms of the first dimension: being a body. The instrumental body is thus not a tool that some disembodied will takes hold of (a rejection, that is, of Descartes), but rather a linked dimension of body-ness. Schatzki (2010) refers to practical understanding as distinct from the ability to carry out bodily actions. Practical understanding is 'knowing how, through the performance of bodily actions, to carry out [other] actions that are signified as the ones to perform' (Schatzki 2010, p. 117). One's practical understanding of playing a viola, say, is knowing how, through the performance of coordinated movements of the left hand and fingers on the strings, and the right hand and fingers on the bow, to carry out the playing of notes and production of sound that constitute playing a viola. In highlighting the links between the body and 'understandings', we again see how mind and body are not treated in Cartesian separation.

What Kind of Body/Bodies?

Addressing dimensions of body-ness goes some way into explaining how the body and practice might be conceived together at a philosophical level. We have found room for plural bodies, both in the ties between body-ness and social practices, and in the multiplicity of bodies accommodated within any one of the three dimensions: being a body, having a body, and the instrumental body. We can comb Schatzki's writings for further glimpses as to what kind of body is being conceived and imagined.

It is clear from the start that Schazki resists a discursive emphasis that would follow Foucault. His description of speech acts as bodily sayings – for him, a subset of doings – highlights a very material body at the heart of his conception. This physical or material sense of the body is affirmed in his discussion of possibilities in practice. Although actions (which uphold and instantiate practices) follow what it makes sense to do, this intelligibility is not unbounded. Practices transpire within objective space that devolves from material arrangements of objects, and the materiality of our bodies themselves. Practices are open, but not infinitely so, and one's body is a crucial delimiter of this practical scope. This is not to suggest biological reductionism or determinism, nor is it to fix the body in some constant natural state apart from society. On the contrary, bodies in Schatzki are understood in intimate and dynamic connection with social life, and with material objects.

Schatzki (2002) explains that, in his reference to bodily doings and sayings, the term 'bodily' emphasises things that people do with their bodies, *including whatever prosthetic parts and extensions may be involved*. Such prosthetics may include walking sticks, reading glasses, heeled shoes, and so on.

In Schatzki, the abilities of (cyborg) bodies are not held *in vacuo*, but are understood *in actu*, alongside other material arrangements in the conduct of practices. How artefacts or bodies enable and constrain actions depends not just on physical properties, but also on the activity at hand. The relevance and meaning of the physical body as a material entity that makes some practices possible and at the same times sets limits to this possibility, is not static nor contained within the body or its (cyborg) appendages. This is a property that reflects the particular activity at hand. But nonetheless, bodies maintain a strong physical, material presence and performance.

Lest we leave readers with a somewhat diminished sense of the body's materiality, it is worth highlighting Schatzki's defence of a residual humanism in his account, which, as he asserts, serves his goal to 'vindicate the integrity and unique richness of human agency' (Schatzki 2002, p. 193). While the body is a material 'thing', it is not of the same order as other 'things'. Schatzki (2001) describes his view of the body as 'living-lived' rather than physical, and later distinguishes different categories of materiality – people (i.e. human bodies), organisms, artefacts, things (Schatzki 2003). His attention to the materiality of the body does not mean that the body is reduced to materiality. Just as the physical capacities of the body contribute to the delimiting of possibility in practice, because they make up part of what prefigures what one does, this does not mean that bodies contribute to mindless reproduction: 'all the prefiguration in the world cannot sew up agency before it occurs' (Schatzki 2002, p. 233). And because any agentic action would involve a bodily doing, bodily saying, or both, the human body lies at the heart of agency. Part of the indeterminacy that characterises all human actions and social practices, in Schatzki's account, stems from the body, and it is thus also the body that provides the site and basis for interventions, lines of flight, and subtle distinctions in performance that contribute to the maintenance, evolution, and dissolution of practices (Schatzki 2012).

A somewhat different sense of the body emerges in Schatzki's (2010) discussion of spatiality and temporality. He draws not only on Heidegger here, but also on Lefebvre, and is particularly influenced by *Rhythmanalysis* (2004). This appears to address a void that Schatzki detects in Heidegger's account of temporality, which rests on 'thrownness' and 'projection', leading to a sense of past, present and future as dimensions of temporality, rather than separate points in successive chronology (what Bergson would refer to as past, present and future occurring at a single stroke). Schatzki turns to Lefebvre (2004) to find a bodily anchor for his work on temporality (which never separates from questions of spatiality). In particular, Lefebvre's emphasis on the body as a kind of metronome for social life, and of bodily rhythms as key ways in which human activity is coordinated (or becomes problematic), seems to chime with Schatzki's desire to account for the hanging-together of human lives in embodied terms. Hopwood (2014) offers a detailed

account of rhythms and bodies in professional practices in health, while Johnsson (2012) develops a subtly different account of 'tempo-rhythm (see also Johnsson, Chap. 5, this volume).

Representation, Practice and the Body

A matter warranting attention at this point is the issue of *representation*. Practice theory in general defines itself against what is best described as 'representationalism', a key feature of the Cartesian legacy. As Green (2009c, p. 50) notes:

> 'Representationalism' is that view of the world predicated on a spectator view of knowledge for which the primary reference-point is the authorial subject of rationality and realism, a stance 'burdened by lingering, if not overtly, neo-Cartesian conceptions of representation' (Schatzki 1987, p. 295).

This is the world as defined in terms of knowledge, theory, experience, reason (rationalism), 'mind', etc, privileging 'cognitivism' or its cognate 'mentalism':

> In such a representationalist view, knowledge precedes and predetermines action. Knowledge is distinct from practice, as mind from activity in and of the world. And both mind and knowledge are privileged vis-à-vis practice and the body (Green 2009c, p. 50).

This is a view, moreover, 'sharply at odds with the arguments associated with Wittgenstein and Heidegger, and the primacy of practice thesis more generally' (Green 2009c, p. 50). But a distinction can be made between 'representationalism', as a worldview predicated on a Cartesian perspective, and 'representation', albeit understood differently. The distinction is nicely captured, in fact, in recent work organized under the banner of what is somewhat ironically called 'non-representational theory', itself to be understood as a variant of practice theory and philosophy (Thrift 2006; see Green, Chap. 8, this volume). Although described as 'disparate and potentially loosely connected bodies of thought which do not prioritise the role of representation in their accounts of the social and the subject', such theoretical initiatives 'can by no means be characterized as anti-representation *per se*' (Anderson and Harrison 2012, p. 2). This is because 'what passes for representations are apprehended as performative presentations, not reflections of some *a priori* order waiting to be unveiled, decoded, or revealed' (Anderson and Harrison 2012, p. 19). Green (2009c, p. 51) argues similarly, asking indeed if there is 'value in reformulating representation within, and as part of, an adequate theory of practice?' Accommodating a reconceptualised view of representation within a more open, flexible practice theory and philosophy is likely, in fact, to have various advantages for a project such as this present one, which seeks to bring together what are similarly contested literatures on practice and the body.

Work on the body, for instance, has clearly come up against the limits of language and representation, conventionally or classically understood. Reference is often made to 'the erasure of the body' in what are seen as overly textual

accounts (e.g. Somerville 2006, p. 40), as a symptomatic feature of poststructuralist and/or postmodern explorations (Somerville 2004). Judith Butler is often cited as exemplifying the challenges and vicissitudes in such a stance, with Schatzki (1996b, p. 64) for instance arguing that she works with 'an overly linguistic notion of practice', and one that is at the very least 'under-theorized'. The possibility exists, then, that different conceptions and constructions of language are at issue here, as well as of practice itself. Others continue to draw more sympathetically on poststructuralist theory and philosophy to explore, for example, 'teaching as emphatically embodied practice' (Vick and Martinez 2009, p. 10) or the work of aged-care nurses (Somerville 2004). Still others, operating more specifically within a practice-theory perspective, note 'the power of language and discourse to redefine the possibilities of self, subjectivity and agency' (Caldwell 2012, p. 285), in arguing for a re-assessment of the relationship between language and practice. Even Schatzki has acknowledged 'the key role that representations of the body play in the bodily constitution of individuals' (Schatzki and Natter 1996, p. 10). Hence, Green (2009c) proposes that representation might well be drawn into a reworked theory of practice, either as a resource for managing 'breakdowns' or interruptions, or as an explicit incitement to change. The question remains: What role might representations(s) play in better understanding practice and the body, then, especially in contexts of professional learning and education?[5]

With regard to the body, further, it may be helpful here to draw in Farnell and Varela's (2008) account of what they call 'the second somatic revolution'. They describe this as predicated on a view of 'human action ... best understood as a dynamically embodied discursive practice' (Farnell and Varela 2008, p. 216). They see it as building on from the first "revolution", which they describe as 'beginning in the 1980's and exemplified in the work of Csordas, Jackson, Turner, Shilling and others', and as 'inspired by Merleau Ponty's existential phenomenology' (Farnell and Varela 2008, p. 235). Crucially what is at issue in this shift, as they see it, is a growing awareness of and sensitivity to the body in action, in motion – an interest, that is, in 'the moving body, the doing itself' (Farnell and Varela 2008, p. 216). This was coupled with a new sense of the living body as at once *somatic* and *semiotic*, and what they call 'the primacy of the signifying moving person' (p. 221). As they write:

> Instead of restricting semiosis to representational signs and symbols, we propose a multi-sensory semiosis loosely defined as processes of agentic embodied meaning-making afforded by the modalities of taste, hearing, touch, pain, smell, sight, and kinesthesia in various relationships with talk and other bodily action. The post-Cartesian move is to view such somato-sensory semiotic modalities as providing human beings with resources for meaningful action that frequently elide spoken expression, but which are never separate from the nature, powers and capacities of linguistically capable agents (Farnell and Varela 2008, p. 225).

There are implications here, certainly, for how the body/practice nexus might be conceptualised and researched.

Practising the (Professional) Body

What does it involve to put the focus emphatically on actually practising the professional body? This takes us back to the very question of practice as a distinctive concept. To do that, of course, is somewhat ironic, given that there seems almost inevitably a disjuncture between conceptualising and, as it were, 'living' practice, or experiencing it *as* practice. It is important to bear in mind, then, the view that representation – as 'commentary' – is often at the expense of the lived experience of practice and the body, as Bourdieu has argued, among others (Green 2009c, p. 45). When professionals are engaged in practice, in performing their professional work, their bodies are always-already active participants, as we have indicated. These bodies are not at all supplementary to what is happening; indeed, to a significant if varying degree, they are energising and orchestrating the practice in question, anchoring it and organising it. Knowing how to go on, what to do next, etc, is a matter of practical reason as much as anything else, and this reasoning is always embodied, in the sense that it is tacit, experiential ('body') knowledge, or *knowing*, realised and expressed in what is done, in and through practice. It is useful, therefore, to spend some time here exploring what it means to speak of practising the body.

Schatzki (1996b, p. 89) points to three senses of practice, namely 'learning how or improving one's ability to do something by repeatedly working at it and carrying it out'; 'a temporally unfolding and spatially dispersed nexus of doings and sayings'; and 'performing an action or carrying out a practice of the second sort'. The last of these points to the importance of *performance* itself, or what might be called 'practice-ing' – the actual 'doing' of (the) practice. This is something perhaps best realised in phenomenological terms, since it suggests a focus on what might be called the lived/living experience of practice. What is practice like? Or, rather: What is being in practice like? What does it *feel* like? This is further complicated, but also enriched, by putting emphasis more on what forms of subjectivity are emerging or forming in and through practice, on *becoming* – on becoming in practice.

For Thrift (2006, p. 124), performance is a crucial consideration, understood as 'the enactment of events with what resources are available in creative, imaginative ways which lay hold of and produce the moment'. This is immediately and aptly to be observed in professional practice, which to a significant degree consists of just such enacted 'events', played out repeatedly in the exchanges and interactions of the professional practitioner and the 'object(s)' of her attention – her clients, patients, students, etc. And just as much as this activity always necessarily refers back to available discourses and practice traditions, it is also open to possibilities, to creativity, invention, and the production of the New – different ways of going on, and of making things happen. This may only be momentary, and relatively miniscule, and may not even be noticed; but it exists all the same. And of course sometimes, even if rarely, it does get picked up, and drawn in to what is now imaginable, and therefore possible.

In referring to 'the "art" of the necessary improvisation that defines excellence', Bourdieu (1977, p. 8) points to the importance of understanding practice as involving a distinctive, acquired 'feel for the game', an affective-corporeal knowledge in-and-through action. This has been described elsewhere as a matter of invention ('within limits') and improvisation, as well as repetition and indeed reproduction: 'Improvisation as a characteristic feature of ("artful") practice is always knowledgeable, though never fully or totally so – never, that is, wholly rational' (Green 2009c, p. 46). The focus here is on intuition, tacit knowledge, 'feel', a sense of context – what Flyvbjerg (2001) calls 'arationality', or the realisation and exercise of expertise. For Flyvbjerg (2001, p. 18): 'Experts operate from a mature, holistic well-tried understanding, intuitively and without conscious deliberation. Intuitive understanding comes primarily from experiences on one's own body and is in this way at one with the performer'. Crucial aspects of practice-as-performance then are movement, timing and rhythm (Hockey and Allen-Collinson 2009), along with both tact and tactics – a felt sense of what is appropriate and when to act, for best effect. All this is fundamental to the praxis of the embodied professional.

But notions of habit and habituation are equally fundamental, as is 'training', or, in Schatzki's terms above, 'learning how or improving one's ability to do something by repeatedly working at it and carrying it out'. This is often under-estimated and under-valued – perhaps especially when the emphasis falls on mental life and the cognitive-intellectual aspects of professional practice and education. Yet a strong case exists for re-assessing the role and significance of the body in this regard too. This is where due consideration of the links between Bourdieu and Merleau-Ponty become appropriate, and compelling. Both thinkers conceive as 'reason' as 'primarily corporeal', with thinking understood as 'a kind of corporeal awareness – prior to taking the form of representations' (Marcoulatos 2001, p. 6). For Bourdieu, history, culture and power become embodied as *habitus* – 'the durably installed generative principle of regulated improvisations' (Bourdieu 1977, p. 78). This is formed early, and through repeated, regular social-somatic experience. It involves both habit and habituation. Similarly for Merleau-Ponty, habits are to be understood as 'dynamic embodiments of significance'. Rather than being simply 'an automatic function', Marcoulatos (2001, p. 5) describes embodied habits as 'a living responsive, adjustable propensity towards certain behaviours' (citing Merleau-Ponty 1962, pp. 142–143, 145). A 'feel for the game' therefore, in the course of its practice, combines both doing whatever comes as it were 'naturally', in the moment, *and* calling on what has been assiduously practised, in training.

This is what Noble and Watkins (2003, p. 527) point to, in their account of sporting expertise, observing that '... no player plays without spending more time training than actually playing; no-one begins as a masterful player. The "feel for the game" is developed over time, and is only acquired through enormous application'. They also, importantly, propose 'a distinction between habitus, or what the body is disposed to do, and bodily capacity, or what the body could do under different circumstances' (p. 527), and re-introduce what they see as a missing or at least underplayed element in Bourdieu and arguably other such arguments, namely

'consciousness'. This latter point is crucial, albeit complex. It allows for reflexivity and a form of 'mindfulness' in professional practice, including how we draw upon theory and work with memory and representation. It is also what helps us to more systematically hone our expertise, and to become better at and in our practice. This is not to suggest that such 'reflection' is itself sufficient, rather that it forms a necessary, supplementary aspect of truly professional practice.

Conclusion: Or, Re-framing the Practice(d) Body

We began this chapter by asking can practice go on without a body? The short answer is no – but it is important nonetheless to think carefully abut what constitutes and counts as a body, and about the nature of the relationship between practice and the body. Bodies are always thoroughly implicated in the practice of practice, in ways both complex and complicated. As Landri (2012, p. 91) asserts: 'Body is, in fact, constituted in the field of practice'. In concluding, we propose that, for the purposes of this book and its overall project, the body might well be usefully understood in a three-fold fashion, as respectively 'metaphor', 'background', and 'resource'. This is not intended as definitive, nor is it something evident here in every instance, across the essays that follow. However this tri-fold notion serves as a reference-point, in seeking to understand practice and the body in professional education.

Seeing the body as *metaphor* opens up the whole question of the lingering effects of Cartesianism, or what has been referred to as Descartes' legacy. Central to this is a consistent valorisation of mind over body in Western thought, and relatedly a persistent dualism. To refer to the body is therefore to point to the displaced *other* of this heritage: the other side of rationalism and the project of reason. Citing Descartes in this regard highlights modernity and the Enlightenment, but this particular line of thought reaches back to the Greeks and encompasses what Derrida (1976) calls *logocentrism*, or the primacy of logic, language and the mind. There is a crucial gender dimension to this as well, with the disembodied logical mind not only subordinating the animal in humanity but also the feminine; hence Derrida's strategic notion of phallogocentric rationality. 'The complexities of this heritage of dualisms', as Bayer (1998, p. 8) writes, 'and the ways in which they have filtered into the order and arrangement of individual and social life from macro- through to micro-levels means that *the "body" has to be thought through on many levels and with some specificity*' (our added emphasis).

Hence references to the body need not be taken literally, or simplistically, although this is not to deny or gloss over the particular materiality of the physical body. We ask here: what does it mean to think the body 'on many levels', or at different scales? Is it useful to consider what might otherwise be seen as outside or beyond the body, as in some formulations of body-environment coupling, within which moreover boundaries become blurred, or porous? Is it possible to think

productively beyond the anthropomorphic body? Is there value here in bringing together the ways in which the body itself figures as metaphor, as trope? For instance, in referring to bodies of knowledge, or to the corporate body, etc.

The body as *background* refers to the manner in which much of what we do, as practitioners, as professionals, proceeds and is enabled by what we do not have to attend to, consciously. It is to refer to that which goes without saying, literally, or even noticing, but which is necessary and productive, all the same. Charles Taylor notes '[t]he paradoxical status of the background . . . It can be made explicit, because we aren't completely unaware of it'. However, as he continues, 'the explicating itself implies a background' (Taylor 1995, p. 70). More is going on, in practice, than can be talked about, or 'represented'. At issue here is the distinction between 'tacit' and 'articulate' knowledge.

As Green (2009c, p. 48) writes: 'Some things are inarticulatable in our practices, in a sense unknowable', adding that this 'is not to say that they don't exist or aren't significant in and for the practices of our practices. Rather, they must be seen as the unsaid, the unspoken, or perhaps the unspeakable'. They may not be 'speakable' yet, or only in certain indirect or oblique ways. Or quite literally they may be 'unspeakable' because they pertain to the realm of the unconscious, to phantasy and phobia, and desire. For Taylor (1995, p. 70): 'The very fashion in which we operate as engaged agents within such a background makes the prospect of total expliciting incoherent'. That is what might be deemed the strong position in practice theory; others might want to probe the possibility further, not so much to do away with the 'background', or to deny it; rather, to propose that interrogating and exploring notions of 'background' and 'context' remains something worth thinking about, philosophically and empirically. What seems clear, however, is that much of what we do, we do so as embodied beings; we bring our bodies with us, in our practice, even if we are unaware of that being the case. We speak and we act, we engage with others, and our bodies are there too, always, more or less in the background . . .

Finally, but also relatedly, the body functions as a *resource* for practice. We draw upon the body in order to do what we need to do, in practising our profession and our work; we draw on its resources, whether that be in our 'sayings' or 'doings', or indeed our 'relatings' (Kemmis 2009). Vick and Martinez (2009, p. 9) refer specifically to 'the use of the voice' and the movement of the body in teaching, its positioning in space, and in relation to others. Teachers use their bodies, in teaching, as do nurses, in nursing, and so too do doctors and lawyers, accountants and social workers (e.g. Tangenberg and Kemp 2002). That does not mean they are necessarily conscious of this; indeed, if Bourdieu is right, it is rather the 'habitus' that generates practice, with little regard for consciousness or agency[6] – which means, to some extent, they are in fact used by their bodies. Whatever the case, bodies matter. Shotter (2011) provides a good example of the body as resource, but also as background, when he argues that 'there is a much more immediate and unreflective, bodily way of being related to our surroundings than those of which we are aware in our conscious reflections' (p. 453). His concern is with what he calls relational-orientational knowing – knowing how to go on. How do we move

meaningfully in and through our world, our practice, drawing on whatever we can in order to get things done? In doing so, he argues:

> [W]e take our body's resourcefulness in this respect so for granted that we fail to see it (perhaps paradoxically) as something that is both foundational to our very way(s) of being in the world, but also as something that we can in fact still alter and change [. . .]—thus to change, not simply our thoughts, ideas, and opinions, but our own very way of being in the world (Shotter 2011, p. 440).

This is, then, the body in practice, which is always, of course, a matter of practising the body. This is something, further, that also involves, and necessarily, varying degrees of effectiveness and elegance, expertise and artistry, in dynamic circumstances out of which moments of professional praxis emerge. What we have sought to do in this chapter, and indeed in the volume more generally, is to bring the body back into active, creative consideration, in professional education and beyond. Re-articulating corporeality and practice theory remains however an ongoing philosophical-empirical challenge.

Notes

1. The title of one of Lyotard's most brilliant essays (Lyotard 1991).
2. Bourdieu in particular should be acknowledged here, as indeed an original and arguably crucial figure, whose continuing value and insight is perhaps underestimated in newer work on practice and the body. Re-reading Bourdieu is likely to be particularly generative, then, especially when coupled with other thinkers such as Spinoza, as Watkins (2012) has shown in her recent work on schooling, discipline and the body, or Dewey, as Burkitt (2002) does, in revisiting notions of 'habit'.
3. Deleuzian accounts of the body are both provocative and illustrative here (e.g. Guillaume and Hughes 2011).
4. In a subsequent paper, Reich and Hager (2014) refer to 'six prominent threads', the additional one being 'that practices exist and evolve in historical and social contexts, shaped by complex social forces, including power' (p. 4).
5. See Dahlgren et al. (2012) for an example of work that seeks to draw on this point.
6. See however Watkins' (2012) reworking of Bourdieu, drawing on Spinoza.

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Part II
Thinking with the Body in Professional Practice

Chapter 3
Sustaining the Change Agent: Bringing the Body into Language in Professional Practice

Margaret Somerville and Karen Vella

Introduction: Body as Method

In the Introduction to *Volatile Bodies*, feminist philosopher Elizabeth Grosz announced that the book was a 'kind of experiment in inversion', based on a wager that 'bodies have all the explanatory power of minds' (Grosz 1994, p. vii). The purpose of this wager was to displace the centrality of 'mind, psyche, interior, and consciousness' in conceptions of subjectivity through a reconfiguration of the body. In this chapter we take up this stance of body as method in order to explore the body in professional practice. The structure of the chapter is based on pivotal conversations between the two authors in the process of doctoral supervision. It is written through key conversations when the body made its presence felt. The conversations we re-enact in this chapter are hesitant and discontinuous, each representing a performance of the pivotal moments of coming to understand the power of the body in professional practice.

The context of Karen and Margaret's conversations was the *Space Place Body* doctoral research group at Monash University. The purpose of the group was to generate new conceptual, theoretical and methodological resources within the core concepts of space, place and body through 'conversations' across our differences. These conversations focussed on inter-linked subjectivity (ontological) and knowledge (epistemological) work, at the intersection of our postcolonial and

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poststructural approaches to educational research. A specific interest in alternative and creative methodologies emerged from these onto-epistemological conversations which built on earlier work about the simultaneous emergence of new subjectivities and new knowledge in doctoral research (Somerville 2007, 2008). For all of us, it was the ability to speak new ideas hesitantly and uncertainly into a supportive and collective space.

Margaret came to these conversations with a history of working with the body as method – through bringing her own body into articulation as a postcolonial stance in relation to her collaborations with Australian Indigenous people (Somerville 1999, 2013); and also in relation to workers in aged-care and coal mining workplaces (Somerville 2006; Somerville and Lloyd 2006). In both of these industries, problems of body safety are critical, expensive, and challenging for workers and management alike. In aged care it is the body of the other, the aged-care resident, that insistently inserts itself into practice, while the body of the aged-care nurse is invisible until it is injured. To learn to have safe bodies, aged-care nurses have to learn to bring their body into presence (Somerville 2006). On the other hand, the bodies of coal miners are constantly present in their attunement to minute sensory changes in the mine because it is a matter of life and death. One worker talked about feeling the changes in air pressure through the tiny hairs on the back of his ears, because changes in air pressure signal immanent danger. Bodies assert themselves in these industries because of the pressures of workplace safety, but even in ill health bodies are curiously and conspicuously absent in professional practice.

Karen brought her experience as an organisational change agent for over 15 years, including undertaking the role of change agent in the academy for 6 years. Since completing those 6 years in the academy, she continues to undertake change roles in organisations as a self-employed practitioner, a portfolio worker (Fenwick 2006). Organisational change agents are both outsiders and insiders to the organisations in which they are employed. The process of organisational change is defined as involving the critical analysis of the context, antecedents and history of change that helps to clarify how change will best be facilitated. The implementation of change, on the other hand, focuses attention on the management of individuals through the application of preconceived models/interventions that are intended to achieve predetermined outcomes (Wilson 1992).

Karen said that it is common banter amongst organisational change managers that any change manager only has three big change projects in them. The first change project is done with a combination of naivety and raw talent, and the excitement of the challenge. The second is undertaken with more experience and belief in your ability to strongly and sensibly steer things in the direction they should go, accepting the compromises that have to be made as sensible responses to the reality of the business world. By the third project, you are burdened with knowing and feeling too much – about the compromises that will come, about the pain and anger that people will experience, about the inevitable 'shoot the messenger' reaction, and the disappointing outcomes of the project. Forget a fourth project, they say, for you will no longer have the stomach for change work. It is this 'stomach for change work' that is the focus of our chapter about the body in professional practice.

Karen came to Margaret because her supervision at another university had failed. After several years of working on her thesis about sustaining the organisational change agent and developing creative approaches to research using fabrics, Karen had taken her efforts to her supervisor who said 'this is not a thesis'. These words about the challenge of bringing the body into language have continued to destabilise the supervisory relationship between Margaret and Karen too, as Karen struggles with the (im)possibility of writing the body. As Green and Hopwood have asserted (Chap. 2, this volume): 'Work on the body . . . has clearly come up against the limits of language and representation'. Karen and Margaret's first pivotal conversations approached the body indirectly by discussing fabric and clothes.

Conversation 1: Clothes as Second Skin

Karen I have worked with fabric since I was around eight years old. I have collected fabric and vintage clothing and made clothes for myself, either making them from scratch or reshaping and renovating vintage items. I enjoyed the creative intensity of all aspects of the making process – creating designs, adjusting pre-set patterns to my unique design, cutting the cloth, and working the stitching. In my travels I have scoured Middle Eastern markets, Asian silk factories, prestigious European fabric houses, and flea markets to bring back these material souvenirs, treasures from other lands and lives. I have an eye for what is possible when looking at fabric. A broad outline of an idea is inspiration enough to acquire the fabric.

Designing and creating garments has always seemed a practical and sensible pastime for channelling my fabric fascination. My size and shape has not conformed to off-the-rack, predetermined ideas of Australian women's bodies. My creative and practical self combine to make and wear clothes that fit my body. Often it is only I who know the story. I know the her-story of that vintage trim (from a nightdress of my mother's trousseau), or the provenance of the Asian graphic print on that shirt's inset (from my grandmother's collection), or the exotic aromas evoked by the Egyptian cotton (bought in Cairo's Grand Bazaar). A living complexity of memory, imagination, and story is embedded in my clothes.

With their Middle Eastern/European cultural roots, designing something original was important for my grandmother and my mother, as it was for their peers. They seemed to be seeking a look, perhaps more attuned to their overseas tastes. In their home countries, they more often than not could hire people to do the making. In their Australian home, and in changed economic circumstances, they would be both designer and maker.

In the making process, I seek the advice of these 'experts' (my mother, female relatives and friends – all migrants). We spend time together problem solving, fitting the garment to my body, watching the draping as it falls over my body, and ultimately creating one-off and unique garments. The garment is finished with a shared sense of satisfaction. The aim is high quality, even though there is always

further perfection to be sought – releasing the slightly puckered seam, raising the line of the shoulder, a final straightening of the hemline. The co-creators want to see the finished garment. My mother wants to hear about any reaction to the garment once it is worn.

This interest, this passion of mine, is separate from my work as a serious change manager, but I would still spend many a lunch break wandering in the fabric stores in Melbourne's central business district. Feeling the textures, looking at the play of colour, observing the fall and drape, looking for inspiration. With my energy levels high and so many possibilities in my head, I would return to the complex but often relatively mundane tasks required to be done for the 'real work' in my high-rise tower workplace. These lunch-hour expeditions feel secretive and subversive, empowering and sustaining. Rosika Parker describes some of what I experience in *The Subversive Stitch* (2010).

I had also understood from an early age that in contemporary Australian urban culture such interests and aptitudes are distinctly uncool. A recent article by Ginger Briggs in the *Sunday Age* (28 September 2008, p. 15) describes the stitching journey from the 'uncool' activity of the latter part of the twentieth century to the 'inefficient' activity of the 21st:

> [Craft] … has been sidelined for several generations. First, feminism freed women from having to spend their nights darning (thank you). And sometime after that it gathered a distinct aura of uncoolness for a generation of young women. Later, as the double-income family became the norm, women simply didn't have the time even if they'd wanted to.

I always wanted to. I made time for it. It was irresistible. It was essential.

Until recent years, I did not discuss my makings outside my family and close friends. It seemed too homespun, too girly, too looks-conscious, too light-weight. In the early twenty-first century Australian context, this fabric practice can be regarded as an over-concern with clothes and appearance. It may not seem compatible with my feminism. I couldn't describe, at that time, what it was. It is not just about clothes-making. It is about my body, bringing my past into the present, making my stories, combining the past and present. It was the beginning of my conversation with Margaret about bodies in professional practice.

Margaret I remember reading an article about the significance of clothes in organisational life. It was by a researcher who was studying how disabled people might be able to fit into the corporate world. The article stood out at the time and I wonder now if the permission to write about clothes was because it was about disabled bodies. The researcher turned the gaze to herself, reflecting on the unexpected insertion of her body, initially so lost in corporate spaces, into the exploration of this research (Church et al. 2006, p. 83). Through reflecting on the way she dressed her body for its appearance in the corporate world, she became aware of 'the anxious dance between visibility and invisibility' for her co-researching clients:

> I recall clearly what I wore for that performance. It was a fitted jacket in a smooth, almost heavy black fabric with burgundy corduroy inserts, most notably on the lower half of the

cap sleeve. . . . over the years through her actual sewing practices my mother taught me the texture, colour, cut, fit and finish of clothing. . . . The jacket intrigued me with its 'haute' combination of two rough and tumble fabrics. It strikes me that I may have worn the piece as a subliminal in-your-face gesture to Everybank, a way of carrying my disadvantaged colleagues beyond the teller's window where they try to cash their welfare cheques (Church et al. 2006, p. 84).

For Catherine Church clothes provided a transition, a way to carry her disabled colleagues into the corporate workplace. The act of reflecting on clothes in the context of academic writing legitimates the possibility of focussing on how we wear clothes at work as an object of scholarly analysis. We start thinking about clothes as a stand-in for bodies. 'I wear clothes to protect my body in a corporate patriarchal workplace', I say. 'I play with different combinations of clothes on different days. Under the corporate outer garments, the dark grey pin stripe suit, I like to wear a silk shirt to feel the soft pliability against my body. Clothes are like a second skin, a transitional object between inside and outside. Like the infant's first object, they mediate out relationship between self and other, self and world'.

Conversation 2: The Abyss

Karen I came to a time in my practice as a corporate change manager when my body began to react, to make my ongoing participation in organisational life difficult. Change work was particularly risky and perilous. I was working in a university. At that time in my life I came to deeply understand the adage amongst change managers – that any change manager only has three big change projects in them.

My body speaks, shouts, screams. I am sitting in a meeting, waves of nausea take over. I am reeling with dizziness, a cold clammy sweat breaks out on the skin of my forehead. I try to stay seated and appear attentive to the discussions but soon I have to leave and vomit on the grass outside the door. This happens over and over again. Waves of dizziness and nausea take over my corporate body and I have to leave, overwhelmed by the need to vomit. Weakened and ill, the outcome is produced. An exit of that body from organizational life is inevitable.

Margaret The body in professional practice is invisible, especially a body out of control in its responses to organisational life. We talk about our bodies behind closed doors, share our stories of bodies that have become weakened and ill in the 'Unhealthy Places of Learning' in which we work (National Tertiary Education Union 2000). Bodily products threaten the stability of the established social order, abjected in their manifestation as neither inside nor outside the body (Kristeva, in Grosz 1987). And yet, for Kristeva, the abject is a site of possibility for the body to emerge into the symbolic order of language. Maggie MacLure (2013) writes about the body of a child asserting itself through vomiting at school. For MacLure,

this is data that 'glows', data that defies translation into codes and signification, challenging her to think through the unrepresentability of the body:

> Again, the school staff, and we ourselves, attempted to bring the vomiting, and the child, into the scheme of representation, assuming that it, or she, must 'mean' something. Everyone wanted the vomiting to be codable – a sign of something else: 'attention seeking'; 'immaturity'; 'lax parenting'; 'timidity' ... But like Hannah's silence the vomiting remained a point of indetermination between the materiality of the body and the abstraction of meaning, quivering with the emotional intensities of sense, refusing to offer itself up as either signification or as 'mere' bodily process (MacLure 2013, p. 663).

Using Deleuze's *Logic of Sense* (2004), MacLure says that data such as these push us to consider how the material world 'intra-acts' with all of us, in ways that do not necessarily pass through language in its ordinary appearances, but instead manifest in and as 'sense'. Sense is 'this non-representing, unrepresentable, "wild element" in language. Sense is important for a materialist methodology because it is a kind of "mobius strip" between language and the world' (MacLure 2013, p. 658).

'This is the work of your fabric making, to bridge the body and representation, in a form other than language'.

Conversation 3: Making Fabric Assemblages in the In-Between

Karen My faith in myself was eroded. I was lost, marooned as a change worker in the academy. Images of myself as a confident, competent, successful change manager were in tatters. The fabric of the inner me was thread-bare and shredding. I resembled one of my vintage clothing pieces that could no longer hold together in the face of the handling required to renew and transform the piece. I could no longer envisage gathering the energy once again for change work. However, I was in the academy, in an institution with strong support for practice-led research. The idea of reflecting on the experiences of change managers, using the structure and form of doctoral research, seemed like a good use of the experiences I had at my disposal. In discussing the research possibilities with my academic friends – all women – my passion for fabric work surfaced. I was encouraged by them to bring these aspects of my creative and working life together. What a freeing idea, that maybe fabric was part of how I experienced the world and that it wasn't just a welcome distraction! I could find inspiration from this other space, it was woven amongst the threads.

I seemingly disappeared into, and was sustained by, a making with fabrics. Even when serious problems were facing me on the work front, what woke me up in the middle of the night in a 'Eureka!' moment was knowing that I had worked out how to place that contrasting fabric feature into a garment design. So amongst all the work chaos, my joy came from solving the problem of how to utilize the beautiful silk I had bought in Bond Street, London many years before. I wanted to be strong again.

I rationalised that, through this research, I could cut out the thread-bare pieces of my change worker life, and examine them. I would then understand my experiences. I would stop the shredding. I would strengthen the weave of my organisational life by placing a reinforcing, academic 'backing piece' on the experience, and in the process restore the fabric of my strong change manager self.

I exited from ongoing positions in organizations. I silenced my organisational voice for a time. I became a stranger to myself. I was generating something new, strange, unpredictable and, for me, totally compelling. The research was difficult to discuss. However, I was determined, compelled and allowed myself to stay with the practice of fabric assemblage, often alongside weeks of silence, and no writing. Sometimes I would do creative writing/journaling alongside the making but often there were no words. Neither did the fabric pieces make sense. They weren't made to exhibit or display in any way, they were silent bodywork. I got a friend to take black-and-white photographs of them.

Vertigo and nausea abated. The fabric practice was like a salve to the body turmoil. It made it possible to live the shift that I was experiencing. Not all together comfortable, but going with it regardless. There were no words, no academic writing to translate this body knowing into the conventional language of research, only a proliferation of fabric assemblages (Fig. 3.1).

Margaret The liminal space of the fabric making has no words, no narrative. The liminal space is about becoming, becoming-other-to-oneself through research engagement (Somerville 2007). Victor Turner (1982) coined the term 'liminal' from

Fig. 3.1 Fabric assemblage: White

Van Gennep's limen or threshold, referring to the space of becoming for the initiand in initiation rituals: 'The liminal period is that time and space betwixt and between one context of meaning and action and another. It is when the initiand is neither what he has been nor what he will be' (Turner 1982, p. 113). While Turner focuses on the space of the liminal in performance, the liminal is a non-stage, a time and space without narrative. Although a time without narrative is a radical idea in relation to the production of research through writing, I understand the liminal as a critical time and space for the emergence of new knowledge through research (Somerville 2007). In the liminal, new subjectivities emerge simultaneously with new forms.

For many other qualitative researchers, the liminal space of 'undoing, redoing and modifying of this very limit' is fundamental to the practice of writing-as-research.

Trinh Minh Ha, for example, writes that 'rather than talking about death, I would prefer to talk about threshold, frontier, limit, exhaustion, and suspension: about void as the very space for an infinite number of possibilities' (Trinh 1989, p. 59). Betty St Pierre (2000) describes the mixture of pain and joy in research when her body 'pauses, settles and readies itself for another motionless voyage that always seems to involve painful desubjectification, joyful disarticulation'. She refers to 'those certain places that provide especially fertile conditions, exquisitely dynamic intensities that make us available to a transformation of who we are' (St Pierre 2000, p. 260). But, I puzzle now in relation to Karen's fabric making, how does one cross over from that time and space of no words, no narrative, into the language of representation?

#Conversation 4: Listening with the Eyes

Margaret My supervisory role with Karen followed these conversations in a sensing way because the ideas had not yet come into words. I began to sense that the time had come to challenge Karen to make the passage into language. I remembered the time when I became ill, not long after I started working in a university. It was a certain exhaustion of the self, of logics, of academia, a dis-ease. I began a process of bodywork in which images lodged in my body emerged through massage, the touch of skin on skin. In that space between self and other, the movement of finger on skin, the massage practitioner articulates a knowing through touch. The touched body responds with images that exist in the body before words, and draws them into articulation. Not sense-making, but image-making, non-logic word attachment from multiple sites of the sensing body, from the space between self and other, between body and world. Through a slow process of attaching words to these felt images I started first to talk them, then to write them down after the massage. I found that with practice I was able to be in my body in place and to make words from that bodily experience. Walking across the lounge room feeling silky smooth floor boards under my feet, one foot after the other, walking-falling into movement of body in space, a feeling of presence. It was as if I knew my body for the first time.

I said to Karen: 'I think you should stop making new fabric pieces and re-visit the old ones. If you keep making fabric pieces your body will never find the words to articulate its story. This will be a hard thing to do because the fabric making has replaced the somatic symptoms of overwhelming nausea, dizziness and vomiting. It is a perilous and risky business to bring the body into visibility in professional practice. To begin, I would like you to re-visit the fabric assemblages materially, not in your mind, don't try to give them meaning, but respond to their materiality with your body. I want you to listen with your eyes and write down what you hear them saying to you. Give them voice'.

Karen

This fabric assemblage is in my workroom
lying on the floor
it has been kept away

from day to day domestic things
shoes removed, and with bare feet
I walk over it.

A small square of green khaki fabric
with fringed edges
secured by neat dark green stitching lines
that meet at right angles.

Felt exposed at the academy
now I feel broken and battered
I'm no longer there.

Another patch of white fabric
mother's hand-stitched nightgown
made for her trousseau
rectangular shapes stitched in place
resemble playing cards.

A third patch of iridescent yellow fabric
fine stitches secure a golden yellow
rounded
billowing
joyful form.

In this space not thinking
not knowing
freedom
no neat resolution.

Something is taking hold
settling in
establishing
underneath consciousness
giving form to research-making
not clear
not sharp
no coherence yet.

I tried to express ideas about the gap, the silence, in a meeting with strategy planners on a government assignment. They looked at me. A brief halt in the interminable talk. Then things just continued on as if I had never spoken. The hour filled with words. Unable to hold onto the meaning of all these words. I was in a room in which all those around me – some women, mostly men – seemed fluent in a language that was alien to me. Although I was accustomed to being around foreign languages, in the face of this language I am heavy with incomprehension and disinterest. So I undertook the making in private. I undertook the making in silence. Long stretches of silence, occasionally interrupted with sparse strings of words. Sometimes I audio-taped myself, in a period of making.

Disparate components joined
sometimes separated
differing weights, textures, sizes
large/small does not point
to importance
makings evoke
experiences, emotions, memories
colours and shades
differing surfaces textures
each felt, seen, heard, smelt
components re-stitched
configuration, representation, type
what's normal, different, ugly, beautiful
varying touch-temperature
always movement in fall, weight
twisted strips
internal and external the same
encased but exposed
outside inside transformation
the inside outside
porous to/of environment
can be taken apart
regeneration
transformation
disparate components are joined.

Conversation 5: Women Coming into Language

Karen My making of fabric assemblages and sitting with the organisational change work in that way allowed the articulation of unknowing and undoing to emerge. It has been an uncomfortable and volatile bodily experience for me, this undoing. I became detached from organisational leadership roles. It seemed like a necessary stage in coming to a new knowing. Fabric assemblage work played a major role in this detachment and reattachment. I seemed to let go of all I had built up in my professional life. I cried, I grieved. I tried to stop the letting go. The feeling of deep loss was at times almost unbearable.

The fabric assemblages were always all around me. I could go through that portal into a liminal space, knowing I had these objects, something to hang on to in this perilous, chaotic space, the space of the in-between. I read Grosz (1990) on Lacan and began to think about the fabric pieces as transitional forms that sit between body and language. Lacan refers to the speaking/writing subject as the unproblematic pre-constituted subject, who is simply presumed as a knowing subject to the patriarchal order.

What Grosz's writings on Lacan did for me was to establish his platform very clearly. Grosz identifies what Lacan does and what he has left hanging in the air. Lacan has developed a theory of the symbolic order of language specifically relating to male bodies. Women are other than, or less than, in this theorising. There are threads of certain types of thinking that continue into feminist work and I needed to understand this genealogy of thinking before I could explore her later work on the French feminists Kristeva and Irigaray.

Lacan's account of the mirror stage is about the insertion of the body into language in the life of the infant. It theorises the beginning of speech and the loss of unbounded identification with the space of the mother in the infant's development. The specular image (the mirror) symbolises both a literal image of the self and an idealized representation. The mirror-image provides the ground for imaginary identifications of the ego in which the self becomes an object separated from the body-of-the-world. The mirror stage provides the conditions for detachment from lived experience (Grosz 1990, pp. 48–49).

In feminist terms, Lacanian psychoanalysis is useful in providing different understandings of taken-for-granted ways of looking at men's and women's relationships to patriarchal systems and knowledge and language. Freud outlined the characteristics of femininity as a consequence of woman's acceptance of their lack (Grosz 1990, pp. 131–137). He theorised that women develop strategies that ensure that they take up the position of 'the phallus' through being the object of desire. The art of illusion and semblance become a woman's greatest assets in striving for this position. Lacan (Grosz 1990, p. 144) shifts the ground of our understanding of power relations and their social reproduction, and provides some crucial elements for a description and explanation of the psychic components of women's oppression as caused by socio-economic and linguistic structures, the socio-linguistic Law of the Father.

As an experienced executive woman, I was naïve to expect different power relations in an academic institution with deep patriarchal traditions. A woman's trajectory is to be reduced to a desired object. In this context, I became undesirable through my unwelcome efforts at reflecting the institution back to itself, providing a different mirror, as it were. I commented on the institution's enacting of traditional power relations, and courageously pursued my role in leading a program of change.

After a short time, however, I became distanced from the core of power, and readily interchangeable with any other woman (considered more trustworthy, more predictable, more compliant). I was unable to fundamentally challenge the Law of the Father as the Other (Grosz 1990), the law that was fundamental to academic institutions. I was experiencing this through my body – the nausea, the vertigo, the

vomiting – before my rational self could accept it, could know the circumstances of my making. At the same time, some other form of expression, a 'circling around', an emergence (Somerville 2007), were at play.

Margaret For me, the mirror stage seemed to be a pivotal point for feminist theorising about the relationship of bodies and language. The symbolic order (of language) is the field within which our lives and social experiences are located. It can be conceived as a system where there are many possible signifiers of social power and linguistic norms. Grosz brought the body into the centre of analysis, 'the very stuff of subjectivity' (Grosz 1994, p. ix), and positions it as the ally of sexual difference, questioning phallocentric assumptions. She seeks to rescue the body from dominant, uncontested (patriarchal) models that link women's subjectivities and social positions to the specificities of male bodies. Through analysing the philosophical writings of Kristeva, Irigaray, and Le Doeff (Grosz 1987), she addresses the possibilities of language to enunciate women differently. These theorists, departing from Lacan's mirror stage, provide accounts of embodiment which question many presumptions in male-authored philosophical texts.

For Kristeva, particularly, in her theorising of the semiotic space of the mother, the insertion of the body into language is the site of possibility for speaking and thinking differently. She writes of the creative potential of the abject, and of 'madness, holiness and poetry' as the way in which the body bursts forth into language, disrupting the smooth surfaces of the linguistic field. She describes the disruptive potential of the corporeal language of hysteria. She says if women write as hysterical subjects, they are bound to the body and its rhythms, estranged from language, they are visionaries, 'dancers who suffer as they speak' (Grosz 1987, pp. 165–166). Karen's fabric assemblages, like the child's transitional object, links her to both the semiotic space of the mother and the symbolic order of the father, the unrepresentability of the body in object form.

Women, for Irigaray, do not conform to a singular identity, nor are they definable in men's terms (Grosz 1987, pp. 145–146). The human subject is fragmented, emerging as a subject-in-process, constituted in language each time they speak. For Irigaray, the female body is the site of patriarchal power relations and at the same time the site for symbolic and representational resistance. Woman does not conform to the logic of singular identity, sexuality and desire. Women's bodies are not definable in men's terms. She seeks the positive re-inscription of women's bodies, the creation of perspectives, positions, desires that are inhabitable by women as women, creating positive alternatives, viable methods of knowing, and means of representation for women's autonomy.

Karen Through the making of fabric assemblages I sat with the not-knowing, and felt connected to something strong and unique. Eventually I re-attached to the organisational change manager part of my self in a different way. I began to work as a 'portfolio worker', working from the outside or from the margins of organisational life, as many women have chosen to do (Fenwick 2006). The fabric assemblages were key to being able to detach from my old organisational change-worker persona.

I became deeply attached to the making of fabric assemblage, and in that making, came to know/not know and to find ways to write from the experiencing body.

I am a woman. I was employed to work on changing a profoundly patriarchal institution. I was trying to do this as a woman rather than as an instrument of patriarchy. It was perilous work. It took a profound toll on my body. Fabric assemblage provided a transitional object to hang on to, in the liminal space. I began to understand ideas of multiple subjectivities. Other parts of my self gained expression and all of these could be part of our conversations in the Space, Place and Body group.

Collective Conversations: Space, Place and Body

Margaret and Karen In the context of doctoral supervision, the collective body/minds of a group of doctoral students engaged in discussions about the body and language. In a safe space, new ideas about female bodies, language and writing were able to be articulated. The onto-epistemological work of the Space, Place and Body group was significantly informed by Elizabeth's Grosz's early writings on the relation between bodies and language. It was important to understand the genealogy of these ideas from their emergence in the particular space/time conjunction of scholarly work. Feminist poststructural theory reconceptualised the work of key male theorists such as Freud, Lacan, Derrida and Foucault, with the fundamental aim of deconstructing the biological determinism of the male/female binary. Never a closed category, however, feminist poststructural theory arose as a living dynamic system of thought that has evolved along many different pathways. The category of the body was the most radical and productive of these new forms of thinking, and continues to inform new relational materialist methodologies today (e.g. Barad 2003).

Grosz's first published work in feminist body theory began with the French feminist philosophers Julia Kristeva, Luce Irigaray and Michelle Le Doeff (Grosz 1987). This first book ('Three French Feminists') began, like many of her published works, in her intellectual conversations with similar groups to the Space, Place and Body group as a collaborative but distinctly pedagogical process. These particular feminist philosophers were chosen for study because each of them fundamentally challenged the works of influential psychoanalytic theorists of the time. The episteme began with Freud, whose theoretical contributions fundamentally depended on the women who engaged in psychoanalysis with him and, in the process, translated somatic symptoms produced by repressed trauma into language. Lacan followed Freud to develop a highly sophisticated albeit masculinist understanding of the relationship of bodies and language, in particular the insertion of the child into the symbolic order at 'the mirror stage'. Grosz was interested in understanding the distinctive scholarship of each of the French feminist philosophers chosen for study but, more

significantly for our genealogical tracing, summarised the collective thrust of their ideas as:

> . . . a fundamental antihumanism and materialism, a recognition of the powers of prevailing (patriarchal) modes of representation and knowledge, a recognition of the cultural debt owed to women and maternity, [and] a concern with the social, institutional and discursive construction of sexual identity (Grosz 1987, p. viii).

Each of these four elements has been taken up in her later work to interrogate philosophy from a female embodied perspective. The focus on 'antihumanism and materialism' is the means through which the primacy of the Enlightenment male subject as a singular, rational, autonomous human being in the world is fundamentally deconstructed. It is the challenge to the related modes of representation through which this subject is constituted, that is of most enduring relevance to the genealogy of our current thinking. Antihumanism challenges the dominance of human beings in both discursive formations and practical actions-in-the-world, and materialism focuses on the possibility of alternative relations with 'the flesh of the world' through different ways of being and knowing. Grosz's original work is to select and filter their ideas through the lens of the body to develop a loosely held theory of corporeality that was to extend in other lines of flight in her own work and the influence of other feminist scholars in a multitude of directions.

The body is already a challenge for understanding practice, and this is doubly so for the body in professional practice. For Karen and Margaret, the conversations initiated by readings of Grosz, Lacan, Irigaray and Kristeva offered ways of thinking about the female body and how the female subject is constituted as 'other' in patriarchal organisations. Based on these understandings, possibilities opened up for articulating the silent and silenced embodied self of Karen's professional practice. Grosz suggests that women's experiences have not been acknowledged or represented in terms chosen by women themselves. There are other ways of undertaking cultural activity and intellectual endeavour, using feminist theorising of (multiple) subjectivities, that understand women as both subjects and objects of knowledge. This provides a set of perspectives based on women's specificities, experiences, and positions that can provide a productive and generative way forward. For Karen, it opened up the possibility of working differently in her professional practice as a change agent and opening new ways to integrate a sustainable life for a sustainable planet.

Conclusion: Sustaining the Change Agent

Karen and Margaret In returning to the question of what this study teaches us about sustaining the professional practitioner more generally, we re-trace our steps through fabric assemblages to the new professional practitioner selves that have emerged through this process. The making of the fabric assemblages produced transitional objects (Winnicott 1953) that allowed Karen to be in the liminal space

of 'not knowing', a place without language where new understandings could be experienced. The process gave rise, eventually, to an understanding of the resistance, the struggles, the coercion invested in both accepting and refusing the image of self in a patriarchal institution. Feminist body theory taught Karen that time away from patriarchal workplaces, in which a woman can listen to her body in a non-medicalised way, was a rich source of data and experience. To focus on the sensations and the reactions through the transitional objects enabled Karen to hold any discomfort, to remain aware, and to stay with the experience without either spoken or written words. Alternative forms of representation were key to this process. In returning to the makings after a period of time, Karen was able to give them voice, to 'listen with the eyes', and written words were generated in sparse scanned lines, interestingly right-hand justified on the white page. Both Margaret and Karen travelled by different and circuitous routes to the recognition that sustaining the change agent in professional practice is ultimately about sustaining multiple selves, human and non-human, and the well-being of the planet. In addressing the binary constructions of thought through which formulations such as body/mind and nature/culture can only be thought as oppositions, in which one side is devalued in relation to the other, the space in-between is a critical site for transformations of knowledge and practice.

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Chapter 4
Relational Geometries of the Body: Doing Ethnographic Fieldwork

Nick Hopwood

Introduction

In this chapter I will work through a number of questions about bodies in professional practice, taking ethnographic fieldwork as a reference-point. As an ethnographer, my body does fieldwork. The literature has explored many aspects of embodiment in ethnography, and I offer new lines of thought through a focus on relations between ethnographers' bodies, other bodies, and things. Ellingson (Chap. 11, this volume) also explores embodiment and ethnographic practices, though with a greater focus on representation. I use and expand the concept of *body geometries*, invoking ideas of direction, distance, and mutual positioning. In doing so, I will develop alternative ways of conceptualising what the ethnographer's body does in relation to its corporeal and material surroundings. These ideas are discussed in relation to the broader theoretical problems to which this book is addressed.

Two features of this analysis make it congruent with the project of Schatzki's (1996b, 2002, 2010) practice theory, as I understand it. First, I draw on what Schatzki calls a site ontology and therefore my discussion considers not only the bodily doings and sayings that make up a practice, but rather explores the bundle of practices and material arrangements that constitute ethnographic fieldwork (Schatzki 2000, 2003, 2005). Second, my interest is not so much in theorising professional bodies in themselves, but rather professional bodies in the performance of practice. While I highlight the physicality of the body, my questions are about a *doing* body.

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Schatzki (2002, 2010, 2012) holds that practices are collections of activities spread out over time and space. Schatzki (2012) refers to practices as spaces of multiplicity rather than uniformity. I treat ethnographic fieldwork as a particular space of multiple but related practices unfolding in a particular site. Ethnographic methods are contested on inter-, intra- and post-disciplinary terms, as shown by transatlantic debates within anthropology, differences between anthropological and sociological approaches, and challenges posed in contemporary work in interdisciplinary or practice-based fields (Mills and Ratcliffe 2012). While I term the fieldwork practices I describe and analyse below as ethnographic, there is no implication that all ethnographers perform fieldwork practices in the same way. My argument that body geometries are significant stands regardless of the particular approach to ethnography (including virtual ethnography), and indeed I offer the exploration of ethnography as a basis for suggesting that professional practices more widely may be usefully conceived in body-geometric terms.

Schatzki's (2002, 2003) site ontology asserts that the primary unit of social existence comprises practices (bodily doings and sayings) as they are bundled with material arrangements (various kinds of things). His ontology holds that there is nothing social, no social practices, without there also always being materiality in play. This bundling or connection between practices and materiality is at its most intimate in his view that all doings and sayings are performed bodily, wherein his reference is clearly (though not exclusively) to a physical body. Schmidt and Volbers (2011) discuss Schatzki's notion of *site*, particularly the idea of sociality that emerges sociomaterially, rather than instantiating pre-existing structures. They then connect this with notions of the site in cultural anthropology and ethnography, where site refers to methodological localising (see below). They suggest that the concept of site is fundamental to both questions of social practices and questions of their empirical investigation through ethnography. This chapter is located precisely at the nexus of these issues, considering ethnographic fieldwork as a social practice in itself, but as a practice that is shaped by intentions to understand other social or public practices.

Following this site ontology, I draw attention to the material arrangements with which my fieldwork practices were bundled. The notion of the ethnographic field site as a spatially bound, stable entity has been questioned (Friedman 2002), and while my fieldwork did indeed take place largely within a single building, it nonetheless makes sense to trouble this notion. Burrell (2009) argues that a site is not an area of space that is selected, but rather sees the site as an ongoing process. The site reflects what the ethnographer follows, notices, and selects. Taking the idea of the field site being processual rather than spatial, the site reflects the ethnographer's fieldwork practices as they are bundled with material arrangements. Thus the notion of the field site and Schatzki's site as the ontological basis of the social can be brought together.

The research site to which this chapter relates comprises not just my bodily doings and sayings, but the material arrangements amid and with which my

fieldwork practices were performed. This is described below. However in my discussions I am also constructing my own fieldwork practices as a kind of site in Schmidt and Volbers' sense of a local assemblage of translocal objects, agencies, structures, forces and cultural formations (2011, p. 419). In this respect, I explore my fieldwork as a site in which broader ethnographic practices are upheld and instantiated, becoming public and available for scrutiny.

The Research Site

I now provide relevant details of the Residential Unit (RU) at Karitane as a material component of the site at which my fieldwork unfolded. Karitane provides a number of services for families with young children. The Residential Unit accepts up to ten families each week, offering round the clock support from Monday morning to Friday afternoon. Families are referred (usually by a GP) because they are experiencing challenges relating to sleeping, settling, night-waking, breastfeeding, solid food intake, or toddler behaviour. The Unit is staffed by a team of over 20 nurses, alongside childcare workers, social workers, plus a psychologist (at the time of my research), a visiting paediatrician, psychiatrist, Sister of Charity, massage therapist, hairdresser, as well as administrators, hotel services, security and maintenance personnel.

The Residential Unit is in Carramar, a suburb in Western Sydney. The Unit is arranged in a large L shape, comprising two corridors of bedroom suites for families, one with a playroom and food store, the other with a dining room and spa facility. At the hub of the L is the nurses' station, with a handover room, a pair of nurseries, and other offices nearby. My time in and movements through these physical spaces were often determined by the staff whom I was shadowing. In the daytime this was characterised by regular movements from the nurses' station to client rooms, or other parts of the Unit, for periods ranging from a few seconds to over an hour. When shadowing playroom coordinators, I was more consistently within the indoor playroom and linked outdoor fenced play area. I documented the materiality of the walls (notices, pictures, windows), floors (textures), and ceilings (lights, fans, pictures). My material engagement with Karitane was neither that of a member of staff nor a client. I did not write notes in client files, nor hold or move clipcharts around as the nurses did. I did not eat in the dining room with clients, nor spend nights in client suites. But I did enter the spaces of staff behind the nurses' station, in the handover room, and I ate with them in the staff room. I joined parents and children in messy play, in relaxation groups, and on a pram walk to the nearby park. As Nairn (1999) suggests, my body's movements in time and space were shaped by the prerogatives and parameters of fieldwork.

Body Geometries

In this section I will outline what I mean by 'body geometries', and describe a theoretical basis for understanding embodied fieldwork practice in geometric terms. The idea of geometry in social and philosophical inquiry is not new, although it appears to have growing appeal at present (see also Johnsson, Chap. 5, this volume). Seyfert (2012) links his theoretical account of affect to Spinoza's geometric approach, in which all bodies are treated equally, referring both to relations between human bodies (avoiding placing a particular subject-body at the centre) and also with non-human bodies, avoiding hierarchies that separate and prioritise the human.

Concepts linked to geometry have gained some traction in the discipline of geography, including Massey's (1993) notion of power geometries, which I interpret as intervening by spatialising questions of power and the effects of processes such as globalisation (ie. as spatially heterogeneous), rather than bringing specific geometric ideas to questions of space. Yeung (2002, 2005) proposes the idea of 'relational geometry'. He distances his concept from mathematical dealing with points, lines, and angles, distancing his approach from back-door spatial analysis. He asserts (following lines of argument resembling those of Actor-Network Theory, or ANT) that 'no social beings are meaningful and existential unless they have entered into some sorts of relational geometries' (Yeung 2002, p. 19). His definition of relational geometries as 'spatial configurations of heterogeneous power relations' (Yeung 2005, p. 37) follows Massey in the focus on questions of power, and also in a somewhat loose notion of geometry, except through the idea of spatial relations.

Boggs and Rantisi (2003) situate Yeung's relational-geometric idea within a broader relational turn, in which issues of structure/agency and micro/macro are deflected through an approach that takes relations rather than actors as units of analysis. This has clear parallels with ANT, and also with Schatzki's attempt to move away from just such problematic binaries through a focus on practice. Boggs and Rantisi comment how emerging literature emphasises relational proximity over spatial proximity. My notion of body geometries sees the two as linked, at least in the context of ethnographic fieldwork. I make explicit reference to geometric notions of distance, angle and so on. This does not signal a reversion to objective space, but rather, as Yeung (2002) wrote, considers the researcher relationally, rather than as ontologically individual and separate.

To begin a more detailed explanation of the notion of body geometries as I use and develop it in this chapter, I offer an excerpt from Horsfall et al. (2001), which they offer as an anecdote from health professional practice:

> A group of nurses wonder how they can intervene, resist the patronising and unhelpful attitude of the surgeon on his hospital rounds. Together they decide that instead of standing behind the surgeon, or at his side, as he talks at the patient, they will disrupt the way that the organisation of space is maintaining the surgeon's power. One nurse steps through the wall of doctors and crouches beside the patient facing the doctors. Another sits on the bed. This has an immediate effect on the surgeon and trainee doctors. The surgeon slowly moves into the crouched position as he speaks. The trainee doctors gradually move so that they are also sitting or crouching. When the doctor speaks, the nurse beside her asks the patient what she

thinks; the relationship slowly changes – the patient is included in the discussion and the manner in which the surgeon speaks and listens to the patient changes. (p. 94)

In Horfall et al.'s (2001) discussion, the positioning of bodies is highlighted, providing a useful reference-point for explaining what I mean by 'body geometries', and demonstrating the interest that other researchers have shown in these issues.

The concept of body geometries refers to relations of proximity, distance, and angle. How close is my body to other bodies and things? How is it positioned in terms of right and left, in front and behind, above and below? The excerpt points to a number of further aspects. The nurse facing the doctor raises questions of angle or orientation. The crouching and sitting nurses imply that relative postures are important in practice (indeed, in the excerpt there is a kind of contagion as the surgeon and trainee doctors adjust their postures). All this postural work is itself guided by a geometric relation governed by the patient's position, lying on the bed, and particularly the level and direction of her gaze.

A geometric approach reflects my desire, shared with Schatzki and others, to re-balance accounts of practice away from a privileging of language and discourse. Schatzki (1996b) critiques 'overly linguistic' notions of practice (such as that of Butler), emphasising the importance of nonverbal doings (that neither name nor declare something). He goes as far as writing of 'language's impotence' (p. 71) with regard to its inability to mark forms of understanding and intelligibility that are central to practices.

While Horsfall et al. (2001) folded body positionings into a Foucauldian analysis of discourses and power/knowledge, my aim is to mobilise the relational-geometric ideas outlined above to do something quite different. Caldwell (2012, p. 283) notes:

Schatzki is deeply critical of the Saussurean inspired "linguistic turn" in philosophy that influenced the opposing traditions of structuralism and post-structuralism; one led to the collapse of practice into language and signification while the other, in its postmodern variants, reduced agency to discourse ... The overriding ambition of Schatzki's work is to extricate practice theory from these apparent dead ends by ensuring that practices are ontologically more fundamental than language and discourse.

Wacquant was similarly critical of the 'discursivist and theoreticist bias' (1995, p. 89) of sociology of the body in the early 1990s, which he argued constituted bodies into yet another object of abstract exegesis, perpetuating the absence of 'actual living bodies of flesh and blood' (p. 65). Barad builds an argument for focusing on materiality in part as a resistance to the dominance of language and discourses in social analysis:

Language has been granted too much power. The linguistic turn, the semiotic turn, the interpretative turn, the cultural turn: it seems that at every turn lately every "thing"— even materiality—is turned into a matter of language or some other form of cultural representation. The ubiquitous puns on "matter" do not, alas, mark a rethinking of the key concepts (materiality and signification) and the relationship between them. Rather, it seems to be symptomatic of the extent to which matters of "fact" (so to speak) have been replaced with matters of signification (no scare quotes here). Language matters. Discourse matters. Culture matters. There is an important sense in which the only thing that does not seem to matter anymore is matter. (Barad 2003, p. 801)

Gherardi (2006) briefly mentions the notion of geometry in a way consistent with my purpose. She describes geometry as referring to perspectives and objects in space, and how they shift in space, arguing that a geometric approach is useful in foregrounding the material consistency of practices, and countering the removal of materiality associated with location of key ideas in ethereal domains.

I work with the concept of geometries to direct our attention away from language and discourse, without reinforcing Euclidian perspectives or notions of space as an empty, measurable container. How might we understand ethnographic practices, and the role of the body within them, if we did not give ontological preference to certain notions of mind, representations and language, but instead focused on bodies as material, doing or performative entities that are relationally constituted? Instead, I make the body a fleshy, weighty presence. Schatzki (2010) notes that human activities (and by extension, therefore, practices) depend on the physical properties and processes of bodies and artefacts in relation to one another. A geometric analysis is one way of foregrounding these in accounts of professional practices.

In *Pascalian Meditations*, Bourdieu (1997) describes ritual practices in terms of metaphors of dance or gymnastics, arguing they take advantage of the possibilities offered by the geometry of the body (right/left, etc.). The substance of the body interacts with the fabric of the social world – other bodies and things. The way we perceive environments is shaped by the capability of our bodies (Nairn 1999). Our anatomy underlies dualisms such as left and right, through our paired limbs, and through our perceiving other objects with reference to the concepts of left and right that are defined by our bodies. The same goes for in front – a space that opens up by virtue of our eyes, noses, mouths being located on one side of our heads. Our being in and perception of the world extends geometrical relations from the very shape and capacities of our bodies.

Geometries of distance also stem from our bodies. There is a corporeally defined sense of distance shaped by our ability to see or hear over particular distances, or to make ourselves cyborgs and use glasses or telephones. Depending on how tall we are, what bodily position we are in, other objects may be above or below us by greater or lesser measure. But such geometries are not personal, individually defined: angle and distance are inherently relational properties.

Weiss and Fern Haber (1999) discuss embodiment as *intercorporeality*, developing an explicitly relational sense of the body, or bodies. Embodiment is not private, personal or individual, but mediated by interactions with other bodies and things. Park Lala and Kinsella (2011) refer to the space between individuals and the other. While the dimensions of geometry may stem in part from individual bodily anatomy, it is only through relations with other bodies that geometric relations make sense: this person is to my left, and as she is facing the same way, I am to her right. Geometry is a property of the body and the bodies or objects it is relating to. Hence I must write not just of my body, but my body *as it is bundled with other bodies and things in the performance of ethnographic fieldwork*. Geometries are practical, material relations.

I wish to make the point, building on Bourdieu (1997), that geometries are not just relations of distance and direction; they have meaning and significance

beyond this. Invasions of personal space, aggressive positioning through proximity and towering over others, hiding one's body in covert research, unwelcome touch, reassuring hugs, etc., all attest to the fact that how we relate to others, geometrically, is not neutral. As an ethnographer, these relations have obvious ethical and intellectual dimensions: Which geometric relations are appropriate? Which help the researcher gain relevant insights through bodily perception of and engagement with others?

Merleau-Ponty's (1962) notion of the *meilleure prise* refers to optimal grip on the world, and foregrounds issues of distance, visibility and focus when human beings, bodies, perceive or interact with objects in the world. Park Lala and Kinsella (2011) discuss this in relation to qualitative research more generally. With reference to ethnographic fieldwork, the 'grip' that the body doing the fieldwork has on the world is crucial. What can be seen, heard, smelled, touched, felt, and tasted? What is in focus? There are many different influences on what an ethnographer takes to be her or his *meilleure prise*, including the kind of ethnography they practice, their research questions, the theoretical assumptions and concepts underpinning their study, their body shape and capacities. Stephens and Delamont's (2006) account of researching Capoeira can be read as an excellent exploration of the different kinds of grip being available to different researchers by virtue of their bodies, contrasting the athletic capital drawn upon in Stephens' active participation with Delamont's access to different aspects through more sedentary observation. I argue that body geometries are highly significant in determining what kind of grip an ethnographer has on the world in which they are immersed.

Theorising Practice

A body-centred geometric analysis can be situated within contemporary theorisations of practice, professional practice, and bodies. Adopting Schatzki's site ontology locates my work within contested approaches to understanding relationships between material arrangements and what people do and say. Schatzki asserts a strong role for the non-human in social life; however, he does not accept the symmetry between human and non-human that is claimed in what he terms 'posthumanist' approaches, the most prominent of which would be actor-network theory (ANT) (Schatzki 2000, 2002, 2003).

Turning now to the practice component of the practice-arrangement bundle that makes up the site of the social, Schatzki (1996b, 2002) asserts that practices comprise bodily doings and bodily sayings, both of which are understood as inherently relational (either between a body and another body, or between a body and other material artefacts or objects). For reasons described above in relation to the use of the notion of geometry, I place deliberate emphasis on the bodily doings involved in the performance of ethnographic fieldwork, and almost wholly erase the bodily sayings (particularly speech) that are obviously an important part of that practice.

The concept of bodily doings lays out the basic conceptual terrain for my focus on the body doing ethnographic fieldwork. Reckwitz writes:

> At the core of practice theory lies a different way of seeing the body. Practices are routinised bodily activities; as interconnected complexes of behavioural acts they are movements of the body. A social practice is the product of training the body in a certain way: when we learn a practice we learn to be bodies in a certain way (and this means more than to 'use our bodies'). (Reckwitz 2002, p. 251)

By considering the ethnographic body as a doing, relational body, we can understand fieldwork practices differently. Elsewhere I have discussed how I understand moments in my fieldwork as instances at which I was doing ethnography, but also that ethnography was doing me, performing my body (Hopwood 2013a). I would rephrase Reckwitz, however, and suggest I had learned not to 'be' a body, but rather to 'do' and perform with my body in a particular way. However any bodily action is both an instantiation of a wider practice being followed, and a performance that upholds and potentially modifies that practice (Schatzki 2010). Hence the dialectical relationship between my bodily doings and the performance of ethnographic fieldwork.

The Body Doing Ethnography

Ethnography is perhaps the strand of qualitative research where researchers' bodies have historically been most present. Csordas (1999) writes that ethnography demands attention to bodiliness, even in purely verbal data. I would argue perhaps that ethnography has always been recognised as embodied, albeit in perhaps limited terms (see Hopwood 2013a; Clerke and Hopwood 2014). Reflexive accounts that grapple with issues of gender, age, race, ethnicity and appearance all imply a particular body enmeshed in inter-corporeal fieldwork practices.

Among the more well-known examples of ethnography that explicitly grapples with the body in fieldwork is Wacquant's (1995, 2002, 2004) study of boxing. Wacquant describes the boxing body as an ongoing practical accomplishment, a means of production and a somatic product of training. Bodily labour builds bodily capital, but then, when in the ring, the labour of fighting threatens that very capital. Wacquant's descriptions of sparring, and ultimately competitive fighting, bring the body geometries of boxing vividly to the fore: relative height and weight, fast-changing bodily proximity, the importance of reach, the speed of the glove approaching the face.

The recognition of the embodied nature of fieldwork extends across the space of multiplicity that ethnographic practices comprise. Willis (2000) describes ethnography as a distinctively embodied set of methods. Somatic presence makes it possible to understand the world in embodied, material terms, rather than, for example, treating language as primary. Stephens and Delamont (2006), describing themselves as sociologists, compare the practices and insights of a sedentary observer and an active participant in Capoeira, a Brazilian dance and martial art, highlighting

fieldwork as an embodied enterprise. Nairn (1999) writes of ethnography as involving embodied fieldwork, done with and through the body, in interaction with other people and the environment. The relationship is reciprocal: the body is inserted into fieldwork, and fieldwork is inserted into bodywork.

Much of this relating occurs through the senses (Stoller 2004) as ethnographers open themselves up to others, and allow themselves to be consumed by the sensual world. Pink (2005, 2008, 2009) expands on this idea through her account of 'sensory ethnography', framed within sensory and somatic turns, which foregrounds embodied, sensorial relationships, materiality and emplacement. Writing on ethnographic fieldwork has certainly not absented the body, but there remains scope to extend and deepen our understanding of fieldwork as an embodied, material practice. This foregrounds wider opportunities to attend to embodiment in research practice more explicitly and more generally.

The Ethnographic Body as Background

Green and Hopwood (Chap. 2, this volume) outline a tri-partite conceptualisation of the body in professional practice: the body as *resource*, the body as *background*, and the body as *metaphor*. I will now consider each of these in turn, using them as analytic lenses so that they and the concept of body geometries mutually enrich each other. I also weave Schatzki's notions of *being* a body, *having* a body, and the *instrumental* body into the discussion, though these cannot be mapped straightforwardly onto our organising framework. This develops my previous account of ethnographic fieldwork as embodied practice (Hopwood 2013a, 2014a, 2014c; Clerke and Hopwood 2014), and instantiates Green's framework with reference to a particular kind of body: the body of the ethnographer doing fieldwork.

The body as background refers to that which goes without saying, often without noticing, but is nonetheless necessary and productive. The notion has parallels with Schatzki's (1996a, b) concept of 'being a body', in which he refers to the ability to perform doings and sayings, and experience sensations and feelings. Our ways of placing ourselves in space, of sensing space and other bodies in it, build on geometries that stem from our bodies as backgrounds. Left and right, above and below, in front and behind, are automatic points of reference between our own bodies and others. Similarly we take for granted our bodies as (effective) sensing organisms: I don't use my eyes to see, rather the sense is that they do the seeing for me, automatically. Our ability to feel emotional intensity is as if it happens for us, without our trying.

Much of the work of supporting parents on the Residential Unit relates to settling young children. In the edited excerpt from my fieldnotes below, Emily, a nurse, supports Neema to settle her daughter Habiba. Up until now, Neema has breastfed

Habiba to sleep, and they are trying to encourage her to fall asleep in her own cot. This is a big change for both Neema and Habiba:

> Emily has turned the piped music on to a low volume, and closed the doors to the corridor and to the main bedroom so that the nursery is dark. Neema cuddles Habiba, who is calm, and then puts her down in the cot. Habiba screams instantly, kicking and pushing. Emily asks Neema to sit down on a chair that has been positioned by the cot: 'let her know you are there'. I am aware of being in a confined space. It is very intense, and I find it hard to write my notes because it is so dark. I move over towards the door and hold my notebook up to a small crack of light where the sign that covers the window has curled back a bit. Over the next few minutes, Neema repeatedly picks Habiba up to cuddle and calm her; as soon as she is returned to the cot, the screaming begins again; throughout this time, Emily remains calm in her tone of voice, shushing, and offering brief instruction and reassurance to Neema; at times Emily physically assists Neema in trying to get Habiba to lie down and tuck her into the cot … Eventually Neema decides to cuddle Habiba until she falls asleep. Emily offers to wait with Neema, until Habiba is calm and nearing sleep. We leave the room and go outside into the bright corridor. My eyes feel strained from repeatedly focusing on my writing in the dim light and turning into the dark of the nursery.

What can we learn here about the body as background? My straining eyes were a reminder that the vision that is normally unnoticed is not independent of its surroundings. My body was, in the background, making my pupils dilate and adjust to the constantly changing levels of light, so that I could perform the more deliberate action of straining to write my notes, or gazing into the darkened nursery. The benefit of shifting the geometric arrangements between my body, other bodies, and things (resting against the door to write, turning to watch Emily, Neema and Habiba) is only available because of this background work. The very act of writing is one that my body performs for me, in the background. While I concentrate on the words, my fingers grip the pen and move to create the shapes of letters without me consciously instructing them to do so. I respond to sensations of tension and intensity, registering them, writing about them; but the sensing and sensations take care of themselves. They only occur because I am there, a body in close geometric relation with the other bodies (in a physical sense and as three *people*) and things in the nursery. The tension and intensity are bodily responses to being witness to such intimate and challenging moments.

The Ethnographic Body as Resource

Thinking of the body as resource leads us to ask questions about what the body does, what it is, what it consists of, its edges, limits, affordances, and about how bodies work together. This in some ways parallels what Schatzki (1996a, b) refers to as the 'instrumental body', in that it is through the performance of bodily actions that other actions are effected. It also incorporates the sense of limitation and potential breakdown that Schatzki refers to in his notion of 'having a body'.

I will now focus on a challenge in my fieldwork that led to a repeated deliberate positioning of my own body among the bodies of nurses, mothers and other (non-human) objects. Admission interviews occur shortly after families arrive on a

Monday. They normally take place in clients' bedrooms, all of which have a double-bed, either sofa or armchair, and mirror. Admission involves the nurse discussing a number of crucial issues with parents. At times these involve highly intimate and sensitive discussions about pregnancy, childbirth, feelings about parenting, relationship between parents, the challenges they have been experiencing, and their goals for the week.

I sought to explore bodily dimensions of the admission interview, paying attention to postures, gestures and facial expressions of both nurse and parent(s), and the relationship or synchronisation between these. I wished to achieve a balance between being unobtrusive and not overly interfering in the clinical process, while also making my presence obvious, rather than 'melting into the background'. Given the unpredictability of the admission process, particularly in terms of strong emotions, I wanted all participants to be frequently reminded of my presence, so that they might reconsider their consent and ask me to leave if they wished (which happened on several occasions). Here we see how geometries are not neutral, but bound up with questions of ethics. This posed challenges that I understand in terms of geometries of my body as resource.

Figure 4.1 shows the layout of a typical client bedroom, and identifies how a nurse and mother would often be positioned in an admission interview. The numerals 1–4 indicate potential locations for my own body. I will consider each in turn, illustrating how questions of how ethnographers can obtain the *meilleure prise* can be thought through in a body-geometric way.

Position 1 would involve me sitting on the bed alongside the mother, giving a direct line of sight towards the nurse, allowing close monitoring of her facial expressions. I would be able to see what the mother writes when completing written screening tools for depression and parental confidence. These geometries would
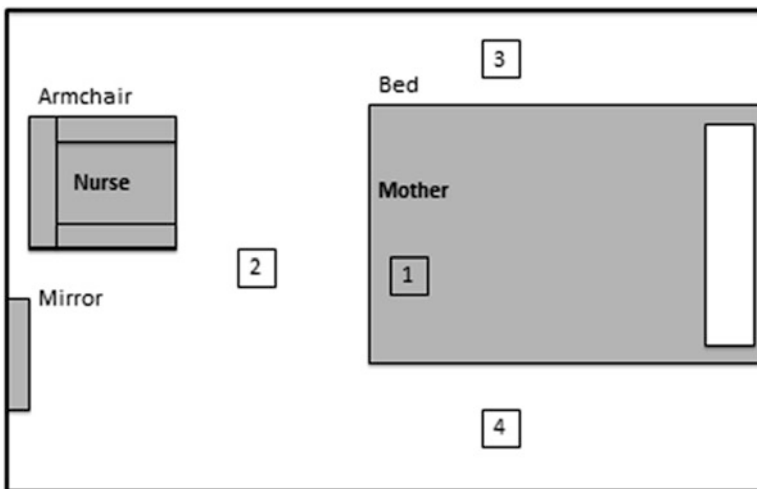

Fig. 4.1 Body geometric options in observing admission interviews

make my presence impossible to ignore, but also intrusive. The nurse might be encouraged to switch gaze between myself and the mother too frequently, given that this would only involve a minor adjustment in her angle of gaze. Writing notes on my lap while next to the mother could prove distracting, while my gaze as the nurse writes could be experienced as intrusive. I would have no way of seeing the mother's facial expressions.

In position 2, I could sit on the floor between the bed and the armchair. This would offer lines of sight to both the mother and nurse, enabling me to monitor their postures and facial expressions unless they turn their heads away. Being sat on the floor would position me at a lower level, less likely to invite direct eye contact from the nurse. I would be an obvious third body, and my writing of notes would be in clear view to the mother and nurse. The geometries of lines of sight are improved here. However, the geometries of distance remain problematic. The resulting position of my head so close to their knees is a peculiar and rather awkward situation and continues to create an unwanted three-way interaction space.

Position 3 remained problematic as a location for my body. It avoids the intrusive proximity associated with positions 1 and 2, creating a clear primary interaction space between the nurse and mother. I have a line of sight towards the nurse and am sufficiently within her peripheral vision so as not to disappear, but not overly distracting. However, I can only see the mother's back and side, and cannot see her facial expressions. I am also invisible to her, and my presence could easily be forgotten.

Position 4 made use of the mirror offering me the *meilleure prise*. I retain the line of sight toward the nurse, and a location in her peripheral vision. Separation from the primary interaction space between nurse and mother is also maintained. The mirror allows me to see the mother's face and makes my presence visible, but not central, to the mother. In the case of the admission, questions of listening were relatively straightforward, given the interactions were contained with the quiet, bounded space of the bedroom. However the looking body is more interesting. What is being looked at or for? From where can those things be seen? Position 4 offered the best utilisation of the capacity to see afforded by the relational positioning of bodies and objects.

The Ethnographic Body as Metaphor

Metaphors of the body as separate from mind reflect a dominant Cartesian legacy that continues to prove hard to shift. Grosz' (1994) response is to accept that mind and body are so ingrained in our thinking that, rather than seek to dismiss them, we should explore alternative metaphors for understanding their relation to each other. Her metaphor is that of a Möbius ribbon: a strip that is joined onto itself to make a loop, but also twisted once so there is no clear inside and outside. At any one point on the ribbon there are two sides, but there is no point at which one starts and the other stops.

I have discussed elsewhere the value of the Möbius metaphor in understanding the bodily nature of ethnographic fieldwork as not separate from intellectual work (Hopwood 2013a). Now I explore how this metaphor can be brought into connection with the concept of body geometries. Todres (2008) suggests that embodied relational understanding involves being with, standing among. What 'with' and 'among' mean, can in part be answered geometrically.

Sandelowski (2002) writes of 're-embodying qualitative research', countering naïve, disembodied views of participant observation along with a neglect of materiality. This echoes Stoller's (2004) argument that sensuous ethnography rejects Cartesian mind/body separation. Park Lala and Kinsella (2011) point to a growing literature on embodiment in qualitative research practices (eg. Ellingson 2006; Ezzy 2010). Mason and Davies (2009) argue that social science researchers should recognise that the sensory is part of 'involvement in the world' (p. 600), but they say little about the bodies doing the sensing. By focusing on geometries in relation to a Möbius metaphor of mind and body, I bring new insights into what Hockey and Allen Collinson (2009) refer to as the sensory aspects of working practices.

I came to see many aspects of the professional practices of staff on the Unit as involving embodied, aesthetic judgements (in the sense used by Strati 2007, which refers not only to beauty, but to forms of gestures, postures, fluidity of movements, rhythms, grace, senses of balance, attunement, focus of attention, and so on) about parents and children, for example readings of body language, interpretations of cries (see Hopwood 2014b). I sought to better understand those judgements and how they can be accounted for as practices, including as practices with pedagogic effects (Hopwood 2013b). This required me to inflect and focus my own ethnographic sensibility towards those judgements. As Ellingson (2006) writes, this does not imply the researcher reaching an embodied, practised identity or sameness with the practices in question, but rather a form of engagement that reflects more than detached visual observation and listening.

One embodied aesthetic judgement commonly made on the Unit relates to locating and interpreting the cries of babies and infants. By location, I refer to practices whereby the listener, usually a nurse at the nurses' station at the apex of the L-shape formed by two corridors of client bedrooms, would identify which room the cry was coming from. The accomplishment of this in practice reflected a number of things, including the removal of carpet from the corridor floors, which made the sound carry better, and made a purely geometric locating easier: Which corridor? How far along it? However the locational work also drew on aesthetic knowledge of each child on the Unit and what their cries were like (qualities of sound, intensity, pitch, volume etc.).

My own positioning, geometrically, was important in my coming to understand this accomplishment. Sitting on a chair opposite the nurses' station often made it difficult to tell which corridor a sound was coming from, because sounds bounced off a wall giving the impression of all sounds coming from one corridor. Over time, I learned how the nurses develop their attunement to cries. As they walk up and down the corridors to meet their allocated clients, they often pass cries emanating from rooms occupied by other families. An association between a location and a

suite of aesthetic qualities of cries is made. These are reinforced by practices of leaning over the nurses' station and peering down the corridor to watch which room a colleague has gone to, as well as running commentaries (see Hopwood and Clerke 2012) provided by staff: 'Ah that'll be Rosie in room three, I'll go'. Walking slowly and close to doors as you pass by, leaning forward to see down a corridor, and being gathered as a group of staff in a central location, all configure geometric relations that make this locational attunement possible. By reproducing and becoming part of those geometries myself (shadowing nurses up and down the corridors, sitting behind the nurses' station, leaning over, etc.), I was able to understand how these locational judgements are made.

These processes of 'being with' or 'among' (Ellingson 2006; Todres 2008) nurses as they went about their work, and the understandings produced through observing and interacting with them, cannot be fully understood as either intellectual or bodily work. In the accounts given above, instead the focus shifts fluidly between mind and body, in a single process, just as the single Möbius ribbon traversed several times brings us to mind and body without ever passing a clear mark between one or the other.

Conclusion

Schatkzi's practice theory offers an elaborate framework for understanding many aspects of social life. Its deliberate turn away from the focus on language and discourse associated with poststructuralism offers radically different ways of understanding professional practice. His site ontology draws attention not only to doings and sayings, but also to the material arrangements with which they are bundled. Questions of the body are at least in part questions of materiality: doings and sayings are performed bodily, and this bodily performance is named by Schatzki as one of the key ways in which practices cannot be separated from materiality (with sayings treated simply as a particular kind of doing). So questions of professional practice become questions of what bodies do (and say) amid, with, and because of material arrangements. In this sense, Schatzki's practice theory and the geometric concept I have discussed align with what have been termed sociomaterial approaches (Fenwick et al. 2011).

I have presented and expanded upon the concept of body geometries as an analytic vehicle through which to generate a different understanding of professional practice – one that is anchored closely to the body, retaining its presence and function as a physical entity. The geometric approach requires a relational sensitivity, and thus is useful in understanding how bodies relate to each other, as well as to other things.

Taking my practice as an ethnographer as an example, and weaving through ideas of the body as background, resource, and metaphor, I have shown how the practice of fieldwork can be understood in body-geometric terms. This approach offers a materially grounded notion of how ethnographers may get an optimal grip or

meilleure prise on the world, and how their bodies work in the background to make fieldwork possible. The final metaphorical section does not drift into the abstract, hopefully, but continues to show how the body doing fieldwork can be relationally enacted in different ways, and how relations between mind and body can be thought differently.

There is, of course, more to the body in professional practice than geometric relations. However a body-geometric approach usefully captures material and relational dimensions of embodiment. The body in professional practice is, through a geometric lens, understood as a material entity, performing doings and sayings through which complex relations with other bodies and things create a site. This body, while recognised in its materiality, is not held as a Cartesian container for mind, but is a doing, sensing thing that cannot be separated from thoughts, sensations, feelings and ideas.

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Chapter 5
Terroir and Timespace: Body Rhythms in Winemaking

Mary C. Johnsson

Rhythmic Practising Bodies at Work

In this chapter, I take up the question of the body as resource(s) for practice: how the body performs and is used in practice and for work, is an embodied signifier of practice and what this means for our understandings of changing practices. I am particularly interested in practice dynamics and the kinds of conceptual and analytical resources that help researchers model and represent the collective interactivity of practising bodies. This dynamical focus examines the nuances of moving bodies embedded in purposeful spatiotemporal patterns called rhythms that I claim structure work practices, the practice of work, and the discovery of novelty from within routinised patterns that can lead to changing practices.

My discussions illustrate the dimension of body-ness that Schatzki (2010a, pp. 116–117) characterises as the instrumental body, or how bodily actions affect and are affected by the performance of other actions. My claim is that such actions do not occur in a haphazard or coincidental way (although they can) but that there are particular *enacted and embodied* rhythms to practice, generating a periodicity that enables practitioners to recognise and construct their practice together. Further, there is not just one rhythm to a particular practice, but multiple rhythms of various kinds that require practitioners to sort through choices for action and at any temporal moment 'orchestrate' (Schatzki 2009, p. 42) how collectively to go on. I suggest that such moments of 'synchronic sensitivity' (Gergen 2009, p. 165) are significant to

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practitioners who, in and through their bodily actions and understandings, instantiate their professional practice in ways that collectively shape future trajectories of practice.

In laying out my analytical interest in rhythmic, practising and working bodies, understandings of *timespace* are central to the issues discussed in this chapter. I prefer to use the term timespace to acknowledge the inseparability of questions of time with questions of space, as critical geographers (e.g. Massey 2005; May and Thrift 2001; Soja 1996) have long recognised and social philosophers (e.g. Schatzki 2009, 2010a) have further unpacked more recently. Linking the interrelatedness of time and space with material concerns of practising bodies provides an opportunity to challenge (again) Cartesian mind/body dualism; to shift the gaze onto the contemporary task of synthesising embodiment, movement and relationality into patterns of relational geometries (Hopwood 2013a, this volume (Chap. 4); Yeung 2002) that can assist our understandings of why practices change.

In art design, rhythm is represented by timed movement across space, the beats 'sensed' by the eyes (Jirousek 1995). In music, rhythm is represented by patterns of regular/repetitive or sometimes alternating (short/long; soft/loud) sounds over time that may include occasional moments of emphasis called accents (Sachs 1988) 'sensed' by the ears. Importantly, rhythm also has historical significance in biological processes that interconnects bodily corporeality, multi-sensorial sensibilities and environment within repetitive cyclical durations or across geographic space (e.g. the effects of seasonality; circadian or bio rhythms and their alteration effects such as jet lag). Sociologists and philosophers such as Mauss (1973) and Lefebvre (2004) – himself drawing upon Bachelard's (1964) earlier concept of the poetics of space – have productively theorised the intimate connection between the body and its rhythms. However, their conceptual contributions are not yet prevalent in mainstream practice or learning research literature; Hopwood's (2013b) rhythms of pedagogy in the context of parenting education is one recent exception.

So it is with the body that I start. I first elaborate on the role of Maussian techniques of the body (1973) in attending to the performative and symbolic nature of human actions. Mauss reminds us that the human body is a natural instrument containing unique mechanisms for technical transmissions that substitute for a lack of instinctual behaviour resident in animals. Technique here is understood as the synthesis of tradition (or *habitus*, that comes from education of past practices) with effective action being local adaptation or fitting in with the environment or local context. While Mauss discusses his techniques of the body using exemplars of cultural practices such as walking, sleeping and swimming, the application to contemporary professional practice remains relevant. For example, in theorising professional practice and social practice, Kemmis (2009), Schatzki (2002, 2010b) and Fenwick (2012) suggest that current practice is shaped by past or prefigured practices that are mediated through the materialities of practice. For Mauss (1973, p. 76), the body is a complex system of assemblages, involving symbolic and irreducible physio-psycho-socio actions that attend to positional matters relative to the environment, or what Pirani (2005, p. 264) characterises as sensory bodyframes acting in a rhythmical itinerary within local topographies of action.

I next use Lefebvre's (2004) rhythmanalysis concepts, specifically his use of oppositions (and oppositional concepts from others), to examine in more detail how it is that repetition and surprise can generate a rhythm of practice that is productive. If periodicity and regularity provide symbols of familiar practice, then under what conditions does surprise (variation, difference) occur that leads to innovation or a change in practice? The basis of changing practice and learning new practice would seem to hinge on what practitioners attend to that directs them to alter their choices for action or to raise some dissonance (alternate accents?) against the continuing periodicity of a prefigured practice. Further, how do local differences (e.g. of dissonance) gain momentum for more global changes in the practice at-large? Such rhythmical questions taken from the perspective of Csepregi's (2006) clever body or Merleau-Ponty's (1989) expressive body highlight that the instrumental body cannot be divorced from the aesthetic body; nor can we discount the idiosyncratic, affective and emotional resonances of human interactions when practising together: see for example, my characterisation of tempo-rhythms in the culinary dynamics of practising apprentice chefs in Johnsson (2012).

The empirical context in which I research rhythmic practising working bodies is an Australian winemaking enterprise that I call *Winery*. Winemaking is said to depend on the refined olfactory sense of the winemaker in judging what it takes to produce a quality wine (Parr et al. 2003). Yet a winemaking enterprise must enhance this core competence with other resources (including other bodies) into commercial success. My research suggests that the winemaking practices needed to sustain a winemaking enterprise requires complex collective orchestration of natural and manufactured resources. The purpose and sociology of work demarcates the topographic arenas in which working bodies (Wolkowitz 2006) and their sensory experiences of embodiment (Hockey and Allen-Collinson 2009) come together in rhythmic patterns of movements that are both instrumental and meaningful in the (co-)production of work. I discuss the presence of body rhythms at this research site, draw out their practice-based significance, and conclude with identifying some implications for researching practice that is underpinned by relational-synchronic understandings of the body.

Techniques of the Body and Body Rhythms

The Instrumental Body Moving Through Local Topographies of Action

The French sociologist Marcel Mauss (1973) observed in his 1934 lecture how the technique of diving has changed from closing one's eyes upon diving then opening them under water to the reverse within the time period of his generation, or to recognise a girl raised in a convent from the way she closes her fists while walking. At the heart of his cultural examples are claims about the importance of tradition and *habitus* (forms of collective knowledge, rather than *habitude* meaning

habits) shaping 'techniques ... of collective and individual practical reason ... that vary across societies, educations, proprieties and fashions, prestiges' (Mauss 1973, p. 73). For Mauss, humans have a unique capacity for technical transmission through the natural instrument of our bodies that lead to constant adaptation of actions through our physiological (e.g. raising our eyebrows as a recognised form of communicative query), psychological (e.g. attributing laziness to an employee absence) and sociological (e.g. adopting the social protocol of walking to the left or right on footpaths) apparatuses.

As Mauss (1973, p. 76) puts it,

> [there is] a series of assembled actions, and assembled for the individual not by himself [sic] alone but by all his education, by the whole society to which he belongs, in the place he occupies in it ... [such techniques are arranged in] a system of symbolic assemblages.

Thus, Mauss makes us aware that as purposive human beings, we perform a series of assembled actions that may be imitated and repeated actions based on educative tradition but in constant positional adaptation relative to one's bodily place in the current context. Routineness and periodicity provides a basis for practice recognition that symbolically verifies collective working in the same practice (as Wittgenstein (1968) might observe: a family resemblance). Such regulation invites responses by other practitioners to coordinate movements, by imitating, repeating or adjusting bodily actions in relation to other practitioners' timespace positions.

Pirani (2005, p. 241) elaborates on these Maussian concepts by observing that 'the technique of the body synchronizes humans with surrounding conditions through learning and action practices that structure the organizational identity of a group or society. The learning of the technique of the body appears as an active process of fitting in with the world'. Importantly in this process, 'education ... imprints in body attitudes *data of acquired traditions*' (Pirani 2005, p. 242, my emphasis). Here, Pirani recognises that the body is a critical carrier of (learned past) practice in an analogous way that Hopwood (Chap. 4, this volume) discusses data embedded in the ethnographic body.

However, the progress of practice is not just one body as the carrier of practice in isolation. Rhythms are regulating mechanisms that serve to synchronise and order the (inter)actions of multiple bodies operating within an interconnected topography of action, with each body reflecting different webs of relations and past understandings. Rhythms consist of a series of intervals: the period between the start of one cycle and the next. Once practitioners sense the pace and speed of the rhythmic interval, they have reasonable anticipatory expectations about when the next cycle will recur, allowing them to regulate (i.e. adjust the speed of) their movements accordingly. For example, in wine bottling operations, such a periodic cycle exists between the start and end point of packing cartons of wine and also at a more micro level of repetitive hand motions when making up one rectangular carton from its initial flat cardboard state. Such synthesis of educative traditions with local individual positional movements contributes to social memory, sustaining the synchronicity with which the group collectively performs coordinated actions over time. In effect, a topographic itinerary of adaptation is created where intervals are reinforcing sites of convergence for social action (Pirani 2005, pp. 265, 269).

Rhythmanalysis and Rhythms: Attending to Repetitions and Oppositions in Moving Bodies

Yet the instrumental body is not merely a mimetic body moving in monotonous synchrony, for otherwise how would practices change, where would the creativity and diversity of practice originate? Here I look to Lefebvre (2004) and the attention he gives within his rhythmanalysis project to the body and the role of oppositions.

First, Lefebvre (2004) makes a series of points that supports a systemic rhythmicity of the body interacting in the world:

- The theory of rhythms is founded on the experience and knowledge of the body (p. 67).
- The living – polyrhythmic – body is composed of diverse rhythms, each 'part', organ or function having its own, in perpetual interaction (p. 80).
- Yet [the body is] subject to a spatio-temporal whole [*globalité*] (p. 81).
- [The body] is the site and place of interaction between the biological, the physiological (nature) and the social (often called the cultural) where each of these levels has its own specificity … its own space-time: its rhythm (p. 81).

Yet Lefebvre cautions: 'for there to be rhythm, there must be repetition but not just any repetition' (Lefebvre 2004, p. 78). But what kind of repetition is unclear from my close reading of Lefebvre's rhythmanalysis text. Is 'repetition' set up in opposition to 'difference' so that Lefebvrian rhythms are 'combinations and intersections of repetition and difference', as Hopwood (2013b, p. 9) observes in his parenting education context? Or is there value in the occurrence of surprise as the basis of opposition when the anticipated repetition does not continue? Richards (cited in Young and Schuller 1988) offers a nuanced chronosociological view that I believe has much to offer Lefebvre's theory of rhythms:

> Rhythm and its specialised form, metre, depends on repetition and expectancy. Equally where what is expected recurs and where it fails, all rhythmical and metrical effects spring from anticipation … The mind, after reading a line or two in verse … prepares itself ahead for any one of number of possible sequences at the same time negatively incapacitating itself for others. The effect produced by what actually follows depends very closely upon this unconscious preparation and consists largely of the further twist which it gives to expectancy … *It is in terms of the variation in these twists that rhythm is to be described … This texture of expectations, satisfactions, disappointments, surprisals, which the sequence of syllables brings about, is rhythm* (Richards, cited in Young and Schuller 1988, p. 14, emphasis by Young and Schuller).

Yet another concept of opposition is offered by Csepregi's (2006) discussion of rhythms in human kinesics. In dance and musical performances, rhythm has a relational responsive orientation (Cunliffe 2008) in that

> we not only send various rhythmic signals, but also adopt the subtle rhythmic suggestions coming from others … our rhythmic sensibility consists of identifying ourselves with some temporal sequences [so that] we group together the temporal segments or phases of movement and emphasize some of their moments. To perceive rhythm, we must have the capacity to group recurrent impressions and articulate patterns with an accent (Csepregi 2006, p. 95).

Here the role of rhythm goes beyond Pirani's (2005) ordering of topographic action shaped by Maussian educative traditions, recognising the uncreative limitations of only following past rules. Rhythm becomes a relational expressive device that acknowledges *co-created* sensory alignment (however fleeting) embedded in movements and over the duration of the performance. At any unanticipated and perhaps idiosyncratic moment, we express our desire to challenge the preceding regularity, i.e. to interrupt, vary or to create an alternative (using the device of accents in rhythms). So for rhythmical work especially in the performing arts, 'it is the accent that endows the movement with a subjective character' (Csepregi 2006, pp. 101–102). Our bodies express the relevance of rhythms not only through changing particular sensorimotor movements but also with our emotions and our subjective understandings. To single out the instrumental rhythmic body is a convenient focusing tool for analysis but it ignores the co-existence of related aesthetic functions of the body that endow personal meaning to those rhythms.

Using these theoretical concepts and borrowing analogies from the creative arts (Jirousek 1995; Sachs 1988), I identify four rhythmic elements that can be distinguished for analytical purposes:

- Repetitive (R) elements whose main function is to *regulate or order work*. The temporal elements are cyclical or similar in durational length, the size or intensity is even, allowing practitioners to inferentially anticipate when the interval will end and the next cycle will begin. Bodily interactions strive to *synchronise* to the timing of the cycle, reinforcing social convergence of action (Pirani 2005, p. 265).
- Progressive (P) elements whose main function is to show progression or a *gradation of elements in sequentially-connected work*. Through Maussian (1973) educative traditions, progressive elements follow other elements in a particular sequence that become or serve as recognisable sub-patterns of work. Here, working bodies serve as the sensorial canvas for Pirani's (2005, p. 242) 'data of acquired traditions' to publicly demonstrate *knowing-next* competence or shared processual understandings of progressive sequences.
- Emphasis (E) elements whose main function is to *highlight or accentuate a differentiated occurrence of work*. This signals a break from the regularity of Repetitive and Progressive elements, but in a benign way to sustain the momentum of movement or even creatively introduce variability or improvisation. Bodily interactions here signal a creative *sensory point of interest or foreground attention* on a specific temporal moment, a variation in the flow of work, raising the need for embodied alertness of the human senses that can degrade in contexts of constant routineness.
- Oppositional (O) elements whose main function is to *interrupt work* or to exhibit different and dissonant instances of changed work. This is Lefebvrian arrhythmia (2004) working to challenge the norms and regularities of prefigured practices, challenging the existing instantiation of current work, demanding or placing in view the possibilities for alternative arrangements of work. Bodily interactions serve is the evidential break point, occasionally a tipping point (Gladwell 2000) in which change occurs locally or leads to more global changes later.

I next discuss the empirical research context within which I illustrate alternative ways of representing work practices, including applying this rhythmic vocabulary.

Practising the Body Rhythms of Winemaking

The Research Site: Winemaking Practices in a Winemaking Enterprise

Winery is a medium-sized (approximately 50 employees) boutique winery located in the Hunter Valley region, approximately 2 h north of Sydney, Australia. Winery's product range is positioned as upmarket and niche (in Australia, commanding an average retail price at $20 or more per bottle) with a range of white and red wines, many of which have won prestigious international wine awards.

I was part of a research team that investigated Winery's workplace learning practices over a 3-month timeframe. Courtesy of Winery's management, I was allowed open access to the vineyards and winery facilities, employees, products and documentation during workdays over multiple visits, as well as invited to join employees at community dinners held late at night (the timing of our study came at the busiest time of the year, shortly after harvest). We collected and generated a range of ethnographic research materials. They encompassed field observations of all operational work practices as well as of cellar door customer interactions, photographs of work-in-action, practitioner interviews that were audiotaped and then transcribed, analysis of documentation such as marketing flyers, tasting notes, cellar door meeting minutes, wine labels, employee newsletters and website information. Two practitioner interviews on learning wine practices occurred around the communal dining table over a shared meal and wine at 10 pm for logistical availability reasons. This experience highlighted to me how the professional, social and educative dimensions of practice are inextricably linked for this particular community of practice.

The purpose of our research was to understand how learning embeds and integrates in work; the unit of analysis and focus of our research was on work practices that structured the performance outcomes of the enterprise. We were particularly interested in how and why practices changed (e.g. the switch from corks to screw caps that altered bottling technologies and practices) and how and why practitioners learned to change their practices (e.g. the interrelatedness of knowing, telling, watching, showing, doing and sensing when a winemaker alters the chemical content during fermentation, a process where sugar converts to alcohol). As part of representing how learning occurs up, down and across the enterprise (Johnsson et al. 2012), I became interested in the patterns of human behaviour that underpinned enterprise dynamics. I observed how those behaviours and practices were not just coordinated in time and space at key points of practitioner handover, but appeared anchored by an aesthetic ethos relevant in this industry that is identified as *terroir*.

A Place of Meaning: Terroir as Cultural Place-Making

Terroir is a French concept well understood by producers of wine and other products grown from the earth that remains difficult to explain in words. It recognises the uniqueness that arises from a sense of place inscribed by local geography, geology, soil and climate conditions, but is used more to capture the ethos and cultural journeys of lived spaces (Soja 1996; Schatzki 2001; Trubek 2008). Such lived spaces are constantly remade in meaningful ways so that respect for *terroir* means more than a geographic location or a source of livelihood. It is similar to the emotion-laden difference between creating a home rather than describing the physical location of one's residential address. In winemaking, listening to *terroir* acknowledges the gift and traditions of the land that result 'from generations of experiments in growing techniques, grape varieties and production methods' (Coover 2004, p. 185).

In researching the Napa Valley, Swinchatt and Howell (2004) exemplify *terroir* by presenting powerful visual and sensory images of winery life underpinned by life stories when documenting their winemaking research. Their book is a homage to the interrelatedness of organic, material and human resources that combine to collectively tell the lived stories of the Napa Valley as a unique cultural icon – its commercial evolution as a winemaking region, the enjoyment of food and wine as tourist destination experiences, and wine's broader connections to social practices, culinary practices and tourism practices in contemporary society.

At Winery, respect for *terroir* is realised through the passion with which workers recognise the hero in this business – the grape as shaped by natural conditions that can only be partially controlled by human intervention (e.g. chemically treating oidium fungal disease or protecting the grapes from frost, fire or the ravages of rain). Workers strive for excellent performance in all aspects of human processes in winemaking (e.g. sorting out spoiled grapes during harvest, judging the duration of the fermentation period or assessing the volume of yeast to add). Yet, there is a *je ne sais quoi* excitement and acceptance that each year's harvest is a creative adventure (Swinchatt and Howell (2004) call it the winemaker's dance), producing embodied offerings of human labour that connect to the lifeworld of places and materialities that mean more than the physical products of wine.

This is craftwork of a special collective kind that celebrates the value of difference: one that combines judgement and proficiency, intuition, risk-taking and past practices, a discerning palate that does not preclude commercial acumen and work organisation based on knowledge distributed across many practitioners (Orlikowski 2002). By convention, this craftwork foregrounds the expertise of the winemaker and the positioning of the brand. In contemporary wine practice (partly as a marketing strategy to reduce commodification in a global oversupply industry), wine is not only positioned as a product to purchase but increasingly as a winetasting experience; part of a societal trend of living in the experience economy (Pine and Gilmore 1999). To sell wine, current practice markets the back-story of how the winemaker started winemaking and what philosophy guides the varieties of wines she produces. It also requires the winemaker to act as a highly-visible marketing

participant in wine-club dinners and vineyard tours rather than traditionally hidden within cool dungeons overseeing wine vats and oak barrels or in the laboratory testing chemical compositions and reactions.

Such craftwork requires close interweaving of various phenomena to produce quality wine:

- Natural rhythms of core materials and non-human actors – for example, the biological growth cycle of grapes and the favourable seasonality of climate.
- Manufactured processes and materials involving periodic human intervention – for example, the progressive stages of winemaking from viticultural science through harvesting, sorting, crushing, extracting, fermenting, aging, bottling to cellar door operations.
- Feedback cycles of human sensory experiences – certainly olfactory acumen, but also recognising the changes in food/wine cuisine trends that influence winetasting preferences and wine consumption trends, that subsequently impact the availabilities of wine varieties and customise wine production processes.

Representing Practice Dynamics: Descriptive Limitations

Methodologically, a linear process flow diagram cannot capture the materiality and human interactions of what happens in everyday Winery practice. Yet such diagrams are common in business studies, often using the concept of 'a value chain' starting with raw materials and showing the stages of (human) value-added activities that build upon these raw materials to produce and distribute finished products. For example, Fig. 5.1 shows the value chain I created for Winery's operations that
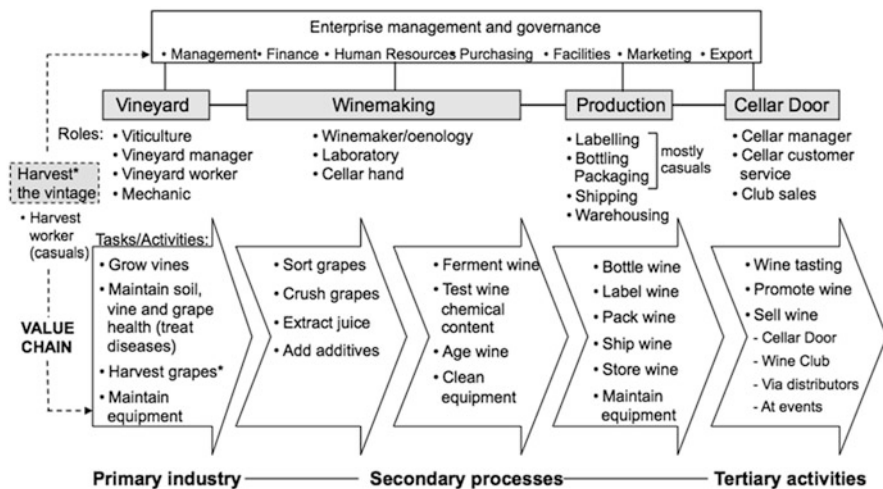

Fig. 5.1 Winery's value chain (Source: Characterisation of value chain based on Carlson cited in Charters et al. (2008, p, 139) and direct researcher observations at the research site)

allowed us to document where (functionally) and how (processually) practitioner roles and practitioner work fit into this enterprise to generate its business outcomes.

While Fig. 5.1 provides a skeletal educative understanding of core winemaking processes and, at best, a simplistic taxonomy of winemaking, most aspects of bodily interactions remain invisible using this form of documentation of practice. In contrast, I created the following ethnographic field note while observing Winery's bottling operations. I believe it provides a richer representation of the interrelatedness of bodies, practice and materiality that describes how 'bottle wine, label wine, pack wine' (Fig. 5.1 under Production activities) actually occurs. Note that all names used are pseudonyms.

> In the bottling room, four packers garbed in hairnets and white coats place themselves at certain positions around the moving conveyor belt production line. It creaks, whistles, hums, metal scrapes on metal, bottles clank together, making all the usual noises associated with a motorised moving assembly line with many mechanical parts.
>
> A screw cap drops down to the top of the bottle and the mechanical arm twists the full bottle of wine at the designated tension to seal it as the bottle passes the screw cap station. Next, labels unfurl from a roll as the machine stamps Winery's label (we are bottling pinot noir today) onto the bottle under the watchful eye of Anne who ensures the label has been placed 'exactly so' – this height, this width from the bottle's edge – by the machine, otherwise it will need to be manually re-done.
>
> Towards the end of the assembly line, flat pieces of cardboard lay messily at one end waiting for Nathan to make up a carton box to hold six bottles of wine. His aged face is creased with 'experience or smile' lines and wrinkles. Two of his fingers are taped with white adhesive tape (paper cuts perhaps), his hands show several calluses from long-term hard manual labour. As the labelled bottles roll along the conveyor belt towards him, his arms and hands angle out and in, expertly making the motions to make up the box (he is not even looking down at his hands or the box, but across to Anne while chatting about the football score last weekend). He places six bottles into his prepared carton (from where I am observing, it looks like positions 1,6,3,4,2,5) and I am curious as to why he places the sequence of bottles into the carton in the order that he does – is this some tacit bottler practice that best protects the bottles during transport, I wonder?
>
> In the ten times I see Nathan to make up a carton, I notice how subtly he speeds up or slows down depending on what is happening further up in the production line – once, a bottle gets caught at an irregular angle on the rollers, creating a temporary logjam for the bottles behind, slowing down the rate of movement of finished bottles coming towards him. Nathan first stretches his spine outwards and then hunches his sinewy body over, resting his elbows for a few seconds on top of his empty box, in wait mode until the bottles are close enough to handle. One time, Deborah (who normally inserts the cardboard divider into Nathan's boxes as the next stage before the final sealing of the box) senses that Nathan needs to speed up. Presumably to avoid a potential logjam or hazardous outcome, Deborah takes two steps closer to Nathan to quickly create an extra box and packs six bottles in parallel with what he is already packing. They both insert cardboard dividers into their boxes before allowing their still-open boxes to move past towards Chris who is sealing them through a taper. Deborah moves back to her station after she is done.
>
> There is no talk (apart from social talk) when this happens: they each know what is required. They each synchronise their bodies and bodily movements to the regular, but not always predictable, momentum of the bottling line. As packers, they recognise they are performing a shared practice where coordinated body movements in the bottling room allow the entire operation to flow smoothly; it is a relational practice where it is important to 'tune into' each other to collectively achieve the work that is required.

The wooden pallet at the end of the assembly line starts to pile up with filled, sealed six-pack cartons of wine. When there are two rows across by two wide by two high six-packs, making a symmetrical tower on the pallet, suddenly there is a different flurry of movement beyond the assembly line. John, the shipping hand, whisks the full pallet away with his forklift and places a new empty wooden pallet ready to receive the next set of outcomes from the bottling team's labours. The cycle continues.

During the busy vintage season at Winery, the packers would stand at their stations for 20-min shifts and then rotate to another station performing different functions (for occupational health and safety reasons). The Production Manager told me that during a busy workday (such as the one I observed), they would bottle approximately 13,000 l of wine.

While the ethnographic field note provides a richer, localised sense of bodily interactions in one part of Winery operations compared to Fig. 5.1's enterprise process view, identifying the rhythmic patterns is limited, the dynamics of practice still opaque. In the next section, I use the rhythmic elements I previously discussed to foreground more clearly the body rhythms present in winemaking practices.

Orchestrating Winemaking Practices: Body Rhythms

If we now re-view the winemaking enterprise from a perspective of interconnected rhythmic elements, this business may be represented as shown in Fig. 5.2.

The relational position of 'current vintage' in Fig. 5.2 shows how timespace considerations are critical to Winery's working practices. The current vintage is an educative tradition inherited from past vintages that will also influence future vintages. Winery's future vintage (unless changed by unanticipated exogenous or endogenous oppositional effects) can be anticipated to be a similar, but not identical, repetitive cycle of actions. It is similar but not identical because future vintage cycles will occur in a different timespace where bodily actions among workers are constructed using different relational geometries and arrangements of work.

The global–local nexus is another relational dimension of Fig. 5.2. Viewed globally from an enterprise level, there is a recognisable progressive sequence to winemaking where grapes are grown, harvested, and then converted to wine through a series of intervening 'value added' steps. However, viewed from a local practice level, body rhythms within each stage 'beat' differently; the experience of embodiment calls upon various parts of working bodies and senses to be foregrounded across the stages of a winemaking enterprise:

- During vineyard work, it is the *visual (sight)* sense and *tactile (touch)* sense of the viticulturist who periodically checks the presence of any diseases during grape growth or the winemaker and viticulturist together in assessing the grapes' readiness for harvest. Most certainly during an intense 2-month harvest season, multiple *musculoskeletal human bodies* are physically, sensorily and achingly involved in the tiring manual work of harvesting (picking, loading, sorting, crushing, extracting) the grapes.
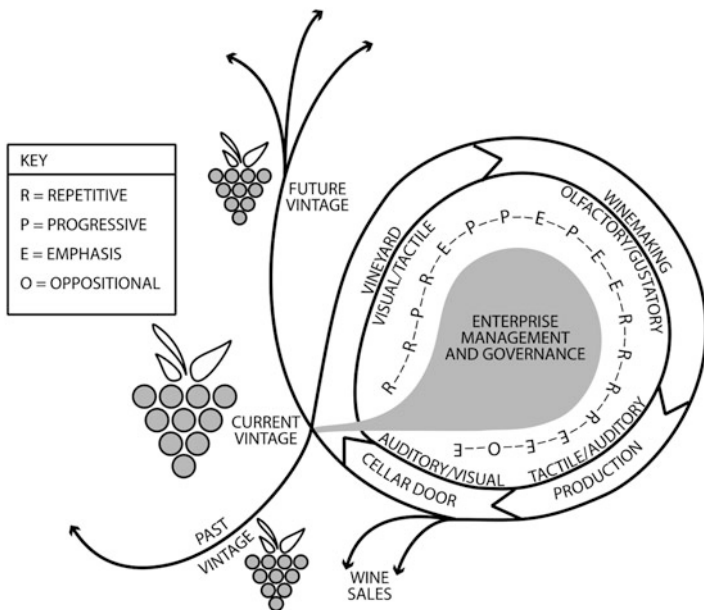
Fig. 5.2 Body rhythms of Winery practices

- During winemaking, the *olfactory (smell) sense* and the *gustatory (taste)* senses predominate to assist the winemaker's cognitive assessment of how the fermentation process is progressing and what physical and chemical steps must be added to the natural resource of grape juice to produce quality wine.
- Once in the mechanical bottling stage, the *tactile (touch)* sense of the packers predominates supported by *auditory (hearing)* senses to synchronise their human bodies with the mechanical conveyor-belt operation and with the coordinated actions of their co-workers.
- During cellar door sales, combinations of *olfactory (smell), gustatory (taste)* and *visual (sight)* senses relationally connect winery staff to customers. Winery staff and wine customers engage in a relationally-expressive, shared, experiential practice that involves the mutual appreciation of bodily senses mediated through the liquid materiality of wine that may result in wine product sales.

I had the opportunity to interview Nathan after my observation of Winery's bottling operation and discovered during the interview that the packing practice that I observed had actually changed recently. The prevailing practice at the time was to pack 12 bottle (dozen) cases where typically one packer made up the box, put in the dividers and taped the box. But Winery had entered into a contract with a major supermarket that needed wine sold in smaller six-pack cartons. As Nathan reflected:

> Now we're into six packs and we had to add one more person onto the line when we do them cartons because it's a lot faster and you can't keep up so we have the extra person and it keeps the production going which is good.

When I asked Nathan to identify how and why the way workers packed these cartons had changed, he told the story this way:

> Actually it was one of the vineyard staff, they come in and they were helping me out one day and she said, 'how about we do it this way?' Then one person was putting six bottles in, one was putting a divider in and the other one was just pushing them through the taper and it was flowing so beautiful and not one bottle was left behind which was good. It was the vineyard staff who showed me the way [chuckles].
>
> [Researcher]: Did that person just come up with that idea?
>
> Yeah, she was on the line packing for me and she said let's do it this way, this is going to be easier.
>
> [Researcher]: So she was … experiencing the bottling line?
>
> Yeah, and like different eyes, they pick out different things.
>
> [Researcher]: Why was the vineyard person on the bottling line?
>
> I think I was short a couple of people that day … Yeah, so it's amazing, if you get a different perspective off different people then it's a really big help.

This progression of actions leading to a permanent change in this particular carton bottling practice is captured analytically through Fig. 5.3.

Using my rhythmic vocabulary, Nathan and his co-workers were executing their regular topographic itinerary, applying proven repetitive and progressive actions to their case packing practices (Fig. 5.3). The smaller cartons with half as many bottles meant the rate of packing activity accelerated, changing the rhythm of the bottling line (e.g. adjusting relational geometries around the bottling line, shorter packing interval of six wine bottles rather than twelve) that changed how the bottling line operated (Fig. 5.3). But in another unplanned workday when Nathan was short
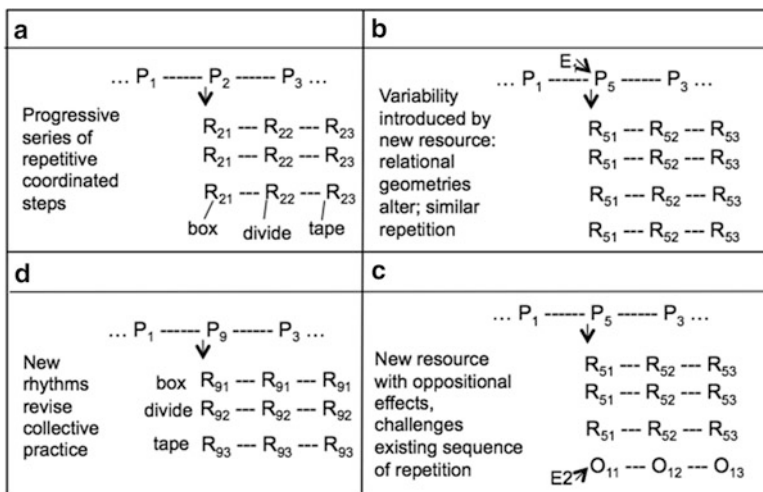

Fig. 5.3 Anatomy of a changing practice. (**a**) packing dozen cases. (**b**) Packing new cartons with extra resource. (**c**) Guest packer challenges existing practice. (**d**) Re-synchronising practice (Key: *R* repetitive, *P* progressive, *E* emphasis, *O* oppositional)

of resources, a vineyard staffer came to assist and 'with different eyes' could see an alternative way to perform an operational task, raising oppositional effects that adapted and adjusted bodily actions, materialities and operational processes (Fig. 5.3). As a result of others seeing the benefit of this new way of doing, the bottling line re-synchronises their movements to accommodate the carton practice that I observed (Fig. 5.3).

Two years after I completed my research project at Winery, the impact of the global wine glut (oversupply) affected the Hunter Valley regional economies where Winery is located. Almost half (1,500 out of 3,250 ha) of the region's vine capacity had been forcibly removed over a period of 18 months as part of the national reduction in grape crush production (Page 2011). The General Manager of Winery mentioned that their in-house bottling operation had now become part of a regional shared services arrangement, where operating costs and bottling staff are shared across multiple Hunter Valley wineries. It was one of several work practices that were being re-invented and adapted by the community of wineries to survive through tough economic times.

Yet one feature of Winery life remained irrevocable for the staff there – the focus on the vocation of winemaking and the drive to produce quality wine. The anchoring ethos of *terroir* that has survived generations of winemaking remains intact here as it does for similar aficionados of winemaking life across the world. The rhythms of practice beat on, seductively inviting current and new moving bodies to participate in the rituals and rites that constitute winemaking and wine enterprise practices.

Body Rhythm Implications for Researching Professional Practice

My research at Winery suggests that attending to rhythms can provide a fruitful way to view the patterns created by moving bodies in the practices of work. Instrumental, expressive and sensorial work interactions can be re-viewed in terms of the rhythmic patterns that regulate, progress, emphasise or interrupt routinised ways of everyday working. These relational patterns in timespace engage practitioners in the familiar, shared and collective work of practices, while allowing for the improvisational nature of change at any temporal moment. A focus on body rhythms suggest that our development of professional practice needs to go beyond continuing education on individual competencies to interrogate our collective relational competencies and the learning value of embodied experiences in the sociology of work.

For example, Shilling (2007) identifies the need for new agendas on body pedagogics that could extend Maussian concepts on techniques of the body. He notes:

> While Mauss describes different body techniques and writes about the social, psychological and biological components of these techniques, however, he has little to say about the details of how they are actually *taught* or the *experiences* people go through when acquiring (or failing to acquire) new skills and capacities.

> *Body pedagogics* may be defined as referring to the central pedagogic *means* through which a culture seeks to transmit its main corporeal techniques, skills and dispositions, the embodied *experiences* associating with acquiring or failing to acquire these attributes, and the actual embodied *changes* resulting from this process (Shilling 2007, p. 13, emphasis in original).

Crossley (2007) takes on this challenge by making some important methodological suggestions that appear to be a variant of oppositional analysis. He suggests researchers pay attention to dysfunction (or what Lefebvre (2004) identifies as arrhythmia) because 'embodied self-awareness involves dys-appearance' (p. 84). Understanding the role of error, absence or deficit in pedagogic performance is a concept long understood by vocational education researchers in debating the issue of competence-based learning (Hager 2004) or how novices learn to become experts (Dreyfus 2001). But Crossley's comment here is a more nuanced one about paying attention to discordant patterns in the temporalities of practice that may signal points of departure – whether socially determined as erroneous, representing poor performance technique, or potentially forming sources of innovation that allow practitioners to re-view the world in ways that change practice (e.g. at my research site, a guest visitor and not-the-usual packer bodily experiencing the bottling line and suggesting a new way to pack cartons).

As discussed earlier in this chapter, I believe Maussian body techniques have much to offer practice theorists that heretofore has not been taken up. An underlying reason may be due to a small but vital orientation in the terminology. Practice theory has tended to focus on the definitions and conceptualisations of *practice* – aspects like actions (doings), language (sayings), 'relatings' (Kemmis 2009), 'teleoaffective structure' (Schatzki 2002) – that comprise practice. Indeed the practice turn (e.g. Schatzki et al. 2001) provided the impetus for more rigorous articulation of the field of practice-based learning (Hager et al. 2012).

Yet a fundamental aspect of practice demonstrated by the body is the human capability to enact *practical* principles and understandings. As Crossley (2007, pp. 87–88) notes,

> practical principles can only ever be practical; that is, grasped in practice by a being capable of doing so . . . to study body techniques is to study knowledge and understanding in the only form in which exist: that is, in the form of embodied and practical competence.

In researching practice, researchers attend to how practitioners practically 'do it or not', what form of technique is executed or learned well or corrected by expert others, how organisational protocols or etiquette modify acceptable cultural practice, and how practitioners 'see' and 'read' their world, i.e. what they pay attention to and what matters to them in their subjective meanings.

But the notion of body rhythms adds the significance of relational movements and interactions, giving researchers a richer vocabulary way to understand practice *dynamics* and the practitioner bodies that are critical contributors to those dynamics. Body rhythms use the patterns of moving and interacting bodies to potentially highlight:

- how orchestration among multiple others practically works.
- what the interactions between and among moving bodies mean to a group engaged in a shared practice.
- how moving 'in sync or out of sync' affects the performance of the practice.
- how improvisation (that may start as initial or local dissonances) may generate momentum for later global changes to practice.

Conclusion

As I complete this chapter in 2013, I can now go to my local German supermarket in Australia and buy a drinkable bottle of European red wine for $2.49, one-tenth of the average cost of Winery's lowest-priced product.

Yet during my regular visits to Winery in the Hunter Valley, I still witness the same passion and ethos with which I observed Winery staff perform their winemaking dance and practice several years ago. The winemaker I originally interviewed is now running his own winery overseas; the assistant winemaker is now chief winemaker at another Hunter Valley winery. Some of the faces of other workers are the same; many are different. Wine practices are familiarly ritualistic. As a wine customer, I enter into a recognisable winetasting rhythm of asking what the cellar door manager recommends, sequencing my tasting of whites before reds and imbibing samples in gustatory ways I have practised before, following the rhythmic itinerary of appreciating before buying. But the rhythm of bottling operations in Winery's bottling room is now silent, the materials of labels, bottles and cardboard boxes relocated out of sight, and the bottling dance to be danced at another place at another time to a different rhythm of moving bodies.

Whether in or out of researcher view, the polyrhythmic resonances of winemaking practice endure for those who remain committed to their professional practice, even as this particular enterprise charts a different cycle of survival and growth. It is a lesson to consider not only for the sustainability of one's professional practice but for the rhythms of social life in general.

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Chapter 6
Inhabiting a Teaching Body: Portraits of Teaching

Jo-Anne Reid and Donna Mathewson Mitchell

Introduction

References to the body in research about teachers, teaching and teacher education
are remarkably uncommon. While the work of feminists such as Gallop (1998) and
McWilliam (1996) provided early reminders of the need to foreground questions of
the body in pedagogy, teacher education as a field has given little attention to ways
in which novice teachers learn to become 'some body who teaches some bodies'
(Ungar, in McWilliam 1996). How does someone who has not previously 'taught'
in a formal and professional sense become 'some body' as a teacher? How do they
acquire a teaching habitus – a body in which the attitudes, gestures, vocalizations
and predispositions it has are recognizable to other bodies as 'teacherly'? Working
in a Bourdieuian tradition, we argue that it is this bodily recognition that means
that they are ready and prepared for 'teaching', able to accumulate and learn
from experience to develop teaching expertise (Dreyfus and Dreyfus 2004) through
situated practice (Kennedy 1999). We are interested in how teachers use their bodies
as resources in their work, in the craft knowledge inscribed in their bodies as habitus,
and in the discourses and practices that frame and support the production of a well-
prepared teaching body (both individually and as the sum of its parts).

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In this chapter we work from the premise that teacher education is a 'practice producing subjects' – 'crucially concerned with the initial and continuing formation of "teaching subjects", or of teachers as knowledgeable and capable educational agents' (Green and Reid 2008). We argue that effective pre-service teacher education builds up repertoires of practice, working on the body, and the teaching 'self' as a social subject that becomes increasingly expert over time (Foucault 1982; Bourdieu 1977, 2000, 2005; Schatzki 2002; Burkitt 2002; Watkins 2005). As teacher educators, we want to explore and better understand the body as it thinks and acts in the material practices and arrangements we set up to support the preparation of beginning teachers.

Accordingly we present here two portraits of teaching practice. They form a diptych – illustrating either end of a conceptual continuum between novice and expert, and both are representations of teaching practice that foreground the body in the materiality of space-time (Schatzki 2002). We position these within the framework of teacher education policy and practice that too often treats the very idea of the body as 'unmentionable' in its discussions of teaching. Yet in spite of this silence, the idea of an 'appropriate', standardised, individual teaching body is taken for granted within normative discourses of the (good) teacher reified in the language of career-stage professional standards, such as the Australian National Teaching Standards (AITSL 2011). These policy frameworks and the 'practice architectures' (Kemmis and Grootenboer 2008) that frame teaching are realisations of the discursive formations that frame and produce the experience of practice for pre-service and in-service teachers at the present time. They describe the field upon which a normative teaching habitus is able to practice. Our examples serve as illustrative moments from two professional 'career-stages', focussing on the teaching body of an expert and a novice practitioner: the novice, a student-teacher, attempting to inhabit a normal teacher's body (Britzman 2006) in the contemporary context, and the experienced teacher developing her skills through ongoing practice within a particular subject-disciplinary context.

Following the Dreyfus and Dreyfus' (2004) model of developing expertise, we argue that teachers continue to become more expert with experience, fashioning themselves as teaching subjects who are able to diagnose and act *pedagogically*, 'reflecting-in-action' (Schön 1983) as they respond to the needs of learners emerging within every different situation of practice (Suchman 2007). Following Bourdieu (2005), this is what we are seeing as a collective teaching habitus (the professional body) within which individual practitioners operate strategically and successfully in and on the field of education.

Inhabiting a Teaching Body

We begin with a representation of expert teaching, one that strongly relies on the body the teacher as a medium, a resource, and a reference for her students. This is a portrait of an experienced teacher at ease with her teaching self, practising

her profession through engaged interaction with her students as they co-produce a productive learning relationship. In stark contrast to this, we then present an account of a young man's inexperienced teaching body, engaged in 'practice teaching', failing to perform as a 'successful' teaching body in the space of a classroom teaching practicum. We argue that his failure is especially significant when considered alongside the fact that the official notion of teacher is constructed for students within a performative standards framework as a knowledgeable and capable subject *without* a body. Although we see these illustrations as representations of two stages on a continuum of professional expertise, we are aware that in many ways they also function as binary opposites – teacher/student, female/male, expert/novice, and experience/youth. While not wanting to promote a dualistic notion of practice in any of these binaries, we do see these illustrations as useful in explaining how attention to the body is too often absent in the preparation of new teachers, and why it deserves much greater place in teacher education curriculum, in both theory and practice.

Teaching Practice: A Portrait of Expertise

This is a portrait of an experienced teacher. It is drawn from a series of written memories of practice and artefacts of practice in the form of journal notes, lesson plans, worksheets and drawings. The use of memories allowed us to capture lived experiences of everyday events, and to foreground this experience as part of a multi-layered assemblage of knowledge (Haug et al. 1987; Davies and Gannon 2006) that embraced a deep connection with the body as it worked to remember the materiality of former events and actions.

The memory was shared by an experienced Visual Arts teacher reflecting on a unit of work on portraiture that she had regularly taught to junior secondary students. The unit focused on skills and techniques in drawing and painting and moved from a focus on realism in simple pencil portraiture to increasingly expressive and abstract representations, using a range of drawing and painting materials. When she had first taught this unit over a decade earlier, she had taken an objective standpoint, looking at the practices of artists, teaching students an understanding of the anatomy of the face, and providing them with techniques to engage in art making. This all occurred with an external focus on the body as the *subject matter*, an object to be investigated. Her approach was consistent with dominant educational discourses that privileged objectivity and the use of external references. This approach also reflected the development of a particular art-teacher habitus, inculcated through initial teacher education in the early 1990s and subsequent professional development. In these contexts, consideration of teacherly bodies and affects was absent. While 'the body' as a focus of art was often talked about, the body of the teacher was not.

Over time this teacher's practice changed and modified and the body had become explicitly used for teaching, as both subject and object. This involved a movement across and beyond mind and body and subject and object (Grosz 1994, 2008), as evident in one of her later memories:

I am standing in front of Year 8. It is hot, very hot. Sweat is running down my face. In the previous lesson, we looked at self portraits, defining what a portrait is and looking at a range of examples. In this lesson I am leading the class through a drawing exercise to show them how to draw a face. I ask all of the students to look at my face as the example. I start with shape of the face, asking the students to observe and to tell me what they see. Once we are agreed we all draw the shape. I draw it large on the blackboard. I stand back to find it's a wonky oval, so I rub it out and do it again. Then I ask them to look at my face again and imagine it was chopped in half across ways. "Where would the cut be?" They answer: "the middle of the nose". I look at them, shake my head.

We look again. I move around the room asking everyone to look again. Someone says "it is the nose". Someone disagrees. The classroom becomes noisy as disagreements are voiced. To solve the problem I ask someone to come up with a ruler to measure my face and I encourage all the students to do the same on their own face or a friend's. There is surprise when they find I am correct. Once all are convinced we move on.

I draw the nose bridge first, then the eyebrows, then the eyes, then the bottom of the nose, the lips, the ears, then each individual hair as part of the hairstyle. The students follow me, drawing their own version on the paper in front of them, agreeing and disagreeing. With each feature I point out the generalisations as well as the characteristics that are unique, the flaws. The bump in the nose, the bushy eyebrows, the deep set eyes and perpetual dark circles, the particularly small mouth, the crooked teeth, the blemishes.

As I do this, I move around the classroom, moving close so students can scrutinize me. Students are interested – they look intently. They hold my gaze. I constantly feel my own face, identifying features, and feeling the form of the face, asking students to do the same. I move backwards and forwards, to and from the drawing on the board, checking, rechecking, questioning the drawing and its representation, changing it as required. The bell goes and our drawing is near finished. A hand comes up: "Miss, do you know you've got smudges all over your face?"

After sharing her memory, this teacher describes earlier attempts to use her body in her teaching as self-conscious acts that saw the body as an object or as a metaphor (Green and Hopwood, Chap. 2, this volume) – at the service of her teaching mind – privileged as something material, distant from herself, something she 'had', rather than something that she 'was'. She had often posed for students, inviting them to draw her face as an example. This would involve her sitting on a stool in a static manner in the centre of the classroom, inviting students to draw her, using the principles she had taught. Over several years, as she taught this unit again and again, she realised that while this approach enabled her to effectively teach from 'the real', it was difficult to connect pedagogically with students. She started trying different ways to approach the task, always with her body as the focal point. In reflecting on this, she says:

My approach evolved in ways that I was not necessarily conscious of. Initially this involved moving around the room placing my body in different places in relation to students. Later I began to synthesise the theory and practice aspects of the task, teaching the principles of drawing, using my face as the subject. Rather than teach, then pose, I would explain and demonstrate on the board, drawing with/for the students as we simultaneously engaged in drawing my face.

In this way the body became not just an object of curriculum but was integrated into pedagogy in a relatively seamless way, providing a site of learning and transition. Throughout this process, the teaching self was clearly a *learning* self (Ellsworth 2005), with a sense of effective teaching being made through the body

although not always knowingly. Knowledge of the body in relation to teaching was 'in the making'. In its mature form of development, the teacher's approach to this activity embraced the coming together of body, mind and eye, in cooperation with classroom materials and context. Dewey claims the 'eye, arm and hand are, correspondingly, means proper only when they are in active operation. And whenever they are in action they are cooperating with external materials and energies' (Burkitt 2002, p. 227). In embracing this relationship, the teacher's practice developed into an ability to explicitly use the body as an aspect of teaching.

The body was involved as the subject and object of drawing, being investigated, examined, and then represented. *My body as the vehicle for my face would move around the room so that students could access it close up. My body was also involved through the demonstration of drawing on the board.* This drawing was necessarily large enough to be seen by all students. The action of drawing became a public performance of the possibilities of the body, while standing back from the drawing provided a critical stance illustrative of the importance of the placement of the body to the gaining of perspective. Doing it again, adjusting, changing the drawing as required, allowed for imperfection in the practice and foregrounded the reality of the body and its flaws. It produced a redescribing of the body, and its functions in relation to both teaching and drawing.

In observing that 'my body became my pedagogy', the teacher explicitly talked about teaching in similar ways to Zembylas (2007, p. 28), who noted that 'bodies and affects inevitably produce pedagogy, just as they produce subjects'. This further links with Mulcahy's (Chap. 7, this volume) questions about the import of affective encounters in classrooms for teaching and learning.

In using her body dynamically, the teacher moved away from the board and into the classroom, giving students access to her face, helping them with their observations and with their drawing skills. Pedagogy became an affective event, the interrelation of the teacher body and the student body (Ellsworth 2005, p. 25). It was both aesthetically experienced through observation and affectively sensed and responded to emotionally and corporeally (Zembylas 2005). The bodies of students also became active in the teaching and learning process in ways that are not common in schools. For example, after first modelling practice, the teacher would invite students to measure, touch and study their face or that of a friend. Within this action there was a constant questioning, and a constant invitation to engage with bodies in the classroom context. In addition, through talking about feelings related to the face and touching the face to examine its anatomy, the affect of the body and effects on the body were highlighted. This occurred as an unfolding, continuous movement – something not easily planned for or captured in a curriculum document. Indeed, when one looks at the lesson plans associated with this lesson – the formal textual representation of teaching – the body is not explicitly mentioned. Rather, it is assumed as a vehicle for the action of teaching and learning.

While it is undeniable that teachers are always the object of student scrutiny, such examination is most often surreptitious and the subject of quiet hidden chatter. Drawing attention to the body in the ways outlined changed that dynamic, allowing open observation and comment. With that came initial self-consciousness and fear,

but this became less important than the purpose of the lesson. After teaching this way for a period of time, and having moved through the study of the body, this teacher remembers that she was able to more effectively 'be' the body and exploit its teaching opportunities. In many ways this reflected the development of a teaching habitus, as she 'moved from feeling like a "fish out of water" to feeling comfortable in the use of the body'.

The developing and adapting habitus is evident in the body being used as the object of study and as an intuitive, responsive participant in the inter-subjective act of teaching. This seemed to occur through a dialogical shaping of action. As a bodily performance, human agency was realised through a flexible responsiveness that went beyond ingrained habit to proficiency and then expertise (Dreyfus and Dreyfus 2004). It is significant that this developed over time, and in relation to the particular tools and environment of the art-room. As Dewey states, 'a flexible sensitive habit grows more varied, more adaptable to practice and use' (cited in Burkitt 2002, p. 228). The adaptation was evident in the teacher's bodily hexis, her bearing as a teacher. Bourdieu (1977, pp. 93–94) explained hexis as 'political mythology realised, embodied, turned into a permanent disposition, a durable manner of standing, speaking and thereby of feeling and thinking'. As such, hexis is the habitus embodied, physically evident as a public object but socially constructed. The body is therefore historical and dynamic: it has been acted on, is being acted upon and is acting. This teacher noted that, over time, as she taught this lesson again and again, she developed confidence, lack of self-conscious movement, and a flow to her work and to the bearing of her body. She is aware of her expertise in this 'flow', and knows that it will be maintained in her habituated practice and is likely to still further develop over time.

The development of her embodied expertise also impacted on the learning experience of students. She notes that her practice placed her in close proximity to students. Making her face available for open scrutiny in a studio art class created what can be seen as a 'safe' intimacy, in which students are positioned much more securely as learners and risk takers. As we see in the work of Vick (2006) and Mulcahy (Chap. 7, this volume), this is by no means relevant only to practical subjects. Here the inter-subjective act of teaching required both openness to and a mindfulness of personal space. It particularly required recognition that students, not used to this kind of interaction within the classroom, often need time to feel comfortable and to effectively adapt their student habits. This expert practice produces a transitional teaching space (Ellsworth 2005, p. 64) involving the capacity to know through the body, where the experience of the body is privileged and the teacher demonstrates that the body matters as more than representation. By looking and discussing and thinking about variations of the body, students (and the teacher) were given permission to talk about their faces, to question perceptions and, most importantly, to be imperfect. The sensation of feeling the face, of putting smudges on the surface, was also significant to this process. Ultimately the smudge-covered face referenced in the teacher's memory is evidence of her unconscious use of the body in the drawing lesson, with the smudges appearing as she touched her face and drew. 'I was unaware of the marks, and students felt little need to draw attention to
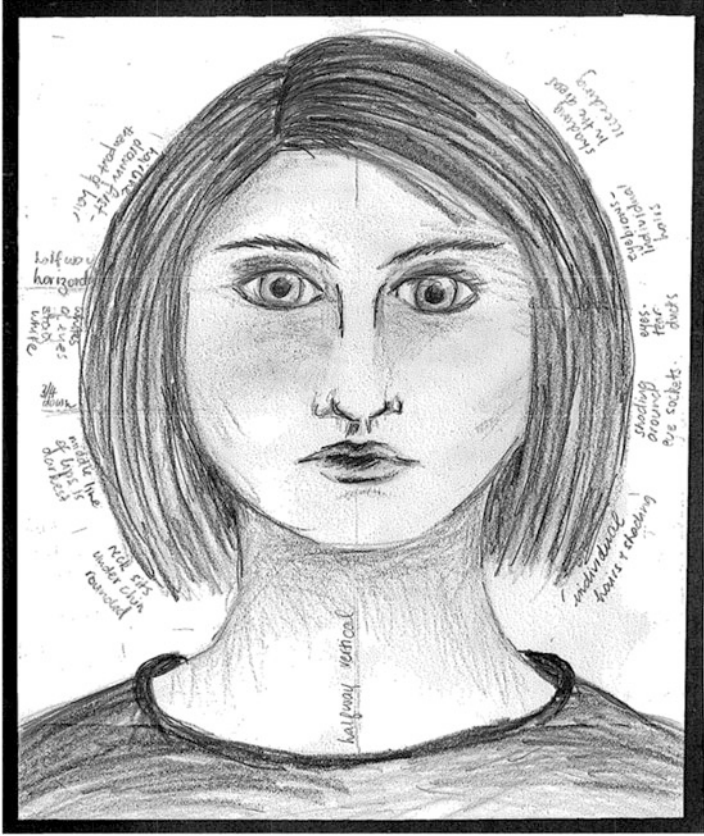
Fig. 6.1 Teaching resource

them, until the end of the lesson.' The lack of consciousness suggests that the body, while foregrounded in concept, actually became background in reality (Green and Hopwood, Chap. 2, this volume).

The drawing produced by the teacher on the white-board (Fig. 6.1) had become a co-constructed body, the outcome of the discursive and affective processes that connected bodies in the classroom (Bourdieu 2000; Zembylas 2007). It was a portrait constructed by the teacher's drawing action, but informed through discussion and experience with students. Likewise, the drawings produced by students (as in Fig. 6.2) become co-constructed representations –a mediation between initial beliefs about the face, embodied instruction, the pre-existing relationship with the sitter, and the bodily experience of drawing.

The other important aspect of this example is the relationship of the teaching body to the practices of art-making. Art-making – in particular, realistic drawing – suffers from a charismatic notion, a naturalisation of knowledge and skill that suggests that ability in art is some kind of magical quality bestowed upon individuals

Fig. 6.2 Student drawing

at birth. In drawing with her students, this teacher made explicit her own practice as an artist. By using her body in a public way, she was illustrating the use of the body, the knowledge the body has about art-making – its habits, and the skills that are central to her practice of making art.

Rather than assuming that these would be developed by students over time, simply through more experience of drawing, they were foregrounded in her teaching. Her practice exemplified the monism of practice, the intertwining of the corporeal with the cognitive (Watkins 2005), as she tried to introduce students to a way of approaching drawing that emphasized the body – capacitating them in the development of an artistic habitus in relation to art-making practice. Their learning occurred in mind *and* body – through explicit attention to and foregrounding of the body in practice.

In stark contrast to this illustration of artistry in embodied practice, where the teacher's body served as tool, resource, model and guide, we move now to our second account. This portrays an incident where the teacher's body got in the

way of his (practice) teaching – producing his professional failure to measure up to the required standard. This is a portrait reconstructed not from memory but from documentary fragments of data that were produced between a school and a university in order to support a 'Fail' grade in a practicum placement.

Practice Teaching: A Portrait of Inexperience

The goal of initial teacher education is the production of capacity in pre-service teachers to take up a certain form of subjectivity that, having been formed, can be performed for purposes of assessment and certification. We see this as the 'shared habitus' (Bourdieu 2005) of teaching. As we have illustrated above, the capacity to teach is then continuously re-formed through ongoing professional practice (Dreyfus and Dreyfus 2004). Currently, in the Australian context, the success of initial teacher education is measured in terms of pre-service teachers' performance in relation to a set of nationally-agreed 'Graduate Teacher Standards' (AITSL 2011). In contrast to the ways in which the teacher's productive subjectivity in our first portrait was performed, through a body capable of co-producing student learning through attention to itself in relation to both learners and task, we now posit its opposite: a young male pre-service teacher whose body has been unable to act in conjunction with his class to produce learning, or even a successful imitation of teaching. Following Hopwood (Chap. 4, this volume), a site of failure has been produced through the interaction of his body in this setting, where his performance has been assessed as 'failing'. To contrast the practice of this abnormal body with the successful teaching body recalled above, we consider the texts that were produced by the school and university, working in tandem to construct the evidentiary record of his failure.

The decision to fail a student teacher on a teaching practicum is never taken lightly. In the university where this case occurred, such a decision is taken only after a long and carefully-documented process which involves a student being formally placed 'at risk' of failure and provided with remedial support and time to demonstrate improvement in the areas of concern. The case we discuss here is anonymised to protect the identity of teacher, student teacher, and university staff. It is an actual case from the first placement of a pre-service teacher enrolled in a 4-year undergraduate primary teacher education course. The four texts selected form only a small sample of the documentation collected around this case, and are the only segments of the case file that directly or indirectly deal with the body. As Dorothy Smith (1990, p. 4) reminds us, the textual mediation of practice carries 'the threads and shreds of the relations it is organized by and organizes. The text before the analyst [. . .] is not used as a specimen or sample, but as a means of access, a direct line to the relations it organizes'. As written communications, these texts register and detail the complexity of relationships between school, university and pre-service teacher in student teaching (Valencia et al. 2009).

Supervising Teacher to University

In email correspondence between the supervising teacher and the university, the problems with this pre-service teacher's body were highlighted as follows:

> Children asked to recall what it means when 'I do this' (*holds closed fist in air*). When he does that, children are to be quiet/pay attention. It looks quite threatening so he was told not to continue.
>
> When asked to help children who may be finding the task set a bit difficult, *he wanders around* and has *rarely bent* to actually assist a child
>
> *Falling asleep* in 'news' after lunch on Wednesday
>
> *Falling asleep* in staffroom over lunch on Mon-Thurs
>
> During observation time he *sits and stares into space*, rather than taking notes or actively listening.

Catalogued here are the failures of an inappropriate teaching body that commits several offences. It holds its fist in the air, it looks threatening, it wanders, it falls asleep (regularly), and it stares into space. It has also committed sins of omission, failing to do things that it is meant to do, such as 'bending to assist a child', 'taking notes' or 'actively listening' while in the classroom. A tired body, particularly one that 'falls asleep' while its pupils are sharing their daily news, is clearly unlikely to be seen as successful in terms of Standards. Successful teaching bodies 'use effective classroom communication', 'provide feedback to students'; 'support student participation', 'manage classroom activities' and 'maintain student safety' (AITSL 2011). It seems clear that this pre-service teacher body has not yet learnt, or has not been taught, to perform the actions it needs to be seen as successful. His supervising teacher clearly accounts for her own standard of embodied interaction in these comments, by making explicit the things she believes his body should be doing. As Estola and Elbaz-Luwisch (2003) have noted, school discourse tends to ignore the body. The fact that this supervising teacher has made explicit reference to exactly what the pre-service teacher's body has been doing (or not doing) highlights its transgression from the normative 'cultural expectations concerning how 'a good teacher' is supposed to behave (Estola and Elbaz-Luwisch 2003, p. 715).

Supervising Teacher's Final Assessment in Terms of Graduate Teaching Standards

There are seven Australian Teaching Standards (AITSL 2011), each of which has 4–6 separate focus areas, laid out as a developmental sequence of 37 focus areas across four career stages: 'Graduate', 'Proficient', 'Highly Accomplished' and 'Lead', across three domains of 'Professional Knowledge', 'Professional Practice' and 'Professional Engagement'.

During their course and on Professional Experience placements, pre-service teachers have opportunities to demonstrate that they meet these standards at Graduate Level. The language of most of the standards only requires them to

have propositional knowledge at this level. They must 'demonstrate knowledge' or 'demonstrate broad knowledge and understanding' of important aspects of teaching. For instance in Standard 2.1, the graduate teacher is expected to:

> Demonstrate knowledge and understanding of the concepts, substance and structure of the content and teaching strategies of the teaching area (AITSL Professional Standards for Teachers 2011).

At Graduate level, there are only four of 37 AITSL standard descriptors that even implicitly reference embodied action or application of propositional knowledge or attitude:

2.6 Information and Communication Technology (ICT)
Graduate
Implement teaching strategies for using ICT to expand curriculum learning opportunities for students.

3.5 Use effective classroom communication
Graduate
Demonstrate a range of verbal and non-verbal communication strategies to support student engagement.

6.3 Engage with colleagues and improve practice
Graduate
Seek and apply constructive feedback from supervisors and teachers to improve teaching practices.

7.1 Meet professional ethics and responsibilities
Graduate
Understand and ***apply*** the key principles described in codes of ethics and conduct for the teaching profession. (AITSL Professional Standards for Teachers 2011, our emphasis)

The supervising teacher has placed ticks against 'Not Yet Achieved' in all of these areas, but has added explicit comments in only two. Next to *Standard 3.5 Classroom communication*, she wrote:

> Sitting down marking work during reading groups with back to class. Should be engaged with students, listening to them read, helping and assisting them. And actively involved. Marking waits to time off.

Here again we see that this pre-service teacher's body has not learned, practised or developed the standard habitus of the classroom teacher with regard to classroom communication. A Bourdieuian analysis allows us to see that classroom teaching is a field governed by rules of practice that the supervising teacher has explicitly delineated here. She is able to identify the bodily actions that produce a teacherly body – an 'engaged' body, 'listening to [students] read, helping and assisting them'. 'Sitting down marking' is not playing by the rules, and she explicitly admonishes: 'Marking waits to time off'.

With regard to *Standard 7.1 Professional ethics and conduct*, however, her comment is startling. It simply says: 'Toilet habits!!'. The double exclamation marks this statement as extreme, and indeed we are shocked to attention by it. What does this mean? The supervising teacher herself almost appears to transgress the norm of what can be spoken about in a report of this kind. Like other 'private' aspects of

corporeal existence, such as love and sexuality, discussion of 'toilet habits' has been 'particularly silenced in school discourse' (Estola and Elbaz-Luwisch 2003, p. 707). There is little more bodily than the toilet: the habits that pertain to it seem intensely personal, inappropriate in the public sphere of the classroom and the professional evaluation form. Shouted out on this official assessment form, with no elaboration or explanation, these words draw attention to themselves, loudly signalling the incapacity of the profession to deal appropriately with the body. As Vick (1996, p. 113) reminds us, 'part of the project of modern/ist mass schooling' has involved the constitution of the self 'in terms of a mind/body dualism in which the essential self is located in the mind to which the body is necessarily and properly subservient'. Transgressions of the body, therefore, are seen as failures of the individual teacher's knowledge and attitudes.

The social relationship disclosed in this particular text registers far more than an ablutionary problem, it registers a professional incapacity to name and discuss the teacher body in its material physicality. Beyond the most basic surface description (e.g. 'holds closed fist in air') in the first text, or euphemism ('Toilet habits!!' in the second), the profession has no words to speak its knowledge of bodily incapacity to take up the group habitus of 'teacher'.

To help understand what this supervisor meant, but was unable to say, we turn to the University Practicum Director's summary report included in the file documentation relating to this case.

University Practicum Director's Summary Report for Failing Student

Britzman (2006, p. xi) notes that one of the key problems for students learning to teach 'concerns identity, what a teacher is and does, what a teacher looks like, and whether the teacher's body is a normal teacher's body'. Similarly, Foucault's account of the formation of the subject reminds us that the power that subjectivates an individual to discursive norms 'applies itself to immediate everyday life'. It 'categorizes the individual, marks him [sic] by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognize and which others have to recognize in him' (Foucault 1982, p. 212).

In the first two texts, we see the supervising teacher recognizing that this student teacher does not have 'a normal teacher's body'. We can see the relational power residing in language, discourse and social practice: the things we do and say, and the habitual ways we do and say them. The social organization of those relations opens up from within these texts, quite differently from the personal memory texts created by the experienced teacher in our first portrait. This third extract shows how the power of official discourse formally categorises this pre-service teacher's body as abnormal, lacking the capacity to do normal, teacherly things, with reference to the standards noted above.

1. University Liaison Officer [ULO] endorsed what the school had said about [student] and was concerned about his capacity to take on board what is suggested.
2. [Student's] general behaviour is of concern: puts people off by manner in the staffroom; always has an excuse, has been bad-mouthing [supervisor] to other staff; genital touching when nervous (school has spoken to him about this nervous habit).
3. Lesson notes were on scraps of paper – had to be asked to write in a daybook.
4. [Student] is not allowed to mark student work as his spelling is too bad and his own content knowledge not good e.g. not sure which words were verbs. (University Practicum Director's summary report)

This report, tersely transactional as it is, still provides a much fuller account of the problems that this particular pre-service teacher had in performing a normal teacher's body during his placement. The reasons for his failure are now sayable, safely away from the school, at the distance of the University Liaison Officer [ULO] reporting to the University. In the school domain, where teachers' bodies are typically absent from discussion, they remain unspeakable.

Here we discover that the pre-service teacher was: not responding to feedback from the University Liaison Officer [ULO]; failing to plan his lessons fully, or keep his plans in a suitable format; failing to demonstrate the requisite knowledge of English for teaching; and failing to 'behave' in an appropriate manner. His inappropriate 'manner' 'puts people off'; he speaks disrespectfully about his supervisor; and – left till last on the list but naming the most powerful failing of all – he 'touches his genitals when nervous'. It is here that we read into this report a connection to his supervisor's final condemnatory judgement of 'Toilet habits!!' and start to see a more complex picture emerging of the relations of power that produce 'a normal teacher's body'. This young man is portrayed as someone who clearly does not inhabit a recognisable teaching body, and whose identity as a teacher is therefore suspect. The information that 'the school has spoken to him about this nervous habit' seems in the text to be a reference to the final report document, rather than an actual conversation between the supervisor and her student, although this is not clear. It is certainly not mentioned by the pre-service teacher himself, in his account of the placement.

Pre-service Teacher's Response to the University's Invitation to 'Show Cause' Why He Should Not Be Failed

Here, he reports only that he was admonished by the teacher (she reported that he was 'told not to continue') after the fist-waving incident very early in his placement.

> As a result of the pressure, anxiety and stress that came from this interaction with [teacher], it had an adverse affect on my health. I was unable to sleep, lost considerable weight, and I was so concerned I visited my family practitioner who diagnosed a viral infection or possible depression, I was referred for blood tests and the doctor concluded that it could be a combination of both.

Unlike the experienced teacher in our first account, whose body fits so well into the exchanges and communication patterns of her classroom that it is literally used

as a teaching tool, this young man's body is transgressive of the normative order in the classroom. His supervising teacher recognises this and attempts to discipline her student, pointing out those aspects of his bodily comportment and behaviour that are out of place. The complexity of this relationship is such that she certainly does not seem to have been told about the effect of her disapproval on the health of the pre-service teacher. She does not indicate this, but she certainly noticed the effects of the illness in his body.

Falling asleep in the staffroom four days in a row ('Mon-Thurs') might well suggest illness, in hindsight. But without this information she strains to articulate what it is that a normal teaching body actually does, apart from 'help children', or mark their work 'after the teaching day is done'. Her own body *feels* that his body is wrong, but the absence of the body in the discourse of (teacher) education means she must use code to express these feelings. Naming the fact that he would unconsciously touch his genital area when anxious and pressured is unsayable in the normative teacher-student relationship. The student teacher's genitals are not an appropriate topic of conversation for the classroom, or for teacher education, and because of this she is unable to teach him how to behave normally, or give him a chance to practice this behaviour 'mindfully' and allow him to gradually come to embody the group habitus of the teaching profession over repeated successful approximations in practice.

Conclusion

This second portrait has demonstrated how the construction of the 'good (or 'bad') teacher' is framed in terms of a teaching body that is rarely explicitly articulated, either in the practice setting itself, or in the preparatory practice of teacher education. It is only in the teaching practicum, where assessment practices function as a site for performance in terms of the grid of national standards, that the body becomes subject to the forms of power that turn human beings into subjects (Foucault 1982). It is here that we can most clearly see the effects of the establishment of a 'science' of teaching; the organization of social division according to principles and procedures of exclusion; and the practices of self-formation that pertain to the practice of teacher education.

As teacher educators, we set out in this chapter to explore and better understand the body as it thinks and acts in the material practices that support the preparation of beginning teachers. Since the transfer of pre-service teacher education into the universities, away from 'teacher training colleges', where, in Australia at least, student teachers were required to observe and engage in regular weekly 'Demonstration' and 'Practice' lessons as part of their preparation (Reid 2011), present-day teacher education is conceived very much within a binary of theory and practice/mind and body. The University course provides intellectual framing and information focussed on the mind, and this is paralleled by the practicum. Pre-service teachers such as the young man portrayed here may not have had many male

teachers who could have provided him with models of male bodily comportment in primary classrooms. And they simply do not have access to regular and habit-forming opportunities to try on the feel of a 'teacherly' body without being subject to the regulatory power of assessment. It is during the practicum that student teachers must fashion a *teaching body* for themselves, one that performs in accordance with the particular normative discourse of the standardised good teacher.

As a diptych, the two portraits drawn in this chapter demonstrate the importance of rethinking teacher education to recognise the significance and even the centrality of the body in practice. The experienced teacher, whose use of her body as a teaching tool is both calculated and conducive to the production of student confidence and success, is certainly not just a 'standardised' good teacher. By reflecting on how she reflexively uses her own physiognomy as a teaching resource, utilising it to fit her pedagogical purpose, we raise questions about the degree to which the 'mindful body' in teaching needs to be considered as a crucial aspect of teacher pre-service *and* professional learning.

By using her body in a public way, she was illustrating the use of the body, the knowledge her body has about her particular teaching practice – its habits, and the skills that are central to the practice of making art. This is what we see as the challenge for teacher education in all subject areas – to study and practise the way teachers use their bodies, to articulate use of the body, the knowledge the body has about teaching in its particular discipline. Burkitt (2002, p. 230) sees capacity as just this sort of reflective *habitus*, as 'the [product] of prior activities, in which individuals develop, refine, or modify their capacity for action'. In both of these portraits, the body of the teacher is made the object of the gaze. The contrast between the spectacular failure of an aspiring teacher body to reach a preliminary standard, and the spectacular success of an expert teaching body at the highest levels of accomplishment, provides an object lesson in itself. It shows that the achievement and performance of capacity achieved in the embodied co-production of the targeted activity by expert and novice, teacher and students, can serve as a model for practice in teacher education just as much as in visual arts education. It shows that regular, repeated opportunities to practise and 'get the feel' of being a teacher into the body are important for pre-service teachers. Without this, the propositional knowledge taught to pre-service teachers is insufficient to allow them to connect to standards of practice that can be mindfully directed to the support of student learning only when they unconsciously inhabit the teaching body.

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Chapter 7
Body Matters: The Critical Contribution of Affect in School Classrooms and Beyond

Dianne Mulcahy

Introduction

Set within the context of the cultural logic of neo-liberalism (Blackman et al. 2008) and its heightened individualism, and sceptical about current manifestations of the discourse of the centrality of the teacher (Larsen 2010), whereby teachers are taken to be *the* difference with respect to student outcomes (Mills and Gale 2011), this chapter investigates the role of embodiment and affect in teachers' work. 'Evidence is building that indicates that the potency of quality teaching is not restricted to pedagogical techniques solely concerned with subject content and academic processes, but that its efficacy also lies in attending to the affective dimension of teaching and learning' (Lovat 2010, p. 491). Bringing together concepts from actor-network theory (Latour 2005; Law 2009) and from affect theory that invokes the work of Deleuze (Clough and Halley 2007; Cole 2012; Massumi 1996; Thrift 2008), I make an argument about the critical contribution of affects, as socio-material practices, to teaching and learning and the value of investigating affectivity in a way that breaks with subject-centredness and its privilege of the human/individual. In so doing, I join with other researchers who are committed to correcting a cognitivist bias in education (Johnson 2005; Lenz Taguchi 2011; Saito 2010; Zembylas 2007a) and understanding affects as processes discharged through bodies, objects and spaces (Gregg 2010; Navaro-Yashin 2009; Williams 2010).

Regarding the latter, this understanding can be conceived as post- or better perhaps, more-than-humanistic. Exploring the relationships between what are still commonly thought of as separate entities which interact, for example, 'subject content

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and academic processes' and 'the affective dimension' (see again Lovat 2010, p. 491), I highlight the intricate entanglement of affect and cognition. As Thrift (2008, p. 175, original emphasis) has it, '*affect is understood as a form of thinking*'. I draw attention to aspects of classroom and professional practice that are occluded in 'official'[1] accounts of this practice, given the systemic concerns in education currently with metrics, measures and outcomes, and consider the circumstances of this neglect. I ask: does it occur because these aspects 'are invisible or remain below the threshold of the kind of knowing we are familiar with or pay attention to?' (Venn 2010, p. 134). And, what/who might carry the cost of these occlusions?

The concept of the *assemblage* forwarded by Deleuze and Guattari (1987) is akin to the notion of *actor-network* in actor-network theory, and directs attention to the many, diverse and contesting actors, agencies and practices through which human subjects and material objects take form. 'Assemblage' is 'one of the major motifs in Deleuzian philosophy' (Zembylas 2007b, p. 24), with bodies being examples of what Deleuze and Guattari (1987) call assemblages (Buchanan 1997). Without any organising centre, 'assemblages are composed of heterogeneous elements that may be human and non-human, organic and inorganic, technical and natural' (Anderson and McFarlane 2011, p. 124). In an actor-network theory rendering, they can be considered sociomaterial assemblages (Fenwick and Landri 2012). Larsen (2010, p. 209) suggests that 'we might rethink our fixation with the central importance of the teacher, and re-centre our attention to address broader societal contexts within which schools are located, and the complex, messy and contextualised nature of teachers' work. Neglecting to do so will continue to prove troubling for teachers and their work, and for broader educational reform efforts'. Deploying a sociomaterial assemblage approach affords consideration of 'the complex, messy and contextualised', specifically, affective processes and relations, and challenges the idea of teacher as inevitably centre-stage, inviting attention to other actors and agencies. These processes and relations are inexorably embodied where embodiment is taken to be 'a linked, hybrid field of flesh and accompanying objects, rather than a series of individual bodies, intersubjectively linked' (Thrift 2008, p. 276). Embodiment is inescapably material.

Set within the emerging field of sociomaterial studies (Fenwick 2012; Fenwick and Landri 2012; Fenwick and Nerland 2014; Mulcahy 2012; Sorensen 2009; see also a special issue of the journal, Pedagogy, Culture & Society on 'Materialities, Textures and Pedagogies', Vol. 20, No. 1, 2012),[2] embodiment and affect provide a platform for rethinking what it means to be and practise as a teacher and, by extension, to be and practise as a learner in school classrooms and beyond. In giving

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[1]By 'official' accounts, I mean accounts made by governments and policy advisors that appear to be under the influence of 'the kind of policy empiricism that focuses on measures rather than meaning in its appraisal of educational activities' (Smith et al. 2010, p. 3). Neo-liberal discourses and agendas uphold such empiricism.

[2]Within education, sociomaterial studies derive largely from, and in dialogue with, scholarly-intellectual interest in actor-network theory. They extend to an interest in complexity theory and cultural-historical activity theory (see most particularly, Fenwick and Edwards 2010; Fenwick et al. 2011).

attention to them, along with bodies – human and otherwise – I seek to extend current conceptualisations of teaching as a site of professional practice as well as contribute to the field of practice theory and philosophy (Green 2009; Hager et al. 2012; Reckwitz 2002; Schatzki et al. 2001) by way of bringing a sociomaterial sensibility to extant understandings of this body of work.

This chapter is organized broadly in two parts. First, I examine what the theoretical literature says about bodies and affects, drawing principally from the work of Massumi, Deleuze and Latour. I attend most particularly to what bodies and affects make possible – what they *do* – and the kind of practice thinking that informs this doing. Joining with Johnson (2005, p. 132, original emphasis) in the view that educational research has not done enough *application* of these theories of the body and affect to bodies of data, second, I use a selection of data fragments drawn from video case-studies conducted as part of an Australian Research Council project on (i) the relationship between professional teaching standards and teacher professional learning,[3] and (ii) the development of a specific set of professional standards, standards for teaching school geography. Empirically, I address the issue of the import of affective encounters in classrooms and beyond for teaching and learning and attend to pedagogic moments as sociomaterial practices of assembly, which are often mundane, everyday, and seemingly trivial, yet they move and affect teachers and learners. Subsequent to this section, I discuss the critical contribution of affect in classrooms and beyond and draw out the implications for (professional) education of attending to bodies and affects and deploying a sociomaterial assemblage approach to teaching practice and practice theory.

Terms of Engagement: Affect and Bodies

> We know nothing about a body until we know what it can do, in other words, what its affects are, how they can or cannot enter into composition with other affects, with the affects of another body, ... to destroy that body or to be destroyed by it, ... to exchange actions and passions with it or to join with it in composing a more powerful body (Deleuze and Guattari 1987, p. 257).

In giving attention to the hard to name and discuss dynamics of affect and embodiment in teaching, I take my lead from Latour (2004) who has 'linked the problem of affect to a reformulation of bodies as processes rather than entities' (Blackman and Venn 2010, p. 9). In addressing the question 'What can a body do?', Latour (2004) claims that bodies should be defined by their capacities to affect and be (open to being) affected. Thus, bodily affectivity in teaching, or, in the example that Latour works, in training (here, the training of 'noses' for the perfume industry), is 'teaching to be affected': *rendering learners to be affected*, with persons (teachers,

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[3]Spanning 2007–2010, this Linkage Project was conducted in association with the Australian Geography Teachers' Association with affiliates in five major Australian states, including Partner Investigator status for the Geography Teachers' Association of Victoria and the teacher registration authority in Victoria (Victorian Institute of Teaching).

trainers) *and* objects (odour kits) doing the rendering. In this schema, affect is outside the confines of a bounded, singular and distinctly human body (Blackman and Venn 2010, pp. 21–23). The focus on enactment, 'What can a body *do*?', 'shifts attention away from the idea of singular pre-existing entities or objects to the ways in which practices alter, transform, intervene and shape objects' (Blackman 2010, p. 170). Learning to be affected is embodied learning, with both the learner and the learning being in a process of becoming. The learner becomes otherwise; as Latour (2004, p. 225) tells it, the trainee 'learnt to have a nose', to 'be a nose', having learnt to be affected by bodies of different kinds (eg. human bodies, odour kits).

The term *affect*, writes Thrift (2008, p. 116), 'is not simply emotion, nor is it reducible to the affections or perceptions of an individual subject'. Invoking Deleuze (1995, p. 137), Thrift (ibid.) continues: 'affects are not feelings, they are becomings that go beyond those who live through them (they become other)'. In other words, they go beyond 'the inner world or interiority of the human subject, coined "subjectivity"' (Navaro-Yashin 2009, p. 12). They are intensities, sensations or energies that can be discharged through objects and spaces, 'making it possible to read many other things, such as space and the environment, as affective' (ibid.). They are 'encounters with other bodies (semiotically) that infect all of experience so that one *affects* and is *affected* by other bodies' (Zembylas 2007a, p. xxx, original emphasis).

As the empirical material that is worked later in the chapter attempts to show, these bodies comprise not only individual human bodies but also bodies of water and bodies of knowledge. Here, bodies and affect are *relational* terms rather than predominantly contained, individual and private:

> Bodies of all sorts are in constant relation with other bodies. Some of these relations are compatible and give rise to joyful affects that may in turn increase the intensive capacity of a body; others are incompatible relations that give rise to sad or debilitating affects, which at their worst may entirely destroy a body's integrity (Gatens 2000, p. 64).

As MacLure (2010, p. 284) explains, following Massumi (2002b), affect in the Deleuzian sense:

> is not feeling or emotion. It is a kind of "prepersonal intensity" which may be "captured" and "qualified" (i.e., given qualities) as emotion (Massumi 2002b). It does not reside within individual subjects, nor in an "intersubjective" commingling of meanings or consciousnesses. It precedes, and exceeds, language, biography and cognition. Affect registers on the body. It is carried by facial expressions, tone of voice, breath and sounds, which do not operate as signs, yet are not mere epiphenomena. And, precisely because affect "affects" bodies, it can be transmitted, and is intimately social (Massumi 2002b).

And, one might add, material: it 'registers on the body'; it '"affects" bodies'. Indeed, for Bennett (2010, p. xiii), affect equates with materiality.

Furthermore, affect is political in the sense that 'power is an inextricable aspect of how bodies come together, move, and dwell' (Zembylas 2007a, p. xiv). Zembylas (ibid., p. 105, original emphasis) continues, 'affects are *political* manifestations of various kinds of resistances and transformations in educational environments. Unravelling the political aspects of affects ... creates possibilities for enriching our perspectives about the dynamics of affective relations in the political landscape of the classroom'. More broadly, and as Ringrose (2010, p. 48) has it, the importance

of a focus on affect and embodiment lies in 'thinking about issues of power, and possibilities for understanding social and subjective change'.

Drawing primarily on Spinoza, Massumi (1996) frames affect as both a force and a capacity (Spinoza's *affectus* and *affectio*); as such, it can be 'harnessed' to unsettle established power relations and create transformative effects. These affective dimensions are cut through with relations of power; they can, for example, have affinity with neo-liberal discourses and agendas that seek to uphold the centrality of the teacher with respect to achieving desired student and schooling outcomes, or indeed, not. They can 'flip' these discourses over:

> Affect is like our human gravitational field, and what we call our freedom are its relational flips. Freedom is not about escaping or breaking constraints. It's about flipping them over into degrees of freedom. ... You can't just step out of gender identity. But just maybe you can take steps to encourage gender to flip. That can't be an individual undertaking. ... It's a relational undertaking. You're not acting on yourself or other individuals separately. You're acting on them together ... It's a pragmatic politics of the in-between. It's an abductive politics that has to operate on the level of affect (Massumi 2002a, p. 14).

Along with other sources such as Spinoza, James and Whitehead, Deleuze and Latour draw on the micro-sociological tradition of Gabriel Tarde who did not differentiate social from biological, material or psychological phenomena but rather drew out relations between them. In so doing, Tarde passes for 'an early ancestor' of actor-network theory (Latour 2002, 2005, p. 15). As Barry and Thrift (2007, p. 514) posit: 'Tarde's sociology is, above all, a sociology of relations. For Tarde, the elementary social acts were the relations which led to modifications in states of consciousness', such as affective and educative relations. As for Deleuze, these relations are thought in terms of relations 'in' something, not 'to' something.

Sociomaterial Approaches to Practice: Telling Stories About How Relations Assemble

Both Deleuze (Deleuze and Guattari 1987) and Latour (2004) address the question of what bodies can *do*. Bodies *are* what they do, and as stated in the introduction to this chapter, are examples of assemblages. The notion of assemblage 'links directly to a practice, to assemble' (Li 2007, p. 264), affording a 'focus not on what affects or bodies *mean* but on what they *do*: what connections they do (or do not) permit' (Zembylas 2007b, p. 28, original emphasis). Actor-network theory constitutes itself as/in/for practice. As one of its originators, John Law (2007, p. 145), explains: '[I]t is the practices (including the people) that come first. It is their materiality, their embodiment, their diurnal and organizational periodicities, their architectural forms, that are central. And these practices are often pretty obdurate. In this way of thinking, practices make the world'. Positing the idea that ANT is not a theory, practice theory or otherwise, Law (2009) states that it is a diverse set of empirical practices with a sensibility to materiality, process, uncertainty and specificity, and that it is seriously misunderstood if it is treated as a theory separable from those

practices. '[I]t tells stories about "how" relations assemble or don't' (ibid., p. 141). Central to actor-network theory is the notion of *performativity*. In line with non-representational theory (Thrift 2008), which is 'based upon valuing practices in and for themselves' (ibid., p. 110), and conceivably a variant of practice theory and philosophy, actor network theorists use the term performativity to accent *practice* – to indicate that reality is brought into being – is enacted, fashioned, or done. It does not exist outside its 'doing' in various and different practices. The assumption is made that nothing has reality, or form, outside its performance in webs of relations, with performances being defined as 'material processes, practices, which take place day by day and minute by minute' (Law and Singleton 2000, p. 775).

It is widely acknowledged that theorists of science and technology, such as Rouse and Pickering and, I suggest, Latour, Law and Mol, practise a type of practice theory. 'Today, practice theorists of many stripes acknowledge that nonhuman entities help constitute human sociality. Practices, as indicated, are generally construed as *materially mediated* nexuses of activity' (Schatzki 2001, p. 20, original emphasis). Sociomaterial approaches to practice, most particularly those influenced by actor-network theory, share concepts with practice theory in its more classical form (see for example, Reckwitz 2002; Schatzki 2001). However, as the principal proponent of 'classical' practice theory, Theodore Schatzki (2001, p. 20), acknowledges: 'most practice theorists continue to focus on the human. . . . For these humanist theorists, practices are arrays of activity, and the activities involved are those of humans'. Thus, while 'practice theory . . . joins a variety of "materialist" approaches in highlighting how bundled activities interweave with ordered constellations of nonhuman entities' (ibid., p. 12), it maintains a residual humanism (Schatzki 2002). In Schatzki's more recent work, where attention is given to the concept of practice-arrangement nexuses (Schatzki 2010) and practice-arrangement bundles (Schatzki 2013), an alignment of practice theory with ANT-inflected, sociomaterial approaches to understanding practice appears to be achieved, albeit with caveats attached: '[W]hereas accounts inspired by my ontology will resemble actor-network inspired accounts insofar as the concept of arrangements resembles that of networks, they will diverge from these accounts, among other things, in their constant attention to practices and to relations between practices and arrangements' (Schatzki 2010, p. 145). A distinction is drawn between 'theories of arrangements' (network theory, assemblage theory) and 'practice theories' (Schatzki 2002). The empirical research reported here is set within or, better perhaps, moves between, 'theories of arrangements' and 'practice theories'. 'Practices and arrangements are co-constitutive' (Schatzki 2010, p. 140). Storying *how* teaching and learning relations assemble is studying these practices.

The Project in Question: Data and Methods

The project described here was concerned to study what 'accomplished' Geography teaching *is* by documenting what Geography teachers, who are deemed accomplished, *do.* Data were sourced from teachers and students via video-recordings of

accomplished teaching, with identification of accomplished teachers being made by way of purposeful sampling. Thus, members of the Australian Geography Teachers' Association and its affiliates, the peak professional associations for school Geography in Australia, were invited to nominate teachers who are widely regarded professionally, using various criteria including reputation for accomplishment within the field of geographic education, years of experience teaching school geography, teaching qualifications, etc. In an effort to 'capture' the specificities of practice, including the flow of teacher action and embodied judgement, the approach adopted used technically complex methods for video-recording classrooms[4] and supplemented the recordings with post-lesson video-stimulated interviews with students and the teacher. Pre-lesson interviews with each teacher were also conducted. Altogether, eleven case-studies (22 lessons) were undertaken in eight schools (government and non-government; metropolitan and non-metropolitan) in three major Australian states. In all cases, video-recordings were made over the course of a sequence of two lessons, each lasting for approximately 50 min. The data fragments discussed below concern two of these case-studies. Set within a large, metropolitan, government school and a medium size, rural, non-government school, the classes comprise a Year 9 Geography class and a Year 8 Geography class. Taking affective encounters as the locus for analysis, and the idea of bodies as assemblages as given, I ask: *what can bodies do?* and explore issues of power and identity (becoming), through this doing. Names of teachers and students have been altered for reasons of confidentiality.

Affective Encounters: Doing Bodies in Classrooms and Beyond

Simon's Story: 'I Work from Their Personal Geographies'

Teaching in a large, co-educational government school in the Melbourne metropolitan area, Simon has just commenced a topic on coasts, towards preparing his Year 9 Geography class for a coastal fieldwork trip to Victoria's Mornington Peninsula. Fieldwork can be considered a 'signature' form of teaching and learning in school Geography and, as Simon describes in the pre-lesson interview, is something that the Year 9's are familiar with: 'This is our first really extended external fieldwork and I want to work with something that they are familiar with. So the coast. . . . And, as

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[4]For each of eleven classrooms in eight schools and three major Australian states, two lessons, each lasting around 50 min, were video-recorded using three cameras. One camera focused on the teacher, a second on individual students as part of a working group, and a third on the whole class. Using as catalyst the video-record from the whole-class camera, with the teacher camera image inserted as a picture-in-picture image in one corner of the display, teachers were invited to make a reconstructive account of the lesson events deemed critical to student learning. Similarly, students were invited to make an account of lesson events, using as stimulus the video-record from the teacher camera, with the individual students' camera image inserted as a picture-in-picture image in one corner of the display.

I explain in class, I work from their personal geographies'. Thus, when conducting the lesson prior to the fieldwork trip, Simon encourages the students to 'think about your route from home to school', and gives his own example: 'For my route, from Ashburton to here, it's residential, leafy avenues, 'cos I drive through them all the time, relatively well off, I'm making a judgement, well-cared for, yeah, they look after their garden, they mow it, I see them out there each time ...'. He appears to well understand that people think through embodied experiences and practices in such a way that the body's significance in teaching, and for learning a practice,[5] is made plain.

The bodily basis of Simon's teaching is evident in these reports given at interview:

> That's why I, every once in a while, I said [in the lesson]: 'are you with it?' You know, and you look around, you're not looking for all those who are saying 'yes', you're looking for those who are going 'hang on, no, not quite', you know, and that's an unwritten thing. I've never thought about it [before] but yeah, you ignore all the ones that say 'yes'. You are looking for the two or three who say 'no' and you say: 'I'll wait for them'.
>
> I suppose what's unwritten in the fieldwork ... too is that you've got to have done it yourself, beforehand. The timing of it, between stops, how long you've got there, what you are likely to see, what changes, ... I went down a few weeks ago along the coast ... I'm re-looking at 'oh yeah, that's changed, I can see ... .'. With my senior fieldwork, I go up the weekend before, just to see the site, see what's going on, access, camping, facilities, and that. There's all this background stuff.

In fieldwork, teaching presents as a sociomaterial practice in which teachers, learners, bodies, coasts, texts and technologies all actively play a part, as illustrated in this collage of images taken from the video-record of the coastal fieldwork trip (Fig. 7.1).

Students appreciate learning through a 'hands-on' approach. I propose that they are 'learning to be affected' (Latour 2004) by the natural environment and the relaxed relations that can be achieved outside classrooms, as implied in the images above, and as reported by the students at interview upon their completion of the coastal field trip:

> At one point ... we put red food dye in the water and see (*sic*) how the waves would carry it out and then it pushed it forward, pulled it back and then it pushed it forward up the sea. And then we measured how far it moved in such time.
>
> This [coastal field trip] was more seeing; my other [geography] excursion was more hands-on, feeling what the type of soil was.
>
> I find it [field trips] much more useful because you've got something to look at. Not just, you know, when you are writing [things] down, you are trying to think about what it would be like. This is what it *is* like. So it's really good.

While more muted than in Simone's story below, affect locates in the midst of things such as 'put[ting] red food dye in the water and see[ing] how the waves would

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[5] As part of learning school Geography, Simon's students are learning to be bodies in a certain way, for example, observing bodies, fieldsketching bodies, trained bodies. As Simon comments: 'This is really the first year where we start training them as geographers'.

Fig. 7.1 Year 9 Geography students on a fieldwork trip: learning to be affected

carry it out' and feeling soil for its type. It can be inferred that both sea and soil are bodies with affective capacities beyond the transmission of information: 'This is what it *is* like. So it's really good'. In putting bodies back into learning,[6] a more-than-representational experience of learning, an experience outside of language, can be valorized in education (Ellsworth 2005, p. 29; see also Green 2009, p. 50).

The character of teaching in a field setting is similarly 'hands-on', as Simon demonstrates when explaining one of the exercises that the students will be asked to take part in when on their way to the coast:

> One of the tasks that we do a couple of times [on fieldwork] is the tunnel vision. Tunnel vision is . . . it's actually the opposite. We live in a world, if you think about it, we go around the world walking round like this [head down, Simon's hands are held to his face, narrowing his vision] and you only see what's directly in front of you, where you're heading from A to B and you miss all the detail. In fieldwork, we walk like this [arms outstretched wide, head up] and we see everything. And we see the links between [everything]. It's the same thing when we do a tunnel vision; we'll be going down [to the coast] and we'll be doing the tunnel vision in the bus. So for a period of time in the bus, at points, we'll be observing what's taking place on the land either side of us. Right? So that's what a tunnel vision exercise is. . . . Your route to school is the tunnel vision you do everyday and never really think about. It's your personal geography; your map of your route to the school.

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[6]As used here, the term 'bodies' is both metaphorical and anthropomorphic. Regarding the former, the body itself figures as metaphor. Sea and soil serve as bodies of knowledge which interact with human bodies.
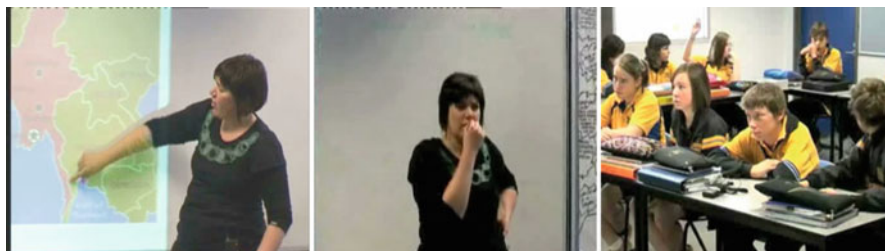
Fig. 7.2 Cyclone Nargus: an affective encounter

Using his body as a pedagogic resource, Simon enacts a process which he expects his students to enact in turn, towards them being affected by what they will see as they take the bus to the coast. Simon is teaching learners to be affected by the forthcoming fieldtrip by directing attention to how they might move their bodies, undertake embodied tasks (tunnel vision), and engage in embodied encounters with places and processes (eg. being bussed), all of which have the potential, perhaps, to catch them unawares and transform their learning.

Simone's Story: 'I Just Couldn't Come Today and Not Talk About This'

In this data fragment, we meet Simone who is engaged in teaching a Year 8 Geography class in a Victorian rural private school. Simone's stated intention in the lesson is to build knowledge about the workings of river processes in preparation for a forthcoming field trip to a river. However, five or so minutes into the lesson, Simone stops and says: 'Before I start though … something pretty big has happened and I couldn't deny not talking about it today'. Showing a digital image of Burma (see Fig. 7.2), she proceeds to hold a lively class discussion about the impact of a tropical cyclone, Cyclone Nargis, which, as reported worldwide earlier in the day, has devastated southwestern Burma, and concludes thus:

> I just couldn't come today and not talk about this … it's a big deal. Sixty thousand people, that's a bit of a big deal and Australia is currently tossing up [as to] how much support we should provide. … That was just my little quick introduction; 'cos we couldn't live without that.

Affected by the scale of the event and the fact that it has occurred in a poor country ('You live in Burma … you're a farmer and you don't have much money'), Simone's evident desire to talk about it sparks a reaction among the members of the class who respond enthusiastically to the questions posed and create, what can be called, an affective encounter:

Teacher: The cyclone's gone, are you still in danger?
Student: Yes.
Teacher: From what?

Student: Disease.
Teacher: Why?
Student: Ah 'cause of sewage. Dead bodies.
Teacher: Sewage, dead bodies.
Student: 'Cause all the dead bodies and stuff would bring disease and there's no immunisation.

The 'shifting speeds and intensities of engagement' with this event 'do not just prompt thought, but also generate sensations resonating in the body as well as the brain' (MacLure 2010, p. 282) – frissons of energy and possibly anxiety and fear: 'You're a farmer and you don't have much money and your house wasn't made of bricks ... and ... has been swept away. You could be dead, some people in your family could be dead. The cyclone's gone, are you still in danger?'. The intensities of engagement with Cyclone Nargis, as suggested in Simone's gestural and body work, and the activity of quick-fire question and answer that she and her students undertake, I propose, serve to compose the body of the Year 8 class as a collective. As Cole (2012, pp. 2–4) has it, educational affect 'makes things happen. ... If the teacher has researched his or her subject well, and speaks with passion and sincerity, these affects will permeate the atmosphere of the class, the learning context and the subsequent educational practice'. Exchanging actions and affects, *learning is set in motion* in ways I speculate that the intended curriculum of 'looking at river landforms and the way rivers work in erosion, deposition and transportation' cannot quite match or command.

This is so for both students and the teacher. Simone happened to say at the post-lesson interview:

> The first thing I decided to do this morning was to talk about the cyclone. I added that to the [lesson]; that to me was important. Because one of the things I have been talking to them about is current events in geography. So, I thought I have to talk about this. That was a key event.

She then added, seemingly paradoxically: 'Talking about the cyclone, that was unexpected for me. I, I, that was just something, I just thought this morning, I've got to talk about this'. While styling the decision to talk about the cyclone as an epistemic one – 'I added that ... because one of the things I have been talking to them about is current events in geography' – something more appears to be playing out in these data. The hesitations and felt intensity expressed in: 'I, I', 'I've got to talk about this', 'cos we couldn't live without that', and 'I couldn't deny not talking about it today', are markers of a struggle of some kind. There is a tension running through the data around keeping the focus on the topic of the day – 'Not to do with rivers ok'; 'I know this is not quite to do with rivers' – and on real-world events: '[B]ut I just can't ignore this at the moment'.

One reading of this tension can be made in terms of the *process* pedagogy of real-world events being less *outcomes*-oriented than contemporary curriculum demands. As Sandvik (2012, p. 200) comments, 'Western policy makers and educational programme advocators seem to be intensifying their praise of predictable learning outcomes and of the virtues and values of accountable pedagogical command and

control', rather than of a pedagogic assemblage where all entities (teachers, students, world events, digital images, desires …) are *emerging* parts. Following Deleuze, the *immanent* features of pedagogic processes are dis-privileged. In struggling to talk about the cyclone, I suggest that Simone is taking a step towards challenging the power of curriculum normalisation and experimenting with new ways of becoming a Geography teacher-subject. The affective charge of the event that she 'just can't ignore' might be thought an unruly teaching relation that can be used to reassemble, at least momentarily, the established, representational approach to teaching school Geography.

Body Matters: Affect in Classrooms and Beyond

Analysing affective encounters as data in relation to bodies and other material processes opens a space for materiality in educational research and invites breaking with the ultimately disenfranchising ideas of the central importance of the teacher (Larsen 2010) and of the teacher as *cogito*. The teacher can be thought with regard to his/her body, rather than as a 'classical' subject, a person with an attached identity/'mind'? Researching from the body, the material has 'a more central part in our research data as doings in practice' (Rossholt 2012, p. 332). It affords tracing processes that are often momentary yet consequential for education, such as the affect populating the situation of the cyclone, which is critical to Simone becoming other than a traditional Geography teacher, or better, both a traditional Geography teacher and a Geography teacher who teaches otherwise – a teacher who operates in a zone of indetermination, a zone of affect (Deleuze 1994). It has the advantage of attending to the range of agencies and responsibilities involved in these complex pedagogic practices and of asking about the nature of what passes between bodies and other processes and relations. The analysis does not privilege 'the actions of individuals in molar (institutional) identity categories' (Albrecht-Crane and Slack 2007, p. 106), such as the present-day policy emphasis on the identity category of the quality teacher. The focus is placed squarely on *movement, process and practice*, not on *who* determines whom and what and how (Seyfert 2012). As it is on *collective responsibility*. Among other things, the *where* of teaching and learning (classroom and field) and the *what* of teaching and learning (the espoused curriculum, or not) must be taken into account.

Affective and embodied relations are not the exclusive concern of the teacher. They are embedded in distributed, heterogeneous and specific practices (e.g. field trips, undertaking tunnel-vision tasks, referencing happenings around the world), so responsibilities for recognising their worth and creating conditions for their further growth and development should be similarly distributed and heterogeneous. Among others, teacher education has a role to play. Teachers are far from being lone actors in relation to conditions that create quality teaching. Other social and material actors and agencies come into play. As Larsen (2010, p. 214) notes, the discourse of the centrality of the teacher (and, one might add, a particular type of teacher – a disembodied one) has contributed to the production of a range of teacher policies

that emphasise notions such as quality, accountability and performance. Reflecting a technical-rational approach to policy-making, this discourse directs attention to teachers as singularities and downplays the various other assemblages in which they are caught up. 'Contemporary teacher policy reforms are part of a broader neo-liberal business model educational reform agenda, which includes the development of school management systems, the privatisation of schools, cutbacks to educational funding, the introduction of nationally prescribed curricula, standardised student testing and the establishment of school league tables' (ibid., p. 215).

While acknowledging that other readings of the empirical material might be made, and other case-stories told, the empirical analyses here stress agency, process and emergence over the kind of completed order implied in notions of quality teaching and the quality teacher. Teaching presents as a complex and always contingent process of ongoing construction or, a more suitable metaphor, assembly. Exploring affectivity in classrooms and beyond affords a strong sense of the shifting, embodied and emotional terrain of teaching: 'I just couldn't come today and not talk about this'. Teachers cross this terrain *with* students who appreciate being caught up in a 'passionate pedagogy that encourages a teacher to express her or his emotions using a particular vocabulary and performance' (Zembylas 2003, p. 123). As one of Simone's students comments at interview: '[I like] things like the casual talks, like about things, not just the topic that we are learning, things that happen on the actual news and the happenings around the world'. Taking the 'affective turn' in education challenges us to better recognise the interweaving of cognition, emotion and action in learning settings while forging new directions for curriculum and pedagogies wherein the roles of bodies and other material processes and their affective potential are acknowledged and embraced.

Rather than something 'personal' – bringing intrinsic qualities or potentialities to bear, as an individualised psychological view of self has it – teacher affect is constituted in assemblages of practice and the politics that attach to this practice. For example, when Sandra, another teacher who was video-recorded as part of a further case-study, is described by one of her students as 'like a good teacher, laid back, like she's serious in a way but she can have a joke', the contrast drawn between being serious and having a joke implies the positive contribution that affect can make to teaching and classroom learning. Arguably, it also implies the epistemic *gravitas* of schooling, with its academic curriculum, and the transgressive possibility that affects potentially produce. Critique here has little to do with negating the status quo – the dominance achieved in schooling systems of academic curriculum and of conceptions of learning as a cognitive activity (Watkins 2010, pp. 279–280); rather, it 'consists of the possibility to discern moments of escape from territorializations in a profoundly positive way' (Albrecht-Crane and Slack 2007, p. 107). Affect can work to open classroom spaces to otherness and difference such as having a joke, play and fun; 'to release that which lives' (ibid.). 'In contact with what's outside the construct of the classroom, as a flow meeting other flows ... as tearing the classroom into pieces, getting it to interact with other things' (ibid.), it is this release that we get a glimpse of in the practices presented in the data fragments above, and which constitutes the chief contribution of affect to education. Affect can put into effect the transformative potential of education. Bodies *do* matter.

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Chapter 8
Thinking Bodies: Practice Theory, Deleuze, and Professional Education

Bill Green

The body is not simply a sign to be read, a symptom to be deciphered, but also a force to be reckoned with (Grosz 1994, p. 120).

Introduction

Imagine a classroom – a teacher and her class. The classroom is located in a primary school, somewhere, anywhere. The world is turning apace, and 'education' is going on, is being practised, here, now . . . Voices, bodies, spaces. 'Look at me, everyone'.

What do they see, this Early Years class of children, all engaged (still) in learning the game of school? What are they looking at? First and foremost, they see somebody, a body-subject, a Teacher. This is likely to be a gendered body, in such classrooms – a woman, as a significant (m)other, although that wasn't always the case (Vick 2000; Vick and Martinez 2011) – exemplary but abject, all the same, or all too often. S/he looks like a teacher . . . What do they hear, these children? – a voice, inextricable from the body, embodied speech, a teacher's voice, speaking with authority, and yet care-fully. But then we might also ask: Whose voice? Whose body? What other voices and bodies are in play here? Already we are unsettled, excited, wondering, thinking . . .

This chapter draws specifically on the work of the French philosopher Gilles Deleuze within an explicitly post-Cartesian exploration of the body in (professional)

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practice. It explores what it means to think the body in such circumstances, to think about the body, to draw the body into Thought. This involves seeking first of all a way of *thinking the body* – that is, of rendering the body as an object of Thought, or rather as a specific concept. This means among other things working with Deleuzian notions such as affect, virtuality, multiplicity, etc., to reconsider how practice and the body might come together, conceptually and empirically. In particular, the challenge here is one of avoiding unities and identities, and hence *thinking bodies* (i.e. the body as necessarily, inevitably pluralised, or as multiplicity, rather than as singular). What (other) bodies need to be taken into account in our exemplary classroom? How to (re)think the body of the professional practitioner – in this instance, the teacher?

The chapter begins by reviewing, specifically in the context of addressing the question of the body in professional practice, learning and education, what has come to be called practice theory and philosophy – a loose assemblage of arguments and interests centred on *practice* as concept and primary organising principle for the social world. Schatzki (2002), a key figure in the contemporary 'practice turn', is considered here as a representative instance. Of particular interest here is the manner in which the body is mobilised in Schatzki's self-described 'residually humanist' theory of practice, bearing in mind too his own measured, somewhat ambivalent engagement with Deleuze and Guattari. This is followed by a Deleuzian account of the body, albeit somewhat attenuated, and always provisional. A final section is addressed specifically to the Early Years classroom, reading pedagogy, and the body-work of teaching, in seeking thereby to offer a (different) way of thinking about the relationship between bodies and practice in professional education.

On Practice Theory and Philosophy: Engaging Deleuze?

Practice theory is arguably a rich resource for (re)thinking professional education. This is because professional practice, appropriately conceptualised, is crucial to understanding professional education, as the initial, transitional and continuing education of professionals, or professional practitioners. Hence, a rigorously theorised view of professional practice is absolutely central to professional education. Practice theory indeed offers much in this regard. However, as yet it is still being articulated, and some see how this is unfolding as already rather constrained; indeed, a certain orthodoxy may even be emerging on the scene. In this chapter, I want to push at the edges of practice theory and philosophy, accordingly, by drawing in the work of Deleuze in order to explore various ways and means of thinking differently about practice and the body, and hopefully opening up the discussion overall to a productive re-assessment.

An important issue in such considerations is the extent to which practice theory and philosophy is seen as oriented more to the past than the future, or vice versa – whether, that is, it is organised more by a concern for stability, and the maintenance and renewal of current-traditional states of affairs, or by a focus on change and innovation. More often than not, of course, this is something that must be understood

dialogically and dialectically. Hermansen and Nerland (2013) nonetheless usefully observe two distinct strands in what they call 'the broader landscape of practice theories', with one strand 'pay[ing] primary attention to structures and routine actions, and … concerned with accounting for how practices are reproduced and kept stable over time', while the other 'directs analytical attention to the emergent and constructive dimensions of practice, and is concerned with how collective actions and patterns of practice are achieved and developed' (Hermansen and Nerland 2013, p. 5). My interest, in this context, is more aligned with the second of these strands. This is consistent with how one perceives the possibilities offered in Deleuze's work, especially in his emphasis on 'becoming'. Practice in this view is best conceived as characterised by *becoming-ness*, and even, indeed, at times becoming-other. What is it, then, that emerges in and through (professional) practice?

Schatzki's work is extremely important within the field of contemporary practice theory, and highly generative, not the least of its value being its effort to engage and embrace a wide range of practice-theoretical perspectives. Much of this practice-theory work, including Schatzki's, acknowledges and references the philosophical influence of the convergence of early Heidegger and late Wittgenstein. However, in noting that Schatzki 'has elaborated the most systematic and detailed version of a social practice approach', Reckwitz (2012, pp. 247–248) suggests somewhat surprisingly that, in doing so, 'he leans' on Wittgenstein and Deleuze. It is true that Deleuze figures quite significantly in Schatzki's elaboration of practice theory and philosophy, but arguably more as a counterpoint than anything else. Indeed, Schatzki has recently distinguished his position quite explicitly from a Deleuzian perspective, setting his own focus on activity as 'event' against that of activity as 'process', locating Deleuze in this latter regard with '[a]n impressive cadre of thinkers … including … more recently, Gilles Deleuze, Anthony Giddens, and Tim Ingold' (Schatzki 2011, p. 2). Elsewhere, Schatzki draws extensively on Deleuze (and Gauttari) but it is mainly as a foil, a counter reference-point, in articulating, elaborating and defending his own position. In his account of practice-arrangement bundles and site ontology, for instance, he refers to 'Deleuze and Guattari's theory of social assemblages', acknowledging how it helps clarify 'the entire issue of arrangements and contextures', but asserts that it 'stands for a pervasive twentieth-century school of thought that explains the progress of social affairs by reference to abstract structure' (Schatzki 2002, p. 69). This is a familiar stalking-horse in Schatzki's work: what he sees as the persistent and insidious influence of neo-Saussurian thinking, which he criticised here in Laclau and Mouffe, and others, working more often than not from a poststructuralist perspective. This is consistent with his overall concern with what he sees as the valorisation of language and discourse in contemporary thought. Whether or not it is appropriate to link Deleuze/Guattari with de Saussure in this way, of course, is debatable. Suffice it to say at this point, then, that it may well be interesting and useful to explore a Deleuzian perspective in practice theory and philosophy.

One way to do this is through what Nigel Thrift calls 'non-representational theory', as 'a body of work which is 'due largely to the historical impact of the convergence between Wittgenstein and Heidegger', with other traditions (like American

pragmatism) acting 'as a sounding board and amplifier'' (Thrift 1999, p. 302). Further, and more specifically, he describes non-representational theory as 'the theory of practices' (p. 304), and a style of thinking and a form of theorising which is 'a practical means of going on rather than something concerned with enabling us to see, contemplatively, the supposedly true nature of what something is' (p. 304). Elsewhere he links it with notions of 'movement' and 'performance', and describes it as 'an approach to understanding the world in terms of effectivity rather than representation' (Thrift 2006, p. 113). Like practice theory more generally, there is, if not a refusal then certainly, an ambivalence about representation – something which is perhaps better directed against representationalism, or 'that view of the world predicated on a spectator view of knowledge for which the primary reference-point is the authorial subject of rationality and realism, a stance "burdened by lingering, if not overtly, neo-Cartesian conceptions of representation"' (Green 2009, p. 50). Thrift cites practice theorists such as Bourdieu and Schatzki, moreover, in elaborating non-representational theory and its programmatic focus on 'practices', describing them as 'productive concatenations that have been constructed out of all sorts of resources and which provide the basic intelligibility of the world' (Thrift 2006, p. 8). Nonetheless, as he asserts, what he is espousing is 'no naïve practice theory' (p. 8), and this is perhaps nowhere clearer than in his emphasis on invention and the experimental, both in the matter under scrutiny and in one's own research practice. It is clear, too, that Deleuze is important for non-representational theory, though Thrift is quick to stress that he sees this in terms of a resource rather than as a master-code.

In their commentary on non-representational theory, Anderson and Harrison (2012) make direct connections with practice theory and philosophy, noting that it has 'a practical and processual basis for its accounts of the social, the subject and the world, one focused on "backgrounds", bodies and their performances' (p. 2). As they write: 'Insisting on the non-representational basis of thought is to insist that the root of action is to be conceived less in terms of willpower and more via embodied and environmental affordances, dispositions, and habits' (Anderson and Harrison 2012, p. 7). However they also point to a shift in emphasis in this body of work from an 'initial interest in practices' per se to 'a concern with Life, and the vital processes that compose it' (pp. 11–12), which among other things indicates a movement beyond human-centredness and into a fuller engagement with the socio-materiality of the extra-human world. It also indicates at least a greater congruence with Deleuzian thought, in opening up the study of practices to notions of mutability, emergence, complexity, flow and becoming. Practices in such a view push into the future, even as they are presently anchored in bodies and artefacts, 'things', architectures, and traces of the past – they overflow with possibilities and opportunities. That is, practices are matters of both constraint and possibility, preconfiguration and experimentation, or invention. The issue is partly to do with what might be called practice ontology, where the emphasis is placed on process and movement, on emergence and becoming, and also the interplay of materiality and virtuality. In such a view, the emphasis is more on 'practice-ing' than on the noun ('practice'). It needs also bearing in mind that, just as practices precede practitioners

(i.e. as individuals), so too do they proceed without or perhaps exceed volition on the practitioner's part. This is not to say that practitioners don't have agency – rather, within the practice as it plays out, they are to some significant extent produced in and through it: it informs and shapes what they can do and say, and how they relate to others, without ever being determinative in any absolute sense. At the same time, that particular practice is always linked with and in various ways fashioned out of other practices, in a 'partly reproductive, partly ever-evolving network comprising human bodies as well as artefacts' (Reckwitz 2012, p. 248). What is named here as 'Life' refers to the energy and vitalism of a world in motion – a Lifeworld, to appropriate and regenerate a term – 'a world of becomings' (Anderson and Harrison 2012, p. 21), where things are always happening, and life-work is ceaselessly going on, and getting done.

What does this mean for (re)thinking the body, however? Reference has already been made to the manner in which the body (along with artefacts of various kinds and also, presumably, architectures) operates as an 'anchor' in and for practices. Schatzki certainly sees the body's significance in referring to 'sayings' and 'doings' – his foundational activities – as being 'bodily' in nature, arising from the embodied nature of practice, and he has written extensively and quite specifically about the body (e.g. Schatzki 1999; see also Schatzki 1996). A range of commentators note the centrality of the body in and for practice, with practice theory being described indeed, somewhat aphoristically, as 'a body of work about the work of the body' (Postill 2008, p. 6), and Reckwitz (2002, p. 251) asserting that '[a]t the core of practice theory lies a different way of seeing the body'. This is the human body, as both material and cultural, but also the interplay of bodies in situ. As such, it is readily available for research, whether that be phenomenological or ethnographic. This is, as it might be called, the *empirical* body: the body as lived and perceived. It is, moreover, the *bounded* body – the body with boundaries – and as such, it is as much a commonsense category as it is anything else. But it is also to be understood as a *realist* body, in the sense that it is a matter of representational knowledge. This is representation in the classic 'modern' sense, which has previously been described as 'representationalism', and decisively critiqued in post-Cartesian thought more generally. Such a 'non-representational' perspective as that critique makes available unsettles the commonsense, received sense of the body. Or rather, it provides a way of seeing beyond that particular understanding of the body, not so much as to refuse it altogether as to exceed it, incorporating it within a richer, more dynamic understanding of corporeality. An important resource in this regard, and a powerful incitement to such rethinking, is the philosophy of Deleuze, and particularly his work on the body, to which I now turn.

Deleuze and the Body

'It *moves*. It *feels*': Brian Massumi's memorable opening to his Deleuzian account of contemporary culture provides a powerful relay in this particular instance, in our

focus on professional practice, learning and education. 'When I think of my body and ask what it does to earn that name, two things stand out', he writes: it moves, and it feels – 'In fact, it does both of these at the same time'. He continues thus: 'Can we think a body without this: an intrinsic connection between movement and sensation whereby one immediately summons the other?' (Massumi 2002, p. 1). To this, we might well add, especially apropos professional practice education: it knows, and moreover it *learns*.

Debate continues as to whether there is indeed a theoretical account of the body in Deleuze's philosophy. Hughes (2011, p. 2) notes the seeming paradox that while '[t]he theory of the body in Deleuze's work is ... a problematic site' and 'Deleuze rarely discusses the body directly', nonetheless, as he asserts: 'Not only is the concept of the body nearly everywhere we look in Deleuze's work, but it has gone on to inform some of the most influential conceptions of the body in contemporary critical debate' (Hughes 2011, p. 1). Not the least of the latter is the work of such notable feminist scholars as Elizabeth Grosz (1994; see Colebrook 2000). Grosz is particularly important here, as she provides a way of thinking about subjectivity and the body, or the 'body-subject', beyond and outside Cartesian dualism(s). Her 'corporeal feminism' involves 'a refiguring of the body so that it moves from the periphery to the center of analysis, so that it can be understood as the very "stuff" of subjectivity' (Grosz 1994, p. ix). It has the added value of enabling due account to be made of matters of gender and sexuality, or 'sexual difference'. Work such as this is important because it makes the body a matter of philosophical but also political inquiry, while indicating the extent to which thinking the body is profoundly and emphatically a philosophical challenge.

This means, at the outset, acknowledging the body as *concept*. The body is an exemplary philosophical concept. In their last co-authored book, Deleuze and Guattari (2009, p. 2) describe philosophy as 'the art of forming, inventing and fabricating concepts', charged specifically and exclusively with 'concept creation', or the 'continuous creation of concepts' (p. 8). They go on to discuss the nature of concepts in and for philosophy, which for them have a quite distinctive quality: 'With its concepts, philosophy brings forth events' (Deleuze and Guattari 2009, p. 199). In this sense, philosophy is productive, affirmative, force-full. Outlining 'Deleuze's "concept of the concept"', Smith (2012, p. 62) refers to 'concepts, from a Deleuzian perspective' as having 'no identity but only a *becoming*'; concepts in all their singularity change, or emerge, in the course of thinking:

> For Deleuze, no concept is ever simple; not only does it refer to other concepts (its exo-consistency), but each concept also has its own internal components (which in turn can themselves be considered as concepts). A concept is therefore always a multiplicity: it is composed of a finite number of distinct, heterogeneous and nonetheless inseparable components [...] (Smith 2012, p. 69).

In particular, what is of interest here, therefore, is the manner in which the body becomes thinkable. This is not so much a matter of embodiment or identitarian logic(s) – what a body *is*, or how it might be defined, and known – but a momentum, a trajectory, a process, with interest focused more on 'the capacities and unknown potential of the body, to do things, to engage in practices' (Grosz 1994, p. 168–169).

Hence Deleuze's use of Spinoza in this regard, and in particular the question: *What is a body capable of?* Or, as Buchanan (1997, p. 74) writes, regarding 'the philosophical problem from which their [ie Deleuze/Guattari's] constructivist account of the body actually derives, namely the Spinozist question: What can a body do?'. The focus goes then on the 'energetics' of the body, its 'activity, or what might be called its "doing-ness" – *energeia*' (Green 2009, p. 43), its practice: the body in motion, or movement, becoming-body.

This is consistent with Massumi's (2002) account of 'incorporeal materialism', and his emphasis on the primacy of change as 'qualitative transformation', emergence, invention, continuity, difference, affect. As he writes:

> For Spinoza, the body is one with its transitions. Each transition is accompanied by a variation in capacity: a change in which powers to affect and be affected are addressable by a next event and how readily addressable they are – or to what degree they are present as futurities (Massumi 2002, p. 15).

This take on the body, adopted and adapted by Deleuze, is therefore 'a rare, affirmative understanding of the body', with it being seen not as an (id)entity, or 'some-thing', but rather 'more in terms of what it can do, the things it can perform, the linkages it establishes, the transformations and becomings it undergoes, and the machinic connections it forms with other bodies, what it can link with, how it can proliferate its capacities' (Grosz 1994, p. 165 – in this regard see Mulcahy, Chap. 7, this volume). This is registered crucially in terms of, or in the form of, the relations it effects, its capacity to affect and be affected, its 'force'. This productivity is nicely evoked by Buchanan (1997), in referring to a given body's 'health', or its positivity, whereby

> those relations which ensure an open future, which is to say, those which promote the formation of new compounds, are considered healthy; while those relations which lead to the decomposition of old compounds and are not accompanied by the elaboration of new ones are considered unhealthy (Buchanan 1997, p. 82).

The point here is that 'healthy' bodies form a dynamic network of affects and relations, opening up new possibilities and generating new intensities.

Two further Deleuzian concepts are particularly pertinent here, and can be briefly discussed. One follows on from what has just been outlined, and this is the notion of *multiplicity*; the other involves taking into account the significance of *virtuality* in Deleuzian thought. Understanding the body as multiplicity means getting away from commonsense views of the body, as dogmatic singularity, a bounded entity, caught up in biological and representational constraints and presumptions. '*The* body' is classically one of those 'massified' entities that Grosz (1994, p. 181) saw as characteristic of 'binary thought', and a lasting legacy of Cartesianism. Rather than thinking (of) the body as One, it is far better to posit it as multiple, as bodies, as Many – as 'legion' (see Loftus, Chap. 9, this volume). If a body is always-already multiple, the challenge becomes one of working with that proliferation, that multiplicity, *and looking out for it*, notwithstanding that it is itself ceaselessly in motion, moving, shifting and changing, playing out as a force-field of 'microprocesses', and 'a myriad of intensities and flows' (Grosz 1994, p. 181).

Similarly, to see the body as virtuality, or to speak of the virtual body, is to enter into the realm of Deleuze's ontology, for which the relationship between the 'virtual' and the 'actual' is of crucial importance. As Deleuze (1994, p. 263) writes: '... the virtual is not opposed to the real; it possesses a full reality in itself. The process it undergoes is that of actualization'. This is because '[t]he virtual is opposed not to the real but to the actual. *The virtual is fully real in so far as it is virtual*' (Deleuze 1994, p. 258). Within such a perspective, the body must be understood as, in effect, 'virtual-actual' in its mode of existence. Here, Massumi's emphasis on movement and sensation vis-à-vis the body is directly pertinent. This is for him, as already noted, an 'intrinsic connection', involving what he calls an assertion of 'qualitative difference', as a fundamental expression of *change*; hence his formulaic articulation: 'body – (movement/sensation) – change' (Massumi 2002, p. 1). The body moves and it feels, ceaselessly; it flickers. 'The body is as immediately virtual as it is actual. The virtual, the pressing crowd of incipiencies and tendencies, is a realm of *potential*' (Massumi 2002, p. 3). How then is the body to be understood, in its fullest potential, in all its virtuality, or even grasped in the rich, intricate play of its actualization(s)?

Rounding off this section, it is useful to review a recent study of contemporary body-work practices, whereby young people seek to work on their physical appearance and in particular their bodies, through dieting, exercise and the like (Coffey 2012). 'Body work' and 'body image' come together in the study, which explicitly takes a Deleuzian perspective. Its 'challenge or aim' is described as developing 'non-dualist, embodied approaches to studying the body empirically, while understanding and critiquing the social conditions [framing] the bodies of the participants' (Coffey 2012, p, 6). Of interest here is firstly the fact that this is an example of *empirical* research, specifically informed by Deleuzian theory: '... empirical work which uses Deleuzian theory explicitly in methodology and analysis is relatively new in sociological studies of the body' (Coffey 2012, p. 7). Secondly, central to the study is its emphasis on notions of 'affect' and 'becoming'. As Coffey (2012, p. 16) writes: 'A focus on the affective dimensions of body work enables the visceral, embodied complexities of bodies to be foregrounded'. She continues: 'Deleuzian concepts such as affect can enable us to see the infinitely more complex ways bodies ... are defined by their relations and affects, opening up or closing down possibilities for the embodied self'. The body is understood as 'in continuous movement and negotiation and involved in a complex set of relations, rather than [as] a fixed object ... or 'project' that can be completed' (Coffey 2012, p. 16). This is a positive, affirmative, constitutive view of the body in practice, or performance, interacting and moving, feeling, becoming, with bodies understood as 'intensities, rather than entities' (Coffey 2012, p. 7). This includes pathologised bodies – for instance, those caught up in body dysmorphic disorders (Coffey 2012, p. 14), or anorexia (Buchanan 1997). The point is, such practices and conditions can be seen differently, or otherwise, and a Deleuzian perspective is instrumental in this regard. But there is more than this at issue – how to rethink pathologised or failing bodies – in taking up such a view, including how the body might be re-assessed in the context of professional practice, learning and education, as crucially implicated

in its project. Buchanan (1997, p. 75) writes: 'By making the question of what the body can do constitutive, what Deleuze and Guattari effectively do is reconfigure the body as the sum of its capacities [. . .]'. What might this mean then for thinking about a professional practice like teaching reading, in the early years of schooling? I turn now to that.

Teaching/Reading: Or, Thinking Bodies?

Teaching and caring for young children is clearly a professional practice field. One of the most significant activities in this context is teaching them to read, which ranges from orienting and predisposing them to books and reading, text and language, story and image, to guiding them in actual letter and word recognition and articulation. The conventional even commonsense view of reading is that it is first and foremost a cognitive matter, with associated forms of psychological and physiological skills development. Moreover, this is a fundamentally and distinctly Cartesian view, involving a 'centred', representational view of the human subject, as Masny (2012) observes, extending readily into pedagogy and research: '[Reading] research, operationalized within a humanist, Cartesian, closed determinate system, places at the centre the autonomous thinking subject' (Masny 2012, p. 73). Furthermore, and given that such an account is apposite for literacy more generally: '[T]he received views of literacy often translate into school-based ways of reading and becoming literate' (Masny 2012, p. 72). That is, reading is commonly associated with schooling – one learns to read in school, or rather, that is presumed to be the case; and this means, further, that it is seen necessarily as a matter of *teaching*, of being *taught*. Reading and schooling are complicit social practices, in other words, and ideologically and discursively intertwined.

Here, however, the starting-point is an emerging view of reading pedagogy in practice-theoretical terms. This involves first of all understanding reading as itself a practice – purposive, embodied, situated, dialogical, etc. (Green 2009) – involving an organized array of text- and meaning-oriented activities (Schatzki 2001). Reading pedagogy is to be similarly understood, in this case contextualizing the practice of reading, and especially how that practice is taught and also how it is learnt. Of course learning to read is not at all consequent solely on teaching, and certainly not exclusively a feature of schooling – although all this continues to be a matter of public debate and considerable controversy. The point is, taking up a practice(-theoretical) view of reading pedagogy enables the focus to be on the complexly interrelated practices of reading, learning, teaching and schooling, so that it becomes possible to think differently and productively about the work of Early Childhood/Early Years educators, as professional practice.[1] This includes how we think about those teachers themselves, as teaching bodies.

In what follows, the focus is specifically on the body of the professional-practitioner, the teacher. It must be acknowledged, all the same, that the body of the learner-reader is clearly always implicated in the co-production of reading

pedagogy, and indeed there has been some work done in this regard, from different perspectives (e.g. Luke 1992; Grumet 1988).[2] Even so, reading remains overwhelmingly regarded as a matter of mind(s), in an emphatic assertion of Cartesian dualism – something that happens quintessentially 'in the head'. But what if we specifically ask, What do teachers *do*, in teaching reading? What pedagogic ('teaching') practices are involved? Relatedly, how and to what extent are these practices *embodied*? With regard to those teaching reading, how do their bodies figure? How do they operate? As noted already, this is the Deleuzian question *par excellence*, following Spinoza: What is it that bodies do? What are their capacities? What are they capable of?

'Look at me.' This is the teacher, speaking, calling the children to attention, a class-cohort. Presumably they do; and thus a lesson begins. Their bodies have become attuned, and so too the teacher's body. The classroom becomes a dynamic affect-field. In terms of what is involved in Early Years education and more particularly reading pedagogy – the initial teaching of reading – with respect to body-work, it may be that what is most striking is its realization as the One and the Many: the teacher, on the one hand, and on the other, the class as a whole, as in effect a corporate body (cf Kamler et al 1994). That is, there are two distinct but related bodies here, in interaction. But the class itself is composed of a number of children – these days, anywhere between 10 and 30 – each a separate body in and of itself: bounded, or perhaps still becoming so, as the children learn, again and again, how they must be in the world. That is to say, it is a matter of being alone but together, an individual but also invariably part of a population, and always learning that there are limits. *This is mine (my body, etc.), and that is yours; this is allowed, and that is not . . .*

Learning to read doesn't only happen in school, of course, but it always involves bodies – in the family, for instance, where parents read to and with their children, in various forms of what had been called the 'lap method' (Moffett 1991, p. 47), involving typically 'a bedtime situation in which the child is sitting on the parent's lap, looking at and perhaps holding the book himself [sic] and getting the audio in his ear by the parent. The child is seeing the text while hearing it read aloud'.[3] What is notable here is the embodied relationship of parent and child, as it is enacted, or practised, involving touch, and voice, and perhaps even movement, and rhythm ('The wheels on the bus go round and round . . .'). It matters, too, that these particular teaching and learning bodies are likely to be well-known to each other, familiar, attuned, engaged in something marked by its repetition, and become habitual.

But teachers, as professionals, are not parents, at least in the context of their teaching, even though legally and morally they may be acting in loco parentis. As already noted, teaching reading is commonly held to be a professional practice, conducted in schools and school-like settings, and largely in 'batches', as well as one-on-one in certain circumstances. Good teachers however read to the children in their charge and their care, seeking to engage them. They also model and perform 'active' reading. Learning to read aloud to children, within a comprehensive reading program, is what has been described as a 'core practice' (Grossman, Hammerness

and McDonald 2009, p. 286), and clearly involves learning how to use one's body to best effect – not just voice, but also gesture, gaze, movement, etc. (Reid 2011). Such expertise doesn't come naturally to novice teachers; it requires practice, training, performance. Performing reading, or reading aloud, as a 'core practice' of Early Years teaching, arguably cuts across what has been called the 'literacy wars' (Roy 2005), too, pertaining not just to meaning-oriented approaches ('whole language') but also those emphasizing sound-letter correspondence ('phonics') and explicit, focused instruction and micro-level 'drill-and-skill'. Whereas the former is commonly and characteristically associated with pleasure and play and the latter more with work and learning, as training and skill-development, both are amenable to playfulness and performance. As Grumet (1988, p, 140) observes of phonics pedagogy:

> Despite the drill sequences and the repetition and highly organized character of phonics, the mimesis and recitation of sounds that it requires are reminiscent of the echolalia that constitutes the babble of infants and early speech.

This is notwithstanding her own commitment to rich, meaning-oriented literacy pedagogy overall, featuring the committed work of informed, thoroughly professional teachers who recognize that 'the complexity and richness of the reading process are hospitable to multiple instructional approaches' (Grumet 1988, p. 140), and hence require phronetic judgement. Her view is consistent with Roy's explicitly Deleuzian account of reading pedagogy, which is addressed to 'the sense-nonsense relation', as a 'reciprocity [that] teaches us to explore the limits of what language can express' (Roy 2005, p. 108). Among other things, taking up such a (Deleuzian) view leads to 'a heightened sensitivity to language' (p. 140), not only on the part of those learning to read *but also* those engaged in teaching them to read. Such an understanding for teachers (and teacher-educators), as a component of their professional knowledge, has clear implications for practice. This involves due regard and indeed a re-assessment of the body, including its intrication with language and expressivity. As MacLure (2013, p. 663) writes, we need to find ways of 'engag[ing] more fully with the materiality of language itself – the fact that language is in and of the body; always issuing from the body; being impeded by the body; affecting other bodies'.

To this point, a case has been mounted for the body's significance in the professional practice of teaching reading, with specific reference to the early phase of schooling. Now the focus shifts to draw in a Deleuzian account of learning, knowledge and the body, with the view of connecting this explicitly with the teaching of reading, as elaborated to date. Cutler and MacKenzie (2011) work with Deleuze's argument in *Difference and Repetition* (1994) regarding what he calls the 'dogmatic image of thought' (p. 185). What Deleuze is referring to with this expression is the dominant view of thinking and rationality in Western philosophy, as realized especially powerfully in Descartes – what has become, in effect, 'the orthodox form of thought' (Sellar and Gale 2009, p. 105). Crucial to this is 'the postulate of knowledge' (Deleuze 1994, p. 207), formed wholly within a representationalist frame, and hence a denial or refusal of Difference, of the New. Deleuze (1994, p. 207) refers to 'the postulate of the end, the result, the postulate

of knowledge', which he further describes as 'the subordination of learning to knowledge, and of culture to method'. This is immediately apposite not simply to reading/pedagogy but to practice theory more generally.

Cutler and Mackenzie (2011) draw on Deleuze's account of swimming to argue that what must be recognised are what they call 'bodies of learning', moreover that 'learning' has priority over 'knowledge'. '[L]earning to swim is a process that requires the engagement of one's own body with a body of water' (Cutler and MacKenzie 2011, p. 53). Swimming is presented as quintessentially a practice: something one learns to do by actually doing it, that is by activity, engagement, and apprenticeship. 'We learn nothing from those who say: "Do as I do". Our only teachers are those who tell us to "do it with me", and are able to emit signs to be developed in heterogeneity rather than propose gestures for us to reproduce' (Deleuze 1994, p. 26). In learning to swim, there is more than one body involved – that of the swimmer – since what must be accounted for is the wave itself, as a body of water. Learning is, further, the practice of difference:

> When a body combines some of its own distinctive points with those of a wave, it espouses the principle of a repetition which is no longer that of the Same, but involves the Other – involves difference, from one wave and one gesture to another, and carries that difference through the repetitive space thus constituted (Deleuze 1994, p. 26).

But further to this, there is the body of knowledge, itself exemplified and embodied in the instructor, the teacher: 'there are always at least three bodies involved – the body of the swimmer, the body of water and the body of knowledge' (Cutler and MacKenzie 2011, p. 54). Thinking along these lines opens up new possibilities with regard to learning more generally, as a form of practice that is also an adventure of Thought. The challenge becomes one of 'creating new relationships between the three bodies involved in the learning process: organic bodies, physical bodies and bodies of knowledge' (Cutler and MacKenzie 2011, p. 59).

An intriguing analogy presents itself here, whereby this account of swimming, as 'a powerful story' (Semetsky 2013, p. 82), is drawn on to think about reading, and by extension reading pedagogy. Learning to read, learning how to read – how to go on – is an exemplary form of practice. One learns to read by reading, by firstly orienting oneself towards the book and the page, the surface of inscription, by adopting reading-like behaviours and comportment, by imagining oneself reading, desiring it, doing it . . . The teacher's challenge is to help/make this happen. S/he cannot *tell* the novice reader how to do it; there is no definitive (propositional) knowledge to be transmitted, and there is no singular Method. S/he 'merely' provides a model – the Model Reader, reading – and, as actively and imaginatively as possible, constructs and manages an environment rich in learning opportunity as well as resources, all the while encouraging and (re)directing the learner-reader in his/her reading, its *practice*. The reader reading, learning, is immersed in language, in what MacLure (2013, p. 658) describes as 'the materiality of language – its material force and its entanglements in bodies and matter'. This includes a deep engagement with what Deleuze calls '*sense*, this non-representing, unrepresentable, "wild element" in language' (MacLure 2013, p. 658), and hence its counterpart and complement, *nonsense*. This would seem especially apposite for early reading pedagogy. 'If we

are aware of the actual process of the struggle between sense and nonsense', as Roy (2005, p. 108) asserts, 'a reinvigoration or re-intensification of language can take place in our use of language'. Learning to read thus is about entering into the materiality of language, in all its intensity, its wor(l)dliness, and becoming-other.

From this viewpoint, reading pedagogy and more particularly the teaching of reading is to be understood as an interplay of bodies, and of making good connections – between text and reader, learner and teacher, language and the world. It involves capitalising on 'the body's power', understood in Deleuzian terms, as 'the capacity to multiply and intensify connections' (Semetsky 2013, p. 88). This adds another dimension to understanding reading pedagogy in terms of a reader/text/teacher triplet (Green et al. 2013), a three-way relationship at the very heart of modernist schooling and literacy pedagogy alike. *The body of the teacher – the body of the reader – the body of the text.* These come together in the teaching and learning of reading, expressly in the context of schooling. That is, attention is thereby drawn to the body-subject, on the one hand, with regard to both teacher and pupil, the learning-reader, and on the other, to the body of the text and of language itself, with the text also, in particular, 'standing in' for knowledge – which is to say, the body of knowledge at issue, in this or that particular transaction. While the focus here is on the teacher, as an embodied professional, a practiced/practising body – the teaching body with regard to teaching reading – there are, in fact, always other and indeed multiple bodies to consider. These are to be understood, moreover, as *learning* bodies, precisely because they are in practice, moving, feeling, etc. 'Learning happens when a body actualizes in practice the multiplicity of its virtual potentialities' (Semetsky 2013, p. 82). This refers equally to professional learning, potentially, as it does to school learning and reading pedagogy. Learning understood thus is always creative and transformative, a practice *par excellence* – in Deleuzian terms, a matter fundamentally of *actualization*. 'It is only actualization that engenders the new' (Grosz 1999, p. 27).

Conclusion

This chapter has taken up the challenge of (re)thinking the body in professional practice, learning and education through a Deleuzian lens. This has involved, among other things, a radical defamiliarisation of how the body itself is to be understood. Working with notions of multiplicity and virtuality, in particular, and relatedly of affect and becoming, opens up ways of thinking the body differently. This makes it possible to think outside and beyond not simply what might be called the anthropomorphic body, but also the realist, representational body – the body of commonsense and of orthodoxy. As such, it provides a supplement to existing and alternative perspective on such matters, in pedagogy and research alike. Above all, perhaps, such an exploration hopefully encourages a more flexible, dynamic, creative understanding of practice and the body in professional education.

Working with young children is always an embodied activity, crossing the professional practice fields of health, education and care. This is something that is fundamental, in fact, to its functionality, its productivity: the very fact that bodies are necessarily foregrounded in how professionals and children interact and relate to one another, and that the practice itself is often essentially a corporeal conversation. That is a matter of risk, too, all the more so when realised in terms of gender and sexuality, as is inevitably the case in Early Years settings as they are currently and traditionally realised and understood. Moral panics over 'touch' (Piper and Stronach 2008) are the other side of the affective power to be observed in professional practice(s) such as discussed here, in beginning reading pedagogy, where bodies truly matter, in all their multiplicity, their complexity and their effectivity. Focusing on the implications and challenges of the embodied professional is therefore likely to be especially important and generative in such contexts.

Notes

1. This is not to say that such teaching isn't already highly professionalized and increasingly understood through rich theoretical lenses. It needs to be noted here, further, that considerable work is now available addressing the value of Deleuzian perspectives in Early Childhood education more generally (e.g. Sellers 2013).
2. See Watkins (2009) with regard to writing pedagogy, also in the Early Years.
3. See also Meek (1982) with specific regard to 'beginning early': 'Read something to the baby before he [sic] can talk. Put him [or her] on your knee with the book in front of you both' (p. 44).

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Part III
The Body in Question in Health Professional Education and Practice

Chapter 9
Embodiment in the Practice and Education of Health Professionals

Stephen Loftus

Introduction

As a resident in oral and maxillofacial surgery, one of my duties was to admit patients who would not only be undergoing surgery but would be staying the night in the hospital. As I walked on to the ward one morning to begin assessing the new patients I was intercepted by the senior nurse, who took me to one side and said, 'Stephen, I need to warn you about one of your new patients, Mrs X. She's in a bad mood. She hates all doctors and dentists. She's been rude to all the nurses and she's ready to bite your head off!' Thus warned, I eventually came to Mrs X, a little old lady in her mid-70s. I cautiously introduced myself and began the assessment. After a few moments I sensed that Mrs X needed to do more than provide the standard answers to the standard questions in the protocol I was following. She needed to unburden herself. So, casting my pen and folder to one side, I looked her straight in the eye and said, 'OK, Mrs X, tell me everything, from the beginning. Don't leave anything out'. What emerged was a veritable flood. Poor Mrs X had a poorly understood chronic orofacial pain condition.[1] Apparently, she had been to many doctors and dentists over the years, all of whom had promised to cure her pain. When they had failed, many of them had put the blame on her, telling her that the

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[1] She had a condition known as Burning Mouth Syndrome. Today, this is recognised as a neuropathic pain condition, meaning it is pain arising from damage to the nerves themselves rather than more conventional tissue damage. Now, we have medications to treat such conditions. Then, the condition was poorly understood. We had treatments that worked in the short term only – which was what she was to receive.

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pain must be imaginary and in her head. This was why she was so angry. She knew the pain was real.

I let her speak without interruption. She probably spoke for less than 10 min, although it seemed much longer. When she finished, I acknowledged what she had said, and then carried on with the formal assessment. That evening, being on duty, I had to do an evening ward round to see how the patients were all doing. This time as I walked on to the ward, the senior nurse dashed out and accosted me, saying excitedly, 'What did you do to that woman? What did you say to her?' At first I was quite worried, wondering what I might have done wrong, but then the nurse continued: 'After you left she was transformed. She was happy and polite and friendly to everyone and she thinks you're the best dentist who ever lived!'

It was only years later when reflecting on this incident that I came to realise that I had done two things that brought about the transformation of Mrs X. Firstly, I let her tell her story in full. Clinicians rarely do this. It is now well known that most clinicians will interrupt a patient within less than twenty seconds of asking a question (e.g. Charon 2006). Secondly, I believed her, and I let her know that I believed her. This is what Mrs X really needed. I think deep down she knew we were not going to cure her. What she needed was to tell her story in full, and to have it validated by an authority figure. I was only a junior member of the surgical team but I was wearing a white coat and had a stethoscope poking out of my pocket, and so that made me an authority figure. This incident raises a number of points pertinent to the issue of embodiment in clinical practice. These include: the role of language in understanding the clinical encounter, the relation between knowledge and practice, the growing role of technology, and the discourses we use to conceptualise professional practice. Embodiment is an overarching theme that can help us come to a deeper understanding of what occurs in these situations.

Mrs X was a slightly built woman in her mid-70s and bore a close physical resemblance to my own grandmother, who would have been about the same age at the time. They also came from the same socioeconomic background. I had a warm and close relationship with my grandmother, and perhaps it was an embodied awareness of the kind of person I was dealing with that enabled me to relate to Mrs X in a manner that allowed her to feel that she had not only been heard and understood, but that she had been able to establish a healing relationship within a clinical encounter – possibly for the first time in a long time.

Unfortunately, such relationships and such clinical encounters are frequently seen instrumentally as simple and simplistic exchanges of information, with no role for embodiment. This is because Western medicine is currently dominated by the discourse of technical rationality. This discourse can only conceptualise healing relationships in instrumental terms. Indeed this is reflected in contemporary official documents, which see the clinical encounter strictly in terms of competencies. For example, the Association of American Medical Colleges (2013, p. 20) refers to 'interpersonal and communication skills that result in effective and efficient information exchange of information and teaming with patients, their families, and other health professionals'. Even the mention of teams invokes the instrumentalism of modern medicine, with teams usually made up of health professionals who can

efficiently and effectively coordinate their activities to bring about a speedy end to a clinical problem. It seems that patients and their families are to be co-opted on to such teams in order to make the teams even more efficient and effective. There is an (impoverished) attempt here to capture some of the complexity of the clinical encounter, but the attempt is flat and two-dimensional. There is much that is missing from such an account. What is missing, above all else, is any sense of the complexity that underlies the clinical encounter such as sensitivity to the emotional or embodied dimensions of healing relationships. We need to turn to other discourses and other vocabularies if we are to articulate these dimensions. These discourses are certainly available, and a start has been made to articulate the embodied nature of the clinical encounter.

Embodied Relational Understanding

Todres (2007) has coined the term 'embodied relational understanding', and Svenaeus (2000) has referred to the embodied attunement that necessarily occurs in the clinical encounter. Both authors write from the stance of hermeneutics and phenomenology but with different emphases. Todres has drawn much of his inspiration from the work of Heidegger (1927/1996) and Gendlin (1997), while Svenaeus has been mostly inspired by Gadamer (1989). The embodied relational understanding of Todres assumes the primacy of the body in meaning-making. From this viewpoint, our bodily experience of the world provides the foundation from which we can start to make meaning and it is this bodily experience that provides the bedrock that gives language its traction in starting to make sense of this experience. As Wittgenstein said:

> If I have exhausted the justifications I have reached bedrock, and my spade is turned. Then I am inclined to say: 'This is simply what I do'. (Wittgenstein 1958, no. 217)

What 'I do' is to bodily experience and engage with the world. Professional practice is one form of experiencing and engaging with the world. On this view, our experience allows us to have a sense of bodily knowing that is prior to language but which language seeks to articulate. There is a primacy of the body in such a viewpoint. Shotter (2010) recognised the dominance of technical rationality as a problem because it has a poor vocabulary for expressing embodied relational understanding. It becomes effectively invisible. Shotter's response is to call for more poetic forms of language to articulate our practices. His claim is that more poetic ways of using language, i.e. using different and more evocative discourses, have the potential to liberate us and allow us to see aspects of our professional practice that are effectively hidden from us when we restrict ourselves to technical rationality. The implication is that, although we might not be able to easily articulate everything we do in our professional practices, there is much that we implicitly understand that could be articulated if we only knew how to. It can be argued that this is what Charon (2006) was striving for when she devised the so-called Parallel Chart. In the

Parallel Chart, clinicians and students have permission to express their personal feelings and their emotional reactions to the patients they encounter.

Charles Taylor (1995), building on Wittgenstein's work, reaffirms the point that a great deal of our understanding of what we do is never articulated but is simply part of our practice. When trying to teach, or explain to others, we can often articulate what we do in the form of rules and principles that we use, but the trap is to then think that these rules must come first and *cause* us to do the practice. Taylor's point is that the practice comes first and articulating a rule is a post hoc attempt to rationalise the practice. He also points out that some aspects of our practice may not only be unarticulated but can be inarticulable. However, this does not prevent us from learning and doing the practice. There is a great deal about many practices that involves an embodied knowing. An example is tooth extraction. There are basic principles that can be taught but the reality is that dental students must experience the practice and develop the embodied expertise. One has to develop a 'feel' for how a tooth can move and be removed in one piece, with a minimum of trauma. It is difficult to articulate further what such a 'feel' is like for those who have never experienced it. There are limits to what our language can allow us to say. Dental students quickly learn that they need regular bodily experience of tooth extraction in order to develop this particular form of 'bodily-participative-knowing' (Todres 2007, p. 34).

Language and the Body

Our bodily experience gives us what Husserl (1973) referred to as the plenitude of the lifeworld, which is always more than words can say. According to Todres (2007), there is an 'excess' of the lifeworld given to us through our experience. But, as he goes on to point out, language and bodily experience cannot be reduced one to another. To generate meaning, each requires the other in an ongoing partnership. There are strong reminiscences here of the work of Bakhtin (1982), with his recognition of the importance of dialogical relationships and intertextuality for the generation of meaning.

For Bakhtin, a focus on dialogical relationships emphasised the intimate interpenetration of entities one within another and each dependent on the other. This intimate interpenetration implies that meaning is not inherent in any entity but arises out of the dialogical relationships between them. Such relationships are dynamic and ongoing, and are never finalised. As Bakhtin (1986, p. 170) said, 'There is neither a first nor a last word'. It could be argued therefore that, rather than the primacy of the body, we should be talking of the primacy of the body/language relationship in order to generate meaning. There is an ongoing tension between our practices and our attempts to articulate them. In order to understand our practices, to improve them and teach them more effectively, we must engage with this tension while accepting that this tension is never-ending, as it will never be possible to completely capture complex practices in our representations.

Todres (2007) points out that there is a rhythm in the relationship between the closeness of 'bodily-participative knowing' and the distance of the 'language-formulating process' (p. 34) in developing our knowledge. Bodily responsiveness allows knowledge and practice to be intimately recognised, whereas the language-formulating process allows knowledge and practice to be articulated and become the subject of rational and dispassionate reason. The intimate bodily recognition introduces an aesthetic element to knowing, which has much in common with Shotter's realisation that practice, and practice knowledge, have a poetic element to them (Shotter 2010). It may be that bodily responsiveness explains my 'aesthetic' ability to recognise characteristics of my grandmother in Mrs X, thereby allowing me to establish the relationship needed without being able to articulate how or why I knew what was needed. Strati (2007), drawing on Merleau-Ponty (2012), has called this form of knowing *sensible knowledge*. It is a form of knowing in which a range of different characteristics are integrated into a whole. It is an embodied knowing where immediately obvious characteristics, such as dress, gait and tone of voice, are combined with more hidden aspects. In this case, the hidden aspects could have included my expectations and experience of how characters such as grandmother figures are expected to behave. There is clearly a hermeneutic element to human relationships in which the hidden and obvious aspects are parts and are dynamically related to the whole, the other person. Oliver Sacks (1985) has described clinical cases where people, due to brain damage, have lost this ability to relate parts and wholes in this way. One such person was 'Dr P', the man who famously mistook his wife for a hat. Such people may seem outwardly normal at first, but have enormous difficulty in establishing meaningful relationships with other people they encounter, an ability that the rest of us take for granted and ignore because it comes to us so naturally. In exploring the relationship between bodily responsiveness and the language-formulating process, Todres uses Gendlin's idea of the 'responsive order' (Gendlin 1997).

The Responsive Order

The responsive order is contrasted with the logical order, which is associated with the technical rationality founded on the work of Descartes. The logical order assumes knowledge to be the result of reason that is ahistorical, acontextual, and based on principles of rationality that are applicable in all times and settings. In contrast, the responsive order is dependent on the 'to and fro' between the articulation of knowledge in language and bodily experience, with one validating the other. As Todres points out, it is bodily experience and bodily knowing that ground us in the real world, and prevent us from constructing simply any version of reality we choose. The responsive order provides no room for relativism. Any constructions will be tested against prior embodied knowing: 'the lived body provides the intimacy required for knowledge as a meaningful practice' (Todres 2007, p. 32). This means that knowledge should be thought of in relational terms, and not as something we

can simply impose upon the world. The relations here are those between bodily experience and the language used to articulate that experience. If there is no room for relativism, then there is no room for pure subjectivism or objectivism, either. There is a need here, then, to articulate more clearly what might be meant by the relationship between language and unarticulated bodily experience.

First of all, it is important to clarify the role of language. From Gadamer (1989), we can take the idea that language is more than representation. Rather, it is about *presentation*, or using language to bring ideas into our presence and awareness. As Davey (2006, p. 190) notes:

> Implicit in this differentiation is the distinction between representation (*Vorstellungen*) and presentation (*Darstellungen*): do words represent, stand in for, and serve as signs for those things they refer to (the ideas) or do they allow that which is spoken of to come into being within language? Does language seek to objectify the things it refers to or is language a medium in which those things come to presence?

To make sense of our inchoate bodily experience, we need language. It is language that enables us to bring bodily experience into consciousness so that we can begin to interpret it and make sense of it. One important way we do this is to narrativise our experience. It was Frank (2010, p. 97) who observed 'the power of stories to create experiences'. Our bodily experience needs language to be seen as experience before it can be given meaning. Many ideas and bodily experiences can be brought together in a coherent form through the narratives we tell about ourselves. This may be why the chance to tell her story in full made such a difference to Mrs X. She was able to narrativise her experience in a manner that gave it some sense of coherence, even if that meant seeing doctors and dentists as the 'enemy'. They were seen as the enemy because the narrative formats they tried to impose on Mrs X did not resonate with her bodily experience and these narrative formats also tried to impose closure on an experience that resisted such closure. The interpretations that language enables us to articulate should never be seen as complete and final. If we adopt further insights from Gadamer, we can see that meanings are always provisional. As Davey (echoing Bakhtin) points out, 'in language there are "no first and last things." Interpretation is unlike reason. It does not seek final judgments' (Davey 2006, p. 205). For Mrs X, the opportunity to tell her story in full, and have it accepted and believed, changed the meaning of what she was living through. Her bodily experience and its meaning were transformed when they eventually became part of a story that was accepted and validated, rather than the technical-rational story that sought premature closure and implied that she was mad.

In medical practice, the technical-rational approach does tend to seek final judgment on patients. This need for final judgment is what presumably led the long line of doctors and dentists who had tried to cure Mrs X to pronounce that, as there was no obvious cause for her distress, her pain had to be imaginary. Other possibilities were simply not considered, and neither was there any expectation that there might be other possibilities or other interpretations. A more hermeneutic approach to how language works in medical practice could soften the demand for final judgments and accept that the reasons in support of an interpretation are never

beyond argument. Fortunately, there is a growing recognition that the practice of medicine is indeed hermeneutic, and that in reality many experts do tend to maintain openness, despite the technical-rational rhetoric that many clinicians use (Svenaeus 2000; Montgomery 2006). Unfortunately, the voices that recognise the hermeneutic nature of medical practice are still in the minority. The need for openness is also echoed in studies within narrative medicine, with the recognition of the importance of interpretive gaps (Loftus and Greenhalgh 2010).

Narrative and Embodiment

Chekhov (1925), doctor as well as writer, recognised two types of narrative: those that answered questions, and those that raised questions. In acute-care medicine, the stories that are played out can answer questions and provide closure. For example, a patient with vague toothache can be assessed and might be diagnosed as having impacted wisdom teeth. Removal of these teeth can bring about a satisfactory closure to the story lived out by the patient. The story gives meaning to the patient's bodily experience. It was exactly this kind of narrative with closure that all the doctors and dentists who had treated Mrs X had tried to enact in their attempts to treat her. However, Chekhov preferred the kind of narrative that sets questions without necessarily answering them, leaving what can be called interpretive gaps (Loftus and Greenhalgh 2010). These gaps allow for further interpretation in the future and are far more suitable for management of chronic cases that can continue for many years without definitive closure. In the case of Mrs X, our contemporary understanding of neuropathic pain means we can now articulate an interpretation of her pain that was simply unavailable some years ago. The story of a patient like Mrs X is still an incomplete story, in the sense that there will always be room for further developments and further interpretations. The point of narratives with interpretive gaps is to generate meaning and to keep open the possibility of generating new meaning into the future.

Another related point about the narratives that doctors can tell about their patients is the sense of identity that such narratives confer. Identity is a never completed project for both patient and doctor, and is always open to further development and interpretation. In the case of Mrs X, the prevailing narrative was a source of frustration for all concerned. The reason for Mrs X's anger and frustration was the imposition of a story that did not reflect her bodily, lived experience, or her sense of identity. Even though we did not have the narrative of neuropathic pain available when Mrs X told me her story, what made the difference to her was the opportunity to relate a story that reflected what she had experienced and how she saw herself, and to have this accepted by the medical establishment. In the case of the previous clinicians involved, there was presumably frustration for their sense of identity as competent and proficient healers in being unable to help her. Being restricted to a technical-rational discourse, the only remaining narrative to be told that would preserve their sense of identity was one of imaginary or feigned pain.

Different Embodied Perspectives

There are a number of stories that can be told about clinical conditions depending on the embodied perspective of those involved. Mol (2002) used the example of atherosclerosis. She pointed out that patients are compelled to live out the experience of suffering the signs and symptoms of atherosclerosis. This can be seen in terms of the story that patients live out. It is a story that might include intermittent claudication, i.e. pain in the legs on exertion. The doctors involved, however, will live out and bodily enact different versions of atherosclerosis. The surgeon will enact what is seen and done on the operating table. The pathologist will enact what is seen and done through the microscope in the laboratory. All these people must enact and coordinate their versions of atherosclerosis to produce the phenomenon of atherosclerosis in its entirety. Atherosclerosis is not one entity but, rather, multiple. Mol's claim is that, in medical practice, the body is in effect multiple, but we do not have to resort to pluralism. The argument goes that, rather than focus on entities as such, we should focus on the practices wherein any entity is used or enacted. As Mol (2002, p. 5) puts it, 'objects come into being – and disappear – with the practices in which they are manipulated'. There is no longer a single passive object. Instead, there are effectively multiple objects, depending on how they are used in practice. Therefore, in medical practice the body which is the focus of a range of different practices becomes multiple. Each person involved in medical practice is dealing with what is essentially a different body. There are multiple entities/bodies all with the same name. The idea of multiple bodies can also be seen in the different ways of behaving that are commonly supposed to characterise different specialties in medicine. Surgeons have a reputation for being more assertive and self-confident whereas physicians are seen as being more reserved and reflective. One interesting study would be to empirically establish if these different forms of embodied being-in-the-world are borne out in the ways in which different specialists comport themselves in practice. Another related question is: do medical students have to learn how to have multiple bodies, depending on the specialty they are currently attached to?

A key insight of Mol's approach to bodily enactment is her realisation that we need a focus on *practice*. For Mol, a practice focus emphasises the dynamic role that knowledge and knowing play in practice. Knowing how objects are handled in practice becomes more important than knowing the scientific truth about an object. This is because, from a practice perspective, 'knowledge is not understood as a matter of reference, but as one of manipulation' (p. 5). Knowing and knowledge are themselves a form of practice. Although Mol comes from a background in Actor Network Theory, there is a convergence here on the understanding of knowing as an integral part of practice as understood in Wittgenstein and Taylor, mentioned earlier. The knowing is *in* the practice even if we are as yet unable to articulate it. The practice focus that Mol brings to medical practice emphasises the recognition that conventional epistemology is inadequate. In her words:

> knowledge is no longer treated primarily as referential, as a set of statements *about* reality, but as a practice that interferes with other practices. It therefore participates *in* reality. (Mol 2002, pp. 152–153, emphasis in original)

There are practical implications arising from this epistemological shift. Mol points out that the different bodies of knowledge, the different sciences needed in medical practice, have been conventionally visualised as a pyramid. The physics and chemistry of molecules are seen as the all-important foundation, with other sciences layered on top, culminating with the social sciences at the peak. A slight variation of this is in pain management, where different levels of abstraction have been visualised in the so-called onion skin (Fordyce 1976), in an attempt to articulate the biopsychosocial model of health care (Engel 1977). The innermost layer of neurobiology is seen as foundational, and therefore the most important. The problem with this model, however, despite its attempt to escape a purely biomedical approach to medical practice, is that it does not go nearly far enough. There is still an assumption that the basic medical sciences are an essential foundation, or the core, and everything else can, in principle, be reduced to molecular biology. This is reflected in the research efforts of centres that purport to investigate practice using this version of the biopsychosocial model. Most of the research funding and effort goes into neurobiology, rather than the upper social-sciences layers of the pyramid or 'onion skin' (Loftus 2011). The difference with Mol's (2002) approach, based on practice, is that all epistemological levels become equivalent. An example is when something goes wrong in practice. The molecular contents of an intravenous infusion bag then become just as important as the fact that someone forgot to replace the bag, or replaced it with the wrong one. Mol's point is that, from a practice view, disease is a composite object and it can be approached from a range of disciplines, each just as important as any of the others. The conventional epistemological pyramid of sciences mentioned above is no longer relevant. As Mol (2002, p. 157) points out:

> If practice becomes our entrance into the world, ontology is no longer a monist whole. Ontology-in-practice is multiple. Objects that are enacted cannot be aligned from small to big, from simple to complex. Their relations are the intricate ones that we find between practices.

The implication is that practices bring our ontologies into being. Reality does not precede practices but is emergent, contingent, and part of practice. Mol does not use the term but there is much in common here with the idea of a nexus of practices (Schatzki 1996). The nexus of practices is also relevant to a community of practice approach. Wenger (1998) pointed out that communities of practice can grow and develop if they interact with other communities of practice where there can be cross-fertilisation. The relations, the nexus, between practices become a powerful force for growth and change. A well-known example is that of Schrödinger (1947), who showed physicists and biologists how much they had in common, effectively starting an entirely new community of practice, that of molecular biology. The history of medicine can also be seen in terms of different communities of practice coming

together. In the nineteenth century, biomedical sciences started to join forces with medicine to produce the modern profession of scientific medicine. Now it can be argued that modern scientific medicine is poised to join forces with the medical humanities. The medical humanities have the potential to deal with some of the contemporary problems of modern medicine.

A major problem with modern scientific medicine is that the voice of biomedical science has now become dominant. In Bakhtinian terms, there is a monologue rather than a dialogue of different voices. This can be seen in the call by the pioneers of Evidence-Based Medicine when they pointed out that the best available evidence needs to be integrated with personal expertise (Sackett et al. 1996). Unfortunately, this call for integration has been largely ignored, and so has personal expertise. Most scholarly and research efforts have been devoted to establishing the best 'evidence'. Because the technical-rational approach is poor at articulating personal expertise, it has been largely ignored. There are moves to integrate the humanities and social sciences into medical education and medical practice (e.g. Sullivan and Rosin 2008). The argument is that the social sciences can 'open up for examination the diversity of human possibilities and experience' (p. 94), while the humanities can 'provide means of understanding and interpreting the complexities of purpose and meaning' (p. 94). In my own case, it was only when engaging with the discourses of the humanities and social sciences that I was enabled to reflect on the case of Mrs X and begin to appreciate the complexity of what had occurred in that particular clinical encounter, several years after it took place. There is a desperate need for these different discourses to engage with each other and the issues of medical practice. It is a commonplace to complain that modern Western medicine dehumanises patients and treats them as mere objects. Svenaeus (2000, pp. 173–174) articulated this well when he said:

> Doctors in the clinic do not meet with agents who evaluate their pain and take a rational stand upon what they want to have done with their biological processes, but with worried, help-seeking persons, who need care and understanding in order to be brought back to a homelike being-in-the-world again.

The integration of the social sciences and humanities into medical practice and education offers us the chance to avoid the objectification of people that Svenaeus refers to. What is often forgotten is that the technical-rational approach objectifies health professionals as well. They are expected to think of themselves as disembodied agents who must take a 'rational' stand upon what they do and in their relations with patients. This is seen in many examples of communication skills courses that are now a standard part of the medical curriculum. These courses have been introduced largely as an attempt to overcome the 'distance' that is often characteristic of the clinical encounter in the Western world. Unfortunately, technical rationality often prevails here, with the emphasis being on the effective and efficient transmission of information between patient and clinician. Mrs X did not need a clinical encounter dominated by the effective and efficient transmission of information. What she needed was to be heard and understood and to form a dialogical therapeutic relationship.

Dialogical Embodiment

The recurrent emphasis on relations recalls the work of Bakhtin (1982) about the provisional and open nature of dialogical relationships. If we adopt a dialogical view, then the relationships are not simply about rational agents passing information backwards and forwards. The relationships involve the bodily experience and language of patient and clinician. It can be argued that the relationships go further, even though bodily experience and language may provide the foundation. Relationships occur between any entities where meaning can be generated. These relationships are not only the traditional ones between readers and text, or between people such as clinicians and patients. There are also intricate relations between people and the technologies they use, and between what is articulated and what remains as the unsaid or unsayable of bodily experience:

> Language does not therefore stand opposed to a realm of the unsayable. To the contrary, *it is language that allows the unsayable to have its place in a given speech world* (Davey 2006, p. 181, emphasis in original).

The bodily responsive order described by Todres (2007) will always carry the unsaid and unsayable within itself, and it will never be completely articulated. Modern medical practice is still struggling to come to terms with this idea. The technical-rational approach takes for granted that, with enough effort and ingenuity, the scientific approach will ultimately say all that needs to be said about any disease or pathology, and what will be said will be in firmly scientific terms. However, as mentioned earlier, there is some progress with a slowly growing recognition that what is said can take many forms, with some limited acceptance of other ways of expression such as those available to the social sciences and humanities (Sullivan and Rosin 2008). When Charon (2006) instituted the Parallel Chart, she gave the following instructions to students:

> If your patient dying of prostate cancer reminds you of your grandfather, who died of that disease last summer, and each time you go into the patient's room, you weep for your grandfather, you cannot write that in the hospital chart. We will not let you. And yet it has to be written somewhere. You write it in the Parallel Chart (p. 156).

The Parallel Chart is a section of the patient records set aside so that clinicians can express how they feel about patients. The bodily responsiveness of Todres is given permission to try and express itself. So if a patient reminds a clinician of a grandparent and evokes particular emotions, the Parallel Chart allows these feelings to be articulated. The importance of bodily experience and knowing is also revealed in the insights of medical students as they grow in clinical experience, and acquire conventional propositional knowledge at the same time. Intellectually, they can accept many ideas from the logical order, but it is only when they have their own bodily experience of practice in the responsive order that such ideas really make sense:

> '[I]t's like with a kid when they're learning to use manners at the dinner table. You don't understand why until you're much older and maybe that's like us as medical students. When you first start off ... you're much more interested in ticking all the boxes. You're not

really thinking too much; but by the end of it when you're … in the Emergency department at night … you're trying to work out "what's going on here?" You're actually forced into that thinking mode and you do apply those processes … it's not until you're in that place of responsibility … that you really start getting it' (Loftus 2009, p. 122).

This reflects Schön's (1987) insight that beginners must personally and bodily immerse themselves in the reality of practice before they can really appreciate what is involved. One aspect of bodily involvement in the world of medical practice that has attracted little attention is the ritualistic element.

Ritual and Embodiment

Ritual can be seen as one of the embodied aspects of professional practice. Ritual is especially important in medical practice and education. Medical practice requires clinicians to deal with a great deal of complexity and uncertainty. One way of managing such complexity is to adopt highly ritualised ways of conducting some aspects of practice. For example, assessments follow protocols that are usually followed in a set format. My assessment of Mrs X was supposed to begin with a formal and ritualised conversation in which I gathered information about her present complaint and then went on to establish a medical history, a social history, a family history, and so on. This is followed by a physical examination, again conducted in a set order, and completed by collating information from so-called special tests such as blood tests or radiographs. After a while, these routines become embodied and there is little conscious effort required in remembering the order in which questions should be asked. The clinician can then concentrate on the problem to be solved, rather than the protocols to be followed. In the same way, when we learn a language it becomes embodied, allowing us to concentrate on the ideas we wish to express. A language learner must also grapple with vocabulary and grammar as well as the ideas to be expressed, and this is a much greater cognitive load.

In medicine, the ritual element also includes managing relationships with colleagues. Medical students must learn to present clinical reports to senior doctors in a highly ritualised and stylised manner. As one student put it:

I ran through the history and examination in a very sort of stylised way, 'I saw Mr X. His presenting complaint was' and you know you've got the litany that you run through (Loftus 2009, p. 127).

Such rituals are culturally prescribed devices that provide stability and predictability, and help clinicians to cope with the complexity and uncertainty of professional practice (Atkinson 1995). Ritual establishes what the business at hand is to be about. As Perelman (1982, p. 10) wrote: 'Ritual … and rules of procedure fix, with more or less precision, the matters which are the objects of communication'. The bodily delivery of these reports is also part of the ritual. The reporter is usually standing and wearing the material artefacts that signify their clinical status, such as a stethoscope worn prominently across the shoulders (it used to be

a white coat with a stethoscope half in a pocket). The reporter may also be standing close to a light box, prominently displaying radiographs, and is often holding the patient's file with all the laboratory results. These artefacts lend material support to the report and their scientific basis carries a great deal of rhetorical power. The report must be delivered in a business-like manner that is confident, very matter-of-fact, and down-to-earth. Bodily comportment is an important part of these reports. Indeed, one medical student under exam conditions, who had all the correct facts but lacked self-confidence, was told: 'You're very organised but you've got to get to the point now where you can lead us to where you want to go' (Loftus 2009, p. 136).

In other words, his (bodily) delivery of the report was lacking in conviction. In this example, the senior doctors knew all the details of the patient as this was an exam. Their point was that if they had not known the details beforehand they would have had grave doubts about the report as it was delivered so poorly. Medical education in the Western world devotes a great deal of time and effort in ensuring that medical students learn to perform such rituals, and to perform them well. When senior clinicians can hear medical students and junior doctors presenting clinical narratives in these stylised formats, the seniors are reassured that the juniors can be relied upon and know what they are doing. This is because in many Western clinical settings senior doctors cannot physically meet and assess all the patients who are nominally in their care. The senior doctors must make decisions based on the clinical reports they are given by junior doctors. This is not, therefore, a valorisation of representation over practice. In this case the clinical reports and their bodily delivery are a key aspect of the practice itself. Ritual also means that all concerned have a shared narrative format that enables them all to deal with the great wealth of information and complexity that can be typical of clinical cases.

Immersion in the realities of practice allows medical students to gradually embody not just the rituals but much of the knowledge required in the assessment and management of patients. One medical student said that, on entering a room to assess a patient, she was able to see immediately that the patient 'had glaring cardiac signs' (Loftus 2009, p. 149). In other words, the ability to see and recognise these signs had become embodied and ontological. This ability was now a part of who and what she was. She could not have prevented herself from seeing the cardiac signs, even if she had wanted to. However, this ability to recognise a physical sign depends on the bodily clinical encounter between patient and doctor. However, it is precisely this clinical encounter that is under threat from technology.

Medical Technology and Embodiment

Technology in medical practice is a mixed blessing with implications for the embodiment of both patient and clinician. On one hand, technology has brought undoubted benefits. Modern imaging techniques, for example, allow us to visualise the patient's body as never before. The great and growing range of diagnostic tests

available enable us to know the patient's body as a biomedical object in intimate detail – but without intimacy. Keyhole surgery and endoscopes allow surgeons to operate with minimal trauma, but the surgeon will not be looking at the patient's body during the operation. Attention will be focused on a screen which can provide a magnified image in far more detail than the naked eye could ever hope to achieve. Technology allows clinicians to know the patient's body in intimate biomedical detail, albeit at a distance, but technology also allows clinicians to enhance their own bodily powers in treating patients. There are connotations here of the clinician as cyborg (Haraway 1991). This is an aspect of the human relationship with technology where embodiment plays a key role.

It was Nelson Goodman (1978), in his consideration of a blind man with a walking stick, who realised that we can sensibly talk of our consciousness reaching into and through the technology we use. A blind man's embodied consciousness effectively reaches through to the end of the walking stick as he finds his way in the world around him. In a similar way, clinicians must learn to use technology in an intimate and bodily manner. The practice of dental extraction, referred to earlier, requires every dentist to learn to feel *through* the forceps how a tooth is moving when doing a dental extraction. The dentist's embodied awareness reaches through the forceps to feel the movement of root and crown and feel the resistance of the bone. Every clinician who performs any surgical procedure must learn this particular form of bodily engagement and to sense when subtle changes are needed. Technology, then, can become part of a clinician's embodied practice. On the other hand, however, technology can become a barrier between doctor and patient.

Verghese (2008), for example, relates how he began work in a new hospital as a senior clinician. On the first morning he met the rest of the team, expecting to conduct a ward round. It soon became clear that, in this particular hospital, the clinical team expected to discuss the patients under their care entirely in the meeting room from where they had access to the computerised records and test results of each and every patient. The clinical team were somewhat surprised when Verghese insisted on going on to the wards in order to meet the patients and physically examine them in person. Verghese talks of the rise of the 'iPatient', a disembodied technological entity that is surreptitiously replacing the real physical patients. He goes on to describe the joy that junior doctors can experience from being shown the subtleties of physical signs that can only be seen in the clinical encounter between doctor and patient. The rise of technology has even given birth to the term 'clinical skills deficiency syndrome', where many of these embodied skills of physical examination are gradually being lost (Dunnington 2000, p. 71). In dialogical terms, the relationship between clinician and technology is seductive and becoming more meaningful than the relationship between clinician and patient. There is therefore a delicate balance that needs to be found between using technology to assist medical practice, while also maintaining the embodied human connection with patients in the clinical encounter. As our technology advances, we can only expect its seductive power to increase. This bodily engagement with the world occurs in time and space, 'timespace' for Schatzki (1996) and the 'chronotope' for Bakhtin (1982).

Timespace and Embodied Practice

The significance of notions such as timespace or the chronotope is that every bodily practice occurs in time and space and is connected with every other practice. Bakhtin used the notion of the chronotope to consider how communication works in literature, but the idea can be applied readily to professional practice. To paraphrase Bakhtin in terms of embodiment, every bodily practice necessarily elicits a response in one form or another. Bodily practices are not indifferent to each other and they are not self-sufficient. They are aware of and mutually reflect each other. Every clinical encounter then becomes a link in a chain, connected to all clinical encounters. The experience of extracting several hundred teeth in the past allows a dentist to sense how this one in the present is going to be subtly different and also what needs to change here and now, in this time and space, in order for the procedure to succeed. This bodily experience, over time, becomes part of a clinician's expertise. It was presumably sensitivity to this expertise that led Sackett et al. (1996) to realise the importance of integrating personal expertise with the best available scientific evidence. This brings us back to our earlier point about the dominance of the technical-rational approach, which is ill-equipped to articulate personal expertise or how it can be integrated with evidence. It is to be hoped that, with new ideas such as embodied relational understanding and the importance of timespace in the clinical encounter, the call for integration may at last be addressed.

The lack of regard for the body of the professional in medical and surgical practice has meant that the effects of practice on practitioners in relation to timespace have been ignored for a long time. Until recent years, it was common practice for junior clinicians to do large amounts of 'on call' work in addition to routine daily duties. It was not unusual for a junior clinician to work through the day, work through the night, and continue to work through the next day, with no consideration for the effects of lack of sleep on performance. Luckily this has now changed. It can be argued that if we had had a well-developed sense of the body in professional practice much earlier, then we might have become aware of this as a problem a long time ago.

It is important to remember that the timespace of clinicians and patients is quite different. For clinicians, clinical encounters are a normal and routine part of daily life occurring in familiar settings. Even unusual cases and events can blur into the busyness of a clinical caseload. For patients, however, clinical encounters are often major life events. The days are ticked off a calendar as a patient anticipates the next hospital appointment, which is likely to be in strange and unfamiliar settings. Each minute of the clinical encounter may be remembered in great detail and be seen as full of meaning, even becoming part of a family's folklore, and great emotion may be generated. For the clinician, time and space may not be seen as significant at all, until the daily routine is disrupted and a Mrs X takes up far more of your time than you expected. There is therefore a need for clinicians to remind themselves that the timespace of their patients is radically different from the timespace that they,

as clinicians, occupy. Being sensitive to the different timespaces at work is part of the dialogical nature of the clinical encounter. There is also a need for clinicians to be sensitive to the different levels of engagement required in such encounters. As Taylor (2002) reminds us, there are at least two types of epistemological operation going on. The clinician must come to know the patient's body as a biomedical object, where the technical-rational approach comes into its own. There is also the need to come to an understanding with an interlocutor, where embodied relational understanding allows a personal relationship to be established. Both approaches are needed, now more than ever.

Conclusion

In this chapter I have drawn attention to some of the issues surrounding the body in medical and surgical practice and their education. There is a growing number of voices that are beginning to recognise the importance of embodiment for all concerned in the clinical encounter. The limitations of technical rationality are slowly being accepted, and there are moves to introduce other discourses and other vocabularies into an ongoing dialogical conversation that can open up our understanding of the patient/doctor relationship. There is a move away from simplistic epistemological views of medical practice and education to the realisation that practice is primary, and that our bodily enactment of practice brings with it multiple ontologies and epistemologies. We will probably never be able to completely articulate practice but, in our attempts to do so, we can make it meaningful and give it direction. Medical practice and education are far more complex than we realise, and technology is a mixed blessing that needs to be used critically. An attention to embodiment can help us link many of these ideas together. We have an aging population in the Western world. The proportion of people with chronic conditions is on the rise. We shall be seeing more and more people like Mrs X. If these people are to be treated humanely by the medical establishment, then a deep sensitivity to the importance of embodiment in medical practice is sorely needed.

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Chapter 10
Embodied Reflexivity: Knowledge and the Body in Professional Practice

Erika R. Katzman

Since the theme of incarnation—the 'question of the body-subject'—forms the point of intersection of critical discourse—phenomenological, hermeneutic, psychoanalytic, poststructuralist, and feminist—it is an appropriate *topos* to deepen our investigation of reflexivity. (Sandywell 1996, p. 277)

Introduction

Embodiment and reflexivity both are concepts familiar to contemporary professional practice and education scholarship. The aim of this chapter is to explore the fusion of these concepts, considering embodied reflexivity as an approach to knowledge generation in the context of professional practice. In this paper I present reflexive writing about my own personal and professional experiences and observations over several years of employment as an attendant service worker. I aim to show how an embodied narrative about embodied experience can reveal embodied reflexivity, as a form of reflexivity that is felt within the body. I further suggest that attending to embodied reflexivity potentially offers an important avenue for knowledge generation: a path of access to the unique knowledges of individual practitioners, developed through embodied professional experience. As a preface to the reflexive account introduced later in the chapter, I begin by examining conceptual work on reflexivity and embodiment, to consider how a notion of embodied reflexivity may be a salient concept with respect to making tacit or invisible embodied knowledges more visible. It is my intent to demonstrate, by way of reflexive writing,

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how acknowledging and attending to embodied reflexivity offers a unique contribution to how we think about what counts as knowledge, specifically in the context of professional practice.

Reflexivity: Thinking Critically About the Generation of Knowledge

The concept of reflexivity is relatively new to conversations surrounding professional practice. Some examples can be found in the literature on health and welfare (Taylor and White 2000), social work (D'Cruz et al. 2007), education (Cunliffe 2002, 2004), occupational therapy (Phelan 2011; Kinsella and Whiteford 2009) and nursing (Bellot 2006; Cheek 2000). Reflexivity is often described in terms of its etymological roots in the Latin *reflexus*, meaning 'to bend back'. Reflexive 'bending back' is most commonly described as a critical cognitive process that is fundamentally concerned with 'interrogating interpretive systems' (Sandywell 1996, p. xiv). At an individual level, reflexivity is about recognizing ways in which the self is implicated in the social production of reality and of interpretive knowledge, and thus recognizing the values, attitudes, assumptions and prejudices influencing the thoughts and behaviours of individuals as actors or interpreters (Bolton 2010). At a social level, reflexivity involves recognizing the socially constructed nature of many aspects of reality (Cunliffe 2004), as well as 'the sociality of the process of knowledge generation' (Kinsella and Whiteford 2009, p. 251).

Bolton (2010, p. 14) suggests that '[t]he reflexive thinker has to stand back from belief and value systems, habitual ways of thinking and relating to others, structures of understanding themselves and their relationship to the world, and their assumptions about the way that the world impinges upon them'; however she notes that '[t]his can only be done by somehow becoming separate in order to look at it as if from the outside' (p. 14). Watts (1992, as cited in Sandywell 1996) observes the impossibility of such a separation, stating that 'if you and your thoughts are part of this universe, you cannot stand outside them to describe them' (p. 103). While Watts expresses concern at the interminability of the process of 'thinking about thinking, thinking about thinking about thinking, and so *ad infinitum*' (p. 103), this appears to be the very nature of much of what is taken as reflexivity: an interminable process of critical questioning, in particular the interrogation of knowledge.

Reflexivity, understood in this way as an interminable process of critical questioning, parallels what Richardson (1994, p. 520) has termed the postmodern 'ideology of doubt'. Indeed, at the centre of much postmodern/poststructuralist thought is an emphasis on reflexivity. Lather (2007) signals Nietzsche's significant contribution to the philosophy of knowledge, stating, 'Nietzsche invites us to … multiply perspectives toward an affirmation of life as a means of knowledge without guarantee' (Lather 2007, p. 17). Sandywell (1996, p. 357) suggests a 'Nietzschean reflexivity', pointing out the influence of Nietzsche's radical questioning of the notions of objectivity and absolute truth upon prominent poststructuralist thinkers,

such as Foucault. Foucault's genealogical writings, which are 'aimed at unsettling established models of knowledge and epistemological presumptions' (Grosz 1994, p. 145), at once address and demonstrate reflexivity. In his archeological work *The Order of Things* (1973), Foucault discusses the idea of reflexive knowledge amidst a reflexive analysis of the history of Western thought; he describes reflexive knowledge as 'thought thinking itself' (p. 326). Foucault contends, 'there is always something still to be thought … that everything that has been thought will be thought again by a thought that does not yet exist' (p. 372). In much the same way that Foucault's methodological approaches challenge the essentialist assumptions inherent in methodologies that are concerned with the pursuit of absolute truths (Scheurich and Bell McKenzie 2005; Grosz 1994), reflexivity creates space for the identification and consideration of alternative 'truths'; a space for thought about the potentiality that is stifled each time a claim to truth is made.

Perhaps the most crucial function of reflexivity in relation to the generation of knowledge is the capacity for reflexivity to draw attention to and demand awareness of the *situated* and *partial* nature of claims to knowledge. Acknowledging the social construction of knowledge, reflexivity reveals not just the incompleteness of claims to knowledge, but also highlights the tendency of truth claims to mask and serve particular interests. 'Once it is acknowledged that truth itself is constructed not discovered, then specific interests—be they racial, class, sexual or gender—pertaining to the dominant agents of discursive power must clearly affect the content of that truth' (Shildrick 1997, p. 22). Kinsella and Whiteford (2009) usefully employ Greene's (1995) metaphor of a 'cloud of givenness, of what is considered "natural" by those caught in the taken-for-granted, in the everydayness of things' (p. 47) to illustrate the way in which disciplinary knowledge, left uninterrogated, can appear natural, or without alternative. Reflexivity facilitates penetration of such normative conceptions of knowledge, exposing the subjective nature of claims to knowledge, including the values, interests and relations of power wrapped up within them, and thereby creating a space for the development of alternative interpretations.

Embodiment: On (the Generative Potential of) the Body and Lived Experience

Reflexivity, in the tradition described here, is commonly conceived of as a cognitive act, an intellectual exercise of critical interrogation of processes of knowledge generation. My purpose in this section is to reflexively consider how conceiving of processes of knowledge generation as purely cognitive has the potential to obscure the possibility that processes of knowledge generation might also be embodied. I draw on writings about the body, primarily informed by phenomenological, feminist and poststructuralist perspectives, which suggest that constructions which frame knowledge generation as a purely cognitive process spring from a specific historical postulation; namely, the separation of mind and body incited by Cartesian dualism.

The notion that mind and body constitute distinctively separate entities stems from the Enlightenment era, and was famously and most clearly articulated in the writing of Descartes (Matthews 2006). Descartes suggested that truth in the form of objective knowledge could only be achieved by thinking, via the cognitive function of the mind. While the philosophical bifurcation of body and mind had appeared elsewhere in history, 'Descartes … succeeded in linking the mind/body opposition to the foundations of knowledge itself, a link which places the mind in a position of hierarchical superiority over and above nature, including the nature of the body' (Grosz 1994, p. 6). Descartes doubted the reliability of the bodily senses as a means of capturing the supposed essence of reality, expressing an epistemological orientation that came to represent the philosophical foundation of modern science; in particular, modern science's rejection of the body as a potential source for the generation of knowledge (Matthews 2006). In the words of Grosz (1994, p. 6), 'Descartes instituted a dualism which three centuries of philosophical thought have attempted to overcome or reconcile'.

Embodiment is an emerging concept that is beginning to be taken up as a critique of the prioritization or legitimation of the mind at the expense of the body. 'An embodied perspective begins with the assumption that our bodies are mediums through which we experience the world' (Park Lala and Kinsella 2011, p. 78). Offering an alternative to Descartes' framing of the body as distinct from the mind, phenomenologist Merleau-Ponty (1962) suggests a more integrated understanding of body and mind when he says that '[t]he body is the vehicle of being in the world … I am conscious of the world through the medium of my body' (p. 94–95). For Merleau-Ponty, consciousness, perception and the mind are embodied phenomena: 'The body and the modes of sensual perception which take place through it … affirm the necessary connectedness of consciousness as it is incarnated; mind for him is always embodied, always based on corporeal and sensory relations' (Grosz 1994, p. 86). Theories of embodiment aim to recover and legitimize alternative accounts informed by and generated from within sensory experience.

Grosz (1994) links Merleau-Ponty's emphasis on the primacy of lived experience to a similar vein in feminist contributions to the philosophy of knowledge. Harding (1991) suggests that different knowledges arise from different perspectives on and experiences of reality, pointing to the capacity of thinking from the perspectives of women's lives to 'make strange' what had previously appeared familiar. Grosz finds in Merleau-Ponty three key insights relevant to feminist perspectives on the relationship between experience and knowledge: (1) that experience at once produces and is produced by knowledge; (2) that experience 'is not only the starting point of analysis but also a kind of measure against which the vagaries of theory can be assessed' (Grosz 1994, p. 95); and, (3) that experience is at once cognitive and corporeal, and 'can only be understood between mind and body—or across them—in their lived conjunction' (p. 95). A focus on the body and attention to lived experience as a path to knowledge highlights and challenges the dominance of cognitivism or intellectualism as the sole avenue for the production of knowledge, and offers an epistemological alternative to Cartesian rationalism.

While some phenomenological and feminist approaches to the generation of knowledge argue that we need to begin with the body, Foucault's poststructuralist critique of rationalism intentionally *de*centres the subject, preferring instead to approach analyses by focusing on language and discourses (Scheurich and Bell McKenzie 2005). While the body and lived experience tend to be downplayed in postmodern/poststructural analyses, Grosz (1994, p. 125) locates critiques of the absence of the body in the work of Nietzsche:

> For Nietzsche, consciousness is a belief, an illusion . . . a convenient fiction. . . . Knowledge, mind, philosophy, as that activity supposedly concerned with reason, is the discipline most implicated in a will to ignorance . . . philosophy is based on a disavowal of its corporeal origins and its status as corporeal product. The body is the intimate and internal condition of all knowledges . . .

Grosz shows that, in turning a reflexive gaze back upon knowledge itself, Nietzsche acknowledges the bodily origins of knowledge. Although Foucault does not explicitly take up lived experience as fundamental to the generation of knowledge, Foucauldian analytics still facilitate the sort of reflexive analyses that create space for the consideration of alternatives to dominant modes of knowledge generation. Furthermore, Foucault's work on the body, as well as Foucauldian analyses applied to theories of the body, offer important contributions to work on bodily experience in relation to the production of knowledge. Foucault's (1988) assertion that domination 'establishes marks of its power and engraves memories on things and even within bodies' (p. 377, as cited in Scheurich and Bell McKenzie 2005, p. 852) suggests that lived experiences of oppression alter bodies or generate bodily difference. This is significant in relation to Harding's (1991) suggestion that different bodies have the capacity to generate different knowledges. It has also been suggested that the body as theorized by Foucault does in fact presuppose 'an experiential understanding of the body' (Oksala 2004, p. 99), and that this body itself represents a site of potential resistance to normalizing power; and a space for the creation of new possibility (Oksala 2004; Butler 1993).

The generation and application of embodied knowledge has also been taken up in a more practical sense in the work of miners and what has been described as 'pit sense' (Somerville 2006; Sauer 1998). 'In pit sense all the senses are employed in a complex interconnected way . . . This includes sound, smell, touch, and kinaesthetic sense as well as other senses that have no name' (Somerville 2006, p. 43). Sauer (1998, p. 134) explains pit sense as a form of 'embodied sensory knowledge' which miners describe as essential to protecting their safety in a practice context characterized by rapidly changing sensory information. Pit sense is described as a unique form of embodied knowledge that is felt in the body and revealed in action, but which cannot be articulated in language (Sauer 1998). Sauer suggests that miners gain embodied sensory information about their work environment on the job and in an embodied way; it is a form of knowledge that cannot be articulated in written reports and procedures, and that thus cannot be acquired apart from embodied experience inside the mine. Sauer's work provides a useful case through which to critically consider conventions of knowledge generation and transfer. Building upon Sauer's work and extending consideration to embodied experience

as an important source of knowledge amongst caregivers, Somerville (2006) is more explicitly reflexive, noting that 'the highest status is reserved for the most abstract and immaterial learning ... and the lowest status is accorded to concrete, material learning, much of which we learn in daily embodied actions' (p. 39).

Embodied Reflexivity

Reflexivity has only minimally been written about as an embodied phenomenon. Bleakley (1999) discusses a 'holistic reflexivity', which he characterizes as an 'aesthetic and ethical act of participation in the world' (p. 328). Cunliffe (2002, p. 39) suggests an embodied sort of reflexivity that surpasses 'reflexive intellectual critique' in the interest of 'acting reflexively'. Calling for an embodied reflexivity in qualitative research, Finlay (2005) suggests 'reflexive embodied empathy' as a way of relating to another's embodied way of being, in the service of understanding the intertwined nature of individual subjectivities. Also writing about qualitative research, Burns (2006) demonstrates the potentially cyclical and interactive nature of embodied reflective and reflexive processes. Pagis (2009) distinguishes between embodied and discursive modes of reflexivity, focusing on the 'reflexive capacity of bodily sensations' (p. 265) to inform an embodied consciousness, and arguing that embodied self-reflexivity occurs at a subconscious level before bodily sensations are translated into discourse.

Offering significant depth in structuring his view of reflexivity (which he suggests can be conceived of in terms of incarnation or embodiment), Sandywell (1996) considers the intellectualism inherent in conventional constructions of thought and consciousness. Citing a broad range of philosophers (Heidegger, Merleau-Ponty, Wittgenstein, James, Dewey and Mead), Sandywell (1996, p. 272) contends 'that our taken-for-granted ideas about the essence of thinking are profoundly one-sided, intellectualistic and disabling in their emphasis upon abstract cognition and pure theory'. He notes the presence of the Cartesian separation and prioritization of mind over body in traditional conceptions of reflection that imagine the mind as a separate self, detached from and capable of reflecting back upon the body. In contrast to reflective thought, Sandywell contends, reflexive thought conceives of mind and body in a more unified sense, enabling in reflexivity the bending back of self upon self. For him, reflexivity is a cognitive and embodied process of reflection upon thought (as a process of knowledge generation), which is itself a cognitive and embodied process. Sandywell is reflexive about reflexivity, arguing that 'to "think about thinking" means to abandon mechanistic and reductive models of "thought" and return to the realm of everyday activities which, in their engaged complexity, forces us to question the cognitive model of "thinking"' (p. 272). Following this line of argumentation, Sandywell conceives of an 'incarnate' or 'embodied' reflexivity.

It is important to note that Sandywell (1996) argues for an embodied conception of reflexivity in addition to, rather than instead of, cognitive models. Sandywell exemplifies reflexivity as both intentional and embodied, as paralleling

the postmodern project of deconstruction, and as implicated in particular in the generation of knowledge. The aim of reflexivity, in Sandywell's conception, is to recognize alternative knowledges and ways of knowing or of generating knowledge. Indeed, for Sandywell (1996, p. 282),

> consciousness is not a disembodied faculty or stream of ideas; but neither is existence an unformed mass of sensory impressions or unmediated matter; both moments are imbricated in the knowledgeable process of social existence—an interpenetration exemplified by the diverse ways in which human agents find themselves creatively orchestrating the practices and organizations of material existence.

What Sandywell highlights is 'the dialectical relation between embodied reasonableness and formal rationality' (p. 289); the 'interpenetration' of sensory experience and the sense made of that experience. In short, within his conception of reflexivity, Sandywell acknowledges the coexistence of and interaction between cognitive and embodied processes of thought.

Excavating Embodied Reflexivity: Storytelling as a Path of Access to Embodied Knowledge

To this point I have relied upon a heavily cognitive approach to *examine* conceptions of reflexivity, embodiment, and the possibility of an embodied reflexivity. My aim in the next section is to *show* reflexivity, as a process of knowledge generation, in both cognitive and embodied forms. I propose to show reflexivity by way of reflexive writing about my own practice experience as an attendant service worker. I present this story as a case through which to observe and demonstrate reflexivity, and to consider how attending to embodied reflexivity might contribute to the generation of knowledge, in particular by illuminating tacit or invisible embodied knowledges. This writing demonstrates reflexivity as cognitive thought about different (alternative, non-dominant, competing) ways and domains in which knowledge can be generated. This writing also seeks to show that reflexive processes can occur in an embodied manner, such that reflexivity can also take place in the body.

It is perhaps worthwhile to note that this narrative was not produced with reflexivity in mind. I sat down to write about my experience, and the story that follows came out in the form of a stream-of-consciousness narrative. In *The wounded storyteller*, Frank (1995) explores the body's need for voice in relation to experiences of illness: 'The ill body … speaks eloquently in pains and symptoms—but it is inarticulate' (p. 2). Stories, Frank contends, are embodied; beyond simply being *about* illness, illness narratives are stories told *through* a wounded body. 'The body sets in motion the need for new stories when its disease disrupts the old stories' (p. 2); the need for illness narratives thus arises when lived bodily experience diverges from dominant narratives.

Frank explains illness narratives as symptomatic of and arising as a form of resistance to the oppressive dominance of medico-discursive constructions of illness. In modern times, characterized by the Cartesian reification of rationalism, 'popular

experience is overtaken by technical expertise' (p. 5). Frank calls this scenario, in which individual voices are silenced by a dominant medical discourse and denied the opportunity to speak for or represent themselves, 'medical colonization' (p. 10). In postmodern times, however, people struggle to identify with dominant medico-discursive representations of their experience, 'feeling a need for a voice they can recognize as their own' (p. 7). 'Telling stories of illness is the attempt, instigated by the body's disease, to give a voice to an experience that medicine cannot describe' (p. 18); as embodied stories of local 'truths', illness narratives represent an important site of resistance to the dominant voice of modern science.

Inasmuch as they stand to challenge the stability of concretized dominant knowledges, illness narratives might be thought of as forms of reflexivity. Frank (1995) describes the voice that storytelling gives to bodies as offering an important contribution to the generation of knowledge. At a personal level, Frank contends, embodied stories validate and attest to the uniqueness of individual experience. At a social level, stories at once reproduce old truths and create new possibilities, drawing on and contributing to the social vocabulary of experience, what Geertz (1973, p. 30) refers to as 'the consultable record of what man [woman] has said'. Storytelling, in Frank's account, contributes meaningfully to the generation of knowledge in postmodern times. 'The social scientific notion of reliability—getting the same answer to the same question at different times—does not fit here' (Frank 1995, p. 22). From a postmodern stance, realities are too complex to ever be completely represented; the best we can do is produce and legitimate more and more accounts, each necessarily local and partial, in order to approximate more comprehensive representations of 'truths'. Embodied stories offer a path of access to diverse accounts of experience, which may diverge from, contest, destabilize and/or expand the scope of dominant narratives that are grounded in, uphold and reproduce objective 'truths'; 'truths' that may be inconsistent with, and which may serve to obscure the reality of, individuals' lived experiences.

Illness narratives in Frank's (1995) account are embodied stories that serve as a medium through which the sensations of a body's 'disease' might be conveyed and validated. The following narrative demonstrates reflexive writing about my practice experience attending to a wound(ed body). Although it is not an illness narrative in the strict sense of a story told through the 'diseased' body itself, it is nonetheless an embodied story that tells of embodied interaction with and embodied knowledge of a wounded body. And although it is not a story instigated by and told through a body afflicted by 'disease' in a medical sense, it is a story told through and at the insistence of a body deeply afflicted by the 'dis-ease' of an encounter with the medical world. Embodied reflexivity, like 'disease', is felt in the body. Like the 'diseased' body, the reflexive body is inarticulate, challenged to communicate its 'dis-ease'. The following narrative demonstrates reflexive engagement with an experience of embodied reflexivity. It tells of a lived experience of the sensations of critical thought processes occurring and felt within the body, and is told through the 'dis-eased' reflexive body. This story illuminates the local and partial 'truths' of (my) embodied knowledge.

The Pressure Sore

Six years ago, one of the last things I ever could have imagined myself doing, in life and even in my job as an attendant, was caring for a wound. When I was first trained as an attendant I learned about preventative skin care, and about how to treat minor skin breakdowns to prevent them from worsening. I learned about important medical technologies, and with no prior knowledge of skin outside of my own personal experience, was fascinated to see how quickly the right medical supplies can facilitate the healing of some minor skin degradation. Through daily embodied experience with skin and basic medical supplies I gained a fairly thorough understanding of skin; enough to know, one September about a year after I started the job, that the usual measures for clearing up a minor blemish were not working: the hydrocolloid dressing wasn't disappearing the little red spot in the skinfold as it usually did. In my opinion, the red spot was growing, deepening. Its characteristics were changing. The red was joined by some streaks of yellowish-white. It began to look moister than it had. It frightened me to watch the skin change in this way. I soon began to realize that this wasn't even skin I was dealing with anymore, but flesh. This is where my experience with wound care began.

To understand this story fully, it is important to understand my professional position, in particular, my position of power relative to the situation. As a personal attendant, my job description (as it was explained to me when I was hired by the woman to whom I would be serving as an attendant) was to perform the various tasks that her paralyzed body could not perform without assistance. In essence, I was hired to provide substitute hands and legs, to act as her body might. Given this job description, I did my best, as I had been instructed, to check myself at the door; to bring to work my hands, arms and legs, and leave my 'self' at home. On one hand, this task makes a great deal of sense. My employer was looking to hire a competent and cooperative body, not an opinionated or argumentative personality. On the other hand, however, the task of leaving my intellect aside is both impossible and probably, realistically, undesirable. Looking past the impossibility of the task of bringing nothing to work but my physical abilities, I was hired, at least to some extent, on the grounds of my mental—and not solely physical—abilities. Ultimately, the point was not to leave my intellect on the doorstep, but rather to leave whatever beliefs or opinions I may hold about anything I am asked to do on the job—in particular, anything relating to my employer, her body or her disability—at home. The reason for this, as I understand it, has to do with power. In hiring me, an arts and humanities undergraduate student, instead of a trained health professional, my employer was able to assert, and maintain without challenge, her conviction that she is the expert of her own body.

In the year prior to the development of the pressure sore, I had never had reason to question or challenge my employer's chosen course of action as regarded care for her skin or her body. As far as I was concerned, after all, she *was* the expert. And so each day I did my job as I had been trained. I carefully observed and described the red spot. Indicating my concern was the best I could do within my

role. As the days and weeks passed, I observed and described as the spot became deeper, and redder, and scared me more and more.

I don't remember when exactly the breaking point was reached. My employer was very busy that September, as too, I'm sure, were the clinics she would need to make appointments with. What I do remember clearly are the ensuing 4 years of appointments at three different wound care clinics; the interactions with what seemed an endlessly revolving door of health practitioners; the way my job (and life) changed dramatically when my employer was sentenced to bed rest, a course of action whose pernicious and extensive implications the prescribing medic could not have possibly even begun to comprehend. Nor, I suspect, did they have any real sense of the totalizing nature of that pressure sore in my employer's life; for it became a guiding force, a primary consideration impacting the planning of every activity, every day.

Many times over the years since that fateful September I have reflected upon the circumstances under which that wound developed, initially, and as it continually worsened, even after it began to receive the 'proper' medical attention. It is a strange thing to consider, 'possession' of a wound. Of course, it is my employer's wound; it is located on her body. But she never saw it, hardly acknowledged it for the first month of its existence. During that time I was deeply concerned about it and intimately involved with it. I cleaned and dressed it, observed, measured and described it every single day. In a sense, that wound was also mine. A constant presence playing a significant role in my daily experience, I had come to know that wound in an embodied way.

Until we took it to the hospital, care for the pressure sore was informed by the embodied knowledges of my employer and myself. In the hospital wound clinic, my experience was surreal. Although I knew that wound better than anyone else, within the realm of the hospital my experiential knowledge simply did not count. In the view of the staff at the hospital wound clinic, I was, at best, a mere bystander. At worst, I am certain there was speculation that this wound was my fault; that my lack of proper training was to blame for the extreme breakdown of this tiny (1 cm^2) patch of skin and flesh. In either case, each time a professional entered the room it was as though I had disappeared. Feeling like a useless third wheel, it was then that I retreated and took up residence as a 'disembodied' fly on the wall of the hospital wound clinic.

It's an interesting vantage, the fly on the wall; a silent observer of interactions that typically tend to go unobserved. At times it was difficult to remain silent, in particular when, based on my experience with the wound, I strongly disagreed with a prescribed course of action. I knew the nuances of that wound. I saw how it responded to different treatments, how it changed based on various factors. But doctors didn't want to hear from me, *or* my employer. It was clear to me that our embodied knowledges about my employer's body in general, and the wound in particular, carried very little weight in that environment.

As I sat quietly and observed, I often thought about power; about the constant struggle for legitimacy in which myself, my employer and the clinic staff were engaged; and, ultimately, about the conditions which led my employer to hire me

instead of someone well trained in wound care, perhaps someone whose authority or 'expertise' might have more forcibly insisted she seek medical attention for the skin blemish before it developed into a chronic wound. With time it became clear to me that my employer recognized that I had become the expert of her (specific and context-bound) wound. I could see that she took my knowledge of it very seriously. But still the medical professionals showed little (if any) regard for my knowledge (or hers, for that matter).

One wound clinic insisted that nurses, trained in the generalities of wound care, rather than the particularities of the context, come to my employer's house to attend to the wound. This assertion on the part of the medical institution was particularly interesting: sending professionals trained by recognized educational standards into my employer's home to do the job of the practitioner she had trained herself (i.e. me). My employer had, after all, purposefully elected a model of attendant services that allowed her to customize her attendant services by training and managing her own attendants, rather than accepting a pre-packaged support service provided by an agency. I have reflected a lot on the contested/contestable nature of this scenario, questioning what precisely falls under the jurisdiction of individuals with regard to their own health care and at what point we should reasonably be expected to concede control and management to 'professionals'. Of course, my employer does not require someone trained in a standardized way to assist her in the completion of various activities of daily living, but would it be to her advantage, to the benefit of the collective, to have someone professionally trained interacting with her body? Or would therein lay an assumption about her disabled body, as sick and therefore necessarily requiring constant medical supervision? Surely the same advantages would stand true were my 'able' body constantly subjected to a medical gaze (which, of course, it is not). Why, then, should that gaze be imposed upon someone with a disability?

In my view, it is not a far stretch to shift from questions of this nature to questions about the legitimacy of different forms of knowledge. It is certainly true that when the pressure sore first developed, I had no knowledge of pressure sores, wounds or wound care. Even now, my knowledge of pressure sores, wounds and wound care *generally* remains limited. My knowledge of that one *particular* pressure sore, however, is extensive. I knew that wound in an embodied way, well enough that on multiple occasions I predicted the negative effect that a newly prescribed treatment would have on it. More than once I made a suggestion that was dismissed by my employer, the clinic staff, homecare nurses, or some combination of the above, suggestions based on my very specific knowledge of the wound's behavior, and which I believe may have had a positive impact on the wound. To this day it is difficult for me to accept the possibility that my knowledge of that wound is a legitimate form of expertise, which may offer a unique contribution (however minor) to existing understandings of wounds and wound care. But I am beginning to understand this self-doubt in relation to the dominance of medical discourse, and to see how attending to knowledge that is generated experientially through the body, such as my embodied knowledge of my employer's wound, has the potential to expand concretized 'truths'.

Embodied Reflexivity and Knowledge Generation
in the Context of Professional Practice

I have presented this narrative in an attempt to show embodied reflexivity in the context of professional practice, as a process that offers an important avenue for knowledge generation in professional practice and invites critical consideration of how we think about what counts as legitimate knowledge. Embodiment and reflexivity both are concepts familiar to contemporary professional practice and education scholarship, where an emergent literature on *phronesis* advocates for recognition and legitimation of practical wisdom alongside conventional forms of scientific knowledge and technical rationality (Kinsella and Pitman 2012; Polkinghorne 2004). In this literature, reflexive consideration of the generation of knowledge calls for attention to intelligent action, actively demonstrated in practice contexts, through which embodied or tacit knowledges are revealed. Kinsella (2012) situates embodied reflection and critical reflexivity along a 'continuum of reflection' that she suggests is 'implicated in the development of professional knowledge characterised as phronesis' (p. 35). The fusion of embodiment and reflexivity is foreshadowed in Kinsella's work by Bill Green's conception of Kinsella's continuum as 'a pulsating quadrant in which any piece might overlap with another at anytime' (Kinsella 2012, p. 38). The narrative I have presented here makes explicit this suggested connection between embodied reflection and critical reflexivity, demonstrating reflexivity as an embodied process of critical thought that is felt within the body.

One concrete example of the embodied reflexive sensations I felt in a practice context is the fear I experienced while attending to the wound. Within the context of my employer's home, my embodied knowledge and hers were all we had to work with. As I watched the skin degrade into flesh, I began to sense that the demands of my practice context were surpassing the embodied knowledge I had gained, first through training on the job and then through my own daily experience interacting with my employer's skin. I became conscious of my lack of formal technical education, and the process of questioning the validity of our combined experiential knowledges manifested in me as fear. I was not yet in a position to comprehend why my employer preferred to manage the deepening wound at home, herself (with my assistance), instead of surrendering care of it to someone more knowledgeable about the generalities of skin or wound care than she or myself.

A second example of the embodied reflexive sensations I experienced in the practice context is the overwhelming feeling of disembodiment I experienced each time we visited the hospital wound clinic. Whereas within the context of her home my employer looked to me as the expert of her wound, in the hospital wound clinic both my voice and hers were silenced. It was then that I began to understand my employer's hesitance to surrender her body to the medical gaze. For while the hospital's technical expertise offered a new perspective on the wound, our practical, experiential and embodied knowledges were not included.

In the hospital wound clinic, I found myself caught up in an epistemological clash. The technical-rational approach to knowledge, the modern scientific approach

espoused by the medical institution, asserting its authority so strongly, overpowered my embodied experiential knowledge. I felt so certain of the observations I had made. Yet, unable (not to mention lacking the opportunity) to translate those insights, to express them in the very specific language required of modern science to obtain legitimation, I was silenced, to such a degree as to feel I had been made invisible, at times as though I was not even there. In a different environment, however, at a distance from the oppressive gaze of the medical establishment, my embodied experiential knowledge was recognized, legitimized, and valued very much.

During my experience with the wound, the language of reflexivity was not yet part of my vocabulary. In the years that followed, I was so profoundly struck by that experience that I was driven to pursue academic investigation of it; in the words of hooks (1994, p. 59), 'I came to theory because I was hurting ... desperate, wanting to comprehend—to grasp what was happening around and within me'. Reflecting now, through a reflexive lens, I am able to describe my experience of attending to my employer's wound in terms of reflexivity; to frame the simultaneously and interpenetratively cognitive and embodied processes of knowledge generation in terms of reflexivity; and to characterize the 'dis-ease' I felt within my body in terms of embodied reflexivity, demanding reflexive thought about what counts as legitimate knowledge, when, where, and for whom.

The writing of this narrative, too, the translation of embodied reflexive engagement with experience into discourse, represents a reflexive act of knowledge generation. Until I was able to tell it, the story weighed heavily within me. And while it still constitutes part of my embodiment, inasmuch as it will always be part of the experience through which my body has lived, it has now also become part of 'the consultable record of what man [woman] has said' (Geertz 1973, p. 30). Translated into discourse via the medium of a story, this narrative is a testament to the experience of embodied reflexivity. As a concrete representation of the local and partial 'truth' of my experience, a perspective that diverges from and contests the at times oppressive dominant voice of modern medicine, this embodied story about my embodied experience of attending to a wound may serve to destabilize and/or expand the scope of some dominant narratives. It is reflexive in its critical questioning of a legitimized form of knowledge, and significant for its contribution to the creation of new possibilities for the generation of knowledge.

Conclusion

A central objective of this chapter has been to explore embodied reflexivity as an approach to knowledge generation in the context of professional practice. Writing about nursing and health care practice, Cheek (2000, p. 126) notes that 'postmodern and poststructural approaches enable the development of a reflexivity that can challenge and open up to scrutiny otherwise closed and taken-for-granted aspects'. Cheek's words echo a common thread in emergent conversations surrounding

reflexivity in professional practice, which calls for reflexive consideration of the types of knowledge that are allowed to inform professional practice, as well as acknowledgement of the values which permit legitimation of certain knowledges, potentially at the expense of certain others (Phelan 2011; Kinsella and Whiteford 2009; Taylor and White 2000). The particular example taken up in this chapter is the legitimation of technical-rational knowledge at the expense of acknowledging or considering often more tacit or embodied experiential knowledges.

In much the same way that Frank describes illness narratives as symptomatic of and arising as a form of resistance to the oppressive dominance of medico-discursive constructions of illness, I suggest it is possible to think about the emergence of considerations of reflexivity and embodiment in discussions surrounding professional practice in a similar way. 'Historically, emotional responses of practitioners to the situations they face have been cast as problematic and requiring control' (D'Cruz et al. 2007, p. 80), a position which reflects values of cognitivism and objectivity. As I have attempted to demonstrate by way of reflexive writing about my own practice experience, reflexivity, as 'critical awareness of the factors that influence knowledge creation', demands 'acknowledgement of the dynamic relationship between thoughts and feelings: how thoughts can influence feelings and vice versa' (D'Cruz et al. 2007, p. 80). Where affect has conventionally been intentionally suppressed in practice settings, attending to embodied experience demands acknowledgement, as well as critical consideration, of the role of affect in professional practice (for more on the relevance of embodied understanding for professional practice, see Todres 2008; Polkinghorne 2004).

As the notion of reflexivity has attracted increased attention in discussions surrounding professional practice, one facet of the concept that has largely been overlooked is its potentially embodied character. My aim in this chapter has been to demonstrate the value of attending to embodied reflexivity. In particular, I have aimed to show how attending to embodied reflexivity can help to illuminate (embodied) knowledges which, obscured by structures of dominance, might otherwise remain tacit or invisible. If reflexive analysis exposes the insufficiency of models of knowledge generation that are limited to its recognition as a cognitive-intellectual process, then reflexive analysis can also expose the partiality of models of reflexivity that fail to account for its embodied character. A reflexive exercise in and of itself, acknowledging and attending to embodied reflexivity offers a unique contribution to how we think about what counts as knowledge; creating space for the legitimation of new kinds of 'truths'.

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Chapter 11
Embodied Practices in Dialysis Care: On (Para)Professional Work

Laura L. Ellingson

Staff shrouded in white lab coats and rows of computerized equipment glowing in stark fluorescent light gave the dialysis treatment room a cold, mechanistic air. In contrast to this sterility, two dozen thin tubes of bright crimson, circulating blood bespoke the vulnerable bodies that reclined next to each machine. A vivid array of patients' colorful mittens, knit hats, sheets, blankets, pillows, and sleeping bags provided some cheer—the treatment room looked like a bizarre winter slumber party for senior citizens. Patients used outer-wear and bed clothes to cope with the chilling effect of blood circulating outside their warm bodies in cool machines. Most of the twenty-five treatment stations were full, and I watched as staff members busily prepared the remaining stations for the next shift of patients. Technical aides rapidly stripped the tubing from empty machines, and patients who had completed treatment sat holding gauze on their blood access sites to encourage clotting. As I gazed around at the dialysis machine screens, green lights glowed, yellow and red lights blinked, and alarms beeped to alert patient care technicians of potential problems.

Introduction

This chapter draws upon data that are part of a larger study of communication among dialysis care providers and patients in an outpatient treatment unit for people living with end-stage renal disease (i.e., kidney failure) (Ellingson 2007, 2008, 2010). Dialysis treatments clean toxins from patients' blood by circulating blood through an external filtration system, thereby approximating the function of healthy kidneys. Outpatient dialysis is at once an intimate, intense, life-sustaining procedure *and* a public performance of highly technological, routinized care in open treatment areas that simultaneously accommodate dozens of patients and care providers (Bevan 2000).

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Based on extensive fieldwork in a local outpatient dialysis treatment unit, I examine connections among communication, embodiment, and professional practice. Specifically, I analyze how tensions among caring for patients and exhibiting professionalism are negotiated by nurses and patient care technicians through their embodied workplace practices and how these practices collectively come to make up dialysis care giving. This study is written as a 'layered account' (Ronai 1995) in which the results are represented by alternating ethnographic narratives and academic analysis informed by feminist theorizing of embodiment (e.g., Trinh 1999) and practice theory (e.g., Hopwood 2013, this volume (Chap. 4); Schatzki 2001). After describing the dialysis treatment unit in which I conducted fieldwork, I then briefly explain key concepts in communication, embodiment, and practice theory before examining the professional practices of dialysis care.

Setting the Scene

My exploration of embodied practices in a dialysis unit comes in response to Schatzki's (2001) call for practice theorizing to be applied to empirical contexts. A qualitative study utilized ethnography and interviews to better understand interpersonal communication among care providers and between care providers and patients during dialysis treatment (see Ellingson 2007 for complete methodological details). In the United States, patients whose treatment is conducted in outpatient units undergo dialysis three times per week for approximately 3–4 h per session (National Kidney Foundation 2012). Due to the sheer volume of time spent in treatment, communication and relationships between dialysis care providers and patients is of particular importance to patient satisfaction with treatment and quality of life, as well as dialysis care providers' work satisfaction (Polaschek 2003). Dialysis care providers included professionals—registered nurses, clinical social worker, registered dietitian, nurse manager, and (during periodic, brief visits) physicians— and a large contingent of paraprofessional patient care technicians and technical aides.[1] Most studies of dialysis care providers have focused solely on nurses (e.g., Ashker et al. 2012; Deal and Grassley 2012), offering important but limited understanding of the complexity of professional and paraprofessional care providers collaborating to care for patients. However, while lacking the status, compensation, higher education, and authority of professionals, licensed paraprofessional patient care technicians provided the vast majority of direct care for patients. Lower still on the staff hierarchy, technical aides received on-the-job training in setting up and stripping dialysis machines before and after treatments, cleaning dialyzers (blood filters), and stocking supplies. As low-status employees, patient care technicians nonetheless received frequent formal and informal messages from their supervisors urging them to behave 'as professionals' and 'with professionalism' (for a discussion of organizational marginalization of paraprofessionals in dialysis care, see Ellingson 2008), and patient care technicians and technical aides articulated their desire and intention to act 'like professionals' as they provided care for

patients (Ellingson 2010). For the purposes of the present analysis, I set aside the complex relationships that arise in health care systems as work is (re)distributed among health care professionals and paraprofessionals, and focus on the team of health-care providers who care for dialysis patients—both professionals and paraprofessionals—as engaged in professional practice.

Similar to many infusion centers that provide chemotherapy and other intravenous therapies, dialysis generally is administered in a large open room with a nurse's station in the center. All machines and treatment chairs face the center of the room, providing ready visual access to all patients for care providers, in a form reminiscent of Foucault's (1977) efficient prison 'panopticon', albeit with more benevolent intent. Of course, such an arrangement also rendered visual access of patients to other patients and visitors and denied any meaningful semblance of patient privacy. The specific material and cultural details of this setting both gave rise to and reflected the professional practices embodied by dialysis care providers.

Theoretical Perspectives on Embodiment and Practice

As a communication scholar, I understand all bodily comportment, actions, locations, and adornments as constituting nonverbal communication. Like the verbal communication (i.e., speech) that they supplement and sometimes replace, nonverbal messages embody socially constructed meanings that function on both content (explicit, often instrumental) and relational (implicit, focused on power and closeness) levels (e.g., Stewart 2012). Communication is thus not something that is done while working or to facilitate work, but instead work is accomplished through communication, and communication is the work (Miller 2012).

An understanding of communication as constitutive of work complements feminist perspectives on embodiment as central to one's experience of the world (Conboy et al. 1997). The Cartesian boundary between the mind and body blurs when one grants that meaning is constructed between embodied persons, not within individuals' minds (Gergen 1994). Thus the body becomes not merely an instrument for (verbal and nonverbal) communication with others but the material self that is constructed through interaction with other bodies and material objects. Thus 'we do not *have* bodies, we *are* our bodies' (Trinh 1999, p. 258), and we *do* our bodies in everyday interaction (Butler 1990). This co-construction of self occurs in all areas of one's life, including—and most relevant to my analysis here—workplaces.

Dialysis care providers communicate as material body/selves within a specific health-care setting that also constitutes their workplace. The practices in which they (bodily) engage come to constitute situated meanings of dialysis care giving and care receiving. Practices are 'embodied, materially mediated arrays of human activity centrally organised around shared practical understandings' (Schatzki 2001, p. 2). Schatzki's practice theory articulates several critical ideas that are relevant for my consideration of dialysis care. He suggests that practices cannot be considered apart from the objects around and through which they operate; the social is

inextricably bound to the material. Practices and materiality together constitute a site in a specific location, and practice and site are mutually constitutive. Thus the organization that employed the dialysis care providers, provided the biotechnology, and established the space in which they provided care, is implicated in a myriad of ways in the material construction of dialysis care. As Green and Hopwood (Chap. 2, this volume) observe of the sociomaterial nature of practice, "How material artefacts or bodies enable and constrain actions depends not just on physical properties, but also on the activity at hand".

The functionality of the dialysis machines, their settings, alerts and alarms, user interfaces, the tubing, liquids, and other supplies needed to connect them to the patients—all of these influenced the practices of the dialysis care providers, and, in turn, the machines' meanings were shaped by the professional practices in which they were utilized. Over time, the biotechnology and practices became enmeshed, intelligible as inextricably bound to each other and to the bodies of dialysis care providers.

In the ethnographic narratives that follow, I endeavor to illuminate how dialysis care providers' bodies engage in the practices that mutually constitute dialysis care. In the process, I pose and address questions about what it means to practise dialysis care as a social and material engagement among dialysis care providers and patients. Before I offer the narratives and analyses, I first address the issue of representationalism in practice theory and ethnographic inquiry.

Representations of Practice

In the course of conducting this research or any research, the matter arises of how researchers can claim to know about practices and to represent those practices. Post-Cartesian perspectives on epistemology reject the mind/body split that refuses bodily knowing and assumes the possibility of objective, cognitive knowledge. From a holistic mind/body(/spirit) epistemology, we encounter the world through our bodies and engage in some forms of preconceptual learning through our interactions with others by using our senses to engage in 'sense making' (Barnacle 2009; Johnson 1987). In such epistemology, argue feminist theorists, 'instead of the body being positioned as a bar to knowledge, knowledge is produced through the body and embodied ways of being in the world' (Price and Shildrick 1999, p. 19). The issue of how to represent embodied knowledge remains a challenging one, however (Ellingson 2006). Green (2009) articulates the problem of representation in practice theory: researchers' 'will to knowledge' about practices begs the epistemological question of how we can claim to know about practice at all (p. 49). He suggests that it is 'not so much a matter of epistemology but of praxiology, or pragmatics: what is to be *done*, rather than what is to be *known*' (p. 50, original italics). Practice theory resists 'representationalism', or the sanctification of research findings as objective, of reflecting unadulterated rationality and realism. Yet, representations must be rendered in order in some form in order to offer both embodied knowledge and some

ideas on 'what is to be done'. My goal then is to problematize the representations I constructed, acknowledging the situatedness and inherent partiality of these (and all) accounts and the embodied nature of the feminist ethnographic approach to studying practice that I employed. My primary goal for understanding is pragmatic—that is, how do we understand embodied practices in dialysis care in order to improve them to the benefit of patients, dialysis care providers, and (ideally) the health care systems in the U.S. and internationally.

My unruly body demands continual attention and makes it impossible to ignore the ways in which embodiment necessarily affects and reflects my research processes, relationships with participants, and perspectives on knowledge construction (Ellingson 1998, 2006). I am a long-term survivor of osteosarcomoa (bone cancer). At this time of this fieldwork, I had undergone eleven reconstructive surgeries on my right leg during and after cancer treatment that left me with chronic pain, a noticeable limp, and often a leg brace, all of which marked me as a member of the 'community of pain' (Frank 1995) and elicited regular questions and comments from patients, their companions, and dialysis care providers. My bodily experience of the clinic was mediated by my empathy with patients, intimate familiarity with the patient role (albeit not with dialysis), and visual evidence of my mobility impairment.[2] My female gender, white privilege, and status as a scholar/nonemployee of the dialysis unit also impacted the meanings I co-constructed with participants (see Denshire, Chap. 14, this volume). Ethnographic practices render the ethnographer a research instrument through whom data is gathered, making the bodies and all the senses of ethnographers central to their analytical and intuitive sense-making (Hopwood 2013). This is true even when the relevance of ethnographers' physical similarities and differences to their participants is less pronounced than in my case as an experienced patient. Rather than apologizing for our bodily 'biases', I urge not only ethnographers but all researchers—qualitative, interpretive, critical, and quantitative—to reflect upon the ways in which our unique body/selves shape our understandings and the representations we construct (Ellingson 2009; Haraway 1988; Harding 1991).

In the following three ethnographic narratives and accompanying analysis and reflection, I illuminate professional practices in dialysis care.

Constructing Dialysis Care

Mrs Yim, an elderly Chinese-American woman, sat in a treatment chair covered by a blue sheet festooned with Spider Man figures, a fleece blanket pulled up so high on her face that her nose was barely visible as she dozed throughout her treatment. She spoke little English. Eduardo, an enormous Latino with a round body, ready smile, and gentle manner, approached Mrs Yim and pushed buttons on her machine, ending her treatment and directing the machine to return the remainder of the patient's blood to her body. Eduardo gently and efficiently removed her needles and clamped gauze squares over the access site to staunch the blood flow.

Smiling at Eduardo, Mrs Yim removed her woolen hat. Her hair was mussed and charged with static electricity—a few gray hairs waved at the crown of her head. Meanwhile,

Eduardo folded her blanket and stuffed it into her black duffel bag. When the patient stood after Eduardo taped her access site, he folded her sheet and placed it in the bag with her hat. She placed her right hand on his left arm for support, and they carefully walked together to the scale. There was no need to discuss where they were going or why; their routine was well choreographed. Three times per week, the patient care technician escorted his patient from her recliner to the scale to determine her post treatment 'dry weight', and thus calculate the amount of fluid removed.

Today, Eduardo looked down at the diminutive woman and said with a kind smile, 'It's nice having a lady on my arm'. Mrs Yim beamed at him and stepped onto the scale, clearly pleased with the warmth he expressed, whether or not she completely understood the precise meaning of his statement. A moment later Eduardo nodded as he registered her weight. Then she took his arm again, and they walked slowly out the treatment room door to the waiting room where he led her to a chair.

'You have a good day now', Eduardo called out to her as he returned to the floor. Mrs Yim nodded and smiled, waving the fingertips of her left hand in farewell.

On the surface, Eduardo's professional practices of care giving included gathering the measure of the patient's treatment outcome (i.e., her post-treatment weight) and ensuring the safety of a patient who needed assistance to maintain her balance as she walked. These are both organizationally mandated and crucial tasks. Yet the meaning of the embodied practice of offering a patient an arm to grasp and a kind word as she walked goes far beyond Eduardo ensuring Mrs Yim's safe movement and facilitating the recording of weight.

Dialysis patients and caregivers engage in what may seem like an endless repetition of a single routine, repeating the same treatment regime, over and over, with only slight variation for months or years at a time (Ellingson 2007). Moreover, patients are socialized to expect and submit passively and even cheerfully to repeated, painful violation of their bodies as part of this routine (Bevan 2000). The medical goal of completing each patient's dialysis treatment is to enable the patient to live until she or he begins the routine again within 48 h. The treatment does not cure or even improve kidney disease; it merely sustains life temporarily. Some dialysis care providers tried to make the routine less anonymous so that patients were acknowledged as individuals on the Nth treatment as readily as on the first (Ellingson 2008). These patient-care technicians and nurses tried to make treatment more pleasant for patients (and themselves) by connecting with their patients. It takes enormous creative energy for dialysis care providers to put their patients through the same painful, exhausting treatments for 12 h per week and still make an effort to engage with patients as individuals. I suggest that Eduardo and Mrs Yim were trying to mark the time they spent together on that day by actively participating in it and consciously engaging each other in a specific moment so that the ritual of dialysis was fulfilled with the dignity and warmth that may come from acknowledging a particular encounter with another individual, rather than ignoring one's patient or caregiver as an interchangeable Other.

Eduardo's practice of offering his arm, a few kind words, a smile, and a gentle pat to a patient while completing biomedical treatment and measurements can be understood productively within the realm of appropriate professional practice when communicating with a patient. As such, these (verbal and nonverbal) communication choices form part of a horizontal web (or mesh, or nexus, or net)

of practices that hang together. This hanging together does not imply harmony or a lack of tension, but it does provide a degree of order in the sense of being a crucial part of how things are able to go on, how professional practices are accomplished (Hopwood forthcoming).

I suggest that the warmth communicated by Eduardo's nonverbal cues and speech are not tacked on to the 'real' practice of dialysis care—as scholars of health care delivery tend to frame it—but situated within the web of practices that constitute dialysis care within that local setting. Acknowledging Mrs Yim as an individual person and treating her with kindness is respectful, and this choice also fosters a cooperative mindset for the patient. From an ethical perspective, Eduardo's kind, personal communication honored Mrs Yim, resulted in a pleased and even happy response from the patient, and avoided inflicting psychological harm that could result from a lack of a warm or at least polite tone. Given the intense pressure to adhere to a tight schedule and move patients through their treatments in a timely manner (Ellingson 2007), dialysis care providers also benefit from the practice of communicating in ways that make patients feel well cared for and hopefully therefore less likely to provide unnecessary resistance to dialysis care providers' directions and requests. Thus, the pragmatic benefits of accomplishing instrumental tasks as efficiently as possible (e.g., helping the patient move from one area to another) reinforce the local culture that encourages (although certainly does not ensure) the weaving of personal connections with patients into the accepted practices of the dialysis unit.

Understanding this interaction as embodied helps illuminate the material elements of the patient-dialysis care provider encounter. Consider that the patient, too, is engaging in an array of practices that make up patient behavior and identity within the dialysis unit. While not the focus of this volume, patients actively participate in health care by adopting and resisting elements of the patient role (Polaschek 2003). Of course, Mrs Yim was not merely a bit of machinery to hook up to the dialysis machine, but a person who enacted the patient role through her body. She accomplished this through a myriad of practices, but particularly by submitting her body to the difficult process of accomplishing dialysis treatment. Eduardo's professional practices involved his hands touching Mrs Yim, cleaning her skin, placing needles in her fistula,[3] placing tape over the needles, manipulating the machine to which Mrs Yim was connected, assisting her in walking, and so on. Physical contact, or *haptics*, is a powerful mode of nonverbal communication. Eduardo's touch conveyed kindness, but also authority, that is, his right to touch her in prescribed ways, along with the expectation of her physical submission.

I now turn to a more problematic interaction in which dialysis care providers' goodwill and pragmatic practices intersect with the complex material and social manifestations of dementia.

> Mr Dutta wanted to go home. The small man slouched in his blue recliner, his bald brown head shining in the fluorescent light. His anxious eyes tracked every movement of Efren, the patient care technician assigned to him for the day, as he moved competently from patient to patient. Giving up on Efren, Mr Dutta said in a heavy East Indian accent, 'I get up now?' to one of the nurses as she walked by.

'What do you need?' Rena asked Mr Dutta gently, making eye contact with him.

'I want to go', he said wearily.

'You still have 20 minutes left', she replied, patting his arm and moving to assist another patient.

Less than a minute later, Mr Dutta began to follow Efren with his eyes again. 'Can I leave?' he asked Efren when the patient care technician passed near his chair.

'You still have nineteen minutes left', replied Efren blandly, not slowing down and not making eye contact. Mr Dutta tried to push the foot-rest of his recliner down so he could stand up, but found he could not. Perplexed, he leaned forward, pressing again and again with all his meager strength before surrendering yet again to his confinement.

Wise to Mr Dutta's escape tactics, Efren had rolled a wheeled stool beneath the chair's foot-rest as soon as the treatment began, effectively trapping the patient in a reclined position from which he could not stand. Knowing that this restriction was done for the patients' safety (he could bleed to death rapidly if a needle or tube disconnected suddenly) failed to make the deception appear any less cruel, and I winced as I watched the patient flex his legs again and again, never understanding why he could not sit up.

Mr Dutta suffered from dementia. He had lost his sense of time and forgot the staff's reminders almost immediately after they were given. Later I asked Peter, the unit's social worker, how Mr Dutta could possibly have given informed consent for dialysis treatment when he obviously did not even comprehend that he was having the treatments. 'His son gave it for him', Peter explained in a tired voice. 'I don't think he even understands why he is here.'

'Doesn't he get upset when they put the needles in?' I asked.

'He just closes his eyes and turns away. He never says anything, just puts up with it', replied Peter.

I shook my head as I watched frustration and anger fade from Mr Dutta's face and resignation take its place. He closed his eyes to rest, but two minutes later he began to track Efren's movements again with increasing urgency, trying again to catch his eye. Mr Dutta saw me watching him and waved. 'I go home now?' he asked me, erroneously assuming that my lab coat signaled some medical authority.

I walked to him and smiled. 'You aren't done yet', I said, knowing the futility of my response. 'Still a little more time to go.' I debated trying to explain that I was a communication researcher and decided instead to distract him by asking questions about his son and grandchildren.

This strategy worked for a few minutes before Mr Dutta resumed searching the unit for Efren, who was studiously avoiding eye contact as he went about his many tasks. 'I go now?' he asked me again.

I shook my head. 'Not much longer', I offered uselessly.

Efren's practice of placing a stool under a treatment chair foot-rest in order to restrain a patient's movement is more ethically complicated than Eduardo's kindness to Mrs Yim. The stool placement was a practice that reflected a notion of 'practical intelligibility', that is, the meaning of the stool was made up both of its cushioned platform, short, metal legs, and wheels *and* its use as a strategic impediment to the normal functioning of the reclining treatment chair (Hopwood forthcoming). On the surface, this professional practice does not have an appearance of kindness or even of ethical behavior. Efren used his body and the material objects available in the setting to do something that looked deceptive and disrespectful to his patient's autonomy. However, this practice was understood within this site as a 'best-available-under-the-difficult-circumstances' fix to a very dangerous situation. From a practical standpoint, Mr Dutta posed a safety risk to himself, other patients,

and care providers since he could not understand the necessity for him to stay still while his blood was circulating through the machine. If he succeeded in getting up, he could have bled to death and possibly contaminated others with his blood. Researchers estimate that about 4.2 % of dialysis patients suffer from dementia, including Alzheimer's disease and multi-infarct dementia (Fukunishi et al. 2002). Many significant ethical issues arise surrounding demented and mentally impaired dialysis patients' inability to give informed consent for treatment and end-of-life care decisions. Making it impossible for Mr Dutta to stand up through the practice of placing a stool under the chair's foot rest saved time and effort, decreased health risks, and yet raised questions about how to ethically treat patients with dementia.

Further complicating the appearance of ethically suspect practice, Efren frequently avoided acknowledging Mr Dutta's agitation by willfully refusing to establish the eye contact that would have constituted a nonverbal cue to Mr Dutta that he had secured Efren's attention. Coping with demented patients was frustrating and time-consuming for dialysis care providers. According to the dominant biomedical culture, patients are supposed to be passive recipients, *docile bodies* who undergo treatment without objection (Bevan 2000). Mr Dutta's incapacity to comprehend the passage of time or to remember care providers' responses about how much time remained for a treatment made it impossible to socialize him into docility, as was the unit's social norm. Since management allocated care providers' time based upon the presumption of (at least relatively) docile patients, patients who resisted passive cooperation were perceived as claiming more than their allotted share of care providers' time, increasing perceived work stress, and potentially contributing to decreased quality of care. Dialysis care providers thus engaged in practices of control to constrain patients' communication and actions. Efren's avoidance of eye contact was a problematic practice, but it was not entirely inappropriate, given the patient's cognitive incapacity, the impossibility of soothing him longer than a moment or two, and the need for Efren to attend to other patients.

When I consider Efren's stool placement and eye contact avoidance as embodied nonverbal communication within a web of professional practices in the dialysis unit, I understand them as constituting pragmatic, ethically acceptable (albeit not ideal) management of Mr Dutta's treatment. These practices have the appearance of insensitivity or even cruelty; I literally cringed watching the patient's frustration and confusion, my shoulders withdrawing slightly and my face turning away, as though to deny or escape the scene before me. My embodied experience of sadness and outrage on Mr Dutta's behalf was followed by a heading-dropping resignation and stomach-aching acceptance of the impossibility of an ideal solution to the dilemma—a resignation that Mr Dutta visibly enacted over and over again, only to begin the cycle of hope of escape a minute or two later. Efren's reluctance to engage in the repeated denial of the patient's request to leave was intelligible within the web of professional practices within the clinic. First and foremost, he had secured the patient's physical safety. Engaging the patient in a discussion of remaining time was utterly futile, given his inability to convert information from short-term to long-term memory. Efren and the other dialysis care providers no longer cringed when witnessing Mr Dutta's distress, and either ignored or engaged

him only in passing as Rena did. I witnessed—and dialysis care providers reported in interviews—an acceptance of the practices for handling Mr Dutta as constituting a workable response to a nonresolvable dilemma. Physical obstruction and repeatedly avoiding eye contact with a patient were embodied practices that were ethically acceptable only because of the patient's dementia. Within the web of dialysis unit practices, such strategies would not have been tolerated for patients whose cognition fell within normal parameters.

Dialysis care providers' management of their material and emotional responses to patients relates not only to patients with dementia but to all patients and especially to the loss of patients.

Charley, the unit nurse manager, and Kate, a patient care technician, sat at the nurse's station, talking with Peter. Kate's face was pink, and tears dropped slowly from her eyes. Charley looked up at me as I approached and explained, 'Mr Tan died'. She sighed deeply and continued, 'Each one is a new one. You feel the loss because you get to know them.' I nodded with sympathy. Charley patted Kate on the shoulder and then added, 'Some of them, that is, unlike the other one'. I knew she was referring to the recently deceased Mr Ortega, whose presence was not missed by staff.

Mr Ortega had died the previous week, and the note in the logbook simply stated that the patient had 'expired' and listed the date. When I inquired about the terse description, Peter explained that Mr Ortega went to the hospital after his last dialysis treatment, where he was found to be overloaded with fluid and his diabetes and blood pressure out of control. The emergency room staff treated and released him, and his sister took him to her home, where he died suddenly. 'Yeah, so he expired, but we don't know why', Peter had said with resignation, his shoulders shrugging and head shaking. He added, 'He has been a frustrating patient all along'. That mild statement glossed the patient's history of illicit drug abuse, non-adherence to the dietary and fluid restrictions necessitated by dialysis treatment, and sporadic attendance at his scheduled treatment times. Reflecting on the contrast between the staff's tepid reaction to losing Mr Ortega and their palpable grief over Mr. Tan, I tuned back in to the conversation flowing around me.

Peter nodded to Charley. 'Mr Tan was a really nice guy.'

Kate mused, 'Mr Tan was so kind and so understanding when things didn't work or went wrong. He always smiled. His daughter told me how he died after helping with the dishes. He was helping but he got too tired and went to sit down. His daughter found him in his recliner with the TV remote still in his hand'.

'That's men for you!' joked Charley, positioning her hand as though it held a remote control tightly.

Kate smiled a bit but then shook her head, her expression grim. 'She gave him mouth to mouth, but it was too late—massive heart attack.' Tears continued to flow down Kate's face, and she wiped them with a tissue.

Charley nodded decisively and then added smoothly, 'We're so glad there was no suffering. He went immediately'. She turned to Peter and asked, 'Do you have the condolence card ready?'

Peter, who always circulated among the staff a card for family of deceased patients, nodded. 'Yeah, sure'.

'I know we're supposed to be professionals, not get too attached, but . . .' Kate trailed off and shrugged.

I nodded sympathetically. 'I'm so sorry for your loss', I said quietly, wondering how dialysis care providers could possibly avoid becoming close to at least some of their patients when they were together for hours each week, for months or even years on end. I felt sad and perplexed when dialysis care providers reinforced the denial or minimization of feelings of attachment and loss as professional practices.

The mortality rate of dialysis patients is quite high (e.g., USRDS 2012), and coping with patients' deaths involved intense emotional labor for dialysis caregivers (Kelly et al. 2000). At the same time that the loss of some patients was painful, other patients induced emotional distress by being unlikable or frustrating. Uncooperative patients were a common complaint, and being able to manage such patients in a calm, pragmatic, and diplomatic manner was a clearly articulated goal of the dialysis caregivers at the unit (Ellingson 2010).

Professional emotional display involves a set of communicative practices, and Kate arguably failed to maintain a professional emotional facade while in the treatment room and visible to many patients. While precise definitions of professionalism remain elusive (Beckett-Tharp and Schatell 2001), they generally include civility or politeness, emotional control, confidence, and 'an emphasis on rational appearances and technological displays of competency as appropriate behavior' (Morgan and Krone 2001, p. 327). Dialysis caregivers articulated that one of the most difficult aspects of their job was developing effective practices to cope with stressful emotions that accompany working so closely with ill patients (Ellingson 2010).

Kate failed to embody professional display rules when she heard of Mr Tan's death (Morgan and Krone 2001). Kate cried over the patient while in full view of patients and other care providers, telling the story of his passing. The other caregiver, Kate's supervisor, touched her with compassion before signaling that the moment for grief had passed. Kate's body expressed what her mind knew; the emotions were embodied—through muscle tension, tears, slumped shoulders, and a sad facial expression, she expressed grief, a form of emotional labor that is organizationally marginalized (Mann 2005). Her body in that professional practice space embodied the paradoxes of proper professional display–she was supposed to behave in ways that evidenced care for patients but not care too much, to treat patients as individuals but not feel the loss of specific individuals when patients died.

Burnout is a real concern for health care professionals (and paraprofessionals) of all disciplines. Shortage of allocated time and resources and unwillingness of organizations to take seriously the emotional burden of caregiving for their staff members means that there was little or no time for dialysis care providers to grieve over the death of patients. The high rate of staff burnout in dialysis is costly not only to individuals but in terms of organizational resources, as hiring and training new staff is expensive (Flynn et al. 2009; Penson et al. 2000). Burnout is also a full body experience that includes negative effects on care providers' mental and physical health (e.g., McHugh et al. 2011). Despite researchers' tendencies to treat this condition as purely a psychological one, the above narrative makes clear the embodied nature of grief, loss, and even fond memories. Kate's experience of grief and her attempts to control her emotional display and to indicate her awareness that her tears were inappropriate, along with Charley's brief indulgence and affirmation, followed by a quick dismissal of the topic, exemplify embodied professional practices of emotional labor and of social control in the name of professionalism and organizational power.

Discussion and Implications

Dialysis care providers' professional practices were constituted within a web of complex verbal and nonverbal communication, material objects, embodied persons, and biotechnology to accomplish dialysis treatment for patients. The ethnographic narratives and analyses included herein illuminated practices of dialysis care that have implications for health care delivery and for further theorizing of the linkages among embodiment and practice theory.

First, the juxtaposition of ethnographic narratives and analytic writing in this chapter productively highlights the embodied nature of professional practice. The presence of bodies in the narratives points to the conspicuous absence of bodies within academic discourse (Barnacle 2009). Standard research reporting conventions limit descriptions of participants' actions and words to very brief, decontextualized fragments of data (Richardson 2000). Even scholarly writing about professional practice and about health care—two topics that center on bodily experiences and encounters—tends itself to be written in bodiless prose, with no embodied details of their authors, participants, or of their textual production (see Denshire, Chap. 14, this volume). Hopwood (2013) acknowledges this tension and the need to attend to our own bodies as ethnographers as part of our sense making. While many different options exist for representing the 'thick description' of everyday life (Geertz 1973) that characterizes ethnography, I advocate strategic efforts to blend more artistic (e.g., narrative, poetry, film, multimedia, drawing) representations with scholarly writing so as to draw attention to the differing ways in which people, sites, and practices are depicted through a variety of genres (Ellingson 2009). The brief narratives included here are sufficient departures from standard academic prose to demonstrate that I as author and readers as audience have more nuanced understandings of the dialysis care providers' practices and patients' experiences because we have experienced multiple representations of their embodied interactions. I enacted a way of making sense that resists rationality by highlighting emotion and messy interactions that reflect not merely cognitive assessment but active, bodily engagement with my participants (see Katzman, Chap. 10, this volume). The groundedness of my analysis in the interaction among dialysis care provider bodies, patient bodies, and my body as participant observer reflects my resistance to representationalism (Ellingson 1998; Green 2009). I urge scholars of professional practice to problematize and enrich research findings by engaging in multiple forms of representation and especially in juxtaposition of artistic genres with explicit analysis in order to highlight the ways in which (writing or visual) form constitutes meaning.

Second, my narratives and analysis offer further insights into how professional practices come together to constitute meaning in a setting, in this case how dialysis care is enacted in an outpatient treatment unit. I have noted throughout my analysis that different practices did not stand alone but were part of a continually evolving web of professional practices. Connecting to patients with kindness, managing a patient with dementia, and coping with grief over loss of patients are just a few

of the multitude of embodied professional practices that make up the complex web of dialysis care. To return to my earlier point about communication as constitutive of work, each of these practices constituted dialysis care—they did not supplement it or come into being as a product of it; they *were* the work of providing dialysis care. Moreover, the practices take place around and within copious biotechnological machinery that intersected with and materially influenced patients and care providers' communication, a theme that lurks in the background of each narrative. Indeed, absent the dialysis machines, none of the patients would survive more than a brief time from their end-stage renal disease. An embodied perspective on professional practice within dialysis care, then, emphasizes the interconnectedness of communication, action (itself communicative), and material biotechnology and the impossibility of fully determining distinct causes, effects, and meanings of practices that are always already shaped by the web of intelligibility in which they developed and persist. The machines give rise to practices (e.g., inserting needles into a fistula, checking patient's vital signs), and the practices influence the ways in which dialysis care providers communicate with patients, which in turn shape decisions on the continued use of the machines and other biotechnologies for each patient, and so on.

Finally, this study generated pragmatic implications for improving dialysis care. Dialysis is a unique setting among outpatient health care delivery because of the large amount of time patients spend there, having the same lengthy treatments, at frequent intervals (thrice weekly), for months and often years. The ethnographic narratives and analyses suggest the risks inherent in the long-term relationships formed by care providers and patients in this setting. On the one hand, professionals need to be warned against the potential desensitizing effects of going through the same treatment routine with patients over and over again. Even the rotation of providers and patients within the unit cannot ensure against the monotonous nature of the continual repetition of the same treatment. Eduardo's effort to connect with kindness to his patient exemplified resistance to the lack of sensitivity to the patients' unique identities and experiences that can develop over time and repetition. Likewise, Efren's management of a patient with dementia, while effective, included strategies that should not become generalized to treatment of patients with more typical cognitive abilities as an easy way to control patient movement. For example, patients who did not share a common language with Efren could never be ethically subjected to trickery (as with the stool under the leg-rest); instead, a translator would be needed to work with care providers to ensure that the patient understood what was happening and why s/he needed to remain seated during treatment.[4] Desensitization of care providers over time could result in poor decision-making, including how to manage frustrating, noncompliant/nonadherent patients. Continuing education for dialysis care providers should caution against becoming desensitized and offer suggestions for reflecting on ethical practices when coping with the difficult circumstances that frequently arise in dialysis care.

On the other end of the continuum, Kate's display of grief, while completely understandable, violated professional standards for emotional control when in view and hearing of patients. I join with other scholars who urge health care organization

to implement programs for helping care providers to cope with painful emotions and acknowledge joyful or satisfying moments of being a care provider as well, such as fostering social support among colleagues and encourage processing of emotions through providing support groups, workshops on journaling, or other strategies that have been shown to be effective for mediating workplace stress for health care providers (Le Blanc et al. 2007). Moreover, I understand Kate's experience of loss as a call for compassion among dialysis care providers, as well for more compassionate discernment from scholars, administrators, and others who pass judgment from outside dialysis care sites. Perhaps it is time to question the strict emotional display rules of professional practices. Of course there are times in which control of dialysis care providers' emotions is a necessity. But there may be other instances, such as crying when receiving news of a patient's death, that an embodied display of grief and loss may be the most humane and appropriate response from a professional, and lack of such a display may be perceived as a reflection of an absence of caring. Is it truly better for patients to never see their caregivers displaying normal feelings of grief? It is worth inquiring further into how patients understand their care providers' emotional displays and how acknowledgement of grief might prove to be beneficial.

Conclusion

In conclusion, attending to the embodied nature of professional practice offers rich possibilities for both theorizing practice and for continual improvement of health care delivery, particularly in dialysis care. Moreover, producing and reflecting on ethnographic narratives or other representations of mundane and extraordinary moments of professional practice that depart from standard academic prose provide points of entry that invite us to understand practice more viscerally by entering into lived experience as story (Denshire, Chap. 14, this volume). Focusing on embodiment enables scholars and professionals to illuminate the material means through which professional practices continually construct meaning and on generative possibilities for enacting alternative practices and meanings.

Notes

1. All names are pseudonyms to protect participants' privacy.
2. Bodies remain always in flux, of course (Trinh 1999). As I write this account, my body has changed yet again. After a third life-threatening infection and yet another reconstructive surgery on my femur, I made the difficult decision to undergo an above-knee amputation of my right leg. My body/self now looks back on and makes sense of conducting the fieldwork discussed here from a point of significant bodily difference and loss. It is impossible to know precisely how I might have constructed these narratives and made sense of them as enactments

of professional practice prior to my amputation. As my bodily differences as an ethnographer are not central to any of these stories, I will not explore this topic here in-depth, but I will note that researchers' bodies play important roles in sensemaking not only in the field but during all phrases of data collection, analysis, and representation (Ellingson 2012).

3. A fistula is a surgically constructed port that connects a vein and an artery in a patient's arm, increasing the rate of blood flow and the ease of accessing the blood vessels. The construction of a fistula is part of the standard dialysis treatment protocol in U.S. health care.

4. Located in a diverse city with a large immigrant population, the unit often held shifts of patients speaking eight or more languages, making it extremely challenging to ensure the availability of appropriate translators for all patients.

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Chapter 12
(Per)forming the Practice(d) Body: Gynecological Teaching Associates in Medical Education

Jodi Hall

Now you will notice one of the things they emphasized in the pelvic teaching video was the use of language. This is a drape, *not a sheet. This is an examining* table, *not a bed. And we try to exclude the use of the word 'feel' in terms of ourselves. I am not going to* feel *Drew – I am going to assess her,* check *her,* envision, palpate, examine. *Just because 'feel' is one of those words that can be deemed rather sexual in [this] context. We also use what we term the 'non-business' side of the hand, as opposed to the palms (Gynecological Teaching Associate, speaking to medical students – pelvic teaching module)*

Background

This chapter is based on excerpts from my doctoral research, which utilized an autoethnographic methodology to critically explore the taken-for-granted assumptions embedded in the performances of Gynecological Teaching Associates (GTA) in pelvic teaching within medical education (Hall 2012). Gynecological Teaching Associates (referred elsewhere in the literature as professional patients) are a specific type of standardized patient (SP), but unlike SPs, GTAs are not role-playing a specific ailment or 'afflicted' patient. Rather, GTAs are trained to teach pelvic examinations to medical students, sometimes working alone, otherwise in pairs, with one GTA performing as the 'patient', while the other facilitates the teaching session (Pickard et al. 2003; Siwe et al. 2006). Theoretically informed by (post)critical feminist theories, my research broadly considered how the 'culture' of pelvic teaching, as enacted within this specific teaching setting, (re)produced particular normative discourses about women (while simultaneously resisting such

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discourses), and how the performances of GTAs, medical students and program administrators reified larger social-political and biomedical discourses.

I situate my research within the growing body of work that critically examines the processes implicated in the (re)shaping of women's bodies through biomedical practice(s) and education (see Grosz 1994; Lippman 1999; Sawicki 1991; Shildrick 1997). A critical examination of the professional practice of GTAs in pelvic teaching contributes to on-going discussions related to the (re)production and reification of normative discourses in the education and practice of biomedical health professionals. While 'practice' has been summarized as ' . . . purposive, embodied, situated ("emplaced"), and dialogical, or co-produced, as well as being emergent and necessarily sociomaterial' (Green and Hopwood, Chap. 2, this volume), there is a rich body of feminist literature questioning how what we take as 'embodiment' and 'co-production(s)' may in fact be performances based on gendered/classed/racialized power relations. Such work addresses the history of biomedicine's role in constructing and representing the female body in very particular, objectified, (dis)embodied ways that have normalized how we collectively make meaning of, and experience, the female body (Grosz 1994; Shildrick 1997). Such literature invites us to re-consider what elements of practice are purposive (and why), embodied, and dialogical, what is '*co',* and what exactly is *'produced'*.

In this chapter, I (re)present a selection of the performance practice(s) of GTAs, who operate as both model and 'teacher/text', to show how professional practice as enacted in, and outside of, the pelvic teaching space by GTAs required them to (re)perform stylizations of (supposed) disembodiment. Furthermore, GTAs were expected to draw upon their own embodiment as a 'site' and producer/production of 'knowing' while their bodies were engaged intimately with and by bodies of others in the teaching context.

Throughout this chapter, I draw upon my own storied reflections of working as a GTA to give a distinctive, often-unarticulated voice to the practice/performance of a GTA (*in italics*) – a voice that questions the (re)positioning of women through a language that speaks us into being, drawing attention to how we come to be *known* in particular ways as a consequence. I raise up to question – What does it mean to be/become a practice(d) body in pelvic teaching from the perspective of GTAs? Furthermore, what are the possible consequences for (the practice of) GTAs whose bodies operate as sites where medical students' practice is practiced upon, and from where practice(d) knowledge is (re)generated through (not) 'talking' the body. Such questioning invites us to consider how notions of professional(ization), as taken up within medical education, exist and participate in the creation of other bodies – caught-up in a normative feedback loop where 'one's' practices (re)create the very body one sets out to find.

The Tour Picture your typical hospital clinic room. You know the ones – with the paper-towel, sheet-on-a-roll 'bed covering'. Basketball-sized mirror attached to the wall on a moveable arm. Tongue depressors and cotton-balls lined up next to the small metal sink in glass canisters. Windowless. Charts of ulcers and lung cancer adorn the walls.

One stool placed at the foot of the table for the medical student, and a side tray with lube, a variety of speculums and boxes of assorted sized non-latex gloves sit atop the tray waiting to be animated.

By the time the two members of the 'pelvic teaching squad', upwards of three medical students, and possibly an observer, wedge themselves into the room, it will be stuffy. The 'exam' is about to begin.

I'm worried because this male medical student seems like a 'Jacques Cousteau' – a little too confident, a little too eager. But then I hear the relaxing, steady voice of my teaching partner chime in, 'Hello Jodi, ready to begin?', a quick head nod from me and she continues on, 'I know you saw in the video that this exam could be performed with the patient upright, but for the sake of time we will conduct it with the patient lying down. Remember to re-drape whenever you're not actively examining the patient. Please be sure to follow my directions step by step – don't rush ahead.' Here we go. The student steps to the foot of the table, and says confidently, 'Jodi, please slide your buttocks down until you reach the back of my hand'. Good, just like they've been instructed – he parrots back my teaching partner's phrasing word for word. According to 'best practice', I am now offered a mirror to watch the exam – I politely decline. While slightly curious, watching some stranger's hand insert itself into my vagina was not something I was interested in viewing, and I know I'm likely to be overly critical about the appearance of my vagina – having birthed a child and all. Next, he assists my legs into the stirrups – I'm glad I left my socks on – I feel less exposed. I am handed the middle of the drape to be deployed should I experience any discomfort. For the student's benefit, I am reminded that I can stop the exam at any time – really, I think? I needed the money – my vagina needed to work for me. I needed to just (un)focus. No, this all just works best for me when I look up at the ceiling tiles and count the 'specs'. I like to distance myself as far as possible; I hum in my head, and just nod a yes or no to requests to continue on . . . I hear my 'pelvic' partner's voice off in the distance, 'Okay, first you'll look for any lumps, lesions, discolorations, and/or lice. You can see the labium majora, labium minora. Being careful, really careful not to touch the clitoris, gently separate the 'lips' of the vagina and insert your index finger in up to about the first joint, about 1 inch . . . ' I'm slightly more relaxed now that the exam is underway; however, I can feel that my cheeks have flushed warm and red in embarrassment.

One section of the exam over with, two more to go . . . I'm working hard to keep 'grounded'. Breathe, think happy thoughts . . . the humming is getting louder in my head. I hate the speculum, with its duck-bills, cold and edgy blades. No amount of lube makes that thing bite less. And my vagina apparently requires the 'big one', the Graves (how appropriately named), because I've been informed that I have flab/lax vaginal walls. No Kegel exercises done by me to keep toned. The speculum is guided in, pressure, not pain is what I feel. I hear the clicking of the speculum as the nut is being locked into place. Then the light is swiveled down, and he glares inside me. 'Eye to speculum', my partner warns, 'you are looking for the pink donut – that's the cervix'. she informs. I just want him to get out of there, his head back from my crotch . . . I can feel the warmth of his breath against my vagina – It's unexpectedly

arousing – fuck that's weird, isn't it? Now the other student is peering over his shoulder, anxious to get a peak. 'You will be able to see better when it is your turn', she reassures. I hope he sees it, come on already, I silently urge. I don't want him to have to re-insert the darn speculum, as sometimes happens.

And then I hear the excitement in his voice, 'I got it! … There it is. Cool'. I feel his sense of accomplishment right alongside him. My body has cooperated. This really is the 'holy grail' of the exam – visualizing the cervix. But in his enthusiasm he becomes distracted from the task of removing the speculum safely – I wince at the searing pain as the speculum bills snaps closed on the tip of my cervix. I feel a wave of nausea, combined with humiliation, I feel tears pooling in my eyes. I feel sorry for the student who now looks horrified; I've let him down. This experience now marred by this (in)significant oversight produced as a consequence of his momentary exuberance. I attempt to reassure him that everything is okay, 'Things like this happen all the time. I'll be fine'. My partner walks him through what happened, how he needed to keep his thumb pressed slightly on the lever while unlocking the speculum, and then ever so slightly withdrawing before allowing the walls of the vagina to collapse the bills. I take some slow, deep breaths.

Onto the bi-manual portion of the exam now, and I feel his fingers inserting as far as possible inside me, until his knuckles are right down against my perineum. His non-dominant hand pushes too hard on my abdomen, my partner steps in, 'ease up a bit'. I'm grateful for her close supervision. I need to now guide him to find my ovaries. They are very tender now, ovulation time. I am a little anxious of his touch, and of my flinching – my reflex to recoil from him. I remind myself that I am being paid to allow this exam to happen. I applied, was trained, and I'm being compensated. I wanted to get over it. I needed to get over it.

With all three portions of the exam now complete, he lifts me by my elbow back to a sitting position. 'Now you show her where the tissues are, and offer her one, but you won't need to tell her what it's for – she'll know, and remind her that some discharge or slight bleeding is normal after a pelvic exam', my partner instructs. They file out of the room, leaving me to 'wipe down' and prepare for the next exam. Wiping the discharge mixed with too much lube reminds me of cum and the 'cleaning-up' process that ensues after 'unprotected' heterosexual intercourse. I note just some slight bleeding on the tissue. Next up is a woman student, I feel comforted by this.

I lie back down, hear the doorknob twist, and we begin again – 'Hello Jodi'.

I performed as a GTA within a pelvic teaching program from 2001 to 2003. *The Tour* is a reflection I wrote based on a composite of experiences I had as a GTA. This 'scene', scripted 2 years prior to data collection, was shared with research participants prior to data collection to give a voice to experiences that were made liminal within the program, to open up the space to talk about aspects of the GTAs' practice experiences that rarely circulate aloud among the GTAs (e.g. disgust, revulsion, arousal). This scene also called attention to embodiment in the practice of pelvic teaching. An awareness of how *my* professional(ized)body ebbed

and flowed between presence and absence, of knowing and wanting to un-know, opened space(s) to access and dialogue about the possibilities of the body-mind link with others.

Asking Different Questions, *Differently:* An Autoethnographic Approach

'Asking different questions *differently*' is about problematizing how previous researchers have sought to explore the uses of GTAs in pelvic teaching – the questions that have (not) been asked, and how. I came to the topic of pelvic teaching in a graduate course, but during my review of the literature I was astounded by the lack of research literature on the topic from the perspective of GTAs, and further by how uncritical the existing published literature was. Therefore, the body of published scholarly work was the provocation for my dissertation. I felt different questions needed to be asked, and asked *differently;* otherwise, silences and taken-for-granted assumptions would continue to be propagated within/outside pelvic teaching programs. I felt strongly that my own stories would have resonance with other women who performed as GTAs in the program, and that our stories could say something (critically) important about the complexity of the experience of being a GTA, the tensions that arise in performing pelvic examinations and being performed on, and of having one's body worked on intimately in service of medical education.

Research/Writing as Practice

> What does the ethnographer do – he writes. (Geertz 1973, p. 19)

By using an autoethnographic research and writing approach, I intended to make room for the body – my body, in the production of knowledge. Within health sciences, qualitative health researchers are beginning to resist dis-embodied writing practices that 'obscure the complexities of knowledge production . . . [yielding] deceptively tidy accounts of research' (Ellingson 2006, p. 299; Richards 2008). Functioning as a naturalized norm, the absence of the researcher's body from health science research continually reaffirms a masculine, Western cultural way of being, and '[w]hen health care researchers' bodies remain unmarked – and hence naturalized as normative – they reinscribe the power of scholars to speak without reflexive consideration of their positionality, whereas others' voices remain silent or marginalized by their marked status' (Ellingson 2006, p. 301).

Not without criticism, autoethnography moves 'ethnography away from the gaze of the distanced and detached observer and toward an embracement of intimate involvement, engagement, and embodied participation' (Ellis and Bochner 2006, p. 434). As Jones (2005, p. 765) states, 'Autoethnography [as] a blurred genre . . . refus[es] categorization . . . believing that words matter and writing toward the

moment when the point of creating autoethnographic texts *is* to change the world'. Autoethnography appears on the scene as 'part of a corrective moment against colonizing ethnographic practices that erased the subjectivity of the researcher while granting him or her absolute authority for representing "the other" of the research' (Gannon 2006, p. 475).

In addition to the singular voice of the researcher, there is often on-going dialogue between other 'participants' in the text, such as research participants (as in autoethnography that includes interviewing), other texts (such as books and journal articles), and the reader (Ellis 2004). Other participants may include the multiple voices of the researcher as they reflexively bend back on themselves from their various subject positions, locations in time and space. Working these different 'locations' sheds light on the plurality of the ethnographic identity. Working within this 'hybrid' reality, the identities of the researcher collide with the 'larger cultural assumptions concerning race, ethnicity, nationality, gender, class, and age' (Denzin and Lincoln 2005, p. xvi): 'A certain identity is never possible; the ethnographer must always ask, "not "*who* am I?"" but "*when, where, how* am I?"' (Trinh, as quoted in Denzin and Lincoln 2005).

An autoethnographer often discloses intimate aspects of one's personal life, and requires the involvement and participation of writer, reader and text (Ellis 2004). So rather than using academic discourse to create the illusion of a disembodied researcher (Ellingson 2006), autoethnography *embraces* the voice of subjectivity as a source of insight. Autoethnographies are counter-narratives aiming to 'disrupt and disturb discourse by exposing the complexities and contradictions that exist under official history' (Multua and Swadener, as quoted in Denzin and Lincoln 2005, p. 946). The disruptive force of autoethnography is accomplished through writing that challenges 'the distancing and alienating forms of self-expression that academic elitism encourage[s]' (Behar 1995, p. 7), for 'when it comes to communicating ethical consciousness, it is much more effective to tell a story than to give an abstract explanation or analysis' (Fachning and deChant, as cited in Ellis and Bochner 2006, p. 439).

In my autoethnography, 12 out of 15 GTAs employed within the program participated in individual interviews and one of two available focus groups depending on their availability. In each focus group there was a mixture of new and more experienced GTAs. The three remaining GTAs that did not participate in a focus group signed consent forms to participate in an interview, but due to scheduling conflicts, only observational data was collected for these three participants.

Observational data was collected for all 15 GTAs, and demographic information was collected via a questionnaire provided at the start of my first day of data collection in the field. One GTA provided me with a written reflection of her experiences as a GTA, which I treated as data and interpreted accordingly. GTAs' ages ranged from 29 to 70 years, and all self-identified as Caucasian. The professions of the women included: amateur and aspiring professional actors, teachers, alternative health care practitioners and medical receptionists.

My work is informed by Michel Foucault's conceptualization of discourse, particularly as taken up by scholars in health studies (e.g.: Cheek 2004; Grosz

1994; Petersen and Lupton 1996). Discourses 'order reality in a certain way. They both enable and constrain the production of knowledge, in that they allow for certainways of thinking about reality while excluding others' (Cheek 2004, p. 1142). The authority that is granted to the biomedical discourse, for instance, allows health care professionals to speak authoritatively about health and wellness, which in turn also affords the medical communities power to exclude or marginalize other knowledges from being taken up as legitimate (Bratich et al. 2003; Cheek 2004).

The work of Judith Butler informs my theorizing throughout this chapter, particularly as I attend to the activities of preparing to practice as a GTA, and the 'scripted' performance between medical students and GTAs during pelvic teaching. The view that gender is *performative* seeks to show that what we take to be an 'internal' essence of gender is manufactured through a sustained set of acts, posited through the gendered stylization of the body. 'In this way, it showed that what we take to be an "internal" feature of ourselves is instead one that we anticipate and produce through certain bodily acts, at an extreme, an hallucinatory effect of naturalized gestures' (Butler 1990, pp. xv–xvi). Performativity has been defined by Butler (1993, p. 2) as ' . . . that reiterative power of discourse to produce the phenomena that it regulates and constrains'.

Butler (1993, p. xi) suggests that the way we perform ourselves perpetually (re)*constitutes* our identities – our bodies. To this end, performing gender is not an innocent practice; rather, it is a performance of (dis)(em)power(ment): 'performativity must be understood not as a singular or deliberate "act", but, rather, as the reiterative and citational practice by which discourse produces the effects that it names' (Butler 1993, p. 2). By troubling gender through drawing attention to its performative nature, Butler calls into question what we think to be the reality of gender – ' . . . this is the occasion in which we come to understand that what we take to be "real", what we invoke as the naturalized knowledge of gender is, in fact, a changeable and revisable reality' (Butler 1990, p. xxiii).

The Inception of Pelvic Teaching Programs Utilizing Gynecological Teaching Associates Within Medical Education

Despite the presumed routine nature of pelvic exams, for many women the examination remains a source of considerable anxiety. Women may experience a multitude of feelings in relation to obtaining a pelvic examination, including embarrassment, shame, fear of discovering a pathological condition, worries about vaginal odour, and physical and/or emotional discomfort and distress – all of which are said to contribute to the relatively low rates of women obtaining pelvic examination (O'Brien et al. 2009; Seehusen et al. 2006; Yanikkerem et al. 2009). Indeed, many women do not seek or receive regular 'screening', particularly older women (van Til et al. 2003), poorer women, criminalized women (Sered and Norton-Hawk 2008), indigenous, and visible minority women (Ackerson et al. 2008; O'Brien et al. 2009).

The collective response to low rates of routine pelvic examinations in particular, and negative examination experiences in general, has been to implement pelvic teaching programs utilizing GTAs as an 'intervention' in medical education – attempting to (re)script the pelvic examination space as one that is not hostile to/toward women. Historically, medical education of clinical methods has relied heavily upon a combination of teaching methods and simulation techniques, including plastic pelvic models, manikins, practicing on fellow students, the use of cadavers, and most controversial, anesthetized women who often were unknowingly, and without providing informed consent, subjected to pelvic examinations by students (Coldicott et al. 2003; Hendrickx et al. 2006; Kapsalis 1997). Such methods of teaching reflected the dominance of the body/mind dichotomy. One need not have the 'mind' of the patient (as it is the mind of the professional that matters) present to perfect one's technical craft when the body alone would do – whether simulated or disembodied in some other way. Over time, because of the significant drawbacks, for example, no 'actual' feedback from a patient could be provided to the student, and ethical tensions of these various teaching methods (Coldicott et al. 2003; Ubel et al. 2003), new programs were developed in the late 60s-early 70s utilizing live women who were not patients (Hopwood et al. 2014).

Although similar programs/practices were developed elsewhere, Dr. Robert M. Kretzschmar, a former assistant professor of obstetrics and gynecology at the University of Iowa, is often credited with the advent of the modern day GTA program (Kelly 1998; Underman 2011). At first he utilized a nurse hired to perform as the patient; however, at the request of the nurse, a drape was erected between herself and her students precluding communication between the respective parties. Only her pelvic region remained visible, presumably because ' . . . "only a whore gets paid" for a non-diagnostic exam' (Kapsalis 1997, p. 69). This version of the program was replaced by Kretzschmar in 1972, as he wanted the patient and student to be able to interact, consequently; the program became staffed with women recruited from the larger community. With minor adjustments, this remains the dominant model for pelvic teaching in medical education in the United States, and growing in prevalence across Australia, Sweden, Great Britain and Canada (Beckmann et al. 1992; Kapsalis 1997; Siwe et al. 2006).

Today, GTA programs generally operate as distinct units umbrellaed under larger standardized patient programs that provide a broad range of clinical methods training to health professionals using hired 'laymen'. Typically, women who become GTAs are recruited by word of mouth from their community. Potential GTAs usually complete an initial 'screening' interview with the program coordinator, and sometimes a physical examination to determine their suitability to perform as a GTA. Generally GTAs undergo at least a half-day training program to learn how to provide basic instruction to medical students, and occasionally to nurses, nurse practitioners and midwives, on how to conduct a pelvic examination using *their own* bodies as the site of instruction (Underman 2011).

Such a model for teaching pelvic examination presumes to address the apparent inadequacies of other types of instructional methods. As a result of medical students being able to 'practice' on and receive instant verbal feedback from the GTAs,

it is believed that using GTAs results in improved skill acquisition and greater communication efficiency in practice, and thus to more competent care of women in the wider community (Lane and Rollnick 2007; Robertson et al. 2003). With more competent and sensitive care for women in the community, then presumably screening rates of routine gynecological care would be improved. The ability to link this presumption to enhanced 'quality of care' depends upon the recognition that there needs to be a connection between the body/mind, and the body/minds of the different professionals within a/the educational context.

Interestingly, while GTAs are said to have become such an integral component of the pelvic examination-teaching curriculum, research into the experiences and perspectives of GTAs employed in pelvic teaching programs remains virtually absent. The research that does exist primarily documents the perspectives of program administrators and of medical students with a focus on comparing the utility, validity, and effectiveness of GTAs with other types of simulators.

Past studies have demonstrated how GTAs have framed their work as fundamentally self-affirming (Siwe et al. 2006; Underman 2011); however their sense of 'self' in this context was interwoven with assisting students to achieve their learning goals, and their desire to improve examination experiences for women in the broader community. Collectively, such research also questions how the process of placing 'lay' people in the position of instructor/'knower', as with GTAs, potentially destabilizes biomedical practices and cultures, given that GTAs are positioned as the 'knower'/professional directing the learning of medical students as themselves prospective 'knowers'/professionals. However, previous explorations of the practices of GTAs have overlooked how normative discourses inform the assumptions underpinning the professional practice(s) of GTAs enacted within teaching spaces. Instead, researchers have produced interpretations of data that do not account for the broader socio-political, historical context within which GTAs develop, refine, and perform their practice(s).

Throughout the remainder of the chapter, I demonstrate how the practice(d) body and the practice(s) of the GTA, were (re)made through the performance of normative discourses to advocate for a re-worked theory of practice that *situates* the 'bodily sayings' and 'bodily doings' of professional practice(s) in a historical context.

(Per)forming the Practice(d) Body

> I went to great lengths to get my vagina dressed for work. The mornings of our sessions I scrubbed and shampooed my vagina to get it as clean as I could, taking extra care if I went to the washroom – re-wash, particularly my rectum. I'd position myself on my back, spread my legs wide open in front of my floor-to- ceiling closet mirror. Straining my neck, I'd try to get a glimpse of what they would see inside me. And if any pubic hair seemed 'out of line' I would shave or trim it off, which sucked because I would get so itchy. When ovulating, I'd add baby power to my underwear to absorb the increase in discharge and hope it wouldn't get all clumped in there. I never had sex the night before my vagina was booked to work. I didn't want anything about my vagina to be memorable – the subject of student gossip after the session was complete. (Jodi – 'Getting ready for [body] work)

As my above reflection describes, carrying out the purpose of the pelvic teaching module involved bodies to be thought of, or not thought of, in particular normative ways. Accordingly, an integral aspect of the work of the GTA body was the work *on* the body – before, during, and after the teaching session(s). The preparatory activities of GTAs were invisible aspects of the work of being/becoming a GTA – shaping, reducing and (re)inscribing possibilities for interactions among participants within the teaching space. The manner in which the body was utilized as resource (Green and Hopwood, Chap. 2, this volume) is exemplified in this reflection. Working on the body brought about the changes necessary to perform one's (professional) practice. GTAs' body-work, as both resource and background, were routinized by GTAs, to the extent that the enactment of these aspects of their professional role remained non-problematized nor questioned (Shotter 2011).

Prior to enacting the role of model with students present, processes were undertaken that seeped into very intimate aspects of the GTAs' lives. Participants shared with me aspects of their preparatory/self-surveillance work that assisted with the emotional and physical dimensions of the model role – from avoiding heterosexual intercourse without a condom, shaving legs and external genitalia and bathing, to managing possible negative judgments from significant others in their lives. Consider the comment made by Susanne to the question I asked: 'Were there any preparations you made to your body the morning you were scheduled to work as a model?':

> I think you'd just be calmer mentally if you're expecting it [modeling] and you have physically prepared, and like, physically preparing for example, is just trimming the hair short. Um, some people probably shaved it [pubic hair] off or whatever, but like everybody had it short because when they're doing the exams, like the speculum exam, or putting the fingers in, having too much hair, it drags in the tissue too and can make it painful and maybe if you go to the doctor *[slight pause]* well you'll wash up maybe a little bit more just before you go sort of thing but you might not trim, it only happens [the exam] to you once, but here it's over and over and over again, and you would need to do that [trim].

Rather than educating medical students on how to manage pubic hair during insertions, GTAs, manage their varied forms of discomfort by preparing or even eliminating the hair in advance of the training session. The repeated representation of the pubic hair as shaved and trimmed (re)produces normative ideas about the aesthetics of genitalia that are 'imported' from elsewhere. The female body within pelvic teaching is analogous to public consumption in pornography, in a different way, but at the same time the sanitized version of the body is the same. In both spaces, a disservice is done to women in trying to (re)present bodies as 'all the same' (bare) bodies.

Rosemary, an older adult in the program, shared further comments that were reflective of normative discourses regarding her own preparation process:

> I shower, and I don't shower all the time. That doesn't make me a dirty person – I just have very dry skin. So when I'm going to do the pelvic exam I shower in the morning simply because I feel that they're owed a clean body.

Such physical preparations were seen as part of their obligations to the students – they were 'owed a [clean] body', the notion that the body ought to be 'clean'

for medical practice(s) and examination was thematic. As the preceding quotes illustrate, rituals were undertaken to prepare one physically, in order to be prepared emotionally, for the practice of a GTA. These techniques involved transforming into an idealized image of femininity that includes being clean and shaven, healthy, and chaste, all of which are achieved through various grooming behaviors.

These disciplinary practices reflect the embodiment of ideas about the ideal body, and the sanctioned processes of becoming (or 'being' and 'having') the ideal female body (Heyes 2006), and invite us to consider how the female body as a resource, is established as such. Norms about what constituted a clean body are rooted within deeply entrenched racial and classist discourse, wherein the notion of 'clean' is positioned as the binary of 'dirty', light to dark, black to white. This particular image of femininity was consistent across the pelvic teaching space. Trimmed (or shaved) female genitalia were the images portrayed in the teaching video that students and GTAs were shown as part of their orientation to the exam. In the textbook chapter provided to GTAs and medical students, the women's external genitalia were also hairless or trimmed. Pubic hair was positioned as an obstacle to the exam; therefore it was either eliminated via shaving, waxing or trimming, or something to be 'managed' throughout the teaching scenario. Despite disrupting normative notions of 'proper' femininity on one hand, by participating as a GTA, GTAs also actively engaged in re-constructing ideas of how the female body should be displayed – a hairless ideal.

While I did not intend to elicit data related to attitudes regarding hair removal specifically, that this norm was repeatedly cited as part of the preparation process for being a GTA model was intriguing to me, for at least two reasons: (1) Because the women in the program presented themselves as 'women in the know', confident with their bodies and committed to educating medical students about the variety of female bodies, yet conforming to normative femininity in the production of the model role; and (2) By conforming to the hairless (or hair reduction) ideal, GTAs were (un)intentionally scripting the exam in such a way as to preclude students from the opportunity to practice on genitalia that have not been shaved, trimmed, or waxed bare.

Only one GTA problematized the shaving of the vagina, and this was in relation to the training video that actually utilized a model that had no visible pubic hair. Suzanne had the following to say in regards to preparing to model:

> I would definitely wash, clean. I contemplated at first waxing, just because of the video. And I thought 'you know what, no. This [the video] is not real. This is real life.'

No other GTAs troubled such preparations, not surprisingly, as the prescription of/for hair removal is 'so socially normative in Western culture as to go unremarked' (Tiggemann and Lewis 2004, p. 381). In addition to (per)forming the hairless ideal, Gloria's comments below demonstrated how the performance of normative femininity informed, and is informed by, a performance of 'health':

> Probably not have sex the night before. Definitely shave my legs and you know ... *just try to look as healthy* [as possible], and mentally it's definitely a heavy thing trying to not be – look nervous, or you know try to be calm and confident as much as you can, but some days are better than others ...

Power circulated through the disciplinary practices enacted to (pre)form the idealized GTA, (re)producing particular individuals, institutions and cultural arrangements. However, disciplining the body was not just about disciplinary practices on the material body, e.g., grooming behaviours, but also involved emotional discipline achieved through an active re-framing and repetition of their prescribed role.

'Okay, So Just Repeat After Me': How to (Not) Talk the Body

> I confess, however, that I am not a very good materialist. Every time I try to write about the body, the writing ends up being about language (Butler 2004, p. 198).

Achieving the goals and purpose of the pelvic teaching module involved bodies being thought of (and not thought of), spoken about (and not spoken about), in particular normative ways. Within this learning space, the body was perpetually made problematic, not only the literal material body (what one ought to do, or not do with 'the body', or how one should relate to the body of others), but also how one 'spoke' (to/of) the body. Consequently, how to appropriately speak the body (un)intentionally became the central focus of the program. It was as though it were a simple process – if medical students could 'just' (un)learn to (re)speak the body within the teaching space, the body itself, and its various representation(s) could be (re)made. A body that was both present (to instruct) and absent (to be practiced upon), or both present and absent simultaneously, depending upon the stage of the examination.

The scripted nature of the teaching space, particularly how to (not) talk 'the body', assisted the GTAs in accomplishing this practice/performance. Performing as a GTA was an act that utilized both the discourses of biomedicine to gain legitimacy, while at the same time using 'personally' grounded epistemology to give legitimacy for the place from 'where they speak/spoke'. The GTAs, as professional 'non-experts', utilized these discourses in such a way as to legitimate their teaching position(s), which in turn (re)legitimated these very discourses. This 'professional speak' was intertwined with 'lay language' to such an extent that the experienced GTAs were able to seamlessly deliver their expert-amateur performance(s). For example, they would use medical terminology for female anatomy (labia, rather than 'lay' language lips) and then in the next utterance use a term like 'smoogy'.

The emphasis on 'proper' language – that is, language that was purportedly de-sexualized and/or neutralized – in the learning environment/clinic space was central to the dialogue between the medical students and the GTAs. To demonstrate how (not) to talk the body was instructed, I present a section of dialogue, entitled 'Positioning', which exemplifies a typical exchanged between a facilitator and a medical student conducting the exam. The following teaching scenario re-enacts the act of 'properly positioning' the model/patient for the first part of the pelvic examination, which is the examination of the external genitalia. The scene begins with the model lying on her back, feet outstretched toward the student standing at the foot of the table:

Rosemary: We're going to ask her to just . . .
Corey: So can you please open your . . .
Rosemary: Could you just move your legs to . . .
Corey: Can you move your legs until they touch the back of my hand?
Rosemary: Ok, and just keep her posted as you are going and you'll be fine.
Corey: Ok, so I am going to hand you this sheet so drop it down if you feel
                    uncomfortable.
Rosemary: Just a reminder . . . *drape* . . . not sheet
Corey: Oh, sorry . . .

As *Positioning* demonstrates, (re)naming and positioning of the bodies choreographs a performance that sets boundaries while simultaneously (re)inscribing norms (Butler 1993). This discursive/linguistic 'dance' takes place between GTA and student in order to reimagine the body in front of them as not a naked woman of a sexualized nature, but as 'resource'. Making meaning out of the female body in particular normative ways required those in interaction with the female body to (per)form themselves accordingly. In the context of pelvic teaching, the physical configurations of the apparatus that worked with/on the bodies of GTAs, and the physical properties of the actual clinic space, required all bodies moving within the teaching space (GTAs, medical students, possible observers) to acquire 'knowledge' of the 'other' through institutionally-sanctioned, pre-choreographed series of movements (Hopwood et al. 2014) and the sanitized terminology that accompanied such movements. It was through language that the sheet rematerialized as the drape; the bed transformed into a table. The (dis)embodied GTA 'escorts' the medical student through the pelvic examination under the constant surveillance of the facilitator, with the eyes (and ears) of the model and their fellow students witnessing the act of (re)configuring the practice(d) body.

The 'Gold Standard'

> How, then, can one think through the matter of bodies as a kind of materialization governed by regulatory norms in order to ascertain the workings of a heterosexual hegemony in the formation of what qualifies as a viable body? (Butler 1993, p. 16)

How the body was taken up as a metaphor was evidenced in conversations with GTAs about what constituted the 'healthy' and 'normal' female body – framed as 'the gold standard', and the criteria for participating in the program. The 'gold standard' was the phrase used by GTAs to refer, literally, to the women whose bodies were used as models, and to instructional methods utilized to demonstrate the exam components:

> You'll be doing pelvic exams on many different kinds of women, I said, 'we're the gold standard because we have healthy internal organs'. [. . .] Because that's another question they'll ask; but how will I know if I don't find it the first time? I said 'Because you will learn with our bodies as the gold standard, the well body'.

GTAs could be excluded from participating as 'the body' if their body diverted from the 'norm'. That is, if it was missing both ovaries, one ovary was acceptable; however a uterus and cervix were required, even though the emphasis was on the proper approach to conducting the pelvic examination. Even when a GTA possessed a body with all the 'right bits', there were some bodies that were more productive than others. When a GTA's body failed to produce 'the goods' and a student was unable to visualize the cervix, reassurances from the GTAs to students were always offered; unfortunately, models' bodies could be problematized in the process. For instance, when a student could not visualize Drew's (a novice GTA) cervix, she apologized for, and problematized, her own anatomy: '*I'm sorry. I'm broken*'.

'Dropping the Drape'

The practice of teaching medical students to gather the drape between the GTAs' knees, hand the drape over to the GTA/patient to 'control' throughout the exam, and drop if discomfort arose, was based upon the assumption that dropping the drape would be an un-problematic, easy-to-execute move for the GTA/woman. However, GTAs had difficulty stopping an exam when they experienced discomfort; perhaps even more so than women in the community, due to the complexity of competing interests factored into their decision, e.g. questioning whether or not a disconcerting occurrence or utterance was a 'legitimate' enough reason to stop. As one GTA shared, 'dropping the drape' to halt an examination was a complex decision:

> . . . it's not simple at all [no] not a simple situation there's so many factors: from being paid, the wanting to be professional, the wanting to help, the tendency for women to want to help – that's a big one. And to know that this is a learning opportunity for these people and wanting to make sure that they get everything other than that they're supposed to – those are all big factors (Amanda).

A central feature of the GTAs' gendered 'identity' enacted in their performances, embedded in their practice, reflected and reified in normative discourse, was wanting to help 'others' succeed. Again, the space where bodies and minds in the medical education context meet is not neutral. As a consequence of GTAs positioning as the 'ideal test object/subject', at times they were precluded from acting on their 'instincts', demonstrating a complex relationship between GTAs' 'willingness' to 'transcend' their pain to assist students to succeed, and obligations GTAs felt compelled to fulfill – not only the role of GTAs, but as 'good women'. Framing such actions by GTAs as 'choices' to continue with painful or uncomfortable examinations is detrimental to women – positioning their submission to harm as a vehicle for their self-actualization. Consider the following quote from Amanda, commenting on a session she wanted to stop, but did not:

> Well, I was thinking to myself 'I would rather just leave at this point'. And I don't often think that – like, I really don't mind doing the modeling, you know, I really don't. But at that time I was thinking that I would really like to leave. *Everything in me* is telling me to leave, but *everything that is required* of me is making me stay. So, yes, if I were a patient of either of those men I would have left (Amanda)

The normalizing discourse of mothering and the 'duty to care' inscribed in the ideology of familialism that informs the performances of womanhood 'constitutes women as loving, dutiful (in relation to parents), uncritical (in relation to children), and caring about our appearance, in particular by trying to stay thin' (Coates 1997, p. 295). For women, performing gender along normative lines often means fulfilling the expectations of others at the expense of oneself, even to one's detriment, and persisted as an element of the practice of a GTA. The body is no longer 'only' theirs, because it's a site/source of work.

A Body of Bodies

In a sense, GTAs become the quintessential woman – teacher and text, learner and learned, knowledgeable but self-sacrificing, sexual but able to compartmentalize their embodied reactions to serve a higher (medical) purpose, performer and *performed on* – their roles required them to fluidly shift across and between subject positions. The professional(ized) body does not exist in a vacuum. It is impacted on, shaped by and has tensions with other 'professional' and 'practised' bodies and social roles. Others' bodies heavily influence the practice(d) and professionalized bodies within an educational setting – motherly/caring bodies, available, 'owed' and sexual bodies, submissive yet 'knowing'/knowledgeable bodies.

What are the *bodies* in professional practice? That is, are there a multitude of 'other female bodies' acting as ideals and (re)sources – a 'body of bodies'?, which coalesce to form the ideal GTA and/or woman's body. Such questions draw attention to the idea that practice(d) bodies are reifications, (re)constituted through the repetitions of gendered, classed, heteronormative 'rules of engagement', to the extent that these very practice(d) bodies themselves become embodied manifestations of larger social, political, historical emplacements.

The GTA must enact their particular professional languages and positions (not to mention instructing the student while feeling and knowing with her body); the student in turn must repress and/or alter potential bodily/embodied responses – shock, repulsion, arousal, etc., and demonstrate his or her own professionalism through appropriate contact with 'the other body', as well as speaking the body accordingly. However, bodies, even professional bodies, in an educational setting have all sorts of shadows about (cast, of course, from bodies – both present and absent – and 'light'; light as a way/a metaphor of looking at things) that intervene on and in, and problematize the body(bodies) within a particular context.

To this end, performing the role of GTAs was not so unlike performing the role of 'woman'. Teaching pelvic examinations was not outside normative discourses, but occupied an in-between-space where tensions and struggles to 'do' the examination 'differently' collided with the lived reality that GTAs and women alike are obligated to be self-sacrificing and 'nice' while presenting their bodies, 'costumed with a smile, and a well-defined cultural script, and a uniform' (Kapsalis 1997, p. 76) to/for the benefit of others.

The acts of 'learn[ing] to be bodies in a certain way . . . ' (Reckwitz, as quoted by Green and Hopwood, Chap. 2, this volume) did not begin or end with GTA training (or any other educational context). What I have argued throughout this chapter is for consideration of the multiple other possible (normative) practices that may have informed the professionalization of body practices. In taking up the challenge of asking the question of 'What is the body in professional practice, learning and education?', I mean to challenge conceptions of practice as 'open-ended, spatially-temporally dispersed nexus of doings and sayings' (Schatzki 2012, p. 14). Instead, I ask: *Whose* sayings and doings? And why *these* sayings and doings, and not others? Who benefits at this particular 'moment' from such sayings and doings? Whose 'practice' is one really practising? And (just) what practice is being practised? I believe grappling with the answers to such questions is crucial if we are to think critically about the place of 'the body' in professional learning, education, and practice.

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Chapter 13
The (De)fragmented Body in Nursing Education

Sandra DeLuca, Pat Bethune-Davies, and Janice Elliott

Introduction

What is the role and significance of the body in the professional practice of nursing, as well as its associated forms of professional learning and education? How does the body matter in nursing, and is this changing? What risks follow the increasing technologisation of professional practice? What challenges exist in today's changing practice-world, with dramatic consequences for the way in which nurses think about and engage with their bodies and those of the patients in their care? These and other questions form the basis for this discussion of the body in nursing. It examines the links between the corporate body of nursing as a regulated professional practice field and what can be called the practice body of the nurse, making specific reference here to professional education.

In this chapter we explore various current trends in the field, in particular that of simulated clinical education, that we suggest are propagating (dis)embodied/ fragmented nursing practices. Using a dialogic auto-ethnographic methodology, which involves critical questioning as a method of inquiry, we engage our storied accounts in textual juxtaposition, with the first author (Sandra DeLuca) inserting theoretical questioning into the spaces of the text. The chapter looks first at the place of the body in nursing practice and education, looking critically at the relationship between the corporate body of nursing and the body of the student-practitioner of nursing. It then draws in accounts by Pat Bethune-Davies and Janice Elliott of

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simulated clinical education work, and explores the ways in which virtual/simulated nursing educational experiences inform what might be interpreted as a sense of (dis)embodiment in baccalaureate nursing students.

With regard to the latter, the text is interrupted at various points to take up the challenge to question embedded notions of the place of the body, models of the body, the fragmentation of the body, and ultimately the absence/erasure of the body in nursing education. This raises further questions such as: In what ways is the body of the practitioner and patient understood and taught in the education of nursing students? What are the possibilities for nursing education if the profession takes back/up the body? How might the practitioner and the student of nursing practice engage with their professional (self) body, the bodies of those seeking care, and as well the corporate body that is Nursing? Specifically: Have nurse educators accepted the replacement of bodywork and lived experience with 'good enough' simulated teaching/learning that provides only an abstract ('virtual') idea of people'? Or worse, have we come to prefer simulated practice, believing it is better than the unpredictable messiness of the lived body? More generally, what is the place of the body in nursing and education? And why does this matter?

Historical Context

Nursing's scientific, technological stance has been fuelled not only by claims of 'truth', from science and biomedicine, but also by its own gendered history in the healing realm. To ensure its rigour in the academy and its place in health science, it disrobed itself of its cloak of nature and emotion, and re-gowned as a scientific, hopefully exacting and objective/objectified entity (Benner 1994; Buresh and Gordon 2000). In its quest for identity and autonomy, we argue that it disembodied itself by, at times, constructing a crusty exterior shell that walled off a vital, passionate, and torrid core. Although in recent years nursing has begun to tear down its encasement by making visible and putting to question the tenets of such practices, we believe that significant work remains to be addressed.

Ozick's (as cited in Martin 1994) description of the ongoing 'camping' positions of science and humanities strike a chord when working with the notion of the fragmented body of the nurse as 'multiplying, fragmented, and in hot pursuit of split ends' (p. 215). Fraser (1975) depicts this struggle as one between knowledge felt and knowledge understood. Vetlesen (1994) refers to a sort of sleepwalking condition, where one just carries on one's work without questioning, as 'selective . . .' or 'organized . . . numbness'. He makes the point that organized numbness is not original in the subject, but is instead 'brought about in him or her by the impact of exterior forces such as ideology, bureaucracy, and technology' (p. 211). Organized numbness may well be a fitting description of an insidious process in the education of health care professionals that is not necessarily conscious, but is instead brought about by what might be seen as a strong corporate and biomedical hegemony,

involving drastic cuts in nursing staff, and struggles with voice and power that originate in a history of professional and gender-specific oppression (see Benner et al. 2010; Benner and Wrubel 1989; Bevis and Watson 1989; Munhall 1997; Nightingale 1859/1946; Watson 2005 for further discussion). Vetlesen (1994) contrasts organized numbness to what others may experience as 'coldness', which he describes as an 'indiscriminate or all-around indifference toward human beings' (p. 211); one learns not to feel too deeply if one is to survive.

Many professional education programs are characterized by conceptions of knowledge that emphasize technical rationality. Kinsella (2007, p. 106) points to Schön's (1983, 1987) claim that 'traditionally professional education has been based on a model in which practitioners are instrumental problem solvers who select the technical means best suited for particular purposes'. Schön (1983, 1987), according to Kinsella (2007), suggests that much of practice is not necessarily responsive to direct application of technical knowledge, highlighting the following: 'What Schön illuminates is the futility in professional education of looking to technique or science as the *sole* avenue for resolution of practice dilemmas' (Kinsella 2007, p. 109).

One must ask: What is lost in conceptions of knowledge that fail to attend to personal dimensions of professional life? The relegation of the personal in professional knowledge to liminal spaces and the positioning of professional knowledge to honour *epistemé* (science) and *techné* (skill) (Kingwell 2002) has, by many accounts, diminished the innate humanity of professional knowledge and practice (see also Kinsella and Pitman 2012, for an in-depth discussion of this matter). Springer (cited in Fraser and Greco 2007) proposes that '[s]cientists who are currently designing ways to integrate human consciousness with computers . . . describe a future in which human bodies will be obsolete, replaced by computers that retain human intelligence on software' (p. 247). Turkle (2012, p. xii) questions the 'costs of life with simulation', contemplating whether we are seemingly 'anxious about intimacy . . . [looking] to technology for ways to be in relationships . . . we bend to the inanimate with new solicitude'. One wonders: Is this way of thinking about practice a precursor to the reification of educative practices that in fact hold in esteem what might be thought of as the 'cold body,' simulated replicas of patients, cold to touch, lacking feeling, lacking humanness?

Nursing and medicine have for so long been victims of what Kierkegaard refers to as 'overscreech' (cited in Krall 1988, p. 474); a reverence for the empirical that their awareness of Blake's 'mind-forg'd manacles' (Greene 1986, p. 430) of tradition is restricted by unidirectional thinking. As Greene (1986, p. 430) emphasises: 'Not only did the manacles shackle consciousness, their effectiveness assured the continuing existence of systems of domination'. In fact if one follows the concern of Fenwick (2012), who ponders the whole orientation of practice-based learning while questioning whether it 'could be criticized for promoting what is essentially a highly conservative, a-critical direction where what is valued as the most important knowledge and skill is simply that which ensures the continued dominance of historical routines and hierarchies' (p. 3), one may see such forms of practice continuing to be imbedded in nursing education.

It is our contention that health professional educators need to shatter the border-gates that minimize and marginalize the personal, and instead cultivate space in the borderlands; spaces where educators and students might work toward a practice that welcomes the at-times messiness of phronetic practice – practice grounded in practical wisdom – one that jars the tidiness of the embedded constructs of *evidence-based education and practice*.

Thing-ness and the Object Body

> Because the body [of a patient] is so thoroughly reduced to object status that there is little evidence of subjectivity, onlookers, seeing only a thing, attribute thingness to the person as a whole, finding a 'thing with a thing'. (Gadow 1990, p. 37)

A 'thing with a thing' ... the centre of a person's experience with health care. Gadow (1990) reflects upon the words of Oliver Sacks, who speaks of his experience with a leg that would not move and a surgeon who considered himself a carpenter: 'I regarded my leg as a thing, and he regarded me as a thing. Thus I was doubly thinged: a thing with a thing' (Sacks, cited in Gadow 1990, p. 37).

> In my experience as a teacher and practitioner of nursing, I have witnessed the experience of 'thingness' or detached-otherness in the lives of many of those who have sought health care. As well, I have witnessed a similar phenomena in the lives and practice of the nurse. In a culture that continues to embrace distance and objectivity, the self of the practitioner risks remaining an illusive and at times fleeting presence. (DeLuca 2000)

Many years ago, Chargaff (1980, p. 41) referred to the scientism of biomedical culture as breeding the 'clatter of experts'. They are recognizable by the direction of their thinking, in a straight line, leading in a singular direction to the creation, care, and nourishment of the Diagnosis. Chargaff claims that the keepers of this kind of knowledge thrive on public performance and engage in 'a crude reductionism on what cannot be reduced' (p. 41). Nursing, medicine, and other health science fields continue, in varying degrees, to uphold the cause. Is this the fate of the body? Has it become a victim of the crude reductionism pervading health science fields?

Saul (1992) makes the point that, for the élite, 'possession, use and control of knowledge have become their central theme ... the theme song of their expertise'. He argues the following:

> The reality is that the division of knowledge into feudal fiefdoms of expertise has made general understanding and coordinated action not simply impossible but despised and distrusted. (Saul 1992, p. 8)

One wonders if the élitist control and division of knowledge has in fact elided to the body of the expert. If knowledge has been co-opted, so too might the *body* of the expert. Fragments of the body come forward when needed in practice. The hand to hold the syringe, the eyes to view the patient assessment, the nose to detect the smell of infection ... and then the fragments recede. The *body undivided* is kept in its place. Yet the lingering question is: Kept in place by whom?

The Corporate Bodies of Nursing

Just who are the corporate bodies ... these sometimes elusive referents to whom one may attribute, perhaps unfairly, responsibility for the perceived wrongs faced by practice and education? The obvious would be the regulatory, accrediting, political/ministry, professional bodies that, in some way or other, lay upon the education, practice and profession of nursing the 'acceptable' way. Yet how can they rule when they are so far removed from the daily realities and demands of practice? And who is implicated in this perceived 'rule'?

In these current times of critical shortages in clinical placements, nursing's corporate body(ies) are advocating for the increased use of simulation in clinical education. The Ministry of Health and Long Term Care (MOHLTC) in the Province of Ontario has funded, over the last 10–15 years, all Schools of Nursing in the Province to develop state-of-the-art simulated clinical education suites. This in itself is not the heart of the issue, as we would argue strongly against an anti-technological stance. More to the point is the unquestioned adoption of technology in education and practice. We suggest that at the root of the increase in seemingly disembodied educative practices, is the under-theorized, non-critical adoption of practices such as simulated clinical education (see Harris et al. 2012; Johnson 2008, for discussion on this point).

If one thinks about the mechanisms at play to ensure a 'sustainable' health care system (or seemingly so), is it the predominant corporate and biomedical culture at play here? Often one hears the corporate entity referred to as a 'machine' (see e. g. Armstrong and Armstrong 2003; Stein 2002). One result of this may be, in fact, to relieve any one individual nurse in practice and education of their responsibility to question and advocate for better practices. How do nurses work within this large, powerful, yet elusive entity, a grand narrative of corporate bodies, while grappling with the place of the body in nursing education? The challenge for the nurse educator is to determine which faction of the corporate entity, whose face, whose body, is responsible for the large and looming directives that overlay the practising nursing body? Who or what is driving the education of nursing students and the practices of nurses?

One such seemingly innocent trend in clinical nursing education that, we contend, has dramatic implications for the body of the nurse is the simulated environment. After many years of educating nursing students by paying homage to the self of the patient, simulated practice has crept into the normative mode of clinical education (Benner et al. 2010; Harris et al. 2012). Whereas the body of the patient has been the historical 'practice site' of clinical education, there is now a shift (Berndt 2010). The body of the patient is now 'enacted' through the use of high-fidelity mannequins and standardized patients. Still, the body of the nurse/student remains sanitized and at times removed, fragmented, unquestioned, and imposed upon by the educational institution, the site of practice, and also, arguably, by the 'the machine', the assemblage of corporate bodies.

Tracing the Fragmentation of the Nursing Student's Body

> The machine could be preferable-for any number of reasons-to what we currently experience in the sometimes messy, often frustrating, and always complex world of people. (Turkle 2012, p. 7)

As noted above, the use of high-fidelity simulators in clinical education has become a common educative practice in nursing. Consideration of the seemingly unquestioned acceptance of simulation raises questions of significance to nursing education practice. Has nursing education become a practice where cyborgs are welcome, but where messy human bodies are not welcome? Do educational practices in nursing shun the body? Or do they fragment the body into unrecognizable pieces that defy a whole? How might nursing education unintentionally be (re)per/forming the body in ways that contribute to the fragmentation of self and other?

In the following sections, we work with Bethune-Davies and Elliott's account of their recent experiences in simulated clinical education of nursing students, drawing on E.M. Forster's classic short story *The Machine Stops* (Forster 1909) as metaphor or allegory. It has become for them an encapsulation of what was, what is, and what might be. Written in 1909, one might question its relevance to today's education and practice of nursing. Yet this story has haunted us during the writing of this piece. The act of haunting is one of invasion, entering the psyche of the 'victim' or the intended, wrapping its sensibility around the body/mind. In the following sections we work with this story, considering the ways in which it can be understood as an exemplar that makes visible the (at times) invisible work of the corporate bodies within and surrounding nursing education/practice, as they wrap their sensibilities around the body/mind of the practitioner. Pat and Janice's reflections were written during our early dialogue regarding the ways in which we may think about and write about the body in nursing practice.

The *Machine*

In the following section, the voices of the second and third authors are represented in italicized text, as context for their claims about the significance of the body in nursing education are provided.

In the spring of 2011 we (Pat and Janice) attended an International nursing conference on Information Technology in Nursing. At this time we were presenting a research study we had recently completed on students' experience of online learning. We were eager to learn as much as we could about technological advances and to join the growing movement of virtual realities in education. We were awed by the use of Avatars and Second Life as a platform for teaching nursing … this became an exciting possibility. Then came an invitation to participate in a conference on embodiment and for the first time we became conscious of the question of whether we have begun to reclaim the centrality of the body in nurses'

work with their patients. Yet as well we also began to question the notion of the embodied nurse and the significance of bodily experience and ways of knowing and being in the world. Perhaps not so coincidently we were also deeply entrenched in curriculum redesign and were facing challenges of simulation versus 'real world' /'real body' teaching/learning experience for our students.

We began to question:

- *What is the significance of the body in nursing education?*
- *Have we lost sight of the body of the person/patient as lived experience?*
- *Have we lost sight of the body of the nursing student as lived experience?*
- *Have we lost sight of the body of the nurse educator as lived experience?*

In reflecting upon these questions, we began to find some startling coincidences in science fiction literature. Although science fiction writers do not make claims that their descriptions will be about actual events or states, these authors explore systematically altering technological, social and biological conditions in an attempt to understand the possible consequences.

A striking example of this is to be found in the short story 'The Machine Stops', written by E.M. Forster (1909). The story describes a world in which most of the human population has lost the ability to live on the surface of the Earth. Each individual now lives in isolation below ground in a standard 'cell', a sanitized, mechanical world where all bodily and spiritual needs are met by the omnipotent, global Machine. Any disenchantment with this mechanized world is dismissed as dangerous madness. Human interaction and 'first-hand experience' is unwelcome and feared. A kind of religion is established, in which the Machine is the object of worship. People forget that humans created the Machine, and treat it as a mystical entity whose needs supersede their own.

This point – that is, the human forgetting – is not unlike Bourdieu's notion of habitus, which, following Burkitt (2003, p. 228), 'forms our basic dispositions and will as selves, so that it is impossible for rational thought to change these things without being accompanied by a collective effort to remodel social customs'. How to act, to perform, to enact, to be, is so deeply internalized in the practiced body, that the recognition of the origin of such practices is lost. Indeed, in the earlier days of nursing, the influence of a military history was evident in the extreme controls placed upon nurses. Many were confined to nurses' residence, with strict curfews, starched aprons, and black-laced shoes. Although one does not usually see evidence of this in current practice, there remains a more subtle influence on the body of the nurse by the corporate and biomedical cultural mores of particularly hospital-based nursing practice. As Grosz (1994, p. 23) notes, the body 'must be regarded as a site of social, political, cultural, and geographical inscriptions, production, or constitution'.

Pat and Janice continue . . .

Those who do not accept the deity of the Machine are viewed as 'unmechanical' and threatened with Homelessness. The Mending Apparatus – the system charged with repairing defects that appear in the Machine proper – begins to fail but

concerns about this are dismissed in the context of the supposed omnipotence of the Machine itself. Eventually these mechanical defects worsen and the Machine begins to break down. At first, the humans accept the deteriorations as the whim of the Machine, to which they are now wholly subservient. But the situation continues to deteriorate, as the knowledge of how to repair the Machine has been lost. Finally the Machine apocalyptically collapses, bringing 'civilization' down with it. Too late, the inhabitants perish even as they realize that Man and his connection to the natural world are what truly matter. It will now fall to the surface-dwellers who still exist to rebuild the human race and to prevent the mistake of the Machine from being repeated.

In Forster's 'The Machine Stops', people isolated themselves from face to face contact, communicating through a 'receiver' (p. 1), with the images of each other's face reflected in a hand held plate. 'The machine did not transmit nuances of expression, it only gave a general idea of people, an idea that was good enough for all practical purposes' (p. 3) . . . 'The imponderable bloom declared by a discredited philosophy to be the actual essence of intercourse was rightly ignored by the machine, just as the imponderable bloom of the grape was ignored by the manufacturers of artificial fruit, something good enough had been long since been accepted by our race' (p. 3). Just as Schmitz et al. (2011) suggest that the nuanced sensibility of the body is essential in understanding human experience, we question whether the 'imponderable bloom' of human experience is lost in the hegemony of simulated practice?

There are two notable points to consider here . . . the first being the unintended consequences of being followers of the 'deity'. Thrift (cited in Pile and Keith 1997) makes the point that 'joint action . . . gives rise to unintended consequences, that is it has consequences which are not intended by any of the participants in an interaction but are a *joint* outcome' (p. 129). When decisions are made jointly regarding educational practices in nursing and the results of those decisions are detrimental to practice, participants are left with the question of who is thus responsible for this outcome. The focus of energy is then directed to blame rather than to what happened here. Blame fragments the body collective.

Secondly, the text invokes something of Somerville's (2004) work with mine workers and the notion of 'pit sense'. Somerville describes pit sense as 'how the mine workers inhabit the mine as place and how they know whether the body/mine is safe at any particular moment' (p. 60). She speaks of pit sense as 'profoundly embodied knowledge' (p. 60). Bethune-Davies and Elliott claim here that the imponderable bloom of human experience, or *pit sense*, may in fact be lost in certain educative practices such as the use of high-fidelity mannequins in simulating clinical education. The result of such practices may contribute to the fragmented body of the newly graduated nurse. But one must ask what has contributed to the fragmented body of the seasoned nurse? What effect has the 'Machine' had on the practising nurse, and nurse educator, who continues to reify disembodying practices? Perhaps industry and technology join the collective lobes of the corporate body. Simulation is certainly good for industry, yet the question remains: Who was at the table when these products were developed? Who was absent? And where was the nurse on the 'expert' panel?

Alexander et al. (1977), p. 413) make the point that the 'fundamental learning situation is one in which the person learns by helping someone who really knows what they are doing', or what might be referred to as body-to-body learning. They advocate that it is the simplest way of acquiring knowledge and is powerfully effective. As early as 1977, Alexander et al. argued that universities have taken over and abstracted many ways of learning. In other words, the art of body learning has been eroded, and replaced by books, and indeed high-fidelity simulators that are clean and come with a *control room.*

It seems that we may have unknowingly created cyborg knowledge that is transmitted to the nursing student as 'real'. The communicative body, along with body-to-body learning, is simulated without pain and gore. The student receives 'knowledge' through a control room … exemplifying the 'shift from embodied learning to codified knowledge practices, changing the meaning of what counts as knowledge and in the process challenging established worker subjectivities' (Farrell & Holkner, cited in Somerville 2006, p. 41). How far might these practices go before the fracturing of the body of the nurse and the deterioration of body-knowledge is noticed?

Simulated Learning in Clinical Education

> … I hear a certain fatigue with the difficulties of life with people. We insert robots into every narrative of human frailty. People make too many demands; robot demands would be of a more manageable sort. People disappoint; robots will not. (Turkle 2012, p. 10)

Although nearly two decades have passed since the introduction of simulation in nurse education, many nurse educators struggle with how to integrate simulation into nursing curricula (Foronda et al. 2013). Static mannequins and non-realistic devices have been replaced by high-fidelity human mannequins with the capacity for interactive, hands-on learning environments that are increasingly regarded as essential elements of nursing education programs (Diener and Hobbs 2012). According to Berndt (2010), simulated clinical experiences alleviate many of the problems faced by nursing education today, including high student-to-faculty ratio, faculty shortages, competition for clinical sites and decreasing patient acuity. Furthermore, simulated learning experiences provide a safe environment where students have the opportunity to make mistakes without life-threatening consequences to the patient.

There is growing evidence that simulated experience, when combined with traditional teaching methods, improves learning outcomes, self-confidence and perceived competency in both pre-licensure and continuing education programs (Gordon and Buckley 2009; Stefanski and Rossler 2009). However, Kneebone (2009) cautions about the oversimplification of procedural clinical skills, broken down into task-specific simulated procedures. He notes that procedural skills involve more than technical expertise: communication with patients, teamwork, clinical

judgments, and dealing with unexpected challenges and messy uncertainties of real life, all of which require high levels of professionalism and expertise.

In an age of virtual environments, the danger is that simulated technology may become just another venue of gaming, where relationships are contrived and patients are plastic. If the simulated patient lives, the student has won the game, and as well student distress when their simulated patient dies may be more about performance stress than losing a human being (Diener & Hobbs 2012). Unless time is spent with human beings in even the earliest stages of nursing education, transpersonal caring relationships do not have the space to develop. Students who have never experienced an embodied caring relationship are unlikely to recognize the healing aspect that care brings to practice environments (Diener & Hobbs, 2012).

If one follows the work of Sandelowski (2002), one may understand this as devalued bodywork. In the health-care field, it is the Personal Support Worker (PSW) who works most closely with the body of the patient. The closer to the practice of bodywork, the more devalued is the health-care worker, financially and hierarchically. In a phenomenological study, Somerville and Bernoth (cited in Somerville 2006) found that during 'manual handling' nurses had an 'absence of self-body experience' (p. 40). During this time, the authors claim that nurses were 'aware only of other bodies and not their own' (p. 40). Following Grosz's (as cited in Somerville 2004) inscriptive methodology – that is, '[the] concern . . . with processes by which the subject is marked, scarred, transformed, written upon, or constructed by the various regimes of institutional, discursive, and non-discursive power as a particular kind of body' (p. 51) – one can easily see nurses' bodies as marked in a particular way: the further from the messy body, the more acknowledgment of its professionalism. There is a resulting absence of self-body and body-body experience in nursing education and in the enactment of nursing practice. Not only is there a devaluing of bodywork, as in the 'place' of the PSW, but there is also evidence of the blanketing power of corporate body(ies) and the corporate machine.

Sandelowski (2002, p. 61) contends that the fleshy body has been an 'absent-presence' in nursing. While nurses of the twentieth century were primarily concerned with the 'object body', ministering to it as a physical entity, more recently nurses have recognized the significance of the experiences of the 'lived body' as they have increasingly integrated concepts of the body integral to self. Thus, nurses began not only to attend to the physical body but assist patients to live with and through what happens to those bodies and to themselves as embodied human beings. Lawlor (1991) summarizes that nursing practice remains essentially and fundamentally about people's experiences of embodied existence, particularly at those times when the body fails to function normally. Bodywork is 'sacred' work that has allowed nurses to share intimacies with patients; but it is also considered 'profane work (p. 61), compelling nurses to perform functions that other health care professionals would not. In Western culture, bodywork has been perceived as 'dirty work, and body workers – who are largely women – as dirty workers' (Sandelowski 2002, p. 62). Sandelowski suggests that nursing has responded to this image by both scientizing and sanitizing the body in their philosophies and

theories of nursing, and by turning away from traditional bodywork and toward technology in practice. In this way, Sandelowski (2002) contends that nursing was able to offer a less visceral, less dirty, more intellectual and more scientific form of nursing practice. Emphasizing the interpersonal and psychosocial as opposed to the physical aspects of care, nurse theorists called attention to the minds of nurses, rather than their bodies, especially their hands. By delegating bodywork of bathing and toileting to ancillary personnel, nurses escaped the perceived low status of this work (Sandelowski 2002). By incorporating the latest technologies into their work, nurses no longer had to encounter the raw messiness of their patient's body. So is it for nursing education.

Messy Bodies

In our experience, simulation has been gaining acceptance as not only an adjunct to learning but also a desirable replacement that is preferred to real-world experience. Some faculty colleagues contend that simulation is more reliable and predictable, and provides safer learning environments, while others mourn the loss of traditional practice placements caring for real patients. Our students, eager to learn, have embraced the simulated experience but also express a desire to engage and make a difference in the lives of real people. Still others were not so eager to engage with the messy realities of the human body. Despite the attempt to create a realistic simulated experience, one student felt that no simulated experience could prepare them for the intimate experience of 'actually touching old penises and vaginas'. Another commented: 'You mean I have to touch someone's feet?' Another left the program after an experience in a long-term care setting, stating that 'the gore was just too much'. As educators, at what point do we allow our students to experience this gore and to find for themselves if this reality is for them? (Pat and Janice)

In *Rabelais and His World,* Bakhtin (1984) works with the notion of the 'grotesque', claiming that grotesque imagery constructs what 'we might call the double-body' (p. 318). He talks of the chain of bodily life and the way in which 'one link joins the other, in which the life of one body is born from the death of the preceding older one' (p. 318):

> Eating, drinking, defecation and other elimination ... as well as copulation, pregnancy, dismemberment, swallowing up by another body – all these acts are performed on the confines of the body and the outer world, or on the confines of the old and new body. In all these events the beginning and the end of life are closely linked and interwoven. (Bakhtin 1984, p. 317)

The common people engaged the grotesque to perform in medieval carnival as the voice of the people ... that is, until the sixteenth century, when the norms of language and the 'canon of polite speech' formed:

In the modern image of the individual body, sex life, eating, drinking, and defecation have radically changed their meaning: they have been transferred to the private and psychological level where their connotation becomes narrow and specific, torn away from the direct relation to the life of society and to the cosmic whole. (Bakhtin 1984, p. 321)

In early nursing practice, in the time when Nightingale wrote *Notes on Nursing* (1859/1936), it was clear that during the Crimean War the body of the patient, in all of its gore, was the practice site of the nurse. The grotesque body elided the body of the nurse. Bodywork *was* practice. As nursing grew as a profession, so did its corporate body(ies). It became visible … yet invisible. It tidied practice and tidied bodies, erasing the humanity, the grotesque, the carnivalesque that *was* practice. The body of the nurse in practice was being fragmented. Although nursing has strived to reclaim its work in the healing arts (see Bevis and Watson 1989), it appears to have left the bodywork and the body behind.

Pat and Janice express concern related to the move away from the 'real' body in nurse education:

Along the continuum of simulated practice in education, there lies a middle ground where the simulated experience is combined as an adjunct to learning. As in Forster's science fiction story 'The Machine Stops', nursing education must not complacently sink into the adoption of simulation and let the machine become our religion. Nursing has long challenged the medical mechanistic model as dehumanizing, and has challenged nurses to return to their historical roots of caring with bodywork as a sacred art (Watson 2005) that is antithetical to depersonalized technical and technological care. With the advent of high-tech fidelity mannequins and huge investments in simulation labs there is a risk of losing sight of the body as central to nursing education.

The mannequin voice is only as good as the computer program and the technician as actor who supplies the voice. Can the actor behind the voice accurately and truly represent the experience of grief, the panic of not being able to breathe, the experience of pain?

Haraway (1991, p. 150) makes the point that 'modern medicine is … full of cyborgs, of couplings between organism and machine, each conceived as coded devices' (see also Haraway 2000). She points to Foucault's biopolitic as a 'flaccid premonition of cyborg politics', claiming we are 'theorized and fabricated hybrids of machine and organism' (p. 150). Bethune-Davies and Elliott are questioning this seemingly disembodied voice that is the conveyor of emotion to the nursing student. In what way are the nuances of the ill body taken up in simulated practice? Has in fact the experience of pain and suffering been adequately or indeed at all theorized by the control centre? Fenwick (cited in Somerville 2006) claims that 'experiential (work) knowing must be theorized as fully embodied (not a reflective process where the lofty rational mind excavates messy bodily experience to create 'knowledge')' (p. 40). Bourdieu's words (cited in Fraser and Greco 2007) resonate here:

So long as the work of education is not clearly institutionalized as a specific autonomous practice, so long as it is the whole group and a whole symbolically structured environment, without specialized agents or specific occasions, that exerts an anonymous, diffuse pedagog-

ical action, the essential part of the *modus operandi* that defines practical mastery is transmitted through practice, in the practical state, without rising to the level of discourse. (p. 90)

That is, the student of nursing practice learns, as does the child in Bourdieu's thinking, through being immersed in and as part of that practice, as it is practised, and therefore always situated, dialogical, and embodied (Green & Hopwood, Chap. 2, this volume).

The Vigilant (Embodied) Subjective Act

I understand the *vigilant subjective act* as an alert and reflexive examination of embodied aesthetic self-representations, an act of self-witness. I am interested in uncovering possibilities for understanding the healing relationship/practice through the development of a *vigilant* subjectivity that listens to and receives the subjectivity of the other. This embodied ethic of relationship is constituted as a *healing site or place*. (DeLuca 2000)

During the writing of my PhD thesis (DeLuca 2000), I became absorbed in questioning the reification of certain notions of the body in nursing practice as an object of practice, a staid, distant thing that accompanies the practitioner to the point of care. Hence the body must be quiet, non-deviant, non-descript and, by all means, not interfere with the task at hand. The body of the practitioner also was the vessel that housed the self … along with its passions, fears, emotions, humanity. This account may sound harsh, but in fact one could argue that although in the earlier days of nursing (late 1880s to mid-1900s) this imposed/revered sameness of corporeality was visible through the conventional, understated clothes and manners and gestures that avoid animation, current policies of the corporate bodies uphold these practices, albeit unsaid and mostly invisible. Thus the self remains relegated to the margins, hidden from view. Whereas the *diagnosis* arguably becomes the prime/singular representation of the person seeking care, the *fragmented body* (at times, *shattered*) remains to a large degree the predominant representation of the body of the nurse.

During the writing of my thesis, I was reminded of Jo Spence's (1995) words during her experience with breast cancer, as she engaged in the process of 'demystification-both of the self and of the medical and family discourses which have defined [her]for much of [her] life' (p. 130). As she explained: 'I needed to find out who I had been told I was before I could contradict it' (p. 130). Is this so for the practising nurse and nurse educator, considering the requisite skills and ways of being imposed by corporate body(ies) and the historical body of nursing? Without a clear vision of the imbedded habitus of being, how will the nurse educator and practising nurse resist that which has not been intentionally in-grained? According to Levinas (cited in Orësland et al. 2013, p. 119), 'our potential to open ourselves in the direction of the Other without conditionality establishes not only our potential to develop ethical relations but also our capacity to be human'.

I return to the notion of the vigilant subjective self. Having worked with this way of being and knowing in my doctoral thesis, I now see its limitations. To

know the other through ones' knowing of the self, I claimed that this act would establish meaning places for healing. What is absent from this claim is the bodywork that predisposes the self of the nurse in practice to the other. The fragmented self stands aside the other as a spectator of the practice. Unless the nurse in practice works not only with the knowledge of self, but through and with the body, the fragmented/erased body remains hidden from view.

Green and Hopwood (Chap. 2, this volume) offer up the body as metaphor, background and resource. In the education of nursing students, it seems that emphasis has recently been on the body as inanimate resource, i.e. the virtual body. Yet to practise with vigilance demands a body imbued with messy embodied humanity that need not be *called upon* as resource, background or metaphor, but who instead is a present body, a warm body. In contrast to the fragmented body, the de-fragmented body in practice stands within the self of the practitioner. Knowledge claims arise from body-knowledge as well as a vigilant understanding of the practitioner's self.

A Call to Action

Nursing education is implicated in adopting practices that may in fact reify disembodied practices. Haraway (1991, p. 180) claims that the cyborg body is not innocent:

> The machine is us, our processes an aspect of our embodiment. We can be responsible for machines; they do not dominate or threaten us. We are responsible for boundaries. We are they.

To what degree and who, then, is implicated in this turn? Why does this matter? The body of the nurse in practice is visible – yet it appears to be marked by the 'invisible', the machine. Or is it? Is the practiced body a construct or a choice? Does the machine rule because the habitus of the practising nurse-body has not resisted, or even participated?

Returning to the question of who or what is controlling practice: What would be different if there were a more general understanding that the corporate bodies of nursing are made up of nurses ... with faces, bodies, and knowledge? Has our complacency, or perhaps our history of oppression, distorted our vision, our ability to see the bodies of self and the bodies that make up the corporate body(ies) of nursing? Without this vision, the habitus of practice will rule, affording the practitioner a means to project blame for disembodied practices onto the *machine*, absolving the practitioner of responsibility.

Certainly educative practices that are under-theorized are in danger of reifying the cold body. Simulated bodies are cold bodies. Why does it matter that these practices have sanitized the grotesque body? Bell and Gardiner (1998, p. 87), referring to Bakhtin, offer insight here:

> Diseases ... play a key function in grotesquery. It is not just the way they can deform the human body ..., but also that they are the body's classic manifestation of fallibility. This does not make Bakhtin fatalistic; on the contrary, what he admires in Rabelais is

that he interprets disease as an opening of the body, that disease regularly and insistently transgresses the body's boundaries with the world, integrating it with the lively complexities of an entire cosmology.

In what way, then, will the students of nursing practice learn to think/be through their bodies to find meaning places for healing through/with the bodies of their patients? Rather than educating our students to engage in embodied, body-to-body work while gaining insights through body-knowledge, we are in danger of mindlessly following trends in education, i.e. adopting the virtual body as best practice, seeking higher and higher fidelity mannequins, rather than the warm and imperfect bodies of patients. Following Turkle (2012, p. 154), we wonder whether 'once we remove ourselves from the flow of physical, messy, untidy life – and both robotics and networked life do that – we become less willing to get out there and take a chance' ... less willing perhaps to teach against the grain.

We do not negate the crisis of clinical education, that being the dearth of traditional clinical placements. Yet we join those who see the value in redefining what a quality clinical placement might be, rather than attempting to recapture what was. There are many people challenged with health/healing issues who do not reside in institutional settings. We need to change the conversation and look toward humanity in all its spaces and places.

Grosz (1994) may offer nursing education some insight. In her introductory chapter, *Refiguring Bodies,* she poses the question '... by what presumptions is a non-dichotomous understanding of the body possible?' Of her six accounts, there are two most closely linked to the challenges posed by our account of fragmented educative body practices. First, Grosz (1994, p. 22) warns that an analysis of the body must 'refuse singular models'. She contends that there is no one mode capable of representing the humanness and richness of a body. Thus plural models of clinical education are called for, without an overwhelming nod to cold body practices that risk the continuing fragmentation of the body of the nursing student and patient. Second, Grosz (1994, p. 23) argues that dualism must be avoided. She claims that the body 'must be regarded as a site of social, political, cultural, and geographical inscriptions, productions, or constitution'. This might be interpreted as a call for respect for embodied subjectivity, for the messiness of bodies, for the return of body-to-body work in nursing education, and as a plea for acceptance of the grotesqueness of ill bodies, a call to nurse educators to resist practices that fragment the body.

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Chapter 14
Looking Like an Occupational Therapist: (Re)presentations of Her Comportment within Autoethnographic Tales

Sally Denshire

Uneasy Representations of Lived and Practised Bodies

Hers is a lived and practised body in everyday clothes, not in uniform as are the nurses, nor polo shirt and green culottes as the paediatric therapists are. This occupational therapist's body is variously and partially represented; her face and hands, and her sensory preference for using smell and taste in group work projects with young people (such as making mini pizzas on Lebanese bread). She is mobile within a hospital-wide network of young people, parents and staff, offering these young people relational opportunities for 'doing' in hospital; and facilitating social gatherings in a children's hospital that had no adolescent ward in the 1980s. Feeling hesitant and confident (Young 2005b), empathic, obliging, authoritative, grief-stricken in the course of a working week; these emotions cross her face and are written on her body . . .

A practitioner may recall, and perhaps talk about, ordinary everyday moments from practice and the feelings they experienced at the time, but rarely get to write about discomforting micro-interactions publicly. Indeed such moments of discomfort can become virtually 'un-narratable' (Frank 2004, p. 7) in an era of regulated evidences. For a health professional seeking scholarly and professional legitimacy, opportunities for firsthand (re)tellings of practice (such as the passage above) are outside the dominant discourses and so usually off limits: the '[t]ension between the values of a *profession* and the practitioner's *lifeworld* is a largely ignored and unarticulated dimension of professional life' (Kinsella 2006, p. 39).

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Table 14.1 Selected articles in dialogue with corresponding tales

Selected articles representing practice	Tales of sexuality, food and death	The tellings of each tale
Denshire S. (1985). Normal spaces in abnormal places: The significance of environment in occupational therapy with hospitalised teenagers, *Australian Occupational Therapy Journal*, 32 (4) 142–149	Denshire, S., (2011). 'Le moment de la lune'. An auto-ethnographic tale of practice about menarche in a children's hospital, *Australian Occupational Therapy Journal*, 58: 270–275	1st telling: 'Sally recalls her first contact with Meli'
		2nd telling: 'Through Meli's eyes'
Denshire S. (1996). A decade of creative occupation: The production of a youth arts archive in a hospital site. *Journal of Occupational Science Australia*, 3, 93–98	Denshire, S., (2012). Orchestrating a surprise party – A twice-told tale of derided interventions in the 'heartland of medicine'. Paper presented at the ProPEL International Conference – Professional Practice in Troubling Times: Emergent Practices and Transgressive Knowledges, Stirling, Scotland. 9–11 May 2012	1st telling: 'Working behind the scenes'
		2nd telling: 'Made some deadly friends this time'
Denshire, S. (2005). 'This is a hospital, not a circus!' Reflecting on generative metaphors for a deeper understanding of professional practice. *International Journal of Critical Psychology*, 13, 158–178	Denshire, S. (under review). Assembling Sofya's keepsake. A twice-told tale of a therapist's first experience of a death in hospital. In *Auto-ethnography in health and social care*. Eds. J. Hall & S. De Luca, Sense: The Netherlands	1st telling: Working with ritual and memorial
		2nd telling: My anne and baba feel me slipping away . . .

Vick's (2000, p. 247) deceptively simple question, 'What does a teacher look like?', interrogates constructions of 'verbal and visual images of teachers and teaching' since 1850. Her historical interest in pedagogy as fully corporeal and performative makes me wonder about practitioners and practice as objects of representation. In writing practice differently in an era of regulated evidence (see Table 14.1), my interests extend to what might be called (for want of an incorporating term) the 'external' and 'internal' representations of lived bodies in practice (Merleau-Ponty 1945/2006). Representations may be understood as:

> . . . textual *constructions* [italics added] that arise from habitual ways of thinking about or acting in the world. Although they seem to refer to the 'real world', they actually refer to the cultural world which members of a society [or, in this chapter, of a profession] inhabit. (Moon 2004, p. 138)

Relations between discourse and power/knowledge will infiltrate representations of practitioner comportment (Foucault 1980). Disciplinary regulations govern a practitioner's comportment every hour of the working day, whenever docile bodies (of occupational therapists and of occupational therapy participants) are 'subjected, used, transformed and improved' (Foucault 1979, p. 136). Feminist political

philosopher Iris Marion Young (2005a, p. 17) describes a woman's lived body as enculturated:

> ... by the clothes the person wears that mark her nation, her age, her occupational status and in what is culturally expected or required of women ... by habits of [feminine body] comportment distinctive to interactional settings of business or pleasure; often they are specific to locale or [professional] group.

Arguably, the corporeality of women's lived bodies does not seem to be part of the formal conception of women in the professions (Witz 1992). In non-medical health professions, only the hands and faces of women seem acceptable.[1] Attention to the reflexive and ethical care of the self, however, can produce resistance to centralised governmental control of bodies (Foucault 1992) with practitioners becoming 'more than docile [and partial] bodies' (Mackey 2007, p. 4).

This chapter takes up the methodological challenge of 'reformulating representation within, and as part of, an adequate theory of practice' (Green 2009, p. 51). I have used a layered autoethnographic approach to represent a practitioner's sociomaterial comportment (Fenwick et al. 2011). My autoethnographic response to the role that representation(s) might play in 'better understanding practice and the body' (Green and Hopwood, Chap. 2, this volume), draws on selected moments of embodied occupational therapy work from the 1980s. Presented in a portfolio of fictional, autoethnographic tales that shows the comportment of a thirty-something occupational therapist ('Sally') going about her youth-specific practice in a paediatric hospital. My work explores two questions; 'What does an occupational therapist look like?' and 'How does it feel to be an occupational therapist?'

Material intercorporality (Park Lala and Kinsella 2011) is routinely erased from accounts of occupational therapy practice. In what follows, moments from practice are presented as excerpts from my autoethnographic 'tales' of sexuality, food and death from the 1980s that show something of a woman's lived and practised body. Such embodied representations of an experienced practitioner, previously 'un-narratable' (Frank 2004), show particular instances where the body matters in and for professional practice. But first, who are occupational therapists, and what is it that we actually do?

On Occupational Therapy

In Australia, the practice of occupational therapy originated during World War II to assist returned soldiers (Anderson and Bell 1988). The occupational therapy workforce has been estimated as 10 % of the allied health workforce (OT Australia 2005). Occupational therapists are predominantly young Anglo-Australian middle-class women (93 %), who work part-time (59 %) mostly in urban areas (OT Australia 2005). There are fewer occupational therapists between the ages of 30

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[1]For example, later in the chapter, the hands are represented in a tale of sexuality and the therapist character's limit-setting eyebrows feature in a tale of food.

and 40 years compared to other professions. There are very few male occupational therapists, which is in contrast with an increasing number of men in fields such as physiotherapy and nursing (Schofield and Fletcher 2007). Around 20 % of occupational therapists leave the profession each year (OT Australia 2005).

The practice of occupational therapy has continued in the light of Mary Reilly's (1962) premise about the use of the *hands* in performing everyday occupations such as dressing, meal preparation, and undertaking leisure interests: 'man [sic] through the use of his hands, as they are energised by mind and will, can influence the state of his own health' (Reilly 1962, p. 2). Occupational therapists endeavour to work collaboratively with people across the life span whose lives have been disrupted. Often, occupational therapists are regarded as 'transporters' (Fleming 1994, p. 110), members of a translational profession bridging the everyday lived world and the medical world in both directions (Polatjako et al. 2007).[2] The clinic reorganises what is seen and said (Foucault 1975) and, typically, occupational therapists find themselves using 'common sense' to adapt equipment and to do ordinary things in new ways in 'the uncommon world of the clinic' (Fleming 1994, p. 108).

The relative diversity of therapists' approaches in a wide range of clinical, rehabilitative and community contexts (with a spectrum of dress codes) has become a 'hallmark of occupational therapy' (Whiteford and Wright-St Clair 2002, p. 129). Frequently, practitioners have adapted to their surrounding habitat by 'filling gaps' (Fortune 2000, p. 225), according to the situation and human environment they are presented with. Typically, these *chameleon* qualities often mean that while the varied contributions of occupational therapy may be highly regarded in the immediate environment, they are still little understood by the general public. Inevitably, much occupational therapy practice remains subjective, culturally bound, and hard to represent, given the power relations in play during what may be regarded as 'derided interventions' (Selby 2005, p. 9).

Every profession has rich oral and practice traditions that are located in the everyday. Occupational therapists have a 'double dose' because the work they do explicitly concerns the everyday activities of others. Participation in all the ordinary things that people need and want to do every day is part of the 'immense remainder' (de Certeau 1984, p. 61) of human experience that 'does not speak' (Hasselkus 2006). The hybrid field of occupational therapy remains ambivalently represented; previously conceptualised as 'para-medical' in relation to medicine, and compared to physiotherapy, a profession closely allied to medicine for reasons of status that, following the invention of an 'occupational science' in the late 1980s, occupational therapy is not. Recent calls in the professionalising project for 'occupational language' to distinguish occupational from medical discourse have tended to focus on particular populations, even though the occupation-centred paradigm defines all humans as 'occupational beings' (Clark et al. 1996).

Occupational therapists have been typically trained to attend to 'functional problems . . . within biomedicine' (Mattingly 1994a, p. 37), to see the body as a

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[2]Notions of occupational therapist as 'transporter' and her folkloric potential as a 'gypsy nomad' are taken up later in the chapter.

machine, while also displaying 'anthropological concern with illness experience' (Mattingly 1994b. p. 64) – in other words, the broader meanings of the disruption to a person's life. Typically, this 'two-body practice' (Mattingly 1994a, p. 37) applies to both the biomechanical body and the phenomenological, lived body and the lived body experiences that go undocumented are something that therapists often value most:

> ... running through even the most scientific syllabi for the training of professional practitioners, are two clashing traditions of thinking about practice ... [t]he dominant ethos links ... to self-serving ... interests ... for evidence–based accountability and governmental regulation ... Against this runs the ancient (if suppressed) ethos of *phronesis* [practical wisdom] by which practitioners increasingly set store as their careers progress. (Bradley 2009, p. 79)

These current notions of 'regulated evidence' and 'wise practice' present 'clashing traditions' for occupational therapists. Eventually occupational therapists may come to value the cumulative store of experience they accrued (Bradley 2009).

Further, some occupational therapists may be aware of the Cartesian legacy, but still split body and mind without realising, privileging cognitive function and rarely naming their own bodies and the particular emotions experienced during a therapeutic encounter. There is a shift toward body-mind integration, however, to do with whole body reasoning in practice, with occupational therapists described as 'sensing beings', typically possessing 'perceptual acuity and skilled know how', 'embodied communication' and 'sensory preferences', and tend to return to these preferences in therapy sessions[3] (Boyt Schell and Harris 2008, p. 69). Perhaps autoethnographic and phenomenological accounts that name a therapist's sensory preferences during processes of professional reasoning may more fully represent the body/practice nexus in occupational therapy.

Where Is a Therapist's Body in Scholarly Written Accounts?

Occupational therapists may describe optimising 'person-environment fit' (Law et al. 1996) and people's engagement in all manner of 'occupations'. Accounts of professional practice (and practitioners) tend however to be rendered as disembodied. When the selves of a therapist are represented, it is mostly in singular, disembodied and self-effacing terms, with nuances of practice interaction unsaid:

> When health care researchers' bodies remain unmarked – and hence naturalized as normative – they reinscribe the power of scholars to speak without reflexive consideration of their positionality, whereas others' voices remain silent or marginalized by their marked status. (Ellingson 2006, p. 301)

As occupational therapists, we have, arguably, actively collaborated in our own subjugation (Townsend 1998), rarely naming our experiences of everyday practice

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[3]Examples from the food-related practice of the therapist character 'Sally's' sensory preferences for smell and taste occur later in the chapter.

as scholarly and disguising ordinary episodes of practice in an ongoing bid to legitimise both the profession and the practice of occupational therapy. In this way, a traditional gender order is maintained. When a woman's practised body is not counted as a part of practice, she is effectively 'written out' of the mainstream record, and so becomes unrecorded and forgotten.

At times I use the term 'actors' to refer collectively to everyone involved in practice situations: clients, staff and significant others, thus re-working the usual clinical binaries such as patient-therapist and client-practitioner. The discourses circulating in occupational therapy are nearly always focused on the experiences, problems and abilities of clients. It is still uncommon for practitioners to be reflexive and turn the spotlight back on our lived bodies. However, some of us reach a career turning point, often around mid-life, where we are ready to tell expanded narratives of care-giving, writing our experiences of caring for others in our personal lives and of giving and receiving care ourselves. Occupational therapy scholars in North America publish embodied accounts, for example, of a father's dementia as a daughter and occupational therapist (Thibeault 1997), of caring for a mother in her last years (Hasselkus 1993), and on an experience of 'lingering discomfort' as an occupational therapist, reflecting on how the objectivity expected of her silenced her emotions (Kinsella 2006, p. 40). In similar fashion, I want now to turn to my own work in this regard (Denshire 2009).

(Re)presenting Practice: Autoethnographic Approaches

Autoethnographic accounts transgress dominant academic discourses, allowing intimate, visceral, particular (re)presentations of practised bodies from more than one point of view (Reed-Danahay 1997). The viscerality and pain expressed in nurses' accounts of mental illness and addiction (Bruni 2002), an insider account of back pain (White 2003), and forbidden social work narratives about having a breakdown (Church 1995), persuaded me to start writing the lived body as part of an auto-ethnographic doctorate. Publications (listed in Table 14.1) selected from my body of work[4] according to criteria relating to points of *becoming*[5] (Somerville 2007) showed my unfolding representations of practice in the 1980s, the 1990s, and the early twenty-first century.

Even though lived bodies have been strangely absent from healthcare research, as Ellingson (2006) has noted, instances of vulnerable, embodied writing then began to

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[4]Integral to the approach to embodied writing taken during my autoethnographic doctorate was that my tales of practice were in dialogue with selected published articles from a *body* of work. I refer to *body* in the sense of a *body* of writing, an assemblage of 25 years of published writings that coheres as a whole, a 'body of writing'. Both the institutional body of the hospital and my body of published work 'figure as metaphor, literally as trope' (Green and Hopwood, Chap. 2, this volume) in this chapter.

[5]First, as an experienced therapist anticipating motherhood; second, becoming an academic at an inland university; and, third, becoming a doctoral student.

enter the corresponding tales of practice I was crafting to dialogue with my earlier articles. These tales of sexuality, food and death dramatised 'paradigmatic scenes' from a remembered world of occupational therapy, recalling moments from practice with young people living and dying at Camperdown Children's Hospital, in the early 1980s (Table 14.1).

Each tale was told twice; a first telling in the third-person by the therapist character; a second telling in the first-person by the girl character. When told from the perspective of these two different participants in the moment, specific socio-material enactments (Fenwick et al. 2011) then became visible and significant. Details of the activities and events in the earlier articles were recast in both everyday-ordinary terms and with regard to primal elements of sexuality, food, and death, respectively – all of which, it should be noted, are largely erased from more traditional scholarly accounts of occupational therapy practice.

Lived bodies of both patients and professionals become actors in selected moments of practice in these tales set in the wards, bathrooms, corridors and grounds of Camperdown Children's Hospital. Of course the bodies of others are integral to the excerpts from the tales, given that 'experience unfolds in an *inter-subjective* space' (Bradley 2009, p. 73). The presence of every *body* is required to usefully represent professional practice interactions. However it is the lived body of the *therapist* character ('Sally') as represented in both first and second tellings from the tales that is foregrounded in this chapter. Having a woman's practising body positioned in the foreground provides a series of unexpected (re)presentations of professional practice.

The following sections trace representations of the 'Sally' character's comportment in embodied tales of sexuality, food and death. Excerpts from each tale are preceded by a précis of the published article that the corresponding tale is in dialogue with, followed by some critically reflective commentary. First I trace aspects of the therapist character's comportment in a tale of sexuality ('Le moment de la lune'); then draw on a tale of food ('Orchestrating a surprise party'); and finally I take up excerpts from a tale of death ('Assembling Sofya's keepsake').

Her Comportment in a Tale of Sexuality

My first published article 'Normal spaces in abnormal places' (Denshire 1985), offering a critique of hospital spaces, was organised around disembodied principles and generalities of what was, back in 1985, a new youth-specific professional practice. There was little 'locating the personal' (Kamler 2001) in that article and nothing about a practitioner's body. There was heavy reliance on the literature, with issues of gender and culture largely absent, or, perhaps, 'written out'. On critically re-reading the article, some criticism of staff is implied when I state, 'non-verbal expressions may be incongruent with staff's stated goals' (Denshire 1985, pp. 143–144). In fact, this interpretation of the disapproving bodies of others may foreshadow the theme of 'derided interventions' in the tales.

A corresponding tale of embodied sexuality, 'Le moment de la lune'[6] (Denshire 2011), articulates local complex practice and the particularity of individual work to do with menstruation in self-care. The therapist character is bearing witness to how Meli, a French-speaking girl from Noumea living with a disability, learns to manage her first period in an Australian hospital. At first meeting, Meli notices that the therapist and interpreter are not wearing uniforms while the nurse is. Then Meli notices the whiteness of the women who have come to help her, and inspects her own hand in comparison:

> Soon these two women arrive at my bedside chatting and laughing. They do not wear uniforms like the nurse. I notice the tall one, her bright patterned cotton skirt and sandals, her pale skin and freckled arms. The blonde one who speaks French has manicured hands with beaten silver rings on long, white fingers. I look at the back of my strong brown hand and turn it slowly to inspect the paler skin on the palm underneath. *(2nd telling: 'Through Meli's eyes'*: 108[7]*)*

The following interaction between Meli, Sally and Jeanne conveys the fallibility of a practitioner as she tries to respond to Meli's self-care needs:

> [Sally] tunes into the musical breath of Meli and Jeanne speaking French. She wishes she could join in their conversation … [and] finds herself gesturing ineffectually to compensate. So um how it is for you to have started your periods? she asks. What do I do about the blood? How long will the bleeding go on for? Meli asks, her voice quivering … After what felt like a long time to the three of them but was probably only a matter of seconds, Sally replies haltingly, Well, you're doing a lot of growing up. I remember when I first got my period – I was a bit younger than you Meli – it took me a while to figure out what was going on. Getting your period is a part of becoming a woman … Sally's words seem to hang there in the air and Jeanne has to catch them for Meli. Slowly … girl and occupational therapist have a not entirely flowing conversation about Meli's periods and how she can look after her body while she is bleeding. *(1st telling: 'Sally recalls her first contact with Meli'*: 103*)*

Representing the fallible comportment of a practitioner (Clough 2002), as I have done in portraying vulnerable aspects (Behar 1996) of interactions between Meli, Sally and Jeanne, could feel both poignant and unsettling. 'Le moment de la lune' thematises intercorporality (Park Lala and Kinsella 2011) and starts to explore ideas of the 'contact zone' and in particular 'first contact' (Pratt 1991) between the actors involved.

On reflection, I realise that 'Normal spaces' was the last article I wrote prior to giving birth. The disembodied style of writing I used means that themes of birth and transition, although undeniably there somewhere in the writing, remain largely unexpressed. It is almost as if it was too hard, too intense, too painful for my lived body, at that time, to move in the present, as well as being not acceptable to write personally as a professional. I had articulated a youth-specific occupational therapy approach in the article, but at that time I did not know how to write my body into that institutional landscape (Somerville 1999).

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[6]French is the colonial language spoken in Noumea. In French, menstruation can be translated literally as 'the moment of the moon', so in the tale the moon is emblematic of menstrual time. The moon is also considered as a celestial body.

[7]Page numbers for this and subsequent excerpts are from Denshire (2009).

Getting a period in a childrens' hospital seemed slightly taboo, even though most staff were women of menstruating age. 'Le moment de la lune' juxtaposes notions of sanitising with blood and uniforms. Blood is depicted as both out of control, as a fluid to be staunched and contained, and as a hospital 'currency'. Whether the fluid is classified as abject, personal or corporate seems to be a factor in determining whether work around menstruation falls, at the policy level, to a nurse or to an occupational therapist.

Acknowledging menstruation is a key theme in the tale. Menstruation as an aspect of women's experience is positioned in society as marginal, and has been largely 'written out' of the occupational therapy literature. Instrumental Activities of Daily Living – shower assessments, dressing re-training, bathroom modification, etc. – remain the central focus of mainstream occupational therapy practice. Menstruation, although a common activity of daily living for women with (and without) disabilities, is still largely erased from the occupational therapy literature (Carlson 2002). Because of this relative 'writing out', 'Le moment de la lune' is intended to restore and re-inscribe the intimacy, viscerality and particularity of the practice, as witnessed by 'Sally'. This auto-ethnographic writing has allowed me to acknowledge three embodied rituals of the first time, which were previously unexpressed. These are what menarche was like for Meli, the protracted strain of the delayed opening of the Adolescent Ward, and something of the lead-up to my first pregnancy.

Her Comportment in a Tale of Food

The second published article 'A decade of creative occupation' (Denshire 1996) can be read as a 'victory narrative' promoting a hospital-based Youth Arts Program, with a focus on the need to archive ephemeral objects. The corresponding tale, 'Orchestrating a surprise party' (Denshire 2012), is a backroom tale full of 'hands on' sensory detail about making pizza with Lebanese bread for a surprise party for Julie, on the day of her discharge from hospital.

Contrasting with the demonstration project narrative in 'A decade of creative occupation' is the idea that occupational therapy practices were derided by some clinical staff, too busy to cooperate with the work of party preparation unpacked in 'Orchestrating a surprise party'. In the tale, young people's voices are louder than in the article, speaking from Indigenous, immigrant, and Anglo-Australian viewpoints about organising a party on the day of discharge. The following excerpt from 'Working behind the scenes' shows the quietly authoritative body language of the therapist as she reacts to adolescent testing behaviour:

> Suddenly, they were all yelling at once. Where are all the things … Sally? Well … she replied … here's the fruit, tinned pineapple, tea and ginger ale to put in the punch … oh and smell the mint from my garden … You forgot the vodka! They said. Yeah right! She replied, raising her eyebrows and smiling at them. Always they were testing her. Yesterday they said, please, please Sally take us to see [the movie] Puberty Blues at Hoyts! She knew she had better check with their parents first. *(1st telling: 'Working behind the scenes'*: 127*)*

The unflappable demeanour attributed to the therapist in response to her young charges in hospital joking about drinking and puberty in 'Orchestrating a surprise party' recalls traits of fictional Edwardian children's governess Mary Poppins in the therapist character – as innovative and animated, composed under pressure, with an ability to set limits. Comparable virtues (Barnitt 1998) were still expected of the young, middle-class, white women who became occupational therapists in Australia in the late twentieth century, (OT Australia 2005). Yet both Mary Poppins and the youth-specific occupational therapist character were also likely to subvert the expected order on occasion (Grilli 2007).

Her Comportment in a Tale of Death

The third published article, 'This is a hospital, not a circus!' (Denshire 2005), is a hybrid narrative foreshadowing the use of fictional devices and the beginnings of dialogue, namely, the nurse's exasperated utterances: 'this is a hospital, not a circus!' and 'that occupational therapist's a Pied Piper'! My authorial voice tends to be rational and critical, more often 'telling' than 'showing', with expression of emotions and bodies largely absent. By writing the particular and the ordinary, 'This is a hospital, not a circus!' is a text that hovers at the edges of autobiographical fiction. Of the three selected articles, it is the one that bridges the new writing and the old, offering open space for auto-ethnographic work. I was not quite ready to risk articulating my lived-body experiences during the process of writing the article in 2004. Instead, I retreated into the 'theory' of others. The article tells without showing.

The figure of an occupational therapist referred to as a 'Pied Piper' by the uniformed charge sister in 'This is a hospital, not a circus!' is re-fashioned into a gypsy nomad who hand-binds the keepsake book for the dying girl in the corresponding tale, 'Assembling Sofya's keepsake' (Denshire, in review). This tale brings in Sofya as the young narrator who, noticing the therapist's body coverings of pants, vest and boots, named her the 'gypsy nomad'.[8]

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[8]Recently, I asked a second-year class of occupational therapy students what the term 'gypsy nomad' meant to them. A forthcoming student replied: 'Oh that's an old person who travels around' (i.e., what the media refer to as a 'grey nomad'). Perhaps as a 60-year-old academic (feeling young, looking older) I seemed a soon-to-be 'grey nomad' in her eyes? I suggested that a 'nomad' could actually be someone of any age who moved around, and that a 'gypsy' is a person kept outside the dominant culture. This inter-generational dialogue between occupational therapy student and her teacher felt both awkward and productive. Other students also objected to the 'gypsy nomad' image of an occupational therapist because, they said, 'gypsy nomad' suggested that you 'didn't belong', 'that you weren't stable' or 'part of the team'. Nevertheless, mobile, unsettled practitioners in colourful garb have often been the case for practising occupational therapists, as a kind of stereotype. It was like this for me in the 1980s, and may still be the case for practitioners now, on the margins in new or controversial practice areas, in an increasingly regulated profession.

> Every day I've been in hospital this time, the one I call the gypsy nomad has visited me on her magic carpet. We used to fly across to the yellow building on it with Julie, Kat and Meli. My gypsy nomad is part of a travelling circus. As well as spending time with me she spends time with my mum and dad, listening and suggesting things. She wears pantaloons and her vest is embroidered with fishes. She has boots like a pirate but a kind pirate. *(2nd telling: My anne and baba[9] feel me slipping away ... : 150)*

The tale shows a therapist's anticipatory grief at Sofya's impending death:

> In their own language [Turkish] the girl's parents speak about arranging their daughter's funeral. Sally suddenly feels overwhelmed with an immense sadness and shrinks back into the curtains around Sofya's bed. *(1st telling: Working with ritual and memorial: 148)*

It is a tale of the materiality of death, a tale in which emotions are embodied and expressed through fiction. At first, the occupational therapist, trained in the neurosciences, tries to make sense of Sofya's death rationally:

> Sally tries to revive her sketchy knowledge of neuro-anatomy in an attempt to make sense of what had happened at the moment of Sofya's actual death. Did the tumour tighten around Sofya's brainstem? Is that was what killed Sofya? What would an autopsy show? *(1st telling: Working with ritual and memorial: 148)*

Then she starts to reflect on her experience of Sofya's death phantasmagorically:

> Now Sofya's lifeless body lies refrigerated with the small bodies of other children in the unmarked hospital morgue. The bed is now stripped and empty. But the cover of Sofya's book of memories still shines on the table beside the bed in what had been her hospital room. Light streams through the window catching the lustrous cover and conjuring an after image of the marbling onto the mural, onto the occupational therapist's bare arm and over her breasts and neck. *(1st telling: Working with ritual and memorial: 149)*

Ellingson (Chap. 11, this volume) discusses the acceptability or otherwise of a practitioner ('Kate') expressing her grief in an organisational setting. Similarly, the grieving body of Sofya's therapist was out of step with the institutional order:

> Logic tells her that Sofya's death has made space in her case-load. But Sally still feels exhausted, overloaded. The death is disrupting the rhythm of her work and she goes about her tasks, numb. At night, bone weary, she falls asleep without dreaming. Whenever she walks down the corridor her eyes fix on the mural. Whenever she finds herself walking past that room on the ward she cannot peel her eyes from the bare, striped hospital mattress lying there. Tomorrow, there will be another young person on the hospital treadmill. Someone else who is terminal will be admitted to Wade House and they will occupy that room, the room that was once Sofya's. *(1st telling: Working with ritual and memorial: 149)*

The word 'disorientation' speaks to the shock we feel when someone is suddenly not there in the bed, not around, because they are dead. Didion (2005) writes of the profound disruption to our sense of normal. Death does violence to our psyche. It *is* shocking. It is hard and painful to write about working with a young person as they die. The tale acknowledges the force of the first experience of the empty bed in the body of a young occupational therapist. This auto-ethnographic work is intended to speak to other therapists, to raise awareness of the significance of a first death for a young therapist through two re-tellings of one person's experience.

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[9] The Turkish words for 'mother' and 'father'.

The tale shows the drained demeanour of the occupational therapist character around the time of losing Sofya and coping with hospital regulations. This tale features the notions of the carnivalesque begun in the corresponding article – subverting protocol and turning things upside-down. The gypsy nomad in 'Assembling Sofya's keepsake' has magic at her fingertips in the form of an imagined magic carpet, standing for alternative practice in the translational profession of occupational therapy. An occupational therapist is often necessarily mobile, moving between the wards or from hospital to the home of a client, a nomadic 'transporter' who is often an outsider, bridging the everyday lived world and the medical world in both directions (Polatjako et al. 2007).

What an Occupational Looked Like and How She Felt[10]

The occupational therapist character is variously represented in the tales as being white-skinned and hesitant, animated and unflappable, fallible and grief-stricken, as a magical 'transporter' dressed in colourful clothes. Indeed, the clothing of a fictional character, those '... imaginary identities constructed through reports of appearance, action, speech, thought ... representing a set of beliefs and values ... as an element of narrative code' (Moon 2004, p. 7), may represent a 'living complexity, [with] imagination and story embedded' (Vella and Somerville, Chap. 3, this volume).

These tales of sensory worlds within a clinical setting privileged a therapist character's preferences for senses of smell and taste in her work with young people in the 'pale green environment' of hospital. Within cultural and representational modalities dominated by sight and hearing (Borthwick 2006), smells such as 'mint from my garden' permeated the food-related practice of the therapist in 'Orchestrating a surprise party'. The pale hands of the therapist character represented in the tales also produced her comportment. A prevailing motif of occupational therapy practice (which some now are beginning to question[11]) is that of hands. The tales are about making small choices, about experiences of doing using the hands, accomplishing the details of daily life within/against the organisational protocols that produce comportment (de Certeau 1984).

Her professional comportment was disciplined and shaped through a series of experiences of comfort and discomfort, occurring around, on and within a practitioner's lived and practised body (Foucault 1979). Site-specific performances of professional comportment are also shaped by what inter-professional others may notice about each other's demeanour and conduct on a hospital ward (Park Lala

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[10]This section is written in the past tense ('looked', 'felt') to convey the time that has elapsed between the 'Then' of practice in the early 1980s and my successive representations of that practice, accounts that have gradually, over years, become embodied.

[11]For someone without hands or someone unable to use them, hands may be little more than the symbol that an able body is the norm (Hammell 2009).

and Kinsella 2011). Whether her experiences received social, organisational and professional endorsement would have influenced what an occupational therapist looked like and how she felt.

In Conclusion

Autoethnography that enables socio-material representations (Fenwick et al. 2011) of lived and practised bodies can function as something of a corrective to de-personalized and disembodied accounts of professional work. Representations that were previously 'un-narratable' (Frank 2004) can be constructed to enrich understandings that the body matters in and for professional practice. These tellings have the fictive potential to show moments of difficulty as well as the mundane-ordinary of practice. The everyday practices of health professionals are saturated with such moments, yet these are largely absent in most of the health literature (Denshire and Lee 2013).

Green (2009, p. 43) succinctly characterises professional practice as comprising:

> *speech* (what people say) plus the activity of the *body*, or bodies, in interaction (what people do, more often than not together) – a play of voices and bodies. In this view, practice is inherently dialogical, an orchestrated interplay, and indeed a matter of co-production. Among other things, this allows a better, sharper sense of practice as always-already social.

I would argue that crafting twice-told tales in dialogue with selected publications offers further possibilities for representing the multiplicity of practice (Schatzki 2002); and, in particular, as Lee and Dunston (2011) highlight, representing the *social* complexities of the everyday practice of a health professional than any singular account told from one point of view.[12]

Green (2009, p. 51) points out that dialogical representations can be a part of practice, not in opposition to it. Each fictive re-telling of a selected article was placed in dialogue with a corresponding tale. The tales go beneath a 'larger spectator theory of knowledge' (Hacking 1983, p. 130) into what being an occupational therapist looked and felt like. In this way, the tales 'colored in' absences in the articles – in particular, the body: the bodies of patients and the bodies of professionals through accounts written fictively from both points of view, and the institutional 'body', the Hospital.

It seems to me that the representations of a practitioner's comportment within tales of practice like those presented here have implications for reconfiguring 'the primacy of practice thesis [that] is haunted by the spectre of representation' (Green 2009, p. 49) in so far as this 'elaborated account' also brings representation into dialogic relationship with practice. The reciprocating and dynamic relationship between my practice and its successive representations goes some way to showing, firsthand, ways in which representations of the body matter in and for 'the ongoing-ness of practice' (Green 2009, p. 52).

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[12]For further details on this autoethnographic methodology, see Denshire and Lee (2013).

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Part IV
Concluding Reflections

Chapter 15
Embodied Knowledge: Toward a Corporeal Turn in Professional Practice, Research and Education

Elizabeth Anne Kinsella

Introduction

This book represents an intellectual achievement that lays the foundation for a new field of thought that attends to the place and possibilities of 'the body' and 'embodied perspectives' for advancing understandings of professional practice. At the heart of the book lies Grosz's (1994) influential question about what it might mean to place the body at the centre of our investigations; framed in this project as the following question: *'Does the body matter in professional practice'*? The essays gathered here respond with a resounding 'YES!' as they open a fertile domain for further thought, action, application and investigation. Csordas (1994, p. 4) has suggested that 'the body is passing through a critical historical moment', one that offers a crucial opportunity to reformulate our theories. The essays in this volume may be seen as such a reformulation, one that lays the ground for what can variously be depicted as an 'embodied turn', a 'somatic turn' or a 'corporeal turn' in theorizing professional practice; a turn that has profound implications not only for professional practice, but also for professional education and research.

The place of the body in professional practice has been a topic of growing interest in my own work as a scholar of reflective practice, critical epistemic reflexivity and practical wisdom in professional life (Kinsella 2006, 2007a, b, 2009, 2010, 2012; Kinsella and Pitman 2012; Kinsella and Whiteford 2009). I've been privileged to contribute to this ongoing program of scholarship, and to engage in dialogue and exchange of ideas with seminal thinkers in the field, like Bill Green, whose sustained vision and intellectual energy has laid important theoretical foundations in thinking about professional practice (Green 2009), and in seeing this project to fruition.

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Reading this book has been a visceral experience, and extended my thinking. I have noted my own embodied response to the work presented here, and the 'haunting' nature of the embodied (often storied) accounts depicted. DeLuca et al. (Chap. 13) describe the act of haunting as 'one of invasion, entering the psyche of the "victim", or the intended, wrapping its sensibility around the body/mind'. The plethora of images and insights have indeed invaded, engaged and shifted my sensibilities. The embodied descriptions are deeply resonant, and bring the theoretical advancements proposed by these authors to life. I am left with a sense of seeing in new ways; of being granted the opportunity to glimpse taken-for-granted or occluded dimensions; and with a fundamental awareness of the need for us to move forward – individually and collectively – to engage professional practice scholarship in ways that embrace and attend to the significance of the body/corporeality/ embodiment in advancing our understandings in more precise and nuanced ways.

What is striking as one surveys the chapters in this book is the multiplicity of perspectives revealed in terms of how one might 'think with' the body in professional practice and education. One has the sense that professional practice scholarship is at the cusp of a revolution with respect to ways of considering and enacting the body in professional life, and that this work opens the door to a plethora of important and fruitful conversations moving forward. As noted by Green and Hopwood in Chap. 1, attention to the body has been largely absent (until now) in scholarship concerning 'professional' practice, learning and education.

Rather than offering a neatly reconciled and tidy theoretical and empirical package, the collection of essays contained herein remind me of the famous Deleuzian metaphor of a 'rhizome', in that the work is emergent – opening 'lines of flight' that offer fruitful sites of engagement for future scholars and for programs of research. The collective works might be seen as an 'assemblage' of perspectives that contribute to an ongoing program of research on professional practice, but that also open a whole new field of scholarship that takes seriously the profound significance of the body and embodied perspectives in advancing scholarly work in the field.

Conceptualizing the Body

The essays in this book raise philosophical questions and open a dialogue concerning the ways in which the body might be thought as a concept relevant for practice. Gallagher (2005) has stated that there are significant conceptual challenges with the body and the different ways in which it is detailed in the literature at this time. Green concurs (Chap. 8), and, following Deleuze, notes that concepts are not static, but rather are constantly 'becoming'; they 'change, or emerge, in the course of thinking'. Articulating the body as a 'concept' is an important philosophical project at this moment in time. Various conceptions of the body arise in this volume, opening and advancing dialogue, beginning to articulate the tensions, and laying the ground for further theorizing. What many contributors share is a concern with a post-Cartesian perspective, one that challenges the historic privileging of the mind *over*

the body, a desire to return the body to a central location within our investigations and theorizing (Grosz 1994), and an interest in thinking about what taking the body seriously might mean for professional practice (Green and Hopwood, Chap. 2). The problem is both a practical and a philosophical one.

The papers in this volume problematize concretized Cartesian notions of the body, which divide body from mind and foster disembodied conceptions that translate into practice. Indeed, Arnold Berleant (1991, p. 167) claims that the 'most pernicious of all dualisms [is] the division of body and consciousness'. The papers call for a move beyond dualistic notions of the body, embracing in many instances Trihn's (1999, p. 258) famous understanding that 'we do not *have* bodies, we *are* bodies' (cited Ellingson, Chap. 11). Conceptions of the body are proposed that variously focus on the body: as capable (at least to some degree) of human agency and resistance; as a means of perception and thought; as enacting *doings* and *sayings*; as *becoming*; as moving; as relational; as energized by affect; as constituted in relations; as assemblages; as engaged in materially mediated practices; as interacting with other bodies in time and space; as constructing meaning between embodied persons, not solely within individual minds; as engaged in geometric relations of proximity, distance and angle; as enacting and embodying rhythms together; as shaped and produced by the sociomaterial world, including habitus, and culture; as a site 'of social, political, cultural, and geographic inscriptions, productions and constitution' (Grosz 1994, p. 23); and as a potential site of ideological colonization. For Green (Chap. 8), the challenge is one of 'avoiding unities and identities' and of '*thinking bodies* ... [as] inevitably pluralized, or as multiplicity, rather than as singular'. The divergent conceptualizations of the body presented provide a fruitful realm for generative discussions and future scholarship.

Knowledge Generation

Collectively the essays pose a clear challenge to disembodied accounts on epistemological and ontological grounds. They raise questions concerning the nature of knowledge, the nature of reality, and what counts as legitimate interpretations and accounts of each. Drawing on the work of Mol (2002), who writes of the body multiple, Loftus (Chap. 9) notes that:

> [t]here is a move away from simple epistemological views ... to the realization that practice is primary and that our bodily enactment of practice potentially brings with it multiple ontologies and epistemologies.

An important theme here is attention to what the body can offer to the generation of knowledge relevant for professional practice, learning and education. As Ellingson (2006, p. 308) puts it: 'The body is the site of knowledge production; the mind is not apart from the body but part of it'. She notes that the 'erasure of researchers' bodies from conventional accounts of research obscures the complexities of knowledge production and yields deceptively tidy accounts of research' (Ellingson 2006, p. 299).

The potential of attention to the body to reveal previously hidden domains of knowledge, and therefore to challenge the dominance of a Cartesian perspective in considering what counts as knowledge are continuous themes. Somerville and Vella (Chap. 3) point to Grosz' (1994) famous call to rethink the place of bodies in systems of knowledge generation, in her 'inversion' of the traditional privileging of mind *over* body, and her provocative contention that 'bodies have all the explanatory power of minds' (p. viii). Boyer (2005, p. 247) asks an important question relevant to this discussion:

> Why is it that intellectuals experience and are encouraged to experience their mental activities rationalistically and to consider as genuine knowledge only that which originates in pure cognitive process?

Attending to the body in professional practice draws attention to dimensions beyond purely rationalistic or cognitive realms, dimensions that might help us to illuminate, understand and investigate other types of knowledge relevant to everyday practices.

The ways in which bodies operate to enact knowledge within practice itself is a topic of concern to various contributors to this volume (Green, Hopwood, Johnsson, Reid and Mitchell). Green and Hopwood call for attention to how we might 'think through the body', in practice itself, as a primary mode of knowledge production. Hopwood's interest (Chap. 4) in knowledge relevant to practice extends beyond the individual embodied practitioner to attend to the bundle of practices and material arrangements that constitute professional bodies in the performance of a practice. He is interested in 'body geometries' as a means to make explicit the knowledge embedded within a performance in practice.

Relatedly, Johnsson (Chap. 5) shows that there are particular enacted and embodied 'rhythms' to practice through an analysis of how practitioners of winemaking recognize and construct their practices together. She draws on critical geography to analyze interacting bodies in time and space, to reveal how knowledge is enacted in the practices themselves: 'a fundamental aspect of practice demonstrated by the body is the human capacity to enact practical principles and understandings'. Reid and Mitchell (Chap. 6) are also interested in the knowledge produced through practice. They examine how teachers acquire a teaching 'habitus' such that the attitudes, gestures, vocalizations and predispositions of the teacher's body are recognized by other bodies as 'teacherly'. In this way, they show how knowledge is inscribed in the teacher through practice. Such work has important implications for how we might think about knowledge as embodied within collective practices.

At the level of particular practitioners, Loftus (Chap. 9) offers an example of embodied knowing in dental practice:

> There is a great deal about many practices that involves an embodied knowing. An example is tooth extraction. There are many principles that can be taught but the reality is that dental students must experience the practice and develop the embodied expertise. One must develop a 'feel' for how the tooth can move and be removed in one piece with a minimum of trauma.

I see parallels here with dimensions of the 'epistemology of practice' put forward by Donald Schön (Kinsella 2009; Schön 1983, 1987), particularly what might be seen as a form of 'embodied reflection' embedded in his work on reflective practice (Kinsella 2007a). As I have argued elsewhere, 'embodied reflection' is an under-recognized dimension of Schön's work, and if one examines his theory closely, attention to an embodied mode of reflection that 'arises through the bodily, lived experience of the practitioner and is revealed in action' can be discerned (Kinsella 2007a, p. 396). Drawing on the work of two seminal philosophers – Gilbert Ryle (knowing-how) and Michael Polanyi (tacit knowledge) – Schön pointed to the ways in which knowledge is revealed through the body of the professional practitioner, through skillful practice and intelligent action (Kinsella 2007a):

> Schön points out that 'although we sometimes think before acting, it is also true that in much of the spontaneous behaviour of skillful practice we reveal a kind of knowing which does not stem from a prior intellectual operation' (Schön 1983, p. 51). He notes that 'once we put aside the model of Technical Rationality, which leads us to think of intelligent practice as an application of knowledge to instrumental decisions, there is nothing strange about the idea that a kind of knowing is inherent in intelligent action' (p. 50) (Kinsella 2007a, p. 400).

The earlier example of a tooth extraction may be seen as a form of embodied knowledge, and the online experiments, and nuanced changes to actions in practice that the practitioner makes, might be seen as embodied reflection. In short, knowledge may be viewed beyond purely cognitive realms; knowledge may also be generated through embodied reflection in practice.

Attention to the ways in which the place of the body in knowledge generation has been silenced as a result of the dominance of technical-rationalistic perspectives in the professions is also an important theme that emerges in this volume. This was a central topic of concern to Schön (1987, p. 3), who defined technical rationality as an 'epistemology of practice derived from positivist philosophy' (Kinsella 2007b). From his perspective:

> Technical rationality holds that practitioners are instrumental problem solvers who select technical means best suited to particular purposes. Rigorous professional practitioners solve well-formed instrumental problems by applying theory and technique derived from systematic preferably scientific knowledge (Schön 1987, pp. 3–4).

In their examination of nursing, DeLuca et al. (Chap. 13) suggest that technical rationality has limited the profession's knowledge base: 'to ensure its rigour in the academy and its place in health science, [nursing] disrobed itself of a cloak of nature and emotion'. They contend that in the quest toward objective, legitimizing, science, the nursing profession 'disembodied itself' by constructing a shell that 'walled off a vital, passionate, and torrid care'. Loftus (drawing on Shotter 2010) suggests that the 'dominance of technical rationality is a problem' because it offers a limited view of practice and provides a 'poor vocabulary for expressing embodied relational understanding', which he argues are also key dimensions of effective professional knowledge.

Consideration of the inner responses of the body as a means of generating knowledge relevant for practice is also illuminative. As an organizational change

agent, Karen Vella writes of recognizing that she was fundamentally unable to change the patriarchal structures of the organization in which she worked, but that sitting with the responses emerging in her body helped her to come to this painful insight. As she wrote:

> my body began to react, to make my ongoing participation in organizational life difficult ... my body speaks, shouts, screams ... waves of nausea take over ... I am reeling with dizziness, a cold clammy sweat breaks out on the skin of my forehead ... soon I have to leave and vomit ... this happens over and over again ... dizziness and nausea take over my corporate body ... an exit of that body from organizational life is inevitable (Somerville and Vella, Chap. 3).

Vella shows how knowledge emerged through her bodily responses, before her 'rational self could accept it'. Somerville and Vella also point to how the body may contribute to 'un-knowing'. As Vella puts it: 'My making of fabric assemblages and sitting with the organizational change work in that way allowed the articulation of unknowing and undoing to emerge. It has been an uncomfortable and volatile bodily experience for me'.

Embodied accounts potentially have significant implication for processes of epistemic reflexivity and knowledge production. Epistemic reflexivity carefully interrogates the very conditions under which knowledge claims are accepted and constructed (Kinsella and Whiteford 2009). For Bourdieu, epistemic reflexivity denotes critical reflection on the social conditions under which disciplinary knowledge comes into being and gains credence (Bourdieu and Wacquant 1992). Katzman (Chap. 10) draws on her own autoethnographic experiences in making the case for attention to 'embodied reflexivity' in knowledge-producing practices. She extends earlier theoretical work on embodied reflection and the ways in which critical and epistemic reflexivity might come together (Kinsella 2007a, 2012, Kinsella and Whiteford 2009), and drawing on the work of Sandywell (1996), examines how reflexivity can be enriched through attention to embodied accounts, to show how 'embodied reflexivity' might contribute to the generation of knowledge from practice.

Another potential consideration in how embodied perspectives might contribute to knowledge generation can be found in the work of phenomenologists who focus on the body, such as Merleau-Ponty (2006), and Todres (2007, 2008). At the heart of Merleau-Ponty's thinking is the contention that the body might be viewed as a means of perception in and of itself, distinct from the mind (Park Lala and Kinsella 2011). What might it mean to examine phenomena in the world, explicitly through the lived world of body?

Recently I've been working with the concept of *phronēsis* – also referred to as practical wisdom – as a form of professional knowledge (Kinsella and Pitman 2012). Interestingly, one of the key points made by contributors to our collection of essays on the topic was that *phronēsis* is an elusive concept – we know it when we see it, but it is difficult to define (Frank 2012; Kemmis 2012). Further, *phronēsis* is often revealed in storied or narrative accounts (Frank 2012). I am left wondering if part of the 'invisible' or 'elusive' dimension of *phronēsis* is revealed through embodiment, and whether practical wisdom itself is an embodied phenomenon when enacted

well. Further, what are the implications of considering that knowledge enacted by practitioners who exhibit *phronēsis* might be inscribed and produced through habitus, and what might that mean for education and practice? The relationship of embodiment to the enactment of *phronēsis* (practical wisdom) as a form of knowledge in professional practice is a topic worthy of further attention.

Making Bodies Visible

Many of the essays in this book show how thinking with and through the body has the potential to bring awareness to dimensions of practice that we've been at a loss to find ways to speak about, or that we've chosen not to attend to, perhaps because they fall outside of traditional realms of epistemic legitimation, dominant discourses, normative practices, and intellectual practices. Boyer (2005) calls for attention to invisible, silenced, or de-legitimated dimensions that are alive in practitioner's individual and collective bodies, but have remained suppressed, subordinated or beyond our attention and grasp. Thinking about bodies in a collective manner brings attention to how bodies interact in ways that may be unseen, for instance relationally, in time and space, geometrically, through proximity, distance and angle, rhythmically, and through habitus (Hopwood, Johnsson, Loftus, Reid and Mitchell, this volume).

Somerville and Vella (Chap. 3) draw attention to the body as 'invisible' in professional practice. They point out that we frequently 'talk about our bodies behind closed doors' where we share 'stories of bodies that have become weakened and ill in the 'unhealthy places of learning' in which we work'. Denshire (Chap. 14) writes that '[w]hen a woman's practised body is not counted as a part of the practice, she is effectively "written out" of the mainstream record, and so becomes unrecorded and forgotten'. Other embodied aspects of practice that move beyond the purview of logic and rationality are frequently sites of invisibility and silence in professional practice. Mulcahy (Chap. 7) notes that important aspects of professional practice (such as 'affectivity') 'are occluded in "official" accounts' . . . given 'systemic concerns in education currently with metrics, measures and outcomes'. She points to the importance of 'affective encounters' which are often 'mundane, everyday and seemingly trivial' yet they move and affect professional practitioners.

Embodied accounts of grief may also be seen as transgressing the institutional order. Denshire describes her response to the death of a young patient: 'logic tells her that Sofya's death has made space in her caseload. But Sally still feels exhausted, overloaded. The death is disrupting the rhythm of her work and she goes about her tasks, numb'. Similarly, Ellingson points out that despite prevalent norms against such displays 'there may be . . . instances, such as crying when receiving news of a patient's death, that an embodied display of grief and loss may be the most humane and appropriate response from a professional'. Normalizing humane bodily responses in professional practice is warranted; further scholarship along these lines may contribute to this aim.

Embodied perspectives have the potential to bring topics of a 'taboo' (Denshire) 'unmentionable' (Reid and Mitchell), 'silenced' (Hall), 'secret' (Somerville and Vella), or 'un-sanitized' nature (DeLuca et al.) to light. Many of the stories in this volume speak to accounts of working within liminal spaces and ethical borderlands, embracing the messy complexity of interacting bodies. For instance, ethical tensions concerning the provision of dialysis care to a person with dementia; accounts of grief and emotion when patients die; discussions of menstruation as a taboo realm in therapeutic intervention; secret responses of nausea, vomit, and vertigo in response to patriarchal structures in the work place; and considerations of vaginal preparations and intimacies in the work of gynecological teaching associates, are some of the examples offered. Katzman (Chap. 10) writes provocatively of her engagement with a pressure sore in the context of working as a personal attendant for a woman with quadriplegia: 'the red spot was growing, deepening. Its characteristics were changing. The red was joined by some streaks of yellowish-white. It began to look moister than it had. It frightened me . . . I soon began to realize that this wasn't even skin I was dealing with anymore, but flesh'.

A number of the essays gathered here contend that 'vulnerable bodies', 'unruly bodies' 'volatile bodies' 'messy bodies' and even 'female bodies' are often 'written out' of the professional practice literature, yet the exemplars offered showed ways in which they are present and can potentially be written back in.

Various forms of resistance, when practitioners are ready to insert their bodies into their practices, are articulated in the volume. Mulcahy (Chap. 7) draws attention to the 'affective charge' that a teacher 'just can't ignore', as an 'unruly teaching relation' which unsettles 'at least momentarily . . . established, representational' pedagogies. Denshire notes that '[s]ome of us reach a career turning-point, often around mid-life, where we are ready to tell expanded narratives of care-giving, writing our experiences of caring for others in our personal lives and of giving and receiving care ourselves'. Vella writes that her 'lunch hour expeditions [wandering through fabric shops] feel secretive and subversive, empowering and sustaining' . . . her 'subversive stitching' is not just about sewing, she writes, 'it is about my body, bringing my past into the present, making my stories, combining the past and present'.

A number of important feminist thinkers have called for the repositioning of the body as a way to rescue the body from dominant patriarchal power relations and knowledge claims (Grosz 1994; Shildrick 1997). This theme runs through a number of the essays in this volume (Somerville and Vella, Hall, Denshire, DeLuca et al.). As noted by Somerville and Vella (Chap. 3), feminist thinkers such as Grosz (1994) seek 'to rescue the body from dominant, uncontested (patriarchal) models that link women's subjectivities and social positions to the specificities of male bodies'; while Irigaray views the female body as 'the site of patriarchal power relations and at the same time the site for symbolic and representational resistance'.

The use of first-hand accounts, arts and autoethnographic methods are particularly suitable for work that interrogates patriarchal perspectives that potentially colonize women's subjectivities. Through autoethnograpy, Jodi Hall (Chap. 12) examines the ways in which working as a gynecological teaching associate (GTA) potentially inscribes women's subjectivities, while simultaneously offering sites of

resistance. The way in which language shapes experience is a prominent theme: 'This is a *drape*, not a sheet. This is an examining *table*, not a bed' ... Hall's account critically interrogates the hidden world of the GTA, suggesting that 'performing the role' is not unlike 'performing the role of woman': 'women alike are obligated to be self-sacrificing and "nice" while presenting their bodies, costumed with a smile, and a well-defined cultural script'.

Further, Karen Vella confronts the ways in which patriarchal norms in her institution played out in her body: 'I was employed to work on changing a profoundly patriarchal institution. I was trying to do this as a woman rather than as an instrument of patriarchy. It was perilous work. It took a profound toll on my body' (Somerville and Vella, Chap. 3). Attention to the body, and embodied art-work, served in this instance as a medium for fueling resistance; Vella wrote that she began 'working from outside or from the margins of organizational life, as many women have chosen to do'. Feminist philosopher Irigaray's insights are instructive here; she believes in the possibility of resistance to inscribed patriarchal norms through 'the positive re-inscription of women's bodies, the creation of perspectives, positions, desires that are inhabitable by women as women, creating positive alternatives' (Somerville and Vella, Chap. 3).

Many of the accounts in this book show how embodied perspectives offer positive possibilities of resistance. I have written elsewhere of using what I called 'poetic resistance' as a means to contest an emotionally barren practice landscape, and to reclaim a relational dimension within my past practice as an occupational therapist (Kinsella 2006). Poetic resistance draws on a belief in the potential of the arts as a vehicle for revealing the social world (Eisner 1998), such that reflecting on practice through poetic form can be used as a mode of critical analysis, the aim being to raise critical questions within the public sphere of professional practice (Kinsella 2006).

Representation

Somerville and Vella note that work on the body 'has clearly come up against the limits of language and representation'. Nonetheless, these essays effectively use a variety of means of representation to offer a 'nuanced understandings of phenomena through multiple representations of embodied interactions' (Ellingson, Chap. 10). A number of contributors suggest that the arts (story, poetry, film, textiles, multimedia, drawing, performance) offer modes of representation that bring to life embodied dimensions. Ellingson calls for the juxtaposition of artistic genres with explicit analysis in order to highlight the ways in which written or visual forms constitute meaning. Denshire (Chap. 14) points to the power of storied and arts-based perspectives to render new forms of representation, and to illuminate dimensions of practice that may have been previously 'unnarratable' (Frank 2004, as cited in Denshire). Loftus (Chap. 9) highlights Shotter's (2010) claim that 'more poetic ways of using language, i.e. using different and more evocative discourses, have

the potential to liberate us and allow us to see aspects of our professional practice that are effectively hidden when we restrict ourselves to technical rationality' (p. 3).

Yet, representation is also problematized. Green (Chap. 8) reminds readers of the ambivalent relationship between practice theory and 'representationalism'. Representationalism is a view 'predicated on a spectator view of knowledge for which the primary reference-point is the authorial subject of rationality and realism', a stance that he notes is 'burdened by lingering, if not overtly' Cartesian views of knowledge (Green 2009, p. 50). Green points to 'non-representational theory' and its programmatic focus on practices as an important direction for attention. He notes that non-representational theory involves a style of thinking that enables 'a practical means of going on rather than something concerned with enabling us to see, contemplatively, the supposed true nature of what something is' (Thrift 1999, p. 304). Further, in non-representational theory 'the root of action is to be conceived less in terms of willpower and more via embodied environmental affordances, dispositions and habits' (Anderson and Harrison 2012, p. 7), but also 'the initial interest in practices per se' has evolved into more of 'a concern with Life, and the vital processes that compose it' (Anderson and Harrison 2012, pp. 11–12). Green contends that engagement with such a perspective moves beyond human-centredness, into a fuller engagement with the socio-material world.

Loftus (Chap. 9), drawing on Todres (2007), further highlights the tension inherent within acts of representation: 'bodily responsiveness allows knowledge and practice to be intimately recognized' in contrast to language-formulating processes which allow 'knowledge and practice to be articulated and become the subject of rational and dispassionate reason'. Loftus notes the ongoing tension between our practices and our attempts to articulate them. Interestingly Hopwood (Chap. 4) takes this even further, identifying the critique of the 'linguistic turn', articulated by major practice and sociology of the body scholars. He works with the concept of 'bodily geometries' to articulate the ways bodies interact in relations of proximity, distance and angle. Hopwood wishes to rebalance accounts of practice away from a privileging of language and discourse, which he notes has been cast as 'impotent' (Schatzki 1996), with regard to its inability to mark forms of understanding and intelligibility that are central to practice.

Yet, a practical challenge is revealed in the pragmatic task of 'sharing' embodied knowledge, particularly in academic contexts, where some type of representation is typically demanded. Somerville and Vella (Chap. 3) note that the return to words was an inescapable, though difficult part of the process of mining embodied knowledge, but also that something of value arose in the effort. In directing Vella in her doctoral work to tap into her embodied knowledge in a way that could be represented, Somerville offered the following guidance: 'I would like you to revisit your fabric assemblages materially, not in your mind, don't try to give them meaning, but respond to their materiality with your body. I want you to listen with your eyes and write down what you hear them saying to you. Give them voice'. Instructions of this nature offer what might be viewed as a template for the elicitation of embodied knowledge which is potentially transferable to other contexts.

The issue of how to represent embodied knowledge remains a challenging one (Ellingson 2006, p. 7), given the '(im)possibility of writing the body' (Somerville and Vella), the unmapped terrain that it encompasses, the situated nature of knowledge generation (Ellingson, Chap. 11), the partial nature of our representations, and the Cartesian legacy embedded in practices of representation. Nonetheless, embodied representations depicted in many of the chapters here, show particular instances where the body matters in and for professional practice. Innovative methods such as the arts and storied accounts hold promise for the illumination of embodied knowledges, as does conscious interrogation of the sociomaterial dimensions of practice as (re)presented through the body. In addition, research approaches that integrate rigorous conceptual work with empirical work that attends to the body, such as the *philosophical-empirical inquiry* exemplified in this collection, offer another avenue of representation. Nonetheless, reflection on the limits of representation, and the always present impossibility of full representation of embodied accounts, clearly warrants attention.

The Body in Practice

Taking the body seriously with respect to professional practice has potentially profound implications. There is a shift toward body-mind integration in some professional practice literature, to do with embodied reasoning (Benner 2000; Boyt Schell and Harris 2008; Johnson 1999; Denshire, Chap. 14), as well as in embodied conceptions of reflection (Kinsella 2007a, b, 2012) and embodied reflexivity (Katzman, Chap. 10; Sandywell 1996). In such conceptions, the mind is reflected *in* the bodily moves, actions and activities in which practitioners engage, not as separate from it.

Attending to embodied perspectives has the potential to make visible previously invisible aspects of practice. As Denshire notes, dominant accounts and discourses of professional practice tend to be 'disembodied', and 'sanitized'. There is an 'immense remainder' of human experience (de Certeau 1984) beyond typical representations, which remains 'unsaid'. Bringing theorizations of the body more explicitly into conceptions of professional practice has the potential to shift attention in important ways that could reshape everyday practice.

The potential for disembodiment through the dominance of technology in practice also arises as an issue. In health care practice, Loftus (Chap. 9) notes that while technology can become part of a clinician's embodied practice, it can also pose a barrier between practitioner and patient – something echoed by DeLuca et al. Loftus draws attention to the iPatient, 'a disembodied technological entity that is surreptitiously replacing the real physical patients'. He calls for 'a delicate balance' to be found between using technology to assist practice and maintaining an embodied human connection in the clinical encounter. In thinking about how bodies interact in practice, Johnsson (Chap. 5) suggests 'that our development of

professional practice needs to go beyond individual competencies to interrogate our collective relational competencies and the learning value of embodied experiences in the sociology of work'. Some practical approaches to attending to this domain are articulated by contributors to this book, and include analysis of practice rhythms, practice rituals, body geometrics, and habitus, in professional practices.

Ellingson (Chap. 11) makes an important point in noting that the primary goal for understanding the body in professional practice is pragmatic. For Ellingson, questions such as 'how do we understand embodied practices … in order to improve them' lie at the heart of inquiries such as this, and are undertaken with an aim to benefitting others in health, education and other professional practice domains. She points out that focusing on embodiment 'enables professionals to illuminate the material means through which professional practices continually construct meaning, and on generative possibilities for enacting alternative practices and meanings'.

The Body in Education

DeLuca et al. (Chap. 13) call for attention to the body through pluralistic models of education and curriculum design, recognizing that conceptions of the body must refuse singular models, and that there is no one mode capable of representing the humanness and richness of bodies (Grosz 1994, p. 22). Of particular concern in their view is the valorizing of disembodied practices, such as simulated and virtual learning, and the loss of emphasis on real interacting bodies in the education of health practitioners. They note that educational practices that are adopted uncritically, and that are not properly theorized, 'are in danger of reifying the cold body, the fragmented body, the cyborg body'; instead, they suggest, professional educators 'need to shatter the border gates that minimalize and marginalize the personal'. Moving beyond the cold, fragmented, cyborg body in education and practice might involve greater attention to 'being with' those with whom we work and educate, including attention to affective, emotional, relational, and life-world domains (Denshire, Loftus, Green, Mulcahy, this volume; Frank 2004, 2012; Kinsella 2006; Park Lala and Kinsella 2011; Todres 2007, 2008).

In addition, taking the body seriously from a corporeal-materialist perspective shifts the way we think about teaching practices themselves. Green (Chap. 8) draws on Deleuze (1994) to show the embodied practices that guide good teaching; as Deleuze (1994, p. 26) puts it, 'We learn nothing from those who say "do as I do". Our only teachers are those who tell us to "do it with me", and are able to emit signs to be developed in heterogeneity rather than propose gestures for us to reproduce'. Educators might attend more to how bodies interact, move in space, engage in rhythms (Johnsson, Chap. 5), working with(in) geographies and ecologies, to consider more deeply how such bodies interact in space and time. Such considerations may lead to changes in the practical design of curricula activities, and classrooms themselves in ways that support embodied interactions within learning

environments. Educators and policy makers might also follow Reid and Mitchell's (Chap. 6) lead, in thinking about the aims of teacher preparation as building up 'repertoires of practices', and offer more attention to the material practices and arrangements that support or constrain the preparation of teachers, and their actions.

The Body in Research

The researcher's body, and embodied presence, is an important consideration in research practice that takes the place of the body seriously. As Ellingson (Chap. 11) elaborates, 'my unruly body' 'demands continual attention and makes it impossible to ignore the ways in which embodiment necessarily affects and reflects my research processes, relationships with participants, and perspectives on knowledge construction'. Rather than concentrating on our 'bodily biases', Ellingson urges all researchers 'to reflect on the ways in which our unique body/selves shape our understandings and the representations we construct'. Taking the body seriously would extend conceptions of reflexivity toward the 'embodied reflexivity' articulated by Katzman (Chap. 10).

The disembodied nature of much research data, and its representation, is a topic worthy of attention. Standard research reports limit representations of participants' actions and accounts to brief, decontextualized fragments of data (Richardson 2000). Ellingson (Chap. 11) problematizes such accounts, which tend to be written in 'bodiless prose', with 'no embodied details of their authors, participants, or their textual production'. As she writes elsewhere:

> In writing disembodied, systematic accounts (even in constructing coherent narratives) we gain mastery over material; we contain our findings in careful prose, numbers, tables, models, and theories. When we do this, we often detach ourselves from the knowledge we produce, and we deny our bodily vulnerability. Writing coherent accounts of our research allows us to gain social approval by other academics and to contribute to bodies of knowledge; both of these are valuable goals. However, this approach to writing research also limits us (Ellingson 2006, p. 308).

According to Ellingson (2006, p. 308), a 'more embodied field of research would maintain more permeable boundaries, be more difficult to categorize, and offer less certainty and more vulnerability. Researchers would have to address our fears of illness, death, and bodies out of control instead of staying detached and ignoring our bodies (and others' bodies)'.

Conclusion

What are the implications of taking the body seriously for education and practice? How might dualisms between the mind and body be overcome? These are important questions for the future. At the very least, attention to ways of bringing body *and*

mind together are important sites for the enrichment of future educational and professional practices. Some would argue, further, that the primacy of the body *over* the mind needs to be recognized as a necessary corrective to current practices that valorize the mind. Taking this seriously might well be revolutionary.

In this chapter, I have considered some prominent themes that struck me during my engagement with this book, and brought this into conversation with some of my own scholarly interests; recognizing that there is still much to be said. Thematically, the task of conceptualizing the body in the professional practice field, the implications of the body for knowledge generation, the invisibility of particular bodies and bodily practices, the possibilities for bringing bodies back into visibility, the material corporeality of the body in place and space, and the challenges of representing what the body knows, are topics of interest.

The accounts presented here provide incisive examples of the power of an emergent genre of research, which Green and Hopwood (Chap. 2) identify as *philosophical-empirical inquiry*. The essays undertake sophisticated and nuanced theoretical work, illuminated by empirical accounts that include: storied vignettes, case studies, autoethnographic accounts, ethnographic data, videos of teachers, and reflections on exemplars from practice. I referred earlier to the visceral, 'haunting', resonance of the storied accounts in this collection; as a visual thinker, these images have helped the theoretical work find a home, and to settle in embodied ways. The book offers illustrative examples of the possibilities inherent in this style of research.

As the embodied accounts in this volume show, moments of corporeality are ever present in the everyday practices of professionals, yet ironically, and problematically, these dimensions are largely absent from official accounts of practice, from the legitimizing discourses of practice, from the research literature, and from conceptions of professional practice education. Clearly, integrating the body into professional practice scholarship is no easy or straightforward enterprise, yet the contributions to knowledge and understanding that can be afforded by bringing the body more explicitly into such discussion cannot be understated, and are deftly illuminated in this collection. The work raises exciting 'lines of flight', fruitful domains of future scholarship, possibilities for future 'assemblages', and more questions about ways of *thinking the body* than when it began. But what it certainly makes clear is that *bodies matter*, and without doubt the time for a 'corporeal turn' in professional practice scholarship has arrived!

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