

What is 'the body'? is thus a question which is central to Foucault's thought, but one which is not clearly answered.

Foucauldian structuralism is, at one level, a response to Cartesian rationalism. By splitting people into body and mind, Descartes represents an important stage in Western thought. The Cartesian revolution gave a privileged status to mind as the definition of the person ('I think, therefore I am') and an underprivileged status to the body which was simply a machine. To some extent Foucault reversed this situation by denying any centrality to subjectivity (the thinking, Cartesian subject) and by treating the body as the focus of modern discourse. Having rejected the transcendental Subject as merely a modern substitute for God or Logos, Foucault appears reluctant to have the Body as a controlling centre of social theory. The body is thus problematic for his theory. It looks as if Foucault wants to write the history of discourses about the body, of how the body is theoretically constructed, but this is specifically denied when he claims not to be producing a 'history of mentalities' which,

would take account of bodies only through the manner in which they have been perceived and given meaning and value; but a 'history of bodies' and the manner in which what is most material and most vital in them has been invested. (Foucault, 1981: 152)

To some extent, part of these difficulties is a product of his prior commitment to certain epistemological problems and thus the difficulties may be somewhat artificial. To reject Cartesianism it is not necessary to deny the corporeal nature of human existence and consciousness. To accept the corporeality of human life it is not necessary to deny the fact that the nature of the human body is also an effect of cultural, historical activity. The body is both natural and cultural.

Foucault and the Origins of Sociology

Foucault's approach to the history of ideas has major implications for the sociology of knowledge, but specifically for the history of sociology. Foucault has rejected the conventional view that sociology had its origins in French positivism:

Countless people have sought the origins of sociology in Montesquieu and Comte. That is a very ignorant enterprise. Sociological knowledge (*savoir*) is formed rather in practices like those of the doctors. For instance, at the start of the nineteenth century Guepin wrote a marvellous study of the city of Nantes. (Foucault, 1980a: 151)

The rise of modern medicine was associated with the development of new bureaucratic techniques in the panopticon system, the utilization of social surveys to map the distribution of diseases, the adoption of clinical methods for case-records and the elaboration of societal surveillance. Modern medicine is essentially social medicine as a policing of populations

and a clinic of bodies. Sociology has its origins, along with social medicine, in the knowledge and control of populations which survey techniques made possible. The implication of Foucault's view of the birth of the clinic (1973) is that medical sociology as the study of the health of populations and of the body of individuals is central to the sociological enterprise as a whole and that sociology cannot be divorced from medicine. This view runs counter to the conventional interpretation of medical sociology which treats the sub-discipline as a late addition to the sociological curriculum. Most textbook introductions to medical sociology locate its institutional origins between 1955 and 1966 (Cockerham, 1982) and argue that medical sociology has not developed theoretically because of its subordination to the managerial and practical interests of professional medicine (Roth, 1962; R. Strauss, 1957). The implication of Foucault's perspective is that sociology is applied medicine and its target is the regulation of bodies.

To some extent, this interpretation of the origins of sociology was anticipated by the notion of 'clinical sociology' which was first explicitly used by Louis Wirth (1931), who thought that sociologists would come to play a major role in the work of child-guidance clinics and who anticipated the spread of 'sociological clinics'. The value of sociology for medicine was its perspective on the 'whole person' whose illness could only be understood within a total social context. Wirth's views on clinical sociology were also echoed by L.J. Henderson who argued that sociology should adopt the clinical technique of medicine as a model for social observation and that medicine had failed to grasp the significance of the doctor-patient relationship as a social system (1935). It is interesting to note, given Foucault's comments on medicine and the origins of sociology, that Henderson saw 'the practice of medicine as applied sociology' (1936). It was Henderson's view of this proximity between medicine and sociology that provided the immediate context for Parsons' analysis of the 'the sick role' (1951), an analysis that formed much of the basis for modern medical sociology. Some recent studies from a Foucauldian perspective on the social role of the clinic, the dispensary (Armstrong, 1983) and medical orientations to 'the whole person' (Arney and Bergen, 1983) appear to duplicate this earlier emergence of clinical sociology.

Although medical sociology can be criticized for being merely an applied sociology whose aim was to facilitate the patient's compliance to the medical regimen, it was an area of sociological investigation which could not wholly avoid the problematic relationship between nature and culture. The debate about the 'sick role' kept alive the ambiguous nature of 'illness' and 'disease' as cultural categories (Mechanic and Volkart, 1961); it also provided a site in sociology where the critique of the medical model could be effectively located (Veatch, 1973). Because medical sociology is ultimately about the problem of social ontology in a very specific manner, it constantly raises questions about the status of the embodiment of human beings and it is therefore a theoretical location for a sociology of the body. The importance of Foucault's work on medical history is that it has made the theoretical

nature of medical sociology more obvious; at the same time it has alerted us to the historical and political linkage between medicine and sociology. A sociology of the body is thus fundamentally an exercise within medical sociology.

Phenomenology

It can be argued that structuralism had played a part in the modern analysis of the body either directly in the rejection of Cartesian dualism or indirectly in the analysis of the body as metaphor. Mikhail Bakhtin (1968) provided a rich diagnosis of the positional imagery of the body in mediaeval folk-humour. Another illustration would be Roland Barthes (1973) in his analysis of the messages of striptease and wrestling. Structuralism was in part a rejection, therefore, of the presuppositions of rationalism, which were grounded in the Cartesian formula – *cogito ergo sum*. This rejection of the mind/body dichotomy was not peculiar to French structuralism, but was a position which characterized post-war French philosophy generally. For example, within the phenomenological movement (Spiegelberg, 1960) writers like Gabriel Marcel in his *Le Mystère de l'Etre* (1951) treated the body as the core of the ontological problem. Marcel argued that the body does not have a contingent or exterior relationship to existence, since my body is always immediately present in experience. He rejected the conventional dichotomies of subject/object and being/having to argue for the unity of mental and physical experience. For Marcel, to have a body is in fact always to be embodied so that existence is experienced-embodiment. The body is not an object or an instrument; rather I am my body, which is my primordial sense of possession and control. My body is the only object in which I exercise immediate and intimate rulership. For Marcel, therefore, the body is the ultimate starting point for any reflection on being and having, on existence and possession.

The mind/body legacy of Cartesian philosophy was also fundamental to the early philosophy of Jean-Paul Sartre, especially in *Being and Nothingness* (1957). To some extent, Sartre intensified the Cartesian division of mind and body by emphasizing the importance of intentionality of knowing (Danto, 1975). Under the influence of the phenomenology of Husserl and Heidegger, Sartre distinguished between being-in-itself (*en-soi*) and being-for-itself (*pour-soi*) in order to bring out the irreducible presence of free will and intentional action as necessary features of human existence. Because we experience freedom and responsibility as burdens, we are inclined to act as if our lives are determined by forces, whether psychological or sociological, which are beyond our control. We live, that is, in bad faith. The central doctrine of existentialism is that a person is essentially what they choose to be and to know (Warnock, 1965). Given the centrality of intentional consciousness in Sartre's existentialist philosophy, it might appear that the body has little part to play in our being-in-the-world. The problem