

Inventing the Body

CC Alumni Reading Group Syllabus Spring 2009

General Description

We all worry about our bodies: how we look, how we perform, and how healthy we are. Stupendous amounts of time and money get assigned to pursuing the improvements we deem necessary or just desirable. Every piece of advice about how to look or feel better seems to contain a criticism of the bodies we currently have. Vulnerable, feeble, and doomed, our bodies need all the help they can get.

Whatever our position in life, crucial choices about our bodies confront us on a daily basis. What should we do? This syllabus--based on a course I have taught for over two decades-- does not propose to answer this question, at least not directly. Rather, it examines what we as a body culture are currently doing--the practices that make up what I call "inventing the body"--while provoking us to think about why we treat our bodies as we do, and whether those practices are wise or should be altered.

We begin with the assumption that a great deal of "construction work" has already gone into making any adult body what it currently is. From toilet training to tooth straightening, much of our youth is governed by the controls and shapes imposed upon children by parents and their allies in education and medicine. At the verge of adult life in adolescence, different inventions come into play. In some cultures, the rites of passage might include scarring, tattooing, and ritual circumcision; in other situations, the transition to adulthood might involve new clothes or a religious ceremony or a driver's license. The tokens may alter with the times and circumstances; yet such symbols not only mark but also aim to constitute an imagined new body re-fashioned by the young person themselves, one with fresh rights and responsibilities. Much of what I have assigned for college student reading on the subject of body fashioning has centered on issues of immediate concern to the current post-adolescent generation. Accordingly, we have studied eating disorders, virginity, body piercing, homophobia, marketing of fast food and bras, rape, corporal punishment, feminine hygiene, body-building, cosmetic surgery, death and dying, pictorial representations of Jesus, and so on. We have used texts ranging from Plato, Aristotle, and the Church Fathers through Aristophanes, Margaret Atwood, and Michel Foucault.

For this alumni reading syllabus, I have selected some of the more popular materials I have used ones that address critical issues regarding body attitudes and formation, but have given somewhat less attention to the more age-specific concerns that college students find most compelling. Nevertheless, a few key assumptions undergird and guide our investigations of both youthful and more "mature" bodies. First, that bodies change through a combination of natural processes and human cultural construction or invention. Second, that the scope of these inventions is massive and continuous throughout life, with complex and differential effects. And third, that many of the practices that any given culture views as "natural" are in fact

culturally constructed--and that these constructions can themselves shift in surprising and rapid ways. Americans in particular seem all too ready to identify their own ways with the natural and progressive. Think, for example, about different cultural approaches to what may or may not be eaten. When the Olympics were held in Seoul in 1988, the authorities closed all the local restaurants serving dog. Such assumptions deserve examination and questioning as well.

From the large array of possible topics and readings regarding this process of "inventing the body," then, I have chosen one film and three texts that I hope will elicit vigorous alumni study and conversation. As in my Christ College classrooms, however, I know that discussions of the issues regarding what we do, and ought to do, with the only bodies we have will reach far beyond these particular texts.

Bill Olmsted

Film and Readings:

Film: *Thin*, directed by Lauren Greenfield

Sherwin Nuland, *How We Die* (Random House)

Joan Brumberg, *The Body Project* (Random House)

Eric Schlosser, *Fast Food Nation* (Harpers)

Unit I: Eating Disorders

View: *Thin*, directed by Lauren Greenfield (Running Time: 1 hour and 40 minutes)

The 2006 documentary film “Thin,” directed by Lauren Greenfield, takes us inside the Renfrew Center, a clinic that specializes in the treatment of eating disorders. Greenfield provides an intimate look at four women, ranging in age from the mid-teens to early thirties. The camera follows these women as they make progress or suffer reversals and eventually leave the clinic. Filmed in a style that seems to involve minimal editing or commentary, “Thin” neither praises nor blames its subjects and their supporting cast of mothers, sisters, nurses and therapists. The absence of overt commentary encourages viewers to reflect widely on the subject of eating disorders and their treatment, and then to consider their connection to wider issues in the American culture of bodies.

Discussion Questions:

1. The beginning sequences introduce us to Shelly, Polly and Brittany. They have a common problem with food but in other ways seem quite different. How would you characterize these differences? Do they strike you as significant or as factors that would affect the treatment outcomes? Does the clinic attach importance to these differences or seek to minimize them? What does the clinic’s initial handling of these women suggest or assume concerning their character or attitude?
2. Polly and Michelle take advantage of a leave for good behavior to acquire tattoos, a gesture of rebellion that is followed by the sequences depicting a group meeting and room searches. The staff emphasizes the need for respect, abiding by the rules and transparency, i.e., no secrets. Does their enforcement of these values appear warranted by the circumstances? Is the staff fair in its handling of Shelly and its discharge of Polly for failing to confess?
3. Alisa replaces Polly as a friend to Shelly. Does this seem a positive development? Is Alisa a more suitable role model for Shelly? Does Polly or Alisa strike you as healthier in outlook and in prospects for recovery? When Shelly and Alisa have left the clinic, do you feel they have made progress?
4. How has the film affected your understanding of eating disorders--their causes and possible “cures”? Does the Renfrew Center’s approach seem worthwhile? Does the film change your attitude towards “ordinary” practices such as dieting, counting calories, watching your weight, staying slim, losing a few pounds, etc.? Are people with eating disorders ultimately responsible for their own illness?

Unit II: The End(s) of the Body

Read: Sherwin Nuland, *How We Die*

Although purporting to be simply an explanation of “the facts,” Sherwin Nuland’s Pulitzer Prize winner, *How We Die*, also charts a spiritual journey. In order to show why the so-called “happy death” is a myth, he provides some horrifying examples of agonized and/or prolonged deaths that often culminate in the complete loss of the sufferer’s dignity and identity. Nuland finds that patients and doctors—himself included— all too often share the guilt of wanting to take extreme measures in the face of inevitable death. Fragments of an autobiography emerge as he recounts memories from childhood, deathbed struggles of his patients, the efforts of friends and family members to come to terms with pain and mortality. Despite attacking the myth of the good death, Nuland includes instances of painless death, usually sudden. He also offers an extended account of a friend’s success in maintaining his identity as a man “who knew how to celebrate Christmas well” during the last days of a lengthy dying. Nuland the non-observant (indeed agnostic) Jew cannot manage to share the beliefs of his religious patients in an afterlife but finds himself, perhaps paradoxically, subscribing to the sentiment of hope these believers express. This hope, which he comes to recognize as an article of faith, consists in the expectation that a better understanding of how we die will lead us to a better life in this world at least, if not the next.

Discussion Questions:

1. Why is Nuland so skeptical about the possibility of “death with dignity”? Why does he reject the idea that dying is a battle or confrontation? Discuss Nuland’s sketch of the aging process. Why does he claim that it doesn’t differ significantly between “vibrantly healthy” older people and their seemingly feebler cohorts? How does his claim that the “seven horsemen” of death for the aged often operate in groups related to end-of-life decisions?
2. How would you confirm, dispute or modify Nuland’s arguments in Chapters 4 and 5? Is Alzheimer’s disease a special case that doesn’t fit into his picture of aging and death? Are there others?
3. The example of Katie Mason is a significant turn from Nuland’s argument that “there is no dignity” in death (p. 117). Rather similar to the experience of Irv Lipsiner in Chapter 1, Mason’s death seems to include no pain. Do you find the explanation for this circumstance convincing? How does Nuland account for the response of Katie’s mother? What does the natural production of endorphins in “near-death” experiences suggest to you concerning the treatment of the dying? Should doctors attempt to duplicate this “serenity” by pharmaceutical means?
4. Chapters 7 through 9 lay out Nuland’s conflicted beliefs about suicide and euthanasia. Why does he preface his remarks with an attack on Osler and Thomas? Nuland’s opposition to suicide admits of two exceptions; how are these exceptions linked together? How is the process of “depersonalization” related to his arguments about these exceptions? How does the chapter on AIDS support or modify the claim that euthanasia may be justifiable in limited circumstances? Why does Nuland refer to the pastors of the Dutch Reformed church on page

167? What did you find noteworthy in John's statement about the death of his friend Kent Griswold (pages 195-6)?

5. Discuss the contrasts in the stories of Harvey Nuland and Bob DeMatteis. Does the story of Miss Welch strike you as typical of the "rescue credo" of modern medicine? What parting advice does Nuland offer us? What changes would be needed in our understanding of and approaches to dying in order for this advice to be taken? When you finished reading *How We Die*, did you find your attitudes toward dying, or death itself, had changed or simply been reinforced? Of all Nuland's stories, which seemed to you the most moving and/or the most instructive? What did Nuland himself seem to learn from the writing of his book?

Unit III: The "Invention" of Girls' Bodies

Read: Joan Brumberg, *The Body Project*

In *The Body Project*, Joan Brumberg combines a historian's approach with a socio-psychological interest in human development. She provides a unique blend of social history (changing attitudes toward menstruation) and body practices (tattooing and body piercing) as she charts the history of American girls since the late 19th century. She concludes her history with a call for a new "code of personal ethics" that will assist girls in negotiating the conflicts they encounter in trying to develop "a sense of what is a fair, pleasurable, and responsible use of their bodies."

Discussion Questions:

1. Why does Brumberg think that "intergenerational mentoring" by adults of adolescent girls is useful and important? Do you find her reasoning persuasive? Are there obstacles to this mentoring that she has ignored or, alternatively, potential solutions that she has overlooked? Could churches or other institutional settings provide the mentoring in question?
2. In the education of adolescent girls, the topic of menstruation is separated from the topic of sexuality. How does Brumberg account for this separation? Should it be overcome or left as it is? Were we to eliminate the gap, how would we go about it? Does the issue look different from an institutional or commercial perspective in comparison to family settings? How does the development of the internet affect our understanding of the issue?
3. Brumberg's discussions of "perfect skin" and other body projects tend to characterize them in terms of "obsessive over-attention." Are you persuaded by her analysis? Is such over-attention limited to girls? How do other groups (boys, men, adult women) compare to the girls in question and how might we account for the differences?
4. In light of "the disappearance of virginity," what does it mean to advocate "abstinence"? Can one no longer be a virgin and still practice abstinence? Do boys encounter this problem in ways

similar to girls, or is their “code of personal ethics” necessarily different? Do boys also need “advocacy” on their behalf?

Unit IV: Food and the Body

Read: Eric Schlosser, *Fast Food Nation*

Eric Schlosser is a journalist whose best-known work, *Fast Food Nation*, has taken its place as an icon among the under-40 set. Schlosser’s timely concern with our eating habits and the socio-economic conditions involved in those habits made his book a best seller. From conservative journals like *Business Week* to liberal publications like *The American Prospect*, much praise has accrued to Schlosser’s investigative journalism. Since the work is lengthy, groups may wish to select from the book a few of the more engaging chapters. The study questions focus on Chapters 1, 2, 7, 9, and 10, but other chapters might be of greater interest to particular groups.

Discussion Questions:

1. The first two chapters offer a capsule history of the changes in American society that made fast food culture possible. How does this history connect the restaurant industry (in its fast food version) to other industries like the auto and entertainment businesses? Were these connections inevitable? Can they be changed or modified now? How do these chapters affect your understanding of the social context for a “kid’s meal”?
2. The state of Colorado is the focus for much of Schlosser’s commentary, but he also makes it clear that the fast food industry involves entities from around the world. How do local situations relate to larger phenomena in Schlosser’s account? Consider the discussion in Chapter 7: Why should we care about conditions in, for example, a particular slaughterhouse in Greeley, Colorado?
3. Chapter 9 indicates some of the problems that result from the lack of government regulation and oversight of the meatpacking industry. Does Schlosser’s account strike you as fair and balanced? Do you think the public has a right to know about every recall of contaminated food from restaurants?
4. One of the odder events reported by Schlosser is the speech given by former Soviet leader Gorbachev to a fast food convention (chapter 10). Does this event still strike you as odd once you have read the rest of the chapter on globalization? Why does the fast food industry rely on political figures to promote its ends?
5. How has the reading of *Fast Food Nation* affected your understanding of your own eating habits and preferences? What changes, if any, do you plan on making and/or advocating for others?