The significance of the body as a project: for an understanding of physical activity among women with a spinal cord injury

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THE SIGNIFICANCE OF THE BODY AS A PROJECT: FOR AN UNDERSTANDING OF PHYSICAL ACTIVITY AMONG WOMEN WITH A SPINAL CORD INJURY

BY

NICHOLA ROBERTS

A MASTER'S THESIS
SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PHILOSOPHY OF LOUGHBOROUGH UNIVERSITY

JULY 1998

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1998
The aim of this study is to explore the significance of the body as a project for an understanding of physical activity among women with a spinal cord injury (SCI). The majority of sociological research has treated the above concepts in isolation. In order to explore this area the work of sociologist Erving Goffman (1963) has therefore been used to construct a theoretical framework. Throughout this study it is assumed that the body occupies a dual location as the property of the embodied individual, as well as the property of society where it’s meaning is constructed. Particular attention is given to the construction of the social body (focusing upon the rules and expectations surrounding it’s construction), in order to reveal the important concepts of femininity and disability. It will emerge throughout this exploration, how these socially constructed concepts may weave a confusing web for a SCI woman, who wishes to work at her body project with the use of physical activity.

Key words: women, spinal cord impairment, physical activity, body projects femininity and disability.
PREFACE

This thesis fulfils only part of the requirements for the Degree of Master of Philosophy and must be considered in conjunction with the successful completion of the European Masters Degree in Adapted Physical Activity. This programme offered postgraduate training in the social, psychological and technical aspects of movement activities, adapted to specific populations.

The first phase of this programme offered a multidisciplinary package of theoretical lectures at Leuven University Belgium. These lectures consisted of specific courses given by different experts in adapted physical activity (APA). Course content:

1. Introduction (5h)
2. Adapted Physical activity and Sports: International Perspectives (30h)
3. Research Methodology (30h)
4. Comparative study of APA in Europe (30h)
5. Sociological Aspects of APA (20h)
6. Management and Social (RE) integration (20h)
7. Applied Research in Adapted Physical Activity (60h)
   State of the Art in Sensorymotor Disorder (20h)
   State of the Art in Physiological Disorders (20h)
   State of the Art in Psychosocial Disorders (20h)
8. Integration: A Non-categorical Approach (05h)

In the second phase a choice was provided from one of the following areas:
1. Adapted Physical Activity and sensorymotor impairments
2. Adapted Physical activity and physiological impairments
3. Adapted Physical activity and psychosocial impairments

Sensorymotor impairments were chosen, the content of this module consisted of:

1. Disabilities, Impairments and Handicap (15h)
2. Evaluation and Intervention Techniques (45h)
3. Introduction in the Field of Practise and Ongoing Research (20h)
4. Applied Research Methodology (15h)

This Masters thesis should be viewed in conjunction with the first phases of study, all of which have been completed successfully (average mark 74 percent). This work is not therefore equivalent in either size or scope to a regular M Phil thesis, because of the addition of the first phases of study.
ACKNOWLEDGEMENTS

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Introduction
INTRODUCTION

When thinking about the body we may be dimly aware that it has its social dimensions, although we may not think of it as a topic for social debate. The body however, should be granted a central position throughout any study of social life. This is because of its dual location as both the physical property of the embodied individual; as well as the property of the social world where it's meaning is constructed (social body). Embodiment according to Zeegans (1989) means that we have, but we also are bodies. The body is more than just a collection of parts that we have to interact in social life and therefore experience the world around us, as we can also experience the self through our bodies (here the body becomes something we are and therefore a focal point of our self identity). Our embodiment suggests it is both our body and self that make contact and interact within our social environment. For example, according to Turner (1996;23) "The body is perceived not as a cadaver but as a being in body with intentions whose actions or gestures are goal directed and purposeful". The embodied individual is thoroughly embedded within the social world, and it is here that the rules and expectations surrounding its control are constructed. The physical body is therefore controlled and constrained by the social body, as it is through training and education that we learn what to do with our bodies so they will elicit approval and become socially recognisable. The dual location of the body plays an important role when introducing the concept of body projects.

Body projects are to occupy a central position throughout this sociological exploration. The main objective here is to investigate the significance of body projects for an understanding of physical activity, among women with a SCI. The impetus for such an exploration is that the majority of sociological research has treated these
concepts in isolation. There is a tendency for researchers to focus specifically upon one or two of these concepts. Little attempt has been made however, to explore women, physical activity, the body and SCI in combination with each other. The research problem is concerned therefore with the construction of a theoretical framework, which will facilitate understanding and enable a systematic exploration of women, the body, physical activity and SCI.

To begin this exploration there are several concepts that need to be clarified. The first is the significance of the body as a project. This can be regarded as a particular way of exploring and understanding the dual location of the body, particularly in the affluent West where the exterior territories or surfaces of the body have come to symbolise the self (Shilling, 1993). According to Shilling (1993;4), this creates a tendency "For the body to be seen as an entity which is in the process of becoming a project, which should be worked at as part of an individual's self identity". The body as a project involves a recognition of bodies as both physical and social. This is because controlling and manipulating the physical body in accordance with societal rules and expectations, causes it's transformation into a social body which can give off messages about a persons self.

Secondly the myth of perfection and control must be clarified. According to Wendell (1996) (what makes these both myths) is that people continue to cling to them even when there is overwhelming evidence against their truth. Also most of the versions are formulated in such a way that they are invulnerable to evidence against them. The importance placed upon the thin female body within our culture is an example of such a myth. This is because many women are likely to cling to this myth and worry about their weight, when in reality the average size of a woman's body is that of a voluptuous fourteen (Hargreaves, 1994).
The myth of perfection is associated with an ideal model of the physically perfect person, constructed by a society were people are unencumbered by weakness, loss or pain (Stone, 1995). The myth assumes that we can and should strive to make our physical body conform to the socially perfect body. This can be done by fixing actual problems with our bodies, preventing the potential onset of problems, or working at disguising anything that could be construed as a bodily imperfection (Stone, 1995).

Closely related to the myth of perfection is the myth of control, which is "The belief that it is possible by means of human action, to have bodies we want and to prevent illness, disability and death" (Wendell, 1996; 94). The power to control our bodies (particularly ones appearance) adopts a central position throughout this study, as it is a fundamental constituent in an individual's ability to intervene in social affairs and make a difference to the flow of daily life (Zeegans, 1989). In order to understand how the body has become a project for the embodied individual, it will also become apparent that one must look towards how and why the individual is expected to control their physical body in accordance with these socially constructed myths.

Third, by acknowledging the dual location of the body, we can reveal the idea of social constructionism. This is because although the body is central to the lives of it's embodied subjects, it is also determined by social structures that exist beyond the reach of the individual. Social constructionism can therefore be used as an umbrella term to denote those views which suggests that the body is somehow shaped, constrained and even invented by society (Shilling, 1993). A general theme adopted throughout this study, is that one must look towards the construction of the social body (i.e. how is it constructed? What are the rules surrounding it's construction?), in
order to investigate the significance of the body as a project for physical activity, women and SCI.

The importance of physical activity and especially how it can be perceived as a socially acceptable means of manipulating the body originated in ancient Greece. This is where the Olympics were established and where bodily perfection and control was an important rule and expectation surrounding the construction of a social body (Hargreaves, 1994). The importance placed upon controlling one's body through physical activity meant that the Greeks were able to construct a socially perfect body, which was athletic, beautiful and aesthetically pleasant to watch. Physical activity has much the same role today, particularly in an era where unprecedented amounts of attention are given to the construction of healthy (social) bodies. The growth of the contemporary fitness movement (Glasner, 1995), means that practically everywhere we turn these days, we are assaulted with messages about the importance of fitness. We have today a duty to be healthy (Herzlich, Pierret, 1995). Physical activity needs therefore, to be located within the social body in order to understand how and why it has become a socially acceptable tool to manipulate ones physical body and work towards ones body project.

To understand the significance of body projects for women, attention must also be focused upon the rules and expectations surrounding the construction of the social body. It is here by exploring specifically the rules surrounding how a woman's body should appear in social life that the concept of femininity is revealed. By focusing upon this social body it will also be possible to reveal how health and fitness is an important expectation surrounding femininity, and therefore why women choose to manipulate their physical bodies and work towards their body projects with the use of physical activity.
Attention will now be turned specifically towards the concept of SCI. This is a condition that results from injury or disease to the vertebrae and or the nerves of the spinal column, and is almost always associated with some degree of paralysis. The extent of paralysis is related to the location of the injury and the amount of neural damage. Paraplegia for example, (associated with lumbar and sacral lesions) is partial or complete paralysis of both lower limbs and all or part of the trunk. Quadriplegia (associated with cervical lesions) involves partial or complete paralysis, involving all four limbs and the trunk. Including SCI within explorations of the body as a project enriches sociological investigation, because impairment is an essential feature of the human condition and it is through acknowledging its reality that we can understand fully the social importance of the body. In order to understand the significance of the body as a project for women with a SCI, attention must again be placed upon the social body. This is necessary in order to explore how disability emerges as a socially constructed concept.

There are two major theoretical frameworks for understanding disability used in the research literature. The first can be described as the individual model (or medical model). There are two fundamental points that need to be made about the individual model. Firstly it locates the problem of disability within the individual and secondly it sees the cause of this problem as stemming from the functional limitations or psychological losses which are assumed to arise from disability (Oliver, 1996). These two points are underpinned by what might be called the Personal Tragedy theory of disability, which suggests that disability is a tragic happening that occurs to unfortunate, isolated individuals on a random basis (Oliver, 1996). Disability as a personal tragedy conveyed by the medical profession has been perceived as the dominant theory, where the responsibility of adjustment rests squarely upon the
shoulders of the woman with the SCI. This may well have exerted a considerable influence upon the way disability is experienced by both able-bodied and disabled people alike – to have a disability is to have a problem (Barton,1996).

In recent years disabled sociologists and other individuals with disabilities have challenged this individual model and have developed an alternative perspective, which elaborates a social constructionist view of disability. This social model assumes that,

‘Disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities, rather than the inability of a disabled individual to adapt to the demands of society’

(Shakespear,1996;45).

Social adjustment has now become an issue for society and we become concerned with identifying ways that society oppresses people (Oliver,1996). When disability is conceptualised in terms of social oppression "The locus of the problem shifts away from the individual and can be located squarely within society and social organisations" (Oliver.1996;42).

There may be an interplay between the individual and social model of disability during a SCI woman's life. This is because at the level of individual experiences many SCI women may come to see their lives as blighted by personal tragedy (Barton,1994), even though it is the social response and treatment of biological differences (such as SCI) that constructs disability. Throughout this study a SCI woman's position will be explored therefore, from both the individual and social model of disability. The intention is however, to reveal the weakness of the
individual model and reassert a SCI woman’s position as a social one.

There are a number of objectives to be achieved in this study. The first is to raise as a central concern the concepts of femininity and physical activity. Here it will be revealed how body projects are particularly important for women, how health and fitness are important rules and expectations surrounding the construction of a feminine body, how physical activity can be used a socially acceptable tool to work towards ones body project (and therefore the myth of control and perfection), and finally how a healthy body can act as a social symbol for female sexuality (questions concerning SCI which require exploration will be brought in at every stage in order to set the discussion up in a clear manner).

The second objective is to introduce the concept of disability in order to explore any tensions that may arise between the physical and social body. Such a tension between the physical and social body will be revealed by exploring how a SCI woman presents a different image to the social world, how manipulating the physical body in accordance with the myth of control and perfection may no longer be possible; how social information concerning issues of health and fitness may no longer be directed towards SCI women and physical activity may no longer be a socially acceptable means of body regulation. Attention will also be placed upon how disability can act as a symbol for female asexuality and unattractiveness.

The objective in the final section is to critique the work of Goffman. This is done by examining it’s similarities with the individual model of disability, and by revealing the exercise of power and control the able-bodied have over the body and self of the person with a disability, as well demonstrating that to be disabled within our society is to be disempowered. The significance of the body as a project, for an understanding of physical activity among women with a SCI will be reoriented
therefore, towards the social model of disability. Here we become concerned with identifying why and how the construction of a disabled body oppresses people, and how the greatest impediment to a person taking full part in society is not their SCI, but rather the oppressive myths of control and perfection, which are deemed to be an essential component of a successful body project. It is also here that the issue of embodiment will be raised, due to an interest in the influence SCI can have upon ones embodied self, in an era in which each of us are responsible for the designs of our own bodies, and where body projects are worked at as part of a persons self identity (Shilling,1993).

The work of sociologist Erving Goffman is used as the foundation from which to develop a theoretical framework to explore this area. This is because his work has been influential in shaping social constructionists views of the body (Shilling,1993), in addition one of his major contributions to sociology and the study of impairment is his work on stigma. In Goffman's terms working at ones body project could be regarded as a way of presenting oneself in everyday life. Many different social interactions are influenced by a wish to present oneself in a certain way to certain people and it is here that Goffman emphasises the importance of the manageable body during the process of social interaction. This involves individuals controlling information that is available to others, in order to give the impression of ones character or self. Goffman defines this as the process of impression management (Goffman,1969).

In order to explain this process it may be perhaps appropriate to illustrate how Goffman's theory depends upon a comparison of real life with drama. He borrowed the language of the theatre to suggest that social interaction, like the smooth running of a play on stage, depends upon actors making successful performances. A successful performance is dependent upon the audience who are in the business of
determining whether a fostered impression is true and therefore whether the actor is authorized to give the performance in question. If the impression is true then the audience have accepted the actors’ claim to be a certain sort of individual; a definition of the situation is upheld, a part of which is a character or self which we come to have (Goffman, 1969). If the impression is false then the audience have not accepted one’s claims to be a certain sort of individual and are therefore regarded as misrepresenting themselves (Goffman, 1969).

Goffman’s two main interactive regions (back-stage and front-stage) are revealed when attention is placed upon the process of impression management. It is in these regions that the actor can work at managing the expressions they give off, so they are consistent with what they give. Given expressions are defined as involving “Verbal symbols or their substitutes which he uses admittedly and solely to convey information that he or the others know to attach to these symbols, this is communication in the traditional and narrow sense” (Goffman; 1969; 14). Goffman (1969; 14) goes on to state that the expressions given off “Involve a wide range of action that the others can treat as symptomatic of the actor, the expectation being that the action was performed for a reason other than the information conveyed”. Goffman proposes that all of social life involves people in these kinds of expressive acts, in which the messages deliberately given as well as those given off are open for others to see. This means therefore, that the actor needs to make sure that as many as possible of the minor events in the performance, however inconsequential, will occur in such a way as to convey no impression or an impression that is compatible or consistent with the definition of the situation being upheld. Here we can see how the work of Goffman is particularly relevant to explorations of the body, because of the insights it provides into why individuals manage and control their physical body.
Goffman's ideas are used to take the reader on an explorative journey towards an understanding of the body as a project and its significance for women, SCI and physical activity. In this way his work acts as a framework, in which questions can be raised and subjects opened for thought. It will be revealed however, that although Goffman's work is insightful it is unable on its own to fully explore this area.
Chapter 2

An introduction to femininity and physical activity
In this chapter the concepts of femininity and physical activity will be raised. Here it will be revealed how body projects are particularly important for women, how health and fitness are important rules and expectations surrounding the construction of the feminine body, how physical activity can be a socially acceptable tool to work towards ones body project (and therefore the myth of control and perfection), and finally how a healthy body can act as a symbol for female sexuality. Questions concerning SCI which require exploration, will be brought in at every stage. This chapter acts therefore as starting point, which will set the discussion up in a clear manner.

2.1. Body projects and the reproduction of femininity through the physical body

The social construction of femininity is based upon the physical body and it's conformance to a set of social rules and expectations. One could argue that these communicate to women what clothes, body shape, hair, makeup, (static appearance), bodily movements and facial expressions (dynamic appearance) are required. In Goffman's (1969) dramaturgical terms, these can be regarded as items of personal front, which act as the equipment to express femininity and to stage a successful performance. In this way the relationship between social and physical control becomes important, because working towards a feminine body project requires a women to control her physical body in accordance with the rules and expectations surrounding the social body. The issue of appearance in women's lives can be considerable, and may become even more important when one considers as Stone (1995) has argued, that the dominant culture teaches women perhaps much more so than men, that their value as individuals depends upon their ability to disguise their
bodies, and make them appear to be something other than they actually are. For example, Bier (1989;20) states "To men a man is but a mind, who cares what face he wears or what form he takes, but a woman's body is the woman". It could be argued therefore, that a woman's self has at it's centre a concern with the body as a project and its conformance to the myth of perfection and control. The power to control appearance (both dynamic and static) and the image that one presents to others during social interaction, is a central concern of this exploration. This is because it demonstrates a SCI woman's ability to intervene in social affairs and make a difference to the flow of daily life.

It is here that physical activity can be regarded as contributing to a completion of ones body project. This is because it can be used as a tool whereby a woman's physical body can become controlled in accordance with their social body. Exactly how this may occur will be revealed in the following section by examining the relevance of physical activity to the rules and expectations surrounding a feminine social body. Also of importance is how the balance between social control and physical control can become affected with the onset of SCI. It will be necessary to investigate therefore (Chapter 3), the image a SCI woman presents to others and whether she still has the power to control her physical body in accordance with the feminine social body.

2.2. Health and fitness as an important social expectation surrounding femininity

When the idea of health and fitness is directed towards women, it would appear that particular emphasis is placed upon the visible physical body. According to Bordo
(1993), it is the athletic muscular image of femininity, which has become highly desirable. This, she argues, is because tautness and containment have been more highly valued than thinness and any form of excess sagging or wrinkling even on a thin body spoils its line of appearance. This means that for women it is only those benefits of health and fitness that are directly perceivable, which are given importance and women are encouraged therefore to value. Working towards a feminine body project which incorporates health and fitness could be regarded therefore as socially desirable.

Physical activity could be regarded as a socially developed practice of body regulation in which women can restructure their bodies and increase their health and fitness. Embarking upon an exercise regime will mean that a woman will be able to reduce the deposits of fat stored within her body, and increase the strength of her muscles, including the heart. For most women however, an interest in physical activity is not primarily related to health and fitness. Hargreaves (1994) suggests, "The healthy female body is all about appearance (the athletic looking body), fashion (the trendy looking image) and physique (the sexy looking shape) rather than for reasons of enjoyment" (p 160). In Goffman's (1969) terms, physical activity can be used as a tool back stage to eradicate flaws and imperfections, and undercommunicate those aspects of the body regarded as socially unacceptable.

The criteria used therefore to decide upon a type of physical activity may not be based upon enjoyment, but whether it will construct a beautiful body which is well toned and muscular. Aerobics for example, is one form of activity that has been successfully packaged to persuade women specifically to participate in order to loose weight and improve their sexual attractiveness. (Hargreaves, 1994). This can be illustrated by the many classes for women e.g. 'Fat Busters', 'Calorie Burners', which
emphasise the benefits physical activity can have upon a woman’s weight, but rarely mention the benefits which are not visible such as an improved cardiovascular system.

Also of importance is the fact that not all types of physical activity may be regarded as socially acceptable. This is because only certain types of muscles on certain types of recognisable female forms are really acceptable (Chapkins, 1989:11). For example, Jarmila Kratochviolova champion runner from the former Czechoslovakia was subject to mockery in the Western press for failing to look feminine enough. Because of this her achievements as world athletic champion were belittled even as they were being recorded because the commentators found it shocking that her chest was flat and her legs were hairy (Chapkins, 1989). A heavily muscled body is therefore not socially acceptable for women. This attitude is also reflected even in the organisations that cater for women body builders. The International Federation for Body Builders had the following to say about the criteria which should be used to judge women body builders,

‘She must keep a distance between her female muscularity and male muscularity. First and foremost the judge must bear in mind that he or she is judging a women’s body building competition and is therefore looking for the most ideal feminine physique. The most important aspect therefore is shape, a feminine shape, muscular development must not be carried to an excess where it resembles massive muscularity of the male physique’

(Macneil, 1994:169).

By focusing upon the socially controlled feminine body, we are able to see how
health and fitness is an important rule and expectation surrounding femininity and how physical activity is a socially developed practice of body regulation, whereby the physical body can become socially acceptable. It would appear that controlling ones imperfections and flaws originate from a woman’s social body and the expectations surrounding her gender category. This raises therefore, some important questions concerning SCI. Firstly, whether social information concerning issues of health and fitness are still directed towards SCI women and secondly, whether women will have access to socially approved forms of physical activity with the onset of SCI? (i.e. those which communicate femininity), and if not, how does this reduced capacity to convert physical activity into femininity, influence the power to control their physical body in accordance with their social body?

2.3. The feminine body and it’s given off expression as sexually attractive

The construction of a healthy body is one way we can see that the body has become a project. Working at the body however, is also a way of working at the self and the pursuit of a toned muscular body is not only an aesthetic matter, but can communicate important messages to the observing audience about female sexuality (within the West). For example, Lonsdale (1990) suggests a woman’s sexuality is based entirely upon having the right kind of body. It is commonly believed therefore, that a woman must be beautiful to be sexual and sexuality has to be earned by working towards a fit and healthy body project. Rosalin (1994) for example states,

1That whereas the 60’s taught that sex was healthy, the 80’s taught that health
is sexy as Mariel Hemmingway crouching to touch her Nikes is every bit as feminine as Jean Harlow bending to paint her nails in the boudoir' (p 65).

It is here that physical activity provides the obvious channel for the female bodies sexualised display, and the idea of exercise is therefore blurred with sexuality through neologisms such as sexercise, exersex and slimsexy (Hargreaves, 1994). This is illustrated through the glamour poses of world class female athletes, which ignores the skill of their performance and instead highlights their sexuality. For example, at the time of the Seoul summer Olympics in 1988, newspapers of all persuasions had photographed Florence Griffith Joyner in poses focusing closely upon her carefully nurtured long fingernails as well as highlighting her physicality and sexuality. Modern sportswear is also manufactured to promote a sexy image, as clinging clothing such as body stockings and lycra leggings provide a dynamic image which emphasises sexuality and eroticism (Hargreaves, 1994). Muscularity can therefore be regarded as a sexualised condition and “Provides women a guarantee of membership to the group of attractive women” (Lonsdale, 1990; 65.). The possession of such membership can be regarded as “A symbol of control and desirability” (Hargreaves, 1994; 164), as well as revealing “That one cares about oneself and how one appears to others, suggesting will power, energy, control of infantile impulses and the ability to shape ones life” (Bordo, 1993; 80).

Women who are able to control their physical body in accordance with the rules and expectations of health and fitness posses the power to demand sexuality for themselves (Hargreaves, 1994). Sexuality is a recurring theme of this exploration. This is because it forms an important part of the accounts of SCI women. According to Morris (1989) SCI can bring about many changes and sexuality is an important
part which can be affected. Morris (1989) also found that this sexuality is often negatively affected, because almost all of the women she included in her study felt less sexually attractive after their paralysis.

It has been highlighted above how sexuality in Western society is publicly associated with a standard of attractiveness, and it may only be through a demonstration of control over ones physical body (in accordance with this ideal standard) that a woman can express such sexuality. For a SCI woman the significance of such control can be connected with various aspects of her appearance. Firstly static appearance, where very definite changes occur after the onset of SCI. A high level quadriplegic has very little neck movement. Their upper extremities hang very heavily from their shoulders; the hands lie curled inwards at the wrist. Soon after paralysis the muscles of the trunk produce a 'pot bellied' appearance with a pronounced shortening of the seated body. Wasting of the leg muscles causes a 'stick legged' appearance of the lower extremities. Depending on the level of injury, a paraplegic may also develop the 'pot bellied' appearance caused by paralysis or weakness of the abdominal muscles and after intensive rehabilitation is likely to have well developed shoulders and arms (Seymour, 1989). The SCI woman now presents a very different image to the social world (when compared with the athletic image of femininity previously discussed) and is unable because of physical limitations, to control her static appearance as she once did.

SCI also creates limitations with respect to movement, which means the control of dynamic appearance is also influenced. For a high level quadriplegic "Their whole body is tied up" (Seymour, 1989:101). This means that the subtle, yet critical expressions such as gestures, body contact, posture and spatial position (non-verbal communication) can no longer be controlled by the individual. In Chapter
3 it will be revealed how the control of bodily movements for the SCI woman is determined by the extent of her SCI rather than what she would like to communicate or what the social situation demands.

Bodily movements are also important because of the emphasis placed upon physical activity throughout this exploration. It has already been revealed how today it is the athletic muscular image of femininity which has become highly desirable (Bordo, 1993), and the use of physical activity to control the physical body has become a socially acceptable tool, whereby the female body can be displayed sexually. For the SCI woman however, the ability to control her body with physical activity has changed. This is revealed in Chapter 3 where the question of whether a SCI woman has the power to display her body and self sexually through physical activity will be raised. This is particularly important as it is those activities which emphasise co-ordination, flexibility and grace such as gymnastics, ice skating and synchronised swimming (activities which are no longer possible for the SCI woman) which contain sex appeal (Hargreaves, 1994).

In this chapter it has been revealed how body projects may be particularly important for women, and how health and fitness may be an important rule and expectation surrounding the construction of the feminine social body. It has also been revealed how physical activity could be regarded as a tool to work towards ones body project, as it can be used to control a woman's physical body in accordance with their feminine social body. A healthy body has also been shown to act as a symbol for female sexuality. It is now necessary in the following chapters to raise as a central concern the concept of SCI, and address some of the questions raised in this first chapter. For example, what image does a SCI woman present to others? Does she still have the power to control her physical body in accordance with the feminine
social body? Does her body challenge the rules and expectations surrounding the feminine social body? Will a SCI woman still have access to socially approved forms of physical activity? Can she display her body sexually through physical activity? And if not, what alternative messages about the self can be communicated to the observing audience?
Chapter 3

An introduction to disability: - an exploration of the tensions between the physical and social body and its conflict with femininity
In this chapter the aim is to introduce the concept of disability, in order to explore any tensions that may arise between a SCI woman's physical and social body. Such tensions will be revealed by exploring how a SCI woman presents a different image to the social world, how manipulating her physical body in accordance with the myth of control and perfection may no longer be possible, how social information concerning issues of health and fitness may no longer be directed towards SCI women and physical activity may no longer be a socially acceptable means of body regulation. It is here that Goffman's ideas are used as a framework in which questions can be raised and subjects opened for thought.

3.1. Spinal cord impairment and the reality that not all bodies can be controlled in a socially approved manner

"The female body is a constantly changing landscape from the budding breasts of adolescence through the rounded belly of pregnancy and the generous curves of maturity our bodies constantly weather reshape and die" (Chapkins, 1989;7). A woman's physical body throughout history however, has been socially defined in terms of fixed and unchanging categories of femininity (i.e. in the past fatness, unlike the absence of fat today, has been the fixed standard of femininity for women). Such fixed ideals of femininity however, do not allow for natural development nor do they allow for injury or disease to the female body which can take the form of SCI. The image a SCI female body presents to the able-bodied world now becomes our central concern and attention is turned therefore, towards the front-stage of Goffman's interactive regions. Here a SCI physical body is transformed into a social body where
performances should be given in accordance with the rules and expectations surrounding femininity. The aim is to explore how SCI women are a significant group in terms of appearance and how they may present a different image to the able-bodied world, producing problems when attempting to make a performance as a sexually attractive woman. It is also important to note that SCI can occur at different levels and cause a varying degree of paralysis. For example, some individuals can walk with crutches and callipers, some are wheelchair users but with a range of abilities, from having full use of their hands and arms to very little use of either (Morris, 1989). SCI women are not therefore an homogenous group in terms of appearance. Attention in the following paragraphs however, is placed upon those aspects of spinal cord injury which may make it difficult for a SCI woman to control her physical body in a socially approved manner. There are several features about this that need to be examined. These are clothing, body shape, wheelchairs, and bodily movements.

Clothing is important. What we wear is always visible and constructs a powerful image to others and is therefore an important way in which we can work towards our body project. Today, clothes are designed for a variety of different occasions and enable women to make different impressions e.g. sporty, sexy, sophisticated, smart, casual (etc). Fashion designers not only offer a variety of different clothes, but also offer women a variety of different identities to choose from. In this way we can see how women have the opportunity to clothe both the body and their self.

Clothing is also inseparable from its sexual function. Fashion today seems to be increasingly taking it's energy from sports wear (Hargreaves, 1994), and much of the clothing for women is designed to reveal and accentuate those parts of the body
defined as sexually attractive. For example, figure hugging tops which reveal the arms and shoulders and outline the shape of the breasts are common as well as shorts and lycra leggings which emphasise the shape of the legs and bottom. In the case of SCI we may find that women no longer have the power to construct a variety of different impressions to others, and therefore take on a variety of different identities for themselves. They may also be unable to keep up with the changing trends in fashion as only certain styles now suit their shape and the way their body functions.

Putting on an item of clothing which makes the SCI woman feel good about herself (i.e. sexy, attractive) may now become much more difficult. This is because clothing is designed for the able-bodied woman (i.e. an upright body) which severely reduces the choice of styles. For example, Marie a paraplegic interviewed by Morris (1989), states that “Sometimes I get frustrated because I love clothes and yearn for the freedom to choose what to wear” (p 56). Often such clothing cannot be worn for practical reasons. For example, incontinence dominates the choice of clothing for Geraldine a quadriplegic (also interviewed by Morris (1989) who states “The catheter and drainage bag I have, control my choice of skirt, dresses and trousers because I can’t have them as short as is the fashion today” (p 66). Nadine a 38 year old paraplegic also dresses differently since her spinal cord injury, “I find loose dresses easier to get on and off and less likely to get wet if I am incontinent, I have to empty my bladder every 2-3 hours and if I had to pull trousers up and down it would take too much time” (Morris, 1989;67). With the onset of SCI, a woman is unable to work towards her body project in the same way, as she can no longer clothe her physical body in a way that conforms to the feminine social body.

The second important feature is body shape. This is another aspect of a SCI
woman's appearance that makes it difficult for her to control her physical body in a socially approved manner. For those able-bodied women who do not quite match up to the feminine ideal, designers are at hand to adapt clothing, as well as give advice on how to hide their particular 'problem areas'. For example, clothes for short waisted people are shaped to take the emphasis away from the waist. For top heavy types, asymmetrical tops and jackets in plain colours are used, and for hourglass figures emphasis is placed upon the waist. In this way able-bodied women are provided with the necessary information enabling them (if they wish) to rectify their 'problem areas', so they can conform closely to the fashionable feminine body. As with most able-bodied women, SCI women have their problem areas, although they may not have the power to conceal their bodies in the same way. This is because clothing has not been designed to hide their 'problem areas', such as an increase in the size of the stomach caused by paralysis or weakness of the abdominal muscles, as well as thin legs due to wasting of the leg muscles. Their altered body shape may become therefore very difficult to disguise.

Thirdly attention can be drawn towards the wheelchair, which is a particularly important appearance cue. Being in a wheelchair means that an individual is no longer able to walk. Walking however, is a culturally powerful and significant aspect of appearance, which is illustrated in a song by Val Doonican called 'Walk tall',

'Walk tall, walk straight and look the world in the eye
That's what my mama told me when I was about knee high
She said son be a proud man and hold your head up high
Walk tall, walk straight and look the world in the eye' (Oliver, 1996; 67).
Walking appears to be a social metaphor for standing up for oneself and being proud, successful, independent, confidant (etc). According to Seymour "It symbolises to others the movement away from the dependencies of childhood towards the independence of adult status" (1989;56). SCI could indicate to an audience therefore, more than just the inability to walk but also that in some way they have regressed back to childhood and are therefore socially inadequate (i.e. unsuccessful, dependent (etc).

It may also be important to question whether the type of wheelchair matters. For example, an electric and manually driven wheelchair may communicate different messages to an observing audience. Although both are a visible sign of not being able to walk, a person in a manually driven wheelchair may look like they are just sitting down, (if all other functions above the waist are possible) whereas someone in an electric wheelchair may symbolise to others more physical inadequacy and therefore more social inadequacy.

A wheelchair is also the clearest and most obvious sign of disability (Bogle and Shaul, 1981). For example, we are told on buses and trains to give designated seats to the disabled, and the picture accompanying this message is of a person in a wheelchair. This seems rather strange however, when one considers that many disabled people are able to use their legs and those who cannot will be the least likely to require a seat on a bus or a train (this is because they are already sitting down and many trains and buses are inaccessible for wheelchair users). Although there are many different types of disabled bodies a SCI body in a wheelchair may have earned its position as a universal symbol of disability. This is because it is an unequivocal symbol of no longer being able to walk and therefore the clearest and most obvious sign of physical imperfection.
The final feature is that of bodily movements. Our body is used to “Express our feelings and intentions to others” (Zeegans, 1989:42), and is therefore an important part of non-verbal communication. For example, we can use exaggerated hand movements when we speak to communicate our enthusiasm or passion for a subject, we can gently touch someone to communicate our sympathy, or hug and kiss someone to communicate our love and affection. In this way bodily movements help to reinforce what is being said and convince the observer of the actors intentions. We are able therefore, to control our bodily movements in different ways depending upon what we want to communicate, as well as what the social situation demands. For example, getting to know a person of the opposite sex to whom one is attracted may require different bodily movements compared with when one is in an intimate relationship.

The onset of SCI can interfere with a woman’s use of the body as an expressive agent. For a quadriplegic in particular, bodily movements made from the upper chest can be limited and limiting, which means that a very important aspect of communication is no longer available. Zeegans suggests that problems in the use of the body as an expressive medium isolate the individual and reduce their vital affective communication with others (1989). For example, there may be dissociation between the words an individual uses to express feelings and the non-verbal cues accompanying them, i.e. when a wife wants to express her love for her husband but is unable to demonstrate this by hugging him.

Those aspects of physical appearance mentioned above are likely to attract the audience’s attention during social interaction. This is because they are those aspects of the SCI physical body, which can no longer be controlled in accordance with the feminine social body. This means that a SCI woman may no longer have the
same power to shape other's impressions, and may encounter difficulties when attempting to manipulate her body in different social situations. In Goffman's terms there has been a reduction in the expressive equipment used to stage a successful performance as a sexually attractive woman. A tension is therefore revealed between the physical and social body, which is likely to contribute towards a SCI woman's difference when interacting within her social environment. In the following section closer attention will be placed upon the process of social interaction, in order to reveal the influence such a visible difference can have upon the process of impression management.

3.2. Goffman's interactive regions - a challenge to the rules and expectations surrounding a feminine social body

Attention will be placed firstly back-stage. This is were the physical body resides or in Goffman's terms items of personal front which are stored as expressive equipment. It is here that the real person exists with all their flaws and imperfections. For example, when one observes an attractive women what they see is the end result (the finished body project), they may be unaware however, that she may have spent many hours in the local gym sculpting her body, or many sessions on her sun bed to give her skin a healthy glow. They also don't see her applying her make up, doing her hair, plucking her eye brows or shaving her legs. Such activities occur back-stage where a women is able to work at fostering the right impression.

In relation to SCI It could be suggested that the majority of this impairment resides back-stage. For example, although when in the public gaze the audience
may be aware that a SCI woman is sitting down in a wheelchair, there are many aspects of the SCI they are likely to be unaware of. For example, they may not see her doing a range of movement exercises to prevent contractures, or be aware that her legs have lost their good muscle tone due to the process of atrophy (if always disguised by trousers and long skirts). Bladder dysfunctions are also hidden back-stage, which means that a SCI woman has to urinate in different ways. For example, they may have to insert a tube into the urethra for a few seconds and drain urine into a small disposable bag (intermittent catheterization) or alternatively wear a urinary bag and use an indwelling catheter. Defecation also has to be managed differently. For example, manual evacuation may be necessary which can take up to one and a half to two hours (Morris, 1989). If defecation becomes too great a problem, a surgical procedure (ileostomy, clomostomy) creates an opening (stoma) in the abdomen. A tube inserted in this opening connects the intestines which fill up with faecal matter and must be emptied and cleaned periodically (Sherill, 1993). Also audiences do not see the performance of transfers between chair, bed, toilet (etc), and whether they are independent or assisted will be hidden. Back-stage is therefore, where an individual can drop their front and be themselves. Back-stage however, also serves as the arena where an individual can adjust and scrutinise for flaws in available personal fronts and therefore work at their body projects. Here it is important to emphasise again how control over the resources to produce a successful performance as sexually attractive may have been limited for a SCI woman. For example, she may be unable to communicate to others her sexuality at a cocktail party because she cannot find a dress which is designed specifically for her body shape, as well as being unable to move her body in a way that others recognise as being feminine. This demonstrates how her ability to intervene in social affairs and
make a difference to the flow of daily life may have been seriously reduced.

Setting is another important aspect of personal front that resides back-stage and involves furniture, decor, physical layout and other background items, which supply the scenery and stage props necessary to produce a successful performance (Goffman, 1969). The onset of SCI may mean that many settings are now unsuitable for controlling particular aspects of appearance back-stage. This is because many of the social environments encountered will not be adapted to suit a SCI woman's physical needs; for example, on a beach where all the other women are wearing bikinis (as their unconventional body shape becomes more visible), or at a disco because they are unable to dance with their partners like other women. The presence of doors and stairs also make access to certain situations impossible and the unavailability of toilets means that incontinence is more likely to occur. When at the library the high level shelves may mean assistance is required, and when picking ones child up from school a SCI mother may be unable to hug them (if a high level quadriplegic) like the other mothers. These are all settings which attract attention to a SCI woman's difference, and may mean that her ability to foster a desirable impression i.e. sexy bikini wearer or loving capable mother may have been reduced.

Attention will now be placed front-stage. Here performances are given in accordance with socially determined rules, and the physical body becomes thoroughly embedded within the social body. The front region can exert therefore, a profound influence over the way individuals seek to manage and present their bodies. The SCI body may have slipped away however from such influence, as body projects may no longer be worked at along previously defined lines of femininity. A tension is revealed therefore, between the two interactive regions and as a result the passage from back to front-stage is unable to be kept completely closed. This means that
uncontrollable aspects of personal front can intrude front-stage and interrupt performances and therefore the process of impression management. Here we can see how the power to control one's body has been reduced. No longer does a SCI woman have the power to construct any image she chooses front-stage. This is because her ability to influence the impressions of others may have been reduced.

When attention is placed upon physical activity we can see how aspects of SCI can intrude front-stage into the public gaze. For example, when swimming a SCI woman will have to expose her body which is normally concealed with clothes, this means that her deviation from the constructed image of femininity becomes more visible. She may also have to get dressed and undressed in front of others, which is normally an activity that occurs back-stage. Taking part in physical activity may also mean that a SCI woman will have to demonstrate that her body is limited in ways that would otherwise be disguised during day to day activities. For example, during wheelchair tennis limited grip could become visible due to special orthopaedic devices to bind the racquet to the hand, and also limited arm rotation due to an inability to produce an over arm serve. During wheelchair basketball a reduction in trunk strength may mean that an individual is unable to bend to pick up a ball and return it to the seated position without the help of the arm and shoulder muscles. This may mean a SCI woman is placed in a dilemma concerning physical activity as participation means that more impairment is visible front-stage.

For a SCI woman the interactive regions may no longer serve the same purpose as they once did when able-bodied. This may be due to a reduction in the expressive equipment that makes it difficult to control one's physical body (particularly with the use of physical activity) in accordance with the socially constructed image of femininity, (this is not to suggest however, that for all able-
bodied women an ideal image of femininity is obtainable, but they do have less physical obstacles to battle against, and are also more able to conceal their inability's back-stage or avoid getting into settings where they will become visible). Such a tension between the physical and social body may contribute towards a SCI woman's difference front-stage.

Although all women possess differences when it come to appearance (i.e. eye colour, hair colour, height and weight). Such differences lie within a range considered normal and do not therefore attract the audience's attention front-stage. For the SCI woman, her physical difference is so great that it becomes noticeable front-stage (attracting extra attention) and could be considered as falling outside the range considered normal. For most women in social life, disciplines of normalcy which may include body size, carriage, movements, gestures, appearance and control of bodily functions are likely to go unnoticed because they can conform to them without conscious effort. With the onset of SCI however, the ability to meet these standards is threatened and may therefore become a central concern when working towards ones body project.

3.3. The social body and the construction of disability

Those physical aspects of SCI (which create a recognisable difference) such as clothing, wheelchair, body shape and movement could be defined by Goffman as symbols. This is because they are parts of the body that “Convey social information which is frequently and steadily available” (Goffman, 1963; 59). In this section an interest is placed upon how a SCI body can interfere with a woman's performance as
sexually attractive. To do this one needs to focus upon the social body and the cultural understandings and assumptions a SCI body provokes in the mind's of the observing audience, who are in the business of determining whether a fostered impression is true or false. Attention will be placed therefore, upon Goffman and his work on stigma, which shows that one important cultural understanding is that of bodily control and the fact that a loss of control can be stigmatising.

According to Goffman two types of symbols exist; those of prestige and stigma. Prestige symbols establish a special claim to prestige, honour or a desirable class position (Goffman, 1963). For example, the possession of a fully functioning toned female body means that a woman has worked hard at her body project by controlling her physical body in accordance with a socially recognisable image of perfection. All those physical attributes which have been carefully controlled are regarded therefore, as prestige symbols and establish a claim of belonging to a desirable category of sexually attractive women and the possession therefore of a feminine social identity.

Stigma symbols however, emphasise a loss of bodily control and instead establish a claim to an undesirable category. This is because we believe a person with a stigma is not quite human and we have a tendency to impute some undesirable attributes onto that person (Goffman, 1969). The SCI symbols mentioned above could now be defined as stigma symbols. This is due to a reduction in the ability to control one's physical body in accordance with the feminine social body. Such a tension between the physical and social body could cause a SCI body to be set aside from 'normals' and given the category of 'disabled'. Wendell (1996) refers to the social position of 'the Other' to understand the position of people with disabilities. She argues that when we make people 'Other' we group them together as the objects of our experience, instead of regarding them as subjects of experience with whom we
might identify. She goes on to suggest that we see them primarily as symbolic of something else usually, but not always, something we reject or fear, particularly the failure to control the body. Disability could be regarded therefore, as a socially constructed stigma term used to explain and understand why some of society’s inhabitants are unable to conform to the myth of bodily perfection and control. In the same way that prestige symbols are exchanged for stigma symbols, with the onset of spinal cord injury, a feminine social identity could be exchanged for a disabled social identity and this may help to break up what would otherwise be a coherent and overall picture as a sexually attractive women.

3.4. The SCI body and it’s given off expressions as asexual and unattractive

It is now necessary to explore exactly how a woman’s identity as sexually attractive may be overshadowed due to the value judgements made about her disabled identity. To do this closer attention will be placed upon those undesirable attributes that are imputed onto a person with a stigma.

In a society which places substantial emphasis upon feminine attractiveness and the ability to take care of ones bodily functions, the term ‘disabled’ can be quickly and easily substituted with the words ‘defective’ women (Hannaford,1985). The assumption is that somehow these women are not complete and fully functioning. This can be illustrated further when attention is placed upon female sexuality. A common assumption made is that a disabled women is asexual, “As she cannot hope to fill the feminine ideal in sexuality, she becomes for society to all intents and purposes a neuter” (Hannaford,1985,78). So while women labour under their socially defined sexuality and are defined in terms of it, a woman with a disability finds herself
inhabiting a no woman's land (Hannaford, 1985; 78). Hannaford (1985) illustrates this by stating,

'I discovered on becoming officially defined as disabled that I lost my previous identity as a sexually attractive being. I vividly remember being at a party, being patted on the shoulder by a young man who said audibly 'Well Done'. The implicit assumption of such a remark is how brave of you to come to a party and try to compete with other sexually desirable women' (p 17).

A disabled woman therefore is not seen as sexy, but the sexless object, a sexual neuter, unbeautiful and unable to find a lover (Hannaford, 1985). This is a stigmatised view and the possession of a disability means that the able-bodied world may not expect or desire such women to be seen within sexuality. It is the common assumption that disabled women do not want and do not have sex. For example, Pauline a 34 year old quadriplegic interviewed by Morris (1989) states,

'I was made to feel crude or labelled sex mad because I wanted to resume a normal life. It appeared that once disabled it was wrong to think of sexuality. Disabled people didn't do that sort of thing' (p 80).

This implies that with the onset of SCI a woman's sexual identity is traded for a disabled identity, which is shared with all those other women whose bodies do not conform to societal expectations of sexual attractiveness and control.
3.5. The tensions created during social interaction

So far it has been suggested that during social interaction a SCI woman may have difficulties controlling her physical body in accordance with the feminine social body, and that such a reduction in control leads to the construction of disability which is stigmatising. Closer attention will now be placed upon how the visibility of disability can seriously challenge the framework of normative rules and assumptions in which sociability usually develops. Davis' work is particularly relevant to this area, as he refers to situations of sociability and is interested in "A range of involvement which can also be thought off as the zone of first impressions" (1964;34). In Goffman's terms this pertains to public life and to contact between strangers and mere acquaintances. Davis states that "The visibly handicapped (sic) poses a threat to the interactional situation as a result of their being perceived routinely as different, odd, estranged from the common run of humanity (etc), in short other than normal"(1964; 35). He goes on to suggests that the threat posed by the handicap (sic) to sociability is at minimum fourfold, "It's tendency to become the focal point of interaction, it's potential for inundation expressive boundaries, it's discordance with other attributes of the person and finally, it's ambiguity as a predictor of joint activity" (1964;36).

Each of these will be considered in turn.

Firstly, he suggests that there is a tendency for the impairment to become a focal point of interaction. This relates to the visibly impaired woman not being able to control her appearance sufficiently so that it's striking particularity will not cause a certain amount of concentrated attention to itself. In the context of SCI this could be related to those physical attributes which cannot be controlled in accordance with the
socially recognisable image of sexual attractiveness. For example, the 'normal's' attention may be channelled toward the presence of the wheelchair during interaction, but as Davis (1964) states, "The requirements of sociability constrain the 'normal' to act as if he were oriented to the totality of the other rather than that which is upper most in his awareness i.e. the wheelchair" (p 40). According to Davis (1964) this can result in tension which can undermine the interaction.

Secondly, he suggests that impairment has an inundating potential. Here 'normals' find that there is a marked dissonance between the emotions they inwardly feel (e.g. pity, fear) and those outward expressions deemed most salient for the occasion (e.g. pleasure, identification, warm interest). This results in an inundation and enfeeblement of the expressive controls of the individual. For example, a great deal of effort may be required to avoid taboo words and topics which can put a strain on the free flow of interaction.

Attention is thirdly drawn to a contradiction of attributes. Here there is frequently felt to be an unsettling "Discordance between many attributes of the handicapped person (sic) (i.e. occupation, identity, clothes, speech, intelligence, interests) and the handicap" (Davis,1964;45). A tension is created therefore, during interaction because many 'normals' can only resolve the seeming incongruence by assimilating or subsuming (often in a patronising or condescending way) the other attributes to that of the handicap (Davis,1964). Here disability can becomes one's 'master status' as any accomplishments or individual failings made by a SCI woman are likely to be interpreted as a direct expression of her disability. For example, Davis (1964) tells of a strikingly attractive girl who frequently elicits from new acquaintances the comment "How strange that someone so pretty should be in a wheelchair" (p 52).
Finally, he suggests that there is a tendency for impairment to become an ambiguous predictor. This relates to the ambiguity with respect to the ability of the impaired person to participate in various activities and as regards the propriety efforts which seek to ascertain whether he wants to (Davis, 1964). For example, an able-bodied person may be unclear whether a SCI woman would enjoy going shopping for clothes or is able to participate in a bowling game. Such ambiguity according to Davis can strain social relations. Here we see the importance of the physical body during social interaction and what can happen when it slips away from the control of the social body. According to Goffman (1963) it is the job of the stigmatised to resolve such tension by making a good adjustment. He states,

'It is the individuals object to reduce tension, that is to make it easier for himself and others to withdraw covert attention from the stigma and to sustain spontaneous involvement in the official context of the interaction' (p 25).

This process of social adjustment can be connected with impression management, as it is the way "An individual exerts strategic control over the image of himself and his products that others glean from him" (Goffman, 1963; 43) (this perspective relates to the individual model of disability which will be discussed later). From Goffman's perspective a SCI woman must therefore present herself in a way that others will find most comfortable during interaction. The nature of a good adjustment requires that the stigmatised individual should fulfil ordinary standards as fully as they can stopping short only when the issue of normification arises; that is, where their efforts might give the impression that they are trying to deny their differentness. For 'normals' this means that the pain of having to carry a stigma will never be presented
to them. They will also not have to admit to themselves how limited their tactful intolerance is and it means they can remain relatively uncontaminated by intimate contact with the stigmatised. (Goffman, 1963). Part of a SCI woman's body project may involve therefore continuously striking a balance between doing too much and doing too little. This means that a SCI woman may have to constantly monitor her appearance making sure that she has done enough (i.e. by looking presentable, well groomed) but at the same time will not be accused of wanting to gain access to the group of sexually attractive women. The key point here is that her dilemma does not exist in a vacuum; it arises out of the demands the able-bodied place upon disabled people.

3.6. Physical activity and its role in the process of adjustment

An important question that could be raised is whether a woman is able to work towards an almost similar body project with the use of physical activity or does she run the risk of doing too much? It is important to remember that due to an inability to control ones SCI physical body in accordance with the feminine social body, a feminine social identity may have been exchanged for one of disability. The SCI woman may be constrained therefore, by a set of stereotypic ideas which assume that she embodies asexuality and inability. Wanting to work at a body project defined along lines of femininity with the use of sexualised forms of physical activity could be regarded as doing too much. This is because their body project may now be defined along social lines of disability as it is asexuality and inability that become socially visible. Social information concerning issues of health and fitness may no longer be
directed towards a SCI woman, which means that the accepted forms of physical activity used in the process of adjustment may have now changed.

For example, it could be argued that most of the fitness classes women take part in are specifically designed to target problem areas (dominated in the lower body), such as 'tums and bums' or 'hips and thighs'. In such classes women subject themselves to hundreds of sit ups, crunches, lunges, squats, leg raises (etc) in order to restructure their problem areas in accordance with the muscular toned ideal. For most SCI women however, paralysis to the muscles in these areas may mean that such exercises are no longer possible. Furthermore, when a SCI woman does take part in physical activity, she is likely (particularly as a paraplegic) to develop well-defined muscles in her upper body. This means that even with the use of physical activity she is unable to sculpt her body in the same way as an able-bodied woman and strive towards the accepted feminine shape. A SCI woman is also unable for practical reasons to wear the tight clinging sports wear which is designed to reveal the body and highlight female sexuality. For example, Rachel interviewed by Hargreaves (1994), refers to how she is unable to dance in a motorised chair, as she does not look the way she wants and this detracts therefore from her experience. She states,

'I just never dressed like what I'm dressing now. I wore jeans and high heels and this is different for me. I don't like wearing jogging pants and T-shirts and stuff it's not the way I dress' (p 56).

A SCI woman may also no longer be able to move her body in a way which conveys her sexuality, particularly as it is those activities which emphasise balance, co-
ordination, flexibility and grace, such as gymnastics, ice skating and synchronised swimming which contain sex appeal (Hargreaves, 1994). In these activities performers' routines contain ultra feminine posture and gestures, sensuous symbolism, sexually suggestive moves and even sometimes provocative poses. They could therefore be regarded as feminine appropriate activities (Hargreaves, 1994).

Here we see how a SCI woman may be placed in a difficult situation regarding her body project and the use of physical activity, particularly if she was active before her injury and still values health and fitness. To take part in such sexualised forms of activity involves establishing ones membership to the category of sexually attractive women, as well as expecting the benefits such a membership brings, for example sexual relationships. The stigmatised are however warned against attempting to pass completely (Goffman, 1963), and participation in such physical activity could be an attempt to deny their differentness and be regarded as doing too much.

This does not mean however, that physical activity is no longer socially acceptable, but since disability has become a SCI woman's 'master status' the physical activity used to work towards ones body project and the context within which it occurs may both need to be disabled appropriate. In other words it needs to be those forms of physical activity that are recognised as being for the SCI as well as those contexts which are specifically reserved for participation by the SCI.

The rehabilitation context can be regarded as particularly disabled appropriate. Here physical activity plays an important role in the process of personal adjustment, where an individual can use disabled appropriate forms of physical activity such as wheelchair basketball, wheelchair tennis and quad rugby to overcome physical, social and psychological limitations. Here the onus is placed
upon the individual to adjust to the able-bodied world. The aim is to restore the person to normality (whatever this may be!). This supports therefore, the individual or medical model of disability. From this perspective it is the SCI physical body which is the problem (as it can no longer be controlled by the feminine body), and physical activity used within the rehabilitation context may provide individuals with the opportunity to control their physical body so it can become constrained and controlled by the social body once more (i.e. conforming to the able-bodied expectations surrounding the disabled social body). This demonstrates to the able-bodied world that they are trying to minimise the social obtrusiveness of their stigma and suggests that they care about how they appear to others. This can help therefore, to reduce any tension during social interaction as the disabled can be seen to be presenting themselves in a way that others will find comfortable (for example, imagine the tension and embarrassment created if a group of SCI women arrived at an aerobics class and demanded to participate with the other lycra clad able-bodied women).

From Goffman’s perspective, making a good adjustment would involve the SCI women learning new ways in which she can work at her body project in a socially approved manner. It is important to remember however, that a good adjustment does not spring ready made from the disabled individual, but is a quality granted to them by the able-bodied. One needs to raise the question however, of whether a SCI woman will be encouraged to participate in SCI physical activities when they have not been packaged to persuade women that their sexual identity will be maintained or improved?

In this chapter, the concept of disability has been introduced, in order to explore the tensions that may arise between a SCI woman’s physical and social body. Such tensions have been revealed by exploring how a SCI woman may
present a different image to the social world, and how manipulating the physical body in accordance with the myth of control and perfection may no longer be possible. It has also been revealed how social information concerning issues of health and fitness may no longer be directed towards a SCI woman and that sexualised forms of physical activity may no longer be a socially acceptable means of body regulation. Attention has also been placed upon how disability can act as a symbol for female asexuality and unattractiveness. The work of Goffman has been used throughout this chapter as a framework in which concepts can be explored and questions raised. It will be revealed in Chapter four however, that although Goffman’s work is insightful it is unable on it’s own, to fully explore this area.
Chapter 4

An alternative perspective: - An introduction to the social model of disability
In this fourth chapter, attention is now turned to a critique of Goffman's work. This is done by examining it's similarities with the individual model of disability, and by revealing the exercise of power and control the able-bodied may have over the body and self of the person with a disability, as well as demonstrating that to be disabled within our society is to be disempowered. The significance of the body as a project for an understanding of physical activity among women with a SCI will be reoriented therefore, towards the social model of disability. Here we become concerned with identifying why and how the construction of a disabled body oppresses people. As well as how the greatest impediment to a person taking full part in society, is not their SCI, but rather the oppressive myths of control and perfection, which are deemed to be an essential component of a successful body project. It is also here that the issue of embodiment will be raised. This is due to an interest in the influence SCI can have upon ones embodied self, in an era where each of us are responsible for the designs of our own bodies, and where body projects are worked at as part of a person's self identity (Shilling,1993).

4.1. Redirecting a SCI woman's position towards the social model

Goffman's work focuses attention upon the individual adjusting to their stigma. For the SCI woman this means working hard at her body project with the use of socially acceptable forms of physical activity in order to control those physical attributes that others may find distressing or embarrassing. Her position is seen therefore, as a personal one rather than a social one, which is essentially individualistic and supports the individual or medical model of disability. There are two fundamental
points that need to be made about the individual model of disability. Firstly it locates the problem of disability within the individual, and secondly views it as stemming from functional limitation or psychological losses which are assumed to arise from the disability (Oliver, 1993). These two points are underpinned by the Personal Tragedy theory of disability. This is the predominant concept of disability (Stuart, 1993) which suggests that "It is a tragic happening, that occurs to unfortunate, isolated individuals on a random basis" (Oliver, 1996; 63). The theory perceives SCI therefore, as a "Metaphor and symbol for a socially unacceptable person" (Oliver, 1996; 7), who is unable to control their physical body in accordance with the social body, and must therefore adapt or adjust him or herself to society. In all forms of the media, disabled people have been represented as tragic (Hevey, 1993). Oliver (1993) argues that if disability is seen as a tragedy, then disabled people will be treated as if they are the victims of some tragic happening or circumstance. This treatment will occur not just in everyday interaction but will also be translated into social policies, which will attempt to compensate these victims for the tragedy that has happened to them.

Although the individual model and the process of personal adjustment may have its part to play in the lives of SCI women, it is unable to provide us with a complete understanding of this area. This is because the issue of power and control has failed to be addressed. Power is a very important feature of human life, "A person who feels empowered experiences a capacity to initiate a task or express a desire to carry it through to completion" (Zeegans, 1989; 38). The able-bodied could be perceived as a powerful social group who seek to imposes their own values, expectations and beliefs upon the disabled individual. Striving for perfection, control, normalcy (etc), is not therefore a natural state of affairs, but instead represents an acknowledgement of the values that have come to dominate and control disabled
individuals (even charities can be perceived from this perspective, as they are organised and run by the powerful able-bodied for the powerless disabled). It is the able-bodied which have the power to create a disabled social body and in turn to control the way a disabled individual seeks to manage and control their physical body. Conformance to these expectations is rewarded (i.e. good adjustment), but those who fail to comply are punished “Commonly through sanctions applied in a process that Goffman has termed stigmatisation” (Drake, 1996; 147). Whether a SCI woman conforms or not however, she will be always be powerless. This is because even if she exercises power over her body, she cannot be powerful as long as she operates in a system that judges her only on the basis of appearance.

From the perspective of the individual model, making a good adjustment involves the exercises of power by the able-bodied over the powerless disabled. Their powerlessness is demonstrated by the fact that others decide their adjustment. Goffman for example, tells of a man (which could be easily substituted for a woman), paralysed in his legs, who left his wheelchair and tried to climb the stairs of an outdoor restaurant by pulling himself up bodily by the hand rail. He was stopped by the waiter however, who declared that they would not have him acting in a way that would be disturbing to the restaurant’s other customers (Goffman, 1963). What this shows is that the disabled are controlled and constrained by the expectations of the able-bodied and that to be disabled in our society is often to be disempowered and to be perceived as lacking competence, regardless of the actual abilities that an individual possesses (Zeegans, 1989). Although Goffman provides his readers with a deep insight into the position of the stigmatised within social life, he fails however, to move beyond the individual and physical inadequacy. This is because the experience of powerlessness and oppression is perceived as an inevitable
consequence for those who are physically impaired. Goffman does little therefore to challenge their unfavourable position within social life; instead he is perhaps accepting and reinforcing the negative perceptions held towards the disabled.

In recent years disabled sociologists and other disabled people have challenged this individual account and have developed an alternative perspective which elaborates a social model of disability (Oliver, 1996). It is now necessary therefore, to reassert a SCI woman's position as a social one and redirect the process of adjustment towards this social model. The model assumes that,

'Disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than the inability of a disabled individual to adapt to the demands of society' (Shakespear, 1996; 45).

Social Adjustment has now become an issue for society and we become concerned with identifying the ways that society oppresses people (Oliver, 1996). When disability is conceptualised in terms of social oppression the locus of the problem shifts away from the individual and can be located squarely within society and social organisations (Oliver, 1996; 42). For example, disability is not constructed because some SCI women may be unable to hug and therefore show affection towards their children, but instead because the able-bodied world can only imagine caring for children in ways that are sometimes impossible for women with disabilities. SCI women are also perceived as unsexy during physical activity not because they are unable to participate in sexualised forms of physical activity, but because the able bodied world have not constructed a sexual image for the SCI woman in physical...
activity, and also because nobody has considered the needs of such women, when designing fashionable and sexy sports-wear. This demonstrates how it is the social response and treatment of biological differences that constructs disability and the greatest impediment therefore to taking a full role within society (i.e. not being set aside from the able-bodied) is not a woman's SCI, but rather the myths, fears and misunderstandings that the able-bodied attach to physical impairment. Both perfection and control can be regarded as particularly oppressive myths, as they are perceived as being essential components of a successful body project. The assumption is that not only will you look good, but "With proper control you will stay fit and healthy until you die" (Wendell, 1996; 85).

A society which hides and denies imperfections however also feeds people's fear of it. An imperfect body could therefore be a constant reminder to the able-bodied who are currently measuring up, that they might slip outside the standards and in this way no longer be able to work towards a body project which they have spent many years perfecting (Wendell, 1996). It is out of such socially constructed fear that the category of disability emerges. "The imperfect others who can never come close enough to the ideals" (Wendell, 1996; 63). Disability acts therefore, as a mechanism for explaining away imperfections and the inability to control one's body, which paradoxically is an inevitable consequence of human life. This is done by in some way suggesting that they deserve their disability. For example, one popular implication is that if you are disabled you must have failed to take care of yourself; another is that people make themselves disabled by mismanaging their lives (Wendell, 1996). This helps to ease the fear for those who are momentarily free from impairment and means that even though disability is not the exclusive property of only a minority, "When it comes to defining ourselves most of us choose to ignore our
experience of disability, focusing upon those situations in which we are able to meet expectations" (Stone, 1995; 95).

This perspective requires that the social observer change the lenses in their spectacles, bringing into focus social inadequacies rather than physical inadequacies. In this way the experience of SCI is influenced not so much by the physical body, but instead by living in the social world of the able-bodied. From this perspective disabled and able-bodied become relative terms. This means society can change to bring what is regarded as 'abnormal' into their accepted range of 'normalcy'. For example, being left-handed has long been associated with the powers of darkness and evil. In practical terms this has meant that until fairly recently, British children who naturally started to write with their left hands were forced to change. This would however, hardly happen today as left-handed people are counted as normals within our society (Shearer, 1981; 65). Goffman (1963) highlights such relativity in his seminal work on stigma. Stigma he argues,

"Involves not so much a set of concrete individuals who can be separated into two piles, the stigmatised and normal, but as a pervasive two role process in which every individual participates in both roles at least in some connections and some phases" (p 138).

Goffman appears however, unsure of his perspective as later he states "Life long attributes of a particular individual may cause him to be type cast - he may have to play the stigmatised role in almost all social situations" (1963; 38). This leaves the reader feeling confused (does he support the individual or social model of disability?) as Goffman "Makes no attempt to explain why some attributes type cast a
person and others do not" (Wendell, 1996:58).

What emerges clearly from the social model itself however, is that there would be no adequate justification for labelling only some people as disabled if the able bodied were willing to accept the variety and uniqueness of the human body. Wendell (1996) illustrates this when she states,

'If we knew more about physical limitations about loss of abilities and what it is like to be too far from the cultural ideals of the body, perhaps we would have less fear of the negative body, less fear of our own weakness and imperfections, of our own inevitable deterioration and death’ (p 109).

What significance does this social model have for physical activity and SCI women? Firstly we can see how their social perception as unsexy during physical activity, is not because they are unable to participate in sexualised forms of physical activity but because the able-bodied have not constructed a sexual image for the SCI woman in physical activity. For example, the media never fail to display and pass comment upon those able-bodied sports women considered sexually attractive. SCI women however, are generally hidden from the public eye when they take part in sport, as one rarely hears of their sporting success and would probably never hear them being referred to as attractive, feminine or graceful (etc).

Being perceived as unsexy and being unable to take part in sexualised forms of physical activity is not because of physical inadequacy, but instead because social expectations are inadequate and have failed to adjust physical activities in accordance with the needs of SCI women. One important implication this model has therefore, is that making a good adjustment no longer has to be based upon
participation in disabled appropriate forms of physical activity. This is because it is not the physical body which needs to become social again through the process of adjustment, but instead the social body which needs to loosen it's control and constrain over the physical body by accepting that "People are not always able to control their physical bodies and we should stop holding them responsible for doing so" (Wendell, 1996; 11). The onus is placed therefore, upon the able-bodied to adjust, by making all forms of physical activity in all settings accessible and appropriate for a SCI woman. This would mean that wanting to work at a body project defined along lines of femininity with the use of sexualised forms of physical activity would no longer be regarded as doing too much. This is because the SCI woman is able to decide for herself whether she wishes to take part in an aerobics class and wear lycra, instead of being persuaded by the expectations of the able-bodied.

It is important to note that the social model also reveals how there would be no adequate justification for labelling any physical activities as disabled appropriate if the able-bodied were willing to accept the many different ways the human body can participate and succeed within physical activity. Sporting goals do not have to be achieved in one specific way with one specific type of body (an able body). SCI sport can be just as exciting, competitive and skilful and does not have to be reserved for the rehabilitation context with its emphasis upon personal adjustment.

4.2. Goffman's passive and confused self

It is now necessary to raise the issue of embodiment in relation to Goffman's work. To be embodied "implies a meshing of the psychological and physical aspects of self"
Interest is now focused therefore, upon the influence SCI can have upon ones embodied self in an era where each of us are responsible for the designs of our bodies and in which body projects are worked at as part of an individual's self identity (Shilling, 1993). Attention will be placed therefore, upon Goffman's notion of ego identity. This is, "A subjective reflexive matter that necessarily must be felt by the individual whose identity is at issue" (Goffman, 1963; 129). Ego identity can be regarded as a term for an individual's sense of self and " Allows us to consider what the individual may feel about stigma and its management" (Goffman, 1963; 130).

Goffman suggests that the codes of conduct regarding adjustment provide the stigmatised individual with "Recipes for appropriate attitudes regarding the self - to fail to adhere to the code is to be a self-deluded misguided person to succeed is to be both real and worthy" (Goffman, 1963; 135). It is important to remember however, that a SCI woman is likely to interact with many different audiences in many different social situations throughout the day. This means the messages she may receive regarding the self could be constantly changing. For example, during wheelchair basketball, which is adapted specifically to meet a SCI woman's physical body, she is able to appear skilled and confident and able to control her physical body in accordance with the (wheelchair basketball) social body. When on the beach in the summer however, when most other women are wearing bikinis and exposing if not perfect their near perfect bodies, a SCI woman may appear unattractive and unsexy as her physical body cannot be controlled in accordance with the (bikini wearing) social body. The messages a SCI woman receives regarding her self are likely therefore, to be constantly changing (due to the many different social bodies set in social life) and the "Stigmatised individual thus finds himself in an arena of detailed
discussion concerning what he ought to think of himself" (Goffman, 1963; 150).

The development of a self identity or ego identity is dependent therefore, upon the observing audiences construction of disabled social bodies and whether the stigmatised adjust successfully or unsuccessfully to the rules and expectations surrounding such bodies. In this way the stigmatised are perceived as possessing an incomplete self as they grapple with the conflicting messages concerning their performances, as well as being relatively passive as their self becomes a reflected image of society. This means even if a negative self is being communicated (i.e. asexual, unattractive) the individual must accept their stigma and reflect this negative image, as to do otherwise would be calling into question society's treatment of the individual.

A SCI woman may no longer have access to as many sporting opportunities. This may mean that she is unable to participate in the full range of sporting activities available to the rest of society. It is important to consider therefore, the impact this may have upon her sense of self in an era where health and fitness has become an important expectation surrounding the body (Bordo, 1993). Most able-bodied individuals have the opportunity to participate in any physical activity they choose, and therefore work at their body projects in many different ways. The opportunity for a SCI woman however, may be somewhat more limited; as it is may only be those physical activities regarded as disabled appropriate that are available or regarded as acceptable. The inability therefore, to work at ones body project with the same tools (i.e. physical activity), may well have a negative influence upon a SCI woman's sense of self, particularly when one considers that working at ones body project is also a way of working at the self (Shilling, 1993). For example, Libby (interviewed by Morris (1989) an incomplete quadriplegic who walks with sticks wrote, "I was a person who
very much enjoyed physical activity and now I feel as if a large and important part of the person I was no longer exists” (Morris, 1989:79).

4.3. Further possibilities for a SCI self

For most, the onset of SCI occurs suddenly (due to some accident or injury) and a woman is transported immediately from the able-bodied into the disabled-bodied world. It is likely therefore, that she may be unaware of what it means to be disabled within our society, and may still hold many of the able-bodied misconceptions about disability. It would be over deterministic to assume however, as does Goffman, that each SCI woman is passive and views herself through the eyes of others. This denies a woman the ability to think for herself and leaves too many possibilities unexplored.

For example, Goffman talks about the stigmatised reaction to deviance. “Thus eliminating the possibility of deviants as positive agents of social control” (Peters, 1996: 218). Also the idea that an individual might “Confront reject or ignore as a deliberate strategy their stigmas rather than cope with them is not even considered” (Oliver, 1990: 67). In this way Goffman is accepting the values of the able-bodied, instead of questioning them. In the following paragraphs there are several other possibilities for a SCI embodied self that can be examined.

Firstly, it may be possible that “People with ascribed disabilities choose to embrace their differentness as a positive identity marker” (Peters, 1996: 213). Goffman (1963) repeatedly fails to appreciate this, as he rates valuing and identifying closely with those who share a disability as rather low. Having a disability however,
may be like membership to other groups that are stigmatised, as good as or better than normalcy. Wendell (1996) for example, argues that although her disability has presented many challenges she would not wish to be able-bodied again. This is because identifying with her disability (chronic fatigue syndrome) has made her the person she is today. Morris (1989, 82) also states how “Some of us achieve these positive feelings about ourselves by valuing ourselves as people rather than for what we look like”. Register (1996, 177) calls this process “Acceptance, which is the ability to regard illness (or I would add disability) as your normal state of being” (1996, 177). Here we can see how a passive acceptance of others negative perceptions is not the only possibility, as many women may be able to emerge from their SCI with a more complete sense of self, (i.e. positive, instead of Goffman’s notion of grappling with the conflicting messages from the able-bodied world). This would mean that a woman’s body project does not become interrupted or destroyed with the onset of SCI, as many women may come to explore, accept and care for their new bodies. In this way their body project changes to accommodate their physical difference.

Secondly, it may be possible for a SCI woman not to identify with her disability and therefore reject the oppressive myth of control and perfection surrounding their social bodies. This may be because living in the able-bodied world with a SCI, provides the individual with the necessary experiences in order to reject the able-bodied preoccupation with perfection and control as oppressive and constraining. In this way we can see how the disabled are not passive but instead extremely aware of the constraint the social body has over the physical body, when working towards ones body project. For example, Wendell (1996) suggests that,

‘When people cannot ground their self worth, in the conformity to cultural body
ideals or social expectation of performance the exact nature of those ideals and expectations, and their pervasive unquestioning acceptance becomes much clearer' (p 60).

With the onset of SCI it could be suggested that a woman's eyes are now opened to the fact that most people must eventually fail to conform to the myth of control and perfection, "A fact that those who currently conform do not usually want to face" (Wendell,1996;89).

The rejection of disability provides the opportunity for an individual to develop multiple identities. This forms our third possibility for the embodied self and means that an individual can work towards a body project defined along lines other than disability. It would be disablist and misleading to assume that SCI women are a homogenous group and will all possess therefore the same identity. Such an assumption fits into the individual model of disability, supported by some doctors, researchers and rehabilitation specialists who, "Tend to universalise the experience of a given disability because they are trying to fit peoples experiences into specific scientific descriptions of a disability" (Wendell,1996;71). We cannot ignore however, the diversity of a SCI woman's social experiences, as they are likely to interact with many different audiences depending upon their age, race, class, occupation, religion (etc). It is important to be aware therefore, that many different social bodies can be constructed for the SCI woman, due to the expectations of the many social audiences, which in turn means that different identities can be formed in different social situations.

From the information presented above it has been revealed how a SCI woman may have a positive disabled identity or reject her disabled identify, as well as the
possibility for developing multiple identities. This means that although her SCI body may limit the scope of her activities and it may not be what the able-bodied world desires, the passive acceptance of the able-bodied perceptions is not the only possibility, and frustrations and dissatisfactions with their selves are not an inevitable consequence of SCI. We must be aware therefore, of the SCI own expectations and values concerning their physical and social bodies.

In relation to physical activity this means exploring whether the healthy toned, fit ideal of femininity is accepted or rejected. A rejection of this social body would suggest that a SCI woman no longer has to use physical activity as an instrument to accomplish the myths of perfection and control. Instead she has the possibility to exert power over her own body by rejecting the values and expectations that have come to dominate and control disabled individuals, and no longer operate in a system which judges her on the basis of appearance. Perhaps in this way a SCI woman can become freed from a full time preoccupation with the appearance of her body, enabling her instead to develop a more realistic body project. Here an active rather than a passive SCI woman is being revealed who is able to resist or reject her dominant cultural image by participating in physical activity for reasons other than the creation of a socially desirable appearance. For example, it may also provide the opportunity for SCI women to develop a high level of physical fitness, as well as being used as a motivational force to assist her in preparing and achieving her maximum potential. It can also develop a competitive spirit, self-discipline, self respect, self esteem and increase individual opportunities and experiences. The onset of SCI, and the inability to use physical activity to control ones physical body in accordance with the feminine social body may not always have a negative influence upon a woman's embodied self, as one cannot ignore the possibilities she has for
constructing her own positive sense of self.

In this chapter, the objective has been to critique the work of Goffman. This has been done by examining its similarities with the individual model of disability, and by revealing the exercise of power and control the able-bodied have over the body and self of a person with a disability. The significance of the body as a project for an understanding of physical activity, women and SCI has been reoriented towards the social model of disability, and why and how the construction of a disabled body oppresses people has been identified. The issue of embodiment has also been raised and it has been revealed how a SCI woman may develop a positive disabled identity, reject her disabled identity or develop multiple identities.
Chapter 5

Conclusion: Suggestions for future research
CONCLUSION

This study has revealed how the body is the physical property of the embodied individual, but at the same time the property of society as it is the social world which imposes its fixed and unchanging categories upon our bodies. This is particularly so for the exterior territories of the body which are visible to others. It is this dual location of the body which has played a central role when introducing the concept of body projects. This is because the individual control exerted over the body (in an attempt to work at ones body project) is in fact social control originating from the rules and expectations surrounding the construction of social bodies.

A general theme adopted throughout this study (with the help of Erving Goffman to construct a theoretical framework) is that one must look toward the construction of the social body (particularly the rules and expectations surrounding it's construction) in order to explore the significance of the body as a project, for an understanding of physical activity among women with a SCI. In doing this it has been revealed that with the onset of SCI, the previously constructed feminine social body is confronted with the construction of a powerful and influential disabled social body, (which may weave a confusing web when a SCI woman is working towards her body project). When in the public gaze a different set of stereotypic ideas are now indiscriminately applied in a whole manner of social situations, which communicate how a SCI woman should dress, move, act (etc.). Such stereotypic notions also include those forms of physical activity deemed appropriate for the SCI woman, and we have seen how working at a body project with sexualised forms of physical activity may be regarded as socially unacceptable for the SCI woman. This is because body
projects are now defined along social lines of disability and it is only those physical activities reserved exclusively for the disabled that may be acceptable.

This exploration has revealed therefore, how society likes to keep things orderly, and although variety is all very well (regarding eye colour, hair colour and height (etc.), what the social world really desires and accepts is a standard product. The SCI woman exists therefore, in a social world bound by notions of normality, when her own physical differences (defined as disabilities) fall outside this normal range.

Two theoretical frameworks for understanding disability have been presented: the individual and social model. It has been argued that Goffman's work seems to support the individual model of disability, due to his concerns with individual adjustment. Although part of the experience of SCI will always remain an individual one, this is a partial or incomplete perspective, and instead it is the social model which has been received much more enthusiastically throughout this study. This is a much more optimistic perspective in which social adjustment is the solution rather than personal adjustment. In relation to physical activity this would mean that participation is used not to rehabilitate the SCI woman back into society, but instead it is society that needs to be rehabilitated by learning to loosen its control and constrain over the disabled social bodies it constructs (i.e. changing the rules which those with impaired bodies are expected to follow). For the SCI woman such a perspective offers much more hope as it points clearly towards the possibilities for change (i.e. participation in all forms of physical activity).

Just as the production of a disabled body does not have to be an inevitable consequence of social life, neither does Goffman's passive acceptance of the able-bodied perceptions regarding the SCI woman's self. His perspective supports the
individual model, and instead it has been suggested how a SCI woman may have the opportunity to develop a positive disabled identity, reject her disabled identity or develop multiple identities. This means that the onset of SCI and the inability to control ones physical body in accordance with the feminine social body does not necessarily have a negative influence upon the embodied self.

In conclusion, it can be suggested that exploring the body from the perspective of a project, reveals how an understanding of SCI women, extends far beyond the actual impairment itself. In fact it is only through acknowledging the social construction of femininity and disability that one can begin to understand how the problems associated with a SCI body stem much more from the oppression of society than from the limitations of the individual.
SUGGESTIONS FOR FUTURE RESEARCH

The aim of this study has been to construct a theoretical framework which other sociological researchers might draw upon when conducting future studies into women, SCI, physical activity and the body. The study therefore, has only been able to take the first step in a sociological journey which requires much more exploration. In order to reveal if the concepts discussed throughout this study have any utility, it will be necessary to apply them to real life situations. This means that researchers must listen to the voices of SCI women (through interviews, case studies and life histories). Their experiences may or may not have anything in common, but we must continue to investigate this area. The aim is therefore, to use the concepts to explore the diverse experiences of SCI women. In the following paragraphs an attempt has been made to draw out some of the most important research questions which relate to the main concepts of the study.

Although Goffman’s work has been critiqued, it is important to note that his concepts do have a certain utility. This is particularly true when we think in terms of social construction. It has been revealed how it is the social response and treatment of biological difference that constructs disability, and it is Goffman who draws attention to the interactive regions in social life where the construction of disability is constantly being reworked. Front-stage for example, is where the SCI woman interacts within her social environment. It is here therefore, that her difference becomes visible and the concept of disability is constructed. This is due to the cultural understandings and assumptions a SCI body provokes in the minds of the observing audience. According to Goffman front-stage is where an individual
must perform in accordance with the socially determined rules surrounding
disability. It is here that questions regarding a SCI woman's visible difference can
be raised, as well as whether the front region has the power to exert profound
influence over the way they seek to manage and present their bodies.
These include the following:

- What cultural understandings and assumptions does she think disability
  provokes in her social observers?
- Which aspects of a SCI woman's appearance does she feel attracts the
  most attention and contributes towards the construction of disability during
  interaction?
- Does the attention their appearance attracts depend upon whom they are
  interacting with?
- What exactly does the creation of a desirable impression mean for a SCI
  woman?
- How has her power to influence the impressions of others changed since
  the onset of SCI?
- Are there any settings they try to avoid in order not to foster a successful
  impression?
- Are there any desirable settings, which they think fosters a successful
  impression?
- How have the social pressures concerning their appearance front-stage
  changed since the onset of SCI?
- Is the creation of a desirable appearance a central concern for the SCI
  woman when working towards her body project?
Back-stage according to Goffman, is where the physical body resides or in Goffman's terms items of personal front which are stored as expressive equipment. This is also where an individual can adjust and scrutinise for flaws in available personal fronts and work at their body project. It is here that questions need to be raised concerning what a SCI woman may do back-stage. These include:

- What aspects of appearance (physical body) does a SCI woman choose to manipulate and why?
- What bodily tools does she choose to use and why? (i.e. dieting, makeup, clothes, physical activity)
- Have the tools they use changed since their SCI?
- How much time is spent back-stage working on their appearance?
- Has this time increased or decreased since their SCI?
- Which people (i.e. friends, partner, parents) do they allow access back-stage?
- Do they now find it more difficult to control aspects of their appearance back-stage?
- Do they now feel they have to confront more physical obstacles in order to create a desirable appearance?

Back-stage also acts as the region whereby the social construction of disability front-stage is acted upon by the SCI woman. It is important therefore, that researchers must be aware of a SCI woman's own expectations and values concerning the
construction of disability. This is because she may have the possibility to exert power over her own body, by reworking the construction of disability and rejecting the values and expectations that have come to dominate and control disabled individuals. Particular questions for exploration could include:

- Is the myth of control and perfection surrounding the feminine social body accepted or rejected?
- Is appearance a central concern of theirs?
- Do they feel the need to adjust to the expectations of the able-bodied?
- Is their participation in physical activity for reasons other than the creation of a desirable appearance?
- Do the expectations of others concern them?
- Do they embrace their differentness as a positive identity marker?
- Do they reject their disabled identity?
- What other identities (other than disabled) are available to them?

Social adjustment is another important concept, which has been referred to throughout this study. According to Goffman it is the individual’s job to make a good social adjustment by fulfilling the social expectations imposed upon them. Although this is an essentially individualistic perspective, where a SCI woman’s position is seen as a personal rather than a social one. It may be important to explore the role personal adjustment can play in the life of a SCI woman and in particular the significance physical activity may have in this process. For example:
- In what types of physical activities do SCI women participate?
- What are the most popular forms of physical activity for SCI women?
- Is working towards a feminine social body the main reason for taking part in physical activity?
- What social adjustments to the body can an involvement in physical activity produce?
- What are the main things they hope to change about their appearance by participating in physical activity?
- Have people’s judgements about a SCI woman changed since they started participating in a certain physical activity?

In this study it has been suggested that the accepted forms of physical activity used in the process of social adjustment may have changed with the onset of SCI.

Questions need to be raised therefore, concerning the significance of disabled appropriate forms of physical activity for the SCI woman. They include:

- What do they consider to be feminine appropriate forms of physical activity?
- Do they feel that these physical activities are still available to them?
- What do they consider to be disabled appropriate forms of physical activity?
- Do they feel that these are the only forms of physical activity available to them?
- Are there any benefits to taking part in disabled appropriate forms of physical activity?
- In which setting do they participate in physical activity e.g. competitive, recreational or rehabilitation?
- Is access to these settings the same or different?

Power has been another central concern of this exploration. To have power is to be able to act more freely; but having no power, or less power than others have, means having one's own freedom of choice limited by the decisions made by others (Bauman, 1990). Within the context of body projects it is the power to control our bodies, which has adopted a central position. It has been Goffman's (1963) work, which has provided an insight into the importance of bodily control within our culture, and the fact that a loss of control can be stigmatising. This is because it is a fundamental constituent in an individual's ability to intervene in social affairs and make a difference to the flow of daily life (Zeegans, 1989). For a woman it has been demonstrated how controlling her physical body in accordance with the rules and expectations surrounding the social body, provides her with the power to demand femininity, sexuality and attractiveness for herself. With the onset of SCI however, it has been revealed how a reduction in the expressive equipment used to express femininity may mean that a SCI woman no longer has the power to control her physical body in accordance with the rules and expectations surrounding the feminine social body. According to Goffman such a reduction in control is stigmatising, which means that her ability to influence the impressions of others may have been reduced (for example, she may be unable to communicate to others her sexuality at a cocktail party, because she is unable to move her body in a way that others recognise as being feminine). Questions need to be raised therefore, concerning this issue of controlling appearance. Theses include:
- Which aspects of static appearance (i.e. clothing, body shape, wheelchair) does a SCI woman find the most difficult to control?
- Which aspects of dynamic appearance (i.e. posture, body contact, spatial position, gestures) do they find the most difficult to control?
- Do they work hard to control those aspects of appearance that others may find distressing or embarrassing?
- How has the ability to control their body through physical activity changed with the onset of SCI?
- Does participation in physical activity increase a SCI woman's power to control her body?
- How has the power to influence the impressions of others changed with the onset of SCI?
- What influence does a reduction in control have upon their ability to demand sexuality, independence and competence for themselves?

It may be quite likely that having a SCI will give a woman experiences of physical activity and her body that are different from those people without a SCI. It is important to draw attention to the emerging literature which reveals that living with similar disabilities is different for women of different races, classes, sexual identities and ethnicity's (Wendell, 1996). SCI women are not a homogenous group and researchers must not ignore the diversity of their social experiences. What is perhaps needed is an investigation into the many different social bodies that may be constructed for the SCI woman. This will reveal how social expectations concerning appearance may differ and how SCI women may hold a variety of different attitudes
towards their bodies, particularly in relation to the role of physical activity. Questions for consideration could include:

- Is a SCI woman’s body project influenced by their race, class, ethnicity or sexual identity?
- What influence does race, class, ethnicity and sexual identity have upon a woman’s choice of physical activity?
- What influence does race, class, ethnicity and sexual identity have upon the availability and access of physical activity?
- How does race, class, ethnicity and sexual identity influence social expectations of appearance?
- Is the value a SCI woman places upon her appearance influenced by her race, class, ethnicity or sexual identity?

Attention will finally be drawn to the biological reality of SCI. An essential part of developing an understanding of disability stems from acknowledging the oppression of society and the need for social adjustment, rather than the limitations of the individual and the need for personal adjustment. It is important to emphasise that researchers should not ignore the biological reality of SCI. Instead they must recognise that a SCI woman’s relationship to her body may involve elements of struggle that cannot be eliminated by social adjustment. It would therefore be a distortion of a SCI woman’s life to ignore the everyday, practical, experienced limitations of living with an impairment. We must not forget that the individual and the personal adjustment they choose to make are also important. In order to understand and think about the social construction of disability, a balance must therefore be
struck between the bodies' limitations and it's abilities (revealing what they are and how an individual adjusts). We must also remember that disability is being constructed by a society continually obsessed with bodily perfection and control.

By reflecting upon the central concepts of this study, further questions to investigate the significance of the body as a project, for an understanding of physical activity among women with a SCI has been raised. This is important as it promises something more in the way of telling us about ourselves, about our society and the way we live in it, particularly in relation to the fear and the oppression it holds towards those whose bodies are different. It is for this reason that further research is required in order to challenge the perceptions of the human body that are often taken for granted.
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