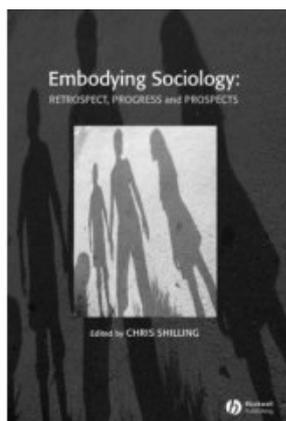# BOOK REVIEWS

Chris Shilling (Ed)

Embodying Sociology: Retrospect, Progress and Prospects

Blackwell Publishing/The Sociological Review 2007
£17.99 (pbk)

(ISBN: 978-1-4051-6794-9) 169 pp

Reviewed by Carrie Purcell, *University of Edinburgh, UK*

As part of the Sociological Review Monographs series, this edited collection brings together work which contributes to the embodying of sociology, an area that has previously been somewhat under-developed. It includes a range of theoretical and empirical approaches, and draws together classical and contemporary sociology, as well as anthropology and feminist scholarship over its ten chapters.

Given that embodying sociology has been the main concern of his work, it is unsurprising that the collection is edited by Chris Shilling, who also provides a comprehensive introduction to the area. Shilling's chapter traces the role of embodiment in sociology from the discipline's inception, and the writings of Comte, Durkheim and Simmel, through the 'rise of the body' in sociology from the early 1980s to the present day. Shilling emphasises that the notion of embodiment should not be confined to the area of the body, but rather that it applies to all sociology and mounts a challenge to its dualistic nature. The chapter touches on the notion of 'body pedagogics', which the author conceptualises as 'the central pedagogic means through which a culture seeks to transmit its main corporeal techniques, skills and dispositions, the embodied experiences associated with acquiring, or failing to acquire these attributes, and the actual embodied changes resulting from this process' (p.13). Shilling – and indeed the collection overall – looks to the future of embodied sociology in the hope that this approach will both bring together and allow for the analysis of the aspects of power, social control and lived experience which feature in social reproduction or change.

The volume goes on to present a number of chiefly theoretical contributions from sociologists well known in the field of the body. Among these is Bryan Turner who writes on 'prolongevity' technologies and the social implications of 'living forever', a chapter which, given its focus, surprised me slightly in its distance from the materiality of ageing bodies. Kathy Davis' chapter, on the other hand, appealed with its aim of drawing attention back to feminist theory and the need to link the latter with embodied practice. Taking Haraway's 'The Virtual Speculum in the New World Order' (1999) as her starting point, Davis identifies the need for a more grounded critique of feminist health practices which allows for the material realities and vulnerabilities of female bodies, which are in turn influenced by social and historical location. With reference to her own research on the embodied experience of women, Davis proposes a phenomenological approach to the body as a way to consolidate feminist theory with embodied practice, and to overcome this absence of tangible bodies in contemporary feminist theory.

An interesting contribution from an anthropological and cross-cultural perspective comes from Judith Okely, who takes steps towards unpicking the much neglected role of the researcher's own body in fieldwork. However, it was Nick Crossley's chapter, which

continues on the theme of the transmission of cultural attributes, which I found most valuable. Crossley builds on Mauss' theory of 'body techniques', offering a more practicable methodological approach than is present in the original work. He argues that rather than having been disembodied and dualistic in the mould of philosophy, the very lines along which sociology was established allowed it to 'circumvent' such dualistic thinking. Crossley does not deny the absence of the body in sociology, but rather wishes to highlight this absence as being a (perhaps necessary) backgrounding to allow us to focus on the world our bodies are in, alongside its meanings and structures. Given this, Mauss' approach is proposed as a way to bring knowledge and meaning together with embodiment. Ultimately Crossley advocates utilising Wacquant's 'observant participation' – and specifically in relation to the teaching/learning process – in what I found to be the most convincing methodological argument in the volume.

The latter half of the book includes several engaging, empirically-focused chapters, the first two of which were, for me, the highlights of this text. Brian Lande's chapter focuses on the breathing techniques of army cadets. Lande takes up Shilling's concept of 'body pedagogics', and gives an informative account of how institutional priorities become embodied practices. The subsequent chapter sees Anna Aalten re-visit her research on professional ballet dancers, a professional culture shot through with issues related to bodily dys-appearance and control. Aalten considers aspects of the transmission of embodied ways of being which are both negative – frequent injuries and eating disorders – and positive, such as the associated feelings of transcendence.

The penultimate contribution, from Erin O'Connor, uses both written and photographic narrative to effectively convey the pedagogical experience of learning glass blowing, a skill involving extreme fine-tuning of body techniques, not least of which is a very steady hand. The volume closes with a phenomenological take on sleep from Simon Williams, which addresses the inherent vulnerability of people/bodies in the state to which we must all at times resort, as well as the rituals and body techniques which book-end this particular form of embodiment.

As a post graduate researcher currently grappling with the issues associated with embodiment in my own research, I found this volume extremely motivating. The broad scope for embodying sociology is well represented through the range of contributions, and the vast possibilities for future work in this area are highlighted. The book will be of specific interest to any researchers or graduate students working on the area of the body and body work, but is also accessible enough to be of broad relevance in our approach to the discipline of sociology on the whole.
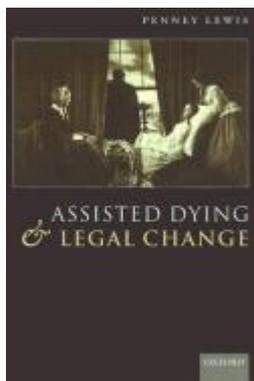
Penney Lewis

Assisted Dying and Legal Change

Oxford University Press. 2007 £50.00 (hbk)

(ISBN: 0199212872) 280pp

Reviewed by Clive Seale, *Brunel University, UK*

In this book Penney Lewis, Reader in Law at King's College London, describes the differing principles that lie behind legalisation, and attempted legalisation, of assisted dying (euthanasia and assisted suicide) in different countries. She demonstrates quite convincingly that human rights-based arguments stand little chance of becoming the basis for legislation. Such arguments include the view that every person should have the right to determine the circumstances of their own death because of individual rights to liberty, dignity, autonomy, privacy or even property rights over their bodies.

The problem with such arguments is that they clash head-on with other arguments based on rights: the right to equal protection under the law, for example, which some people feel may be violated for certain marginalised individuals such as elderly or disabled people, whose right to life may be compromised by the imposition of a duty to consider assisted dying. Rights discourse, Lewis argues convincingly, is characterised by absolutist claims and lack of willingness to compromise on both sides, so cannot be the basis for legal solutions.

Mistakenly, some believe that the legalisation of euthanasia in the Netherlands is based on the principle that terminally ill and other suffering individuals have the right to medical assistance to end their lives. In fact, Dutch legalisation is based on the principle of necessity as it governs the actions of doctors, such that where a course of action becomes necessary, a doctor ought not to be blamed for taking it. Thus the doctor who separates conjoined twins, knowing that by doing so one life will be saved and the other ended, justifies this act by an appeal to necessity. By virtue of their profession, doctors are obliged to relieve suffering and if euthanasia is judged, after due exploration of other options, to be the only available solution to suffering, doctors are then considered in Dutch law to provide it out of necessity.

Lewis diverts briefly to consider compassion as the basis for legalisation considering, at this point, proposals recently put forward in France that would justify assisted dying if all concerned believe it to be the compassionate thing to do. Amusingly, she concludes that compassion 'as a driver for legal change has no legal status either in common law or civilian legal systems', quoting one authority who describes compassion as 'a curious kind of legal anti-matter'.

Having thus accounted for the place of compassion in legal proceedings, Lewis goes on to propose her main thesis, which is that the legal experience of one country may not easily be relevant for another. This argument is explored most thoroughly in her consideration of why the Dutch legal solution has not been applied in jurisdictions such as the UK. It is at this point that Lewis comes closest to drawing on sociological observations. In the UK, opponents of legalisation have successfully argued that factors like the availability of palliative care and the likelihood of a slide down the slippery slope towards non-consensual euthanasia mean that legalisation is both unnecessary and potentially harmful. Unlike the Netherlands, the medical profession has not lobbied for legalisation and various attempts to introduce legislation that would permit assisted dying have failed.

In the Netherlands, Lewis points out, there is a strong cultural preference for depoliticising

controversial moral issues (seen for example, in issues such as abortion, prostitution and the control of drugs). Trust in the medical profession is high and that profession has shown itself willing to support assisted dying. Thus, when forming legal judgements Dutch and British judges have been influenced by these things. However, British judges know, when considering cases that come before them involving, for example, the prosecution of a doctor reported for having deliberately ended the life of a patient, that the democratic consensus expressed through the will of parliament is to avoid a decision that would effectively bring in a permissive law. Leniency in such cases is exercised by other means and the law stays the same. In the Netherlands, by contrast, the defence of necessity achieved the same solution without going against the spirit of Dutch public and medical opinion. At the same time, the Dutch experience is due, at least in part, to 'happenstance' in that cases came before Dutch courts at a particular time that were amenable to the argument from necessity, with case law developing from that point to reach the present state of affairs.

Lewis is concerned particularly with legal change achieved through court decisions and is less concerned to explore changes brought about by the passing of new laws in legislative assemblies or through ballot measures, such as those which have legalised assisted dying in Oregon, Belgium and, briefly, in the Northern Territory of Australia. As the Australian experience of legal reversal shows, and as is shown by repeated attempts by the US federal government to overturn the Oregon state legislature's decision, legal change brought about by such methods may be less secure than that which is forged through a series of cases in the courts.

The final chapter of the book considers empirical evidence for the 'slippery slope' argument – the view that legalisation must lead to unwelcome or harmful extensions of a permitted practice - providing a comprehensive review of survey and other research-based evidence about the practice of assisted dying around the world. Lewis concludes that empirical evidence for the slippery slope is at present lacking, and that conclusive evidence would be hard to obtain. In this chapter she shows an exemplary appreciation of the methodological issues involved in doing social research in this area. This is a well argued and scholarly book that provides the reader with a clear overview of international variations in the law covering assisted dying, and a compelling argument for understanding national contexts before generalising from one nation's experience to that of another. I can recommend this book strongly to sociologists who want to understand the role played by the law in this issue.

John A.Vincent, Chris R. Phillipson and Murna Downs (Eds)

The Futures of Old Age

Sage (Published in association with the British Society of Gerontology) 2006 £20.99 (pbk)

(ISBN 1-4129-0108-1) 255pp

Reviewed by Carla M. Rodríguez García, Healthy Cities Programme, Aviles, Spain.

There is no doubt that the field of gerontology continues to be challenged by the ageing of society. The British Society of Gerontology (BSG) has clearly assumed this challenge with the publication of this book, which aims to provide a major assessment of the different

changes involved in the future of old age, alongside the key questions concerning old age. The book is organised into seven parts, each one of them consisting of an introduction and three contributions.

Part I, 'The Future of the Life Course', with contributions from Blaikie, Bengtson/Putney and Dannefer/Miklowski, assesses changes in the life course, and the relationships between generations and cohorts regarding the ageing experience. It pays attention to the continuing hegemony of youthful attitudes among the baby-boom generation, and convincingly challenges the weakness of the intergenerational contract, arguing that a viable social contract between generations will remain a characteristic of society in the future of age-group interactions. It also places emphasis on the importance of the life course as an area of study, urging consideration of this kind of analysis when examining current social changes such as new risks or globalisation.

Part II, 'The Future of Social Differentiation', with chapters by Walker/Foster, Arber and Nazroo, examines the impact of social class, gender and ethnicity when experiencing old age. Its main contribution is to underline how these issues will continue to reflect the inequalities among the elderly and will be the main influence on their experience of old age.

Part III, 'The Future of Retirement and Pensions', with contributions by Price/Ginn, Evandou/Falkingham and Minns, analyses a number of key issues in relation to the future of pensions and income in old age. Price and Ginn draw attention to the difficulties and problems related with pension provision, paying particular attention to their role in alleviating social inequality for some groups such as women, and they call for the strengthening of the state pension scheme to promote equality. Evandou et al. show how, despite the fact that baby-boomers are better off than previous generations, variations of significance prevail between them. The last chapter reports the failure in the reforms of pension systems towards private-funded schemes.

Part IV, 'The Future for 'Self' in Old Age', with chapters by Biggs, Gubrium/Holstein and Coleman/Mills/Speck, explores growing old from a subjective perspective. Biggs's contribution investigates how relationships between older and younger age groups might change through time, and the kind of implications they can have for the self and identity in old age. Gubrium and Holstein present an alternative model and consider the self as a product of ongoing biographical work, leaving the future of ageing self-dependent upon the dynamic of available interpretative possibilities. Lastly, Coleman et al. introduce an interesting discussion about religiosity and the increasing disenchantment with organised religion among the older population.

Part V, 'The Future for Health and Well-Being in Old Age', with papers by Victor, Downs/Bruce and Bond/Corner, examines with accuracy a range of health issues arising from demographic changes. Here we can find a well-developed and convincing contribution by Victor where three scenarios of future health development among the elderly are discussed. In addition, contrasting with the expected physical health improvements among the elderly is Downs and Bruce's analysis of the social inclusion of people with dementia and their families. This topic is strongly related with the last chapter of this section which discusses the need for a clearer conceptualisation of well being and quality of life.

Part VI, 'The Future of Family and Living Arrangements for Older People', with contributions by Harper, Davidson and Peace, examines the family life and living arrangements of older people. There is no doubt about the influence of demographic and social change on family structures and relationships. Their consequences and implications are also of vital importance for the elderly, not least for their housing arrangements.

Finally, the last section of this book, 'Globalization and the Future of Old Age' includes contributions by Vincent, Phillipson and Warnes and explores the impact of globalisation on the lives of older people. This part discusses the following issues: the need for science to value old age; the challenge of introducing old age as participant of the new global environment; and the implications that migration patterns can have on older people.

Taking into account not only the multidisciplinary forum in the field of ageing that the BSG encourages but also the rising diversity of issues that lie ahead for the 'futures of old

age', this book is an excellent point of entry to a wide range of topics and provides an extensive overview of some of the current debates in this field. However, it is primarily focused on the British context, and the scarcity of comparative data and references from other European countries is one of its weaknesses. In addition, I consider that more emphasis on political and institutional aspects, or the existing social arrangements generating policy feedback which can affect the scope of present of future reforms, could have given strength to the arguments developed when discussing the future of stock market pensions.

Last but not least, the discussion about dementia could have signalled further implications than those that are included. I would personally point to the necessity for the development of integrated attention to dependency situations in old age, that is, the development of renewed concepts of integrated health and social care for older persons. These issues have already been included in the agenda of some European countries, such as Spain, with the passing, at the end of 2006, of the Law of Promotion of the Personal Autonomy and Attention to the People in Situations of Dependency.

All in all, this is a highly recommended book to anyone interested in old age issues and I encourage other national associations to accomplish work similar to that promoted by the BSG.
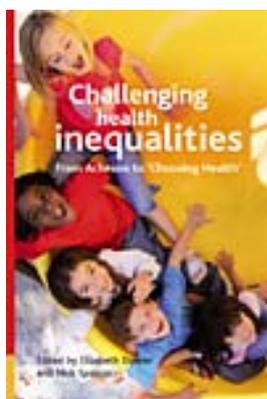
Elizabeth Dowler and Nick Spencer (eds)

Challenging Health Inequalities. From Acheson to 'Choosing Health'

Policy Press, 2007. £24.99 (pbk)

(ISBN 9781861348999) 272 pp

Reviewed by François Briatte, University of Grenoble, France

Challenging Health Inequalities contrasts the current scientific evidence on health inequalities with the efforts that New Labour governments have put into tackling them. It does so by referring to two key policy documents that reflect different political contexts as well as divergent policy orientations. The *Independent Inquiry into Inequalities in Health,* chaired by Sir Donald Acheson in 1998, was conducted immediately after New Labour came into power with its manifesto promise to tackle ill health. The subsequent *Saving Lives* White Paper (1999) then seemed to reconcile public health research and health policy over the social determinants of health and the need for public action, in opposition to the dismissal of the Black Report under Conservative governments. The *Choosing Health* White Paper (2004), on the other hand, reflects a shift amongst New Labour health policy elites towards the primacy of individual choice in health care.

The core issue underlying discussions of health inequalities is the articulation of structural and individual imputation. While scientific and political views of the same issue rarely coincide, this is clearly the case here. Both views do not strike the same balance between structure and agency, between public services (such as education, housing and health services) and private individuals; as a consequence, they come to different conclusions and emphasise different solutions. The scientific view embodied in the book, collectively supported by its authors through extensive references to research in public health and social epidemiology, acknowledges the role of collective processes in generating inequalities and ultimately in shaping individual health status. On the other hand, the political view extracted

from the wording of policy documentation shows that governmental orientations towards health inequalities have fluctuated: whereas *Saving Lives* targeted social factors 'beyond the control of individuals' as the most effective catalyst for change in health policy, *Choosing Health* focuses on encouraging individualised health-enhancing behaviours and emphasises the benefits of informed choice.

The authors of *Challenging Health Inequalities* clearly collectively regret the latter individualistic turn taken by the *Choosing Health* White Paper. To the authors of Chapter 4, who capture the overall impression created by the book (and which is restated in its conclusion), the retreat of public health policy into the subgroup of social determinants of health formed by lifestyle factors 'certainly represents a shift, albeit a regressive one, in the government's approach of tackling health inequalities' (p.58). This feeling of disenchantment persists throughout the book, as the hope embodied in the Acheson report is obliterated by the reductionist view of health promotion that seems to have recently become the paradigmatic backbone of governmental policy towards health inequalities. The common concern, expressed here in the words of the authors of Chapter 3, is that 'the bold statements and unprecedented promises of New Labour's first years in power…have been wholly overtaken by the individualistic rhetoric of behavioural prevention' (p.48), which seems to forget that choice, like all other determinants affecting agency such as rationality and organisation, is naturally bounded. As shown in the subsequent chapters on early life, ethnicity and housing conditions (Chapters 5-7), a wide array of social determinants of health fall outside the boundaries of personal choice. Even lifestyle factors such as nutrition or nicotine intake (Chapters 8-9) are heavily conditioned by structural characteristics that are clearly beyond individual control and personal preferences, such as food pricing and stress (p.132 and p.162 respectively).

One chapter of *Challenging Health Inequalities* claims that *Choosing Health* brings England back to Margaret Thatcher's view that 'there is no such thing as society,' which is slightly mistaken (Chapter 3, p.43) . The complete quote from Margaret Thatcher is: 'There is no such thing as society, just individuals *and their families*' (*Women's Own*, 3 October 1987; my emphasis). If choice is to remain in the sole hands of the individual under the policy trend initiated by the *Choosing Health* White Paper, then the current ideological context of health policy should actually be considered as even more reductionist than past ones. However, the very recent publication of *Health Inequalities: Progress and Next Steps* (Department of Health, 9 June 2008) shows some ambivalence about the exact path to follow: while the document states that '(h)ealth inequalities are a reflection of wider inequalities, which in turn are linked to inequalities in opportunities and aspirations' (p.5), it persists in its focus on lifestyle attributes, stating that '(m)any inequalities in health are a preventable consequence of the lives people lead, the behaviours and lifestyles that cause ill health, many of which show a stark relationship with social-economic factors' (p.7). It hence remains unclear whether health inequalities are to be tackled through a typical act of government of self – an internalised sense of discipline (helped by 'health trainers') resulting in 'healthy choices' – or through public authorities addressing the wider social circumstances in which individual choices are made.

The book shows, finally, that the science-policy relationship is very dynamic in the English context, as illustrated by Chapter 2, which is authored by a civil servant of the Health Inequalities Unit. Other countries, such as France, have very different records on that matter, for a number of reasons that are out of the scope of this review. The reader might then regret that *Challenging Health Inequalities* concentrates entirely on the single case study of England. Comparative research indicates that national differences exist in the perception and treatment of health inequalities, partly because the internal politics of public health take various forms in different states. The comparatively exceptional level of academic interest in the United Kingdom for health inequalities is, in itself, an indicator that cross-country variations exist at the science-policy level, and further research is hopefully needed in this domain for a full understanding of health inequalities to develop.