



# Beyond the Womb and the Tomb: Identity, (Dis)embodiment and the Life Course

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This article asks how the unborn and the dead may acquire or sustain social identity in the absence of the body. In so doing, it draws attention to the processes through which identity comes into being, particularly the contestations which occur around, or indeed *constitute* these processes. Positioned at the borderlines of embodiment, this enquiry therefore raises new questions about the relationship between body and social identity. Its starting point is the position, now accepted within the social sciences, that selfhood is not only social but *embodied* (Featherstone, 1991; Jenkins, 2004; O'Neill, 2004; Shilling, 1993). What it goes on to ask about are social identities which emerge, or persist, despite the absence of the body, seeming to require no more than the pretext of an imagined future or a remembered past embodiment. It is here, where social identity might seem at best precarious, at worst implausible, that we investigate a cluster of material practices, technologies and objects associated with conception, pregnancy and birth; and death, dying and bereavement. These include ultrasound imaging of the foetus, the viewing of a birth or of a corpse, and the tending of a grave. We show how these practices and items of material culture

resource what Mulkay (1993: 33) calls ‘social existence’ before and after the period of human embodiment we know as the ‘life course’. What Mulkay means by ‘social existence’ is the participation of the individual within social life, and he notes how illness, incapacity or indeed social isolation can reduce this – and, moreover, how social relationships which transcend death can sustain the participation of the dead in ‘the observable social world as that world is understood by survivors’ (1993: 33).<sup>1</sup>

Many of the practices we describe here occur within ‘homely’ moments: for example, when young couples tell in-laws that they are to become grandparents, or when elderly widows draw comfort from their dead partner’s residual possessions and discover how these resource a sense of their persistent presence. Yet such practices also occupy the wider context of today’s highly politicized contestations about the nature, status and rights of the unborn and the dead: tensions around abortion rights and foetal medicine (Foster, 1995), assisted conception (*Independent on Sunday*, 24.6.01), and ‘designer’ babies whose tissue or organs may save a sibling’s life (*The Guardian*, 23.7.04); scandals around the breach of ritual codes when bodies were photographed on a hospital chapel floor (*The Guardian*, 16.1.01) or hidden in the woods around a crematorium (*The Guardian*, 18.2.02), concerns about the repatriation of bodies from museum collections (*Independent on Sunday*, 10.11.02) and uproar about the retention of body parts by hospitals (*The Guardian*, 16.2.99). Claims for the citizenship rights of the dead, for example – as in the Dead Citizens’ Charter – are made within discourses such as medicine, the legal system and also popular culture. The materialities of the foetus and the corpse are thus resonant, and indeed can become powerfully emotive within both public and private arenas.

### Between Womb and Tomb?

It is within the context of current social and political debates about the status of the unborn and the dead that we locate our investigation of pre- and post-life identity-making, or identification (Jenkins, 2004). Indeed ours is a historically specific enquiry which asks whether a model of the life course which begins at ‘birth’ and ends at ‘death’ is currently adequate, either empirically or theoretically. Bryman et al. (1987) argued that preference for the term ‘life course’, rather than ‘life cycle’, reflected an awareness of historical context, a recognition that age-based social identities are particular to eras or centuries – and therefore susceptible to change. The term ‘life course’ also takes account of how different early life identities then have their own particular implications for later life,

rather than simply assuming a predetermined map of the 'life cycle'. All this is relevant for the material we present here.

In challenging current models of the life course, we begin by asking whether contemporary thought and practice potentiate an *extended* Western life course that is social, intersubjective and involves a different take on the body. Harris (1987), for example, describes life course transitions as relational processes, 'movements over time between positions in social space' (1987: 20). These, we argue, are themselves subject to change across different historical periods. Thus, for example, until recently Western models of bereavement promoted a therapeutic 'letting go' of the dead, the severance of relationships once death has occurred (see, for example, Worden, 1991). New models of grief (Walter, 1996), however, emphasize 'continuing bonds' between the living and the dead (Klass et al., 1996) and sanction their active roles within the lives of close survivors. If this is indeed the case, we then need to ask what materials might be available to resource a life course which is historically specific to contemporary Western society; how are they pressed into service; and which facets of (an) individual(s) identity constitute 'social existence'? Just as continuing bonds may be sustained between the living and the dead, so we can also consider the 'social existence' of the unborn who came to haunt abortion debates in the second half of the 20th century and now, increasingly, constrain the diets of pregnant women. How and to what extent have they come to be included within the life course? As Layne says of the memorial items now treasured and displayed by the mothers of still-born babies, 'they reaffirm the rightness and powerful desirability of proper life trajectories but challenge prevailing notions as to what qualifies for inclusion in this narrative structure' (2000: 339).

If, like Layne (2000), we query assumptions about the temporal profile of the life course, it is important to acknowledge that 'life', in contra-distinction to 'death', has no self-evident, naturalized characteristics and boundaries. Models of the 'life course' cannot, therefore, be seen to stand in any unmediated relationship with the materiality of the body. Rather, they represent particular, often politicized, positions, which mobilize moral, legal, emotional and biological evidence and so lay rhetorical claim to the status of the 'real'. An examination of the boundaries of the embodied life course amplifies this point, showing that the choice of bodily indicators that 'life' has started or stopped is highly contingent, depending upon political position or historical location. These indicators have included, for example, conception, quickening, the increasingly early age of foetal viability (see Department of Health, 1990); cessation of breathing, heartbeat and brainstem function (Arnold et al., 1997). Moreover we are not dealing simply with selective readings of the body. Medical interventions in bodily processes

may testify to professionals' capacity to save life; yet in so doing they reveal the uncertainty of the relationship between 'life' and 'death'. Thus in Harvey's (1996, 1997) ethnographies of two intensive care units (ICUs) and a maternity hospital labour ward, medical science and medical technology resource physicians' proactive management of the clinical uncertainty of birth and death. Faced with the unpredictable outcome of critical illness in ICUs, medical technology allows a spurious appearance of control; yet in dealing with birth, the riskiness of the process is foregrounded, so paving the way for technological intervention. In both cases, medical ownership of an unstable bodily process is secured. And if we move beyond the clinically uncertain boundaries between birth, life and death, we find only a thin line sometimes being drawn between a late period and an early miscarriage (Johnson and Puddifoot, 1998).

Such uncertainties and instabilities lead us to treat the 'life course' as a *social* institution, rather than a process of routine organic transformations more aptly construed as the 'life cycle'. Yet this does not mean we can bracket the body, whether 'real' as in the present, imagined as in the future, or remembered as in the past. As Jenkins argues, 'Identification in isolation from embodiment is unimaginable' (2004: 19). Indeed, as he goes on to demonstrate, identity has contexts and consequences, many of which are material in form. What we set out to do here is to explore the ways in which embodiment figures within identification outwith the taken-for-granted gate-posts of 'birth' and 'death'. De Vries, argued that '[a]t birth a previously non-existent individual appears, at death an existing individual passes into non-existence' (1981: 1075). We suggest that where this is indeed the case, we need to ask how this 'non-existence' was brought into being and by what means access to social identity was debarred. The absence, invisibility or sequestration of the human body alone is insufficient grounds for social 'non-existence'. As Lock (2002) argues in the case of body *parts*, the Western practice of post-mortem organ harvesting and transplantation requires the deliberate effacement of any *social* identity and the commodification of body parts.

### Bodies in Mind

One of this article's starting points is data gathered by Jan Draper (2000, 2002a, 2002b, 2003a, 2003b), who conducted focus groups and then interviews with 18 men both during and after their partners' pregnancies. Working according to ethnographic principles, Draper's longitudinal study involved focus groups and interviews with novice and experienced fathers. Interviews were conducted at three points: twice during their partner's pregnancy and then between 6 and 8

weeks post-natally. The purpose of the study was to explore men's transition to their new identities as fathers. As we go on to show, the data suggest the precarious nature of social identity prior to birth. They also point towards the mechanisms through which it might be claimed. Thus, during the periods before and indeed after 'life', social identities cannot simply be assumed. Indeed, Van Genneep refers to the slightly later event of birth announcements as '*claim(s)* for ... a place among the living' (Wilson, cited in Van Genneep, 1960 [1909]: 63, author's emphasis). Thus, for men, pregnancy can be purely a private matter, as reliant on and confident in their partners' 'insider' awareness of the pregnancy, they trust in the primacy of this embodied knowledge. Rooted deeply within the woman's body, the baby was described by one of the fathers interviewed by Draper (2000) as 'a secret that you can nurture between yourselves for a while'. However, some of the men in her study were dissatisfied with this level of confirmation and many of the men (predominantly first-time fathers) sought 'official confirmation' from the General Practitioner (GP). This professional validation, or validity check, is a first step towards claiming an identity for their unborn child. This process takes place within the social context of family and friends, a move from a private to a public realm resourced by the authority of medical science. And men's initiation into new social identities of their own, as expectant fathers, is itself achieved via its scientific framing *and* its public announcement.

These data are then set alongside Jenny Hockey's work on illness, ageing and death (Hallam et al., 1999). This theoretical account draws on a range of ethnographic sources to argue that while social identity can be undermined or even extinguished through bodily and mental deterioration, the *demise* of the body is not necessarily a bar to the continued social participation of the individual. Thus, in the case of dead children, photographs and other artefacts provide 'social props' or 'objects of discourse' which parents use to sustain those children's social presence and, in the process, maintain their own parental identities (Riches and Dawson, 1998). In this article we therefore appraise examples of pre-birth and post-mortem identities and explore their status in relation to *embodied* social identities such as 'child', 'teenager', 'adult' or 'older person'. Can the unborn and the dead achieve forms of social presence that might require us to extend our models of the life course? In addressing these questions we consider the relationship between the body and social identity, showing it to be anything but straightforward. Instead, as we go on to argue, life course transitions in particular can produce states of body-based categorical ambiguity within which it becomes unclear as to whether someone is 'alive' or 'dead', whether they constitute a social being of some kind or simply a material trace. As the examples of abortion

debates and organ retention scandals show, contested identities are rife within these zones of uncertainty and here, we argue, the privileging of visibility can resource 'truth' claims. The article concludes by exploring the operation of visibility in more detail, demonstrating its capacity to edit or bracket selected aspects of the visual field and so shore up the persuasiveness of claims to 'a place among the living' (Van Gennep, 1960 [1909]: 63). In sum, this article provides an exploration of the materials and the mechanisms through which identification takes place across a temporal spectrum that extends beyond the customary life course boundaries of 'birth' and 'death'. As such it raises questions about the relationship between embodiment and the life course which have implications for the way we recognize where the life course begins and ends.

### Contestation and Categorical Ambiguity

If the relationship between the body and social identity is complex and unstable, the mechanisms through which identity may be either claimed or effaced are nowhere more evident than during life course transitions. It is here that contestation is rife. For example, the way in which a man who has made a woman pregnant will categorize the cessation of that pregnancy at an early stage is likely to reflect his relationship with the woman concerned. Has he lost his child or been let off the 'commitment' hook? However he appraises the event, he may also find his view either supported or contested by other interested parties, such as the woman herself, her parents, her friends, her husband. Anthropological work on rites of passage sheds light on ambiguities such as these. It addresses the liminal or indeterminate nature of transitional processes such as pregnancy, drawing attention to the uncertain status of those making transitions between established identities: for example, the categorical ambiguity of the newborn and the recently deceased, who are lodged temporarily at the boundaries of the social world of the living. Robert Hertz (1960 [1907]) uses the word 'sacred', meaning 'set apart' or not of the everyday or profane world, to describe the bodies of such beings: 'The body of the new-born child is no less sacred than the corpse' (1960 [1907]: 81). Whether it has the status of an object or a person is therefore open to competing claims.

A further example of the ambiguous relationship between the body and social identity can be found in the case of Alzheimer's disease. In the West, the individual with Alzheimer's disease is at risk of being ascribed the ambiguous status of 'socially dead' (Mulkay, 1993), since medicalization of their changed mental capacities can cause them to fall somewhere between the dominant categories of embodied 'life' and 'death'. Just as death does not automatically rob the sequestered corpse of social identity, so embodiment alone does not ensure social

participation or presence. Jonathan Miller describes how medicalized perceptions of the individual with dementia can lead them to be viewed as: ‘an uncollected corpse, [there is] this terrible thing which is walking around, which the undertaker has cruelly forgotten to collect’ (1990: 230). So within these frameworks, a person suffering from Alzheimer’s could be described as biologically alive, yet socially dead. By contrast, the dead themselves may remain socially alive: as ancestors, spirits, ghosts, dear departed children or long-lived spouses (Hallam et al., 1999: 1–19). As Mulkay has argued, ‘it is entirely possible for people to sustain a lasting, personal relationship which affects the course of their daily lives with an individual whom they know to be dead’. Indeed he goes on to say, ‘the dead may continue to participate in the observable social world’ (1993: 33). However, as in the capacity of dementia to undermine social identity – or at least its outward manifestation in the public, external person, or personhood (Jenkins, 2004: 28), so Lawton’s (2000) ethnography of hospice death reveals that forms of cancer which literally break down the body’s boundaries can rescind claims to social identity made by either the dying person or their survivors. While a hospice visitor may contest this process by continuing to sit at their ‘relative’s’ bedside, that individual may already have extinguished social participation and quite literally turned their face to the wall.

In these examples, therefore, the body in transition – between life and death, or in the marginal zones which anticipate and succeed embodiment – occupies a position of categorical ambiguity which renders its relationship with social identity uneasy. As such its status is open to competing claims and what we now consider are the rhetorical strategies through which the body can nonetheless be pressed into service, despite its absence or ambiguous status.

### **Mobilizing the Body**

What this article argues is that the objects and practices clustered in the period prior to birth or after death can provide insight into how the unborn and the dead are socialized or ‘animated’. For example, ultrasound scans and residual clothing constitute body-based traces that are recoverable in identification narratives, or appropriated via practice. Layne provides this account from America:

Women now may actively construct the personhood of their wished-for child from the moment they do a home pregnancy test. Each cup of coffee or glass of wine abstained from, and each person informed of the impending birth adds to the ‘realness’ of the baby they are growing within. (2000: 322)

The newly proven pregnancy is therefore all about the future embodied child. It is this that promises parenthood, grandparenthood and a potential range of

additional emotional, familial and economic shifts in the bases of social identity. Similarly, the growing practice of removing ashes from crematoria can resource bereaved individuals' attempts to maintain a relationship with a deceased relative. Findings from an investigation of the destinations of this body residue (Hockey et al., 2004) reveal examples of polytainers of ashes being placed on settees in front of the television, on chairs at the dining table and armchairs in conservatories, on the beds of the immediately bereaved. Located within the social environment of the home, ashes then become a focus for 'dialogue' and conversation. Pre- and post-life identities therefore appear to retain strong links with the body. For example, they can be resourced by pregnancy-test evidence of the body encased in the mother's flesh, by the ultrasound image, or by the headstone or grave site, and residues or traces such as clothing, jewellery, hair, ashes, photographic images, handwriting. The body itself, therefore, remains a core resource for identification even during zones that are marginal to the embodied social life course.

This, we argue, represents a metonymic extension of its privileged role within Western processes of social identification more generally (Davis Floyd, 1990; Lupton, 1994, 1998). Thus, for women, the status passage to parenthood centres on embodied experience, leaving men without body-based substance for their transition to the social identity 'father'. Draper's (2000) qualitative interview and focus group data reveal men's emphasis on *body-mediated*-moments (a 'proxy' embodiment, mediated by and through their partner's body): for example, pregnancy confirmation and announcement, ultrasound scans, ante-natal classes and attendance at the birth. While women's epistemological standpoint was their embodied experience of pregnancy, men were vicarious knowers (Sandelowski and Black, 1994). In a similar fashion, the relationship between the body of a loved one and their ashes is mediated by the fiery technology of the cremator. Yet ashes remain as a body residue that, for some bereaved people, constitutes the essence of the deceased (Hockey et al., 2004). At either end of the life course, therefore, the body-to-be and the body-that-was, in their parallel invisibility, constitute powerful focuses for representation and identification. These recover the body from the sequestration of hospital management and the obscurity of the womb and the tomb.

### Visuality and 'Truth'

Thus far, we have identified a range of practices that can be utilized to resource identity outwith the body itself. How these lay claim to rhetorical power, however, is an additional question which needs to be addressed, and here we call



attention to the status of visual evidence within post-Enlightenment debate and contestation. Thus, when men described glimpsing the baby on the screen, they said it felt like an escalation of its reality (Draper, 2000: 36). Seen as an authentic window into the interior of the woman's body, the ultrasound image gave them access to something they recognized as 'the baby'. The Western privileging of visual knowledge (Jenks, 1995), its capacity to underwrite 'truth' claims, is evident in men's citation of this first real 'evidence' of the baby, other than the pink or blue line of the pregnancy test. Indeed, the rise of visual technologies in the 20th and 21st centuries has resulted in a shift from a haptic (derived from embodied knowledge) to an optical hexis, one derived and sustained primarily through vision. This optical hexis displaces the woman's *felt* experience and the traditional markers of pregnancy, so that now, rather than relying on the woman's embodied awareness of the baby's first movements, the haptic hexis, technological evidence is accorded greater validity (Draper, 2003b). Like the men Jordan interviewed (1990), Draper's informants felt their identity as fathers took on substance after they had viewed the sonogram. For example, another man interviewed by Draper, Steve, a novice father, told her:

Afterwards I was sort of a couple days completely dazed because that was the first time that it really crystallised into anything. Up until then it was just a sort of vague blobby thing that was going to happen seven months away. It was going to happen at the end of the summer. And, er, since then it has felt real, it has felt as though there's a human being.

As a technology which gives visual access to the interior of the body, ultrasonography has roots in earlier devices such as dissection (Jordanova, 1989; Sawday, 1995). Its panoptic gaze abstracts the baby from the mother, lending it an independent health-based identity as 'foetal patient'. However, in the transition from private 'secret' to medical image, a resource for *social* identity-making becomes available. Parents now use the ultrasound scan to transform the foetus into *our* baby (Weir, 1998), combining their own imagination and the machine generated image (Black, 1992: 52). Approximately half the men interviewed by Draper had placed the ultrasound scan in the new family album. As an emblem of the hidden baby (Duden, 1993), the sonogram occupies an unrivalled position as the public manifestation of a unique private experience. The sonogram is therefore a hybrid, technologically generated but naturally gestated (Boulter, 1999: 16). As a concrete image, it resources an otherwise abstract, disembodied conception of the baby, an 'object of discourse' which establishes the significance of a life-to-be (Riches and Dawson, 1998). In sum, ultrasonography conjoins the professional paradigm of the ultrasound as a diagnostic event with a *social* event, the couple's first opportunity to 'see' the baby. In this way, the ultrasound, as an example of ante-partum portraiture, brings a future identity into the present.

In contrast, this temporal trajectory is reversed among those who survive us; the focus of the present is the past, brought into the moment via the *memory*. And here visuality represents a highly valued resource for recovering ‘authentic’ material traces of the previously embodied dead. As C.S. Lewis (1964) describes in a published account of the grief he suffered at the death of his wife, it was when he found himself incapable of evoking any visual memory of her that he felt most bereft. From the early modern period onwards, effigies, death masks and, currently, photographs, constitute visual representations which animate the remembered *social* body of the deceased. These are sites for identification which bracket the natural, cremated or decomposing body and so mask or defer the eventual dissolution of material existence. On mantlepieces and graves, and in obituaries, the body that *was* resources social identity in the present, often depicted at an earlier and happy point in the life course. In Sontag’s view, photography became a ‘rite of family life’ when industrialization fractured what she calls ‘the larger family aggregate’. As she says:

... photography came along to memorialize, to restate symbolically, the imperiled continuity and vanishing extendedness of family life. Those ghostly traces, photographs, supply the token presence of dispersed relatives. (1977: 9)

Thus visual imagery accords a proxy embodiment to both the imagined relative-to-be – the baby – and the remembered relative-that-was. This enables participation in ‘the larger family aggregate’ in the present. Nineteenth-century American post-mortem photography (Ruby, 1995), for example, evoked the *living* individual while asleep, often with markers of embodied social identity, such as the toys of dead children.

A fictional portrait of a child’s grandmother in 1960s Belgium (Mortier, 2001) echoes this practice. In the nearby churchyard the grandmother tends the graves of the family’s dead; in the home she relocates their photos to a glass-fronted cabinet where they compete with one another for proximity to a statue of the Virgin. The grandchild narrator compares photos of the living and dead: ‘[w]ithin the confines of the glass-fronted cabinet the dead faded less rapidly than the living, whose austere framed portraits hung unprotected on the walls of the parlour. They were not swathed in garlands of gilt or ribbons of silver ...’ (Mortier, 2001: 2–3). Rather than the elegiac qualities that Sontag attributes to all photographs (cited in Turner, 1995), such images *recover* the dead, recreating their social identities in the present. In contrast, family photographs of the corpse have become uncommon in the West. Instead, such images are sequestered within the legal and medical systems, evidence of pathologies, injuries and suicidal acts.

The stillborn child, however, is an exception. Without a remembered past, photographs of the child's dead body stand as representations of its imagined future, alongside its name, clothing and grave, to be carried forward by the family. Such photographs are likely to remain private, however, unavailable for indiscriminate viewing.

More commonly, therefore, the photograph permits the recovery of the dead as favourably remembered in life. In the home, a flattering image may be displayed; in the obituary, the deceased is represented via markers of their social identity. In Bytheway and Johnson's study (1996: 224) of the 86 obituaries published in *The Guardian* in June 1995, 57 carried a photograph: 'an actress in a still from a film or a lone sailor at the helm of his yacht'. Thirty-nine of the images showed the deceased when much younger. These images are 'intended to be a named portrait, one that encapsulates something of the essence of the person's character' (Bytheway and Johnson, 1996: 224). Through editing, therefore, these images of the body-that-was or the body-to-be can resource the memory and the imagination, so generating an expansive *social* life course. Not only is body-based visuality privileged, but also the *meanings* associated with these representations are negotiated within particular social domains – the family, the isolated elderly widow/er, for example. Not given in any sense, social identity is nonetheless claimed via material items and practices which promise or evoke human embodiment.

### Ways of Seeing

In 1972, Berger described the relationship between what we see and what we know as unsettled, a perceptual process which is shaped within society's visual culture. His work argued for the political centrality of images and showed the 'gaze' to be far from neutral, instead extending selectively across the object or landscape surveyed. This process of visual editing or selection is evident in the way men perceive pregnancy and labour (Lupton and Barclay, 1997), and in the images, objects and items selected to memorialize the dead (Hallam and Hockey, 2001). These are social practices which draw upon body-mediated moments, or bodily traces in order to re-appropriate life course transitions where professionals had previously gained the upper hand. Their aim is to foster social relationships across the boundaries between life and death, and as such involve the claiming of social identities outwith embodiment. These relationships are not self-evident, however, but instead make visual use of the body to create complex bodily associations or connections which are highly *mediated*. Sawday (1995), for example, argues that the ultrasound 'baby' is simply a technologically

generated representation – an abstraction from the entirety of the foetus lying integrated within its intra-uterine environment. Yet this valorizing of visual access extends into the act of birth itself. Men's enthusiasm for seeing the baby born (Draper, 2000) reveals their visually mediated epistemological standpoint. James, one of the men she interviewed, describes the water-birth of his third child:

So I saw his, first saw his head erm, very clearly under water, in fact even more clearly than out of the water because everything's magnified so. His head looked enormous, his little hand sort of curled up by the side of his cheek. And then she pushed him out and he very gracefully rose to the surface.

However, this engagement with the prospect of embodied fatherhood also exposed men to sights, sounds and smells from which they were normally protected. When giving emotional support or feeling squeamish, men stayed at what they called 'the head end'; those keen to see the baby emerge chose 'the bottom end'. Rather than being a holistic act of witness, their 'vision' was selective; a labour 'meridian' allowed them to bracket 'polluting' or 'dirty' aspects of a woman's body. By staying above the labour meridian, men defused the threat of encountering the woman's unbounded body, a disruption to prevailing notions of the body as a container (Lakoff and Johnson, 1980). Thus Nigel, another of Draper's interviewees, anticipated his position:

Erm . . . I think the head end I think. Because erm . . . I suppose it's, I'd be there for encouragement and er . . . the thing is you know the communication. That's the communication end of your body if you like.

This visual fracturing of the body has parallels in early modern memorialization which divides the body through a *doubling* of images. These separate bodily disintegration from social integrity; for example, the double-layered transi tomb represents the social body in the trappings of its social identity – a crown, armour – lying above the natural decaying body. The effigy and the death mask act similarly. Llewellyn (1991: 54) notes that where this treatment of the corpse takes place, it concerns 'the survival and re-presentation of the social body rather than conservation of the natural body *per se*'.

What these examples demonstrate is the role of visibility in shoring up embodiment's social nature. While resourced by the body, these traces of future or past embodiment show that identification can result from struggle, if not direct contestation. Thus the material body is not simply core to the conditions of possibility for social identity; it also has the capacity to undermine, disrupt or erase it. This may occur via the advancing boundaries of the pregnant body and its capacity to destabilize the distinction between multiplicity and singularity (Draper, 2003b); or via the breakdown of the body's boundaries during birth. Parallel disruptions can

feature within the process of dying where fungating tumours can penetrate the body's surface (Lawton, 2000), or via the body's eventual post-mortem dissolution. Once this occurs, social identity can, however, be made to shift from the painful present into a remembered past. This loss, precipitated by particular dying trajectories, may subsequently be repaired by the funeral director, however, just as medical ultrasound images are reworked within family narratives to establish the 'reality' of a son or daughter (Layne, 2000). In her ethnography of funeral directing, Howarth (1996) argues that the family does not witness a *restoration* of the natural body which masks the reality of death. Rather, they participate in a *reconstruction* of the social identity, 'embodied' at the site of corpse, colluding in its performative or theatrical dimensions. Presented primarily for 'view', the body is touched only selectively. Howarth says:

Workers utilise theatrical techniques to stage the desired image, and families, not searching for the secrets, refuse to look for the props. To raise the coverlet, for example, or to glimpse beneath the body's clothing would destroy the image ... mourners ... are searching for presence and continuity of identity. (cited in Hallam et al., 1999)

In sum, viewing the dead body affords only a particular, stage-managed view, one which helps (re)create the social identity of the deceased.

Therapeutic initiatives, such as the injunctions of the bereavement literature (Worden, 1991), valorize viewing the corpse as a way of encountering the reality of death and so recovering from grief (Hockey, 1996). More accurately, if this act is mediated via the bodily interventions instituted by the funeral director, it can be seen to resource the claiming of post-mortem social identity, just as the ultrasound image can launch fatherhood for men. The selective exposure or masking of visual evidence is key here. Komaromy (2000) shows how professionals who manage dying conceal its sight, but not its associated sounds, a strategy which parallels men's exposure to the sound but not sight of a caesarean incision (Draper, 2000). And survivors, like mourners at the funeral parlour, collude in such performances. Describing ward behaviour after a death, Komaromy says:

It is as if the formal knowledge acquired through verbal or visual evidence makes the event real and therefore undeniable. Privately we may suspect the 'truth', but only when it is confirmed socially are we no longer able to deny it. This is reflected in the concealment of the sight of death. Despite all the aural information, those who had not actually seen the corpse had not faced death – and everyone involved could act as if the death had not happened. (2000: 303)

## Conclusion

Evidence that the status, rights and identities of the unborn and the dead have become a focus for contemporary debate points towards the contested or precarious nature of 'disembodied' social identities. This article investigates the

ways in which social identity can nonetheless be claimed via body-based material objects and practices. In so doing it highlights the uneven but relational processes of identification which foster 'social existence' pre- and post-embodied life. While 'social existence' is understood by authors such as De Vries (1981) to be contained between the twin gate-posts of birth and death, we have argued that such a perspective merely replicates, rather than problematizes, a particular political position vis-a-vis the unborn and the dead. As such it eradicates their potential importance for the living and so excludes them from any comprehensive account of the life course as a social, intersubjective process. Around bones, photos and booties, personal and military histories are built; and family lives are dreamed into being.

In exploring the material practices through which the social identities of the unborn and the dead might be brought into being, we have argued that a cultural privileging of visibility not only shores up the power and authenticity of the materials and practices described here, it also allows emergent social identities to be shaped *selectively*. Though lay participation in birth and death is valorized, this is achieved in a misleadingly partial manner, via socially mediated representations of those we imagine and those we remember.

Identification is therefore a negotiated process, tied to the body – but not limited to the body – framed between the twin moments of its first and last breath (De Vries, 1981). Thus, for example, in the body-mediated moments of pregnancy – and indeed the pre-conceptual imaginings of would-be parents – as well as the bodily traces that linger long after breathing has ceased, there exists scope for identification to take place. A model of the life course which accommodates these moments enables a more expansive conceptualization of social identity which recognizes its nature as a relational, inevitably incomplete social process.

## Note

1. Mulkey's discussion of social death – and of post-mortem social existence – raises issues of agency which are discussed at greater length in Hallam et al. (1999: 142–7).

## References

- Arnold, K., B. Hurwitz, F. McKee and R. Richardson (1997) *Doctor Death: Medicine at the End of Life*. London: The Wellcome Trust.
- Berger, J. (1972) *Ways of Seeing*. Harmondsworth: Penguin.
- Black, R.B. (1992) 'Seeing the Baby: The Impact of Ultrasound Technology', *Journal of Genetic Counselling* 1(1): 45–54.

- Boulter, A. (1999) 'Opening Pandora's Box: The Foetal Image as Cultural Commodity', unpublished paper. Winchester: King Alfred's College.
- Bryman, A., B. Bytheway, P. Allatt and T. Keil (eds) (1987) *Rethinking the Life Cycle*. Basingstoke: Macmillan.
- Bytheway, B. and J. Johnson (1996) 'Valuing Lives? Obituaries and the Life Course', *Mortality* 1(2): 219–34.
- Davis Floyd, R.E. (1990) 'The Role of Obstetric Rituals in the Resolution of Cultural Anomaly', *Social Science and Medicine* 31(2): 175–89.
- De Vries, R. (1981) 'Birth and Death: Social Construction at the Poles of Existence', *Social Forces* 59(4): 1074–93.
- Department of Health (1990) *Human Fertilisation and Embryology Act 1990* (HFEA). London: HMSO.
- Draper, J. (2000) 'Fathers in the Making: Men, Bodies and Babies', unpublished PhD dissertation, University of Hull.
- Draper, J. (2002a) "It's the First Scientific Evidence": Men's Experience of Pregnancy Confirmation – Some Findings from a Longitudinal Ethnographic Study of Transition to Fatherhood', *Journal of Advanced Nursing* 39(6): 563–70.
- Draper, J. (2002b) "It Was a Real Good Show": The Ultrasound Scan, Fathers and the Power of Visual Knowledge', *Sociology of Health and Illness* 24(6): 771–95.
- Draper, J. (2003a) 'Men's Passage to Fatherhood: An Analysis of the Contemporary Relevance of Transition Theory', *Nursing Inquiry* 10(1): 66–78.
- Draper, J. (2003b) 'Blurring, Moving and Broken Boundaries: Men's Encounters with the Pregnant Body', *Sociology of Health and Illness* 25(7): 743–67.
- Duden, B. (1993) *Disembodying Women: Perspectives on Pregnancy and the Unborn*. Cambridge, MA: Harvard University Press.
- Featherstone, M. (1991) 'The Body in Consumer Culture', in M. Featherstone, M. Hepworth and B.S. Turner (eds) *The Body, Social Process and Cultural Theory*. London: Sage.
- Foster, P. (1995) *Women and the Health Care Industry*. Buckingham: Open University Press.
- Hallam, E., J. Hockey and G. Howarth (1999) *Beyond the Body: Death and Social Identity*. London: Routledge.
- Hallam, E. and J. Hockey (2001) *Death, Memory and Material Culture*. Oxford: Berg.
- Harris, C. (1987) 'The Individual and Society: A Processual Approach', in A. Bryman, B. Bytheway, P. Allatt and T. Keil (eds) *Rethinking the Life Cycle*. London: Macmillan.
- Harvey, J. (1996) 'Achieving the Indeterminate: Accomplishing Degrees of Certainty in Life and Death Situations', *Sociological Review* 44: 78–98.
- Harvey, J. (1997) 'The Technological Regulation of Death: With Reference to the Technological Regulation of Birth', *Sociology* 31(4): 719–35.
- Hertz, R. (1960 [1907]) *Death and the Right Hand*. New York: Free Press.
- Hockey, J. (1996) 'Encountering the "Reality of Death" through Professional Discourses: The Matter of Materiality', *Mortality* 1(1): 45–60.
- Hockey, J., L. Kellaher and D. Prendergast (2004) 'Blowing in the Wind? Identity, Materiality and the Destinations of Human Ashes', paper given at the Association of Social Anthropologists Conference, Locating the Field, Durham University.
- Howarth, G. (1996) *Last Rites: The Work of the Modern Funeral Director*. New York: Baywood Publishing Company.
- Jenkins, R. (2004) *Social Identity*, 2nd edn. London: Routledge.
- Jenks, C. (1995) *Visual Culture*. London: Routledge.
- Johnson, M. and J. Puddifoot (1998) 'Miscarriage: Is Vividness of Visual Imagery a Factor in the Grief Reaction of a Partner?', *British Journal of Health Psychology* 3: 137–46.

- Jordan, P.L. (1990) 'Laboring for Relevance: Expectant and New Fatherhood', *Nursing Research* 39(1): 11–16.
- Jordanova, L. (1989) *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries*. Madison: University of Wisconsin Press.
- Klass, D., P. Silverman and S. Nickman (1996) *Continuing Bonds: New Understandings of Grief*. Washington: Taylor and Francis.
- Komaromy, C. (2000) 'The Sight and Sound of Death: The Management of Dead Bodies in Residential and Nursing Homes for Older People', *Mortality* 5(3): 299–316.
- Lakoff, G. and M. Johnson (1980) *Metaphors We Live By*. Chicago and London: University of Chicago Press.
- Lawton, J. (2000) *The Dying Process: Patients' Experiences of Palliative Care*. London: Routledge.
- Layne, L. (2000) 'He Was a Real Baby with Baby Things', *Journal of Material Culture* 5(3): 321–45.
- Lewis, C.S. (1964) *A Grief Observed*. London: Faber and Faber.
- Llewellyn, N. (1991) *The Art of Death: Visual Culture in the English Death Ritual, 1500–1800*. London: Reaktion Books.
- Lock, M. (2002) *Organ Transplants and the Reinvention of Death*. Berkeley: University of California Press.
- Lupton, D. (1994) *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage.
- Lupton, D. (1998) *The Emotional Self*. London: Sage.
- Lupton, D. and L. Barclay (1997) *Constructing Fatherhood: Discourses and Experiences*. London: Sage.
- Miller, J. (1990) Interview, in R. Dinnage (ed.) *The Ruffian on the Stairs*. Harmondsworth: Penguin.
- Mortier, E. (2001) *Marcel*. London: Harvill Press.
- Mulkay, M. (1993) 'Social Death in Britain', in D. Clark (ed.) *The Sociology of Death*. Oxford: Sociological Review Monograph/Blackwell.
- O'Neill, J. (2004) *Five Bodies. Re-figuring Relationships*. London: Sage.
- Riches, G. and P. Dawson (1998) 'Lost Children, Living Memories: The Role of Photographs in Processes of Grief and Adjustment among Bereaved Parents', *Death Studies* 22: 121–40.
- Ruby, J. (1995) *Secure the Shadow: Death and Photography in America*. Cambridge, MA: MIT Press.
- Sandelowski, M. and P.B. Black (1994) 'The Epistemology of Expectant Parenthood', *Western Journal of Nursing Research* 16(6): 601–22.
- Sawday, J. (1995) *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. London: Routledge.
- Shilling, C. (1993) *The Body and Social Theory*. London: Sage.
- Sontag, S. (1977) *On Photography*. Harmondsworth: Penguin.
- Turner, B. (1995) 'Aging and Identity: Some Reflections on the Somatization of Self', in M. Featherstone and A. Wernick (eds) *Images of Aging*. London: Routledge.
- Van Gennep, A. (1960 [1909]) *The Rites of Passage*. Chicago: University of Chicago Press.
- Walter, T. (1996) 'A New Model of Grief', *Mortality* 1(1): 7–25.
- Weir, L. (1998) 'Pregnancy Ultrasound in Maternal Discourse', in M. Shildrick and J. Price (eds) *Vital Signs: Reconfigurations of the Bio/Logical Body*. Edinburgh: Edinburgh University Press.
- Worden, W. (1991) *Grief Counselling and Grief Therapy*. London: Routledge.

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