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Why Embodiment Now?

Wilde, Mary H. PhD, RN

Author Information

Assistant Professor; Syracuse University; College of Nursing; Syracuse, New York

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Back to Top

Abstract

Embodiment is a promising new area for theory development, but several issues impair its evolution, including confusion over terminology and a lack of organization of existing literature. Embodiment is defined, based on the philosophy of Merleau-Ponty. Works of scholars and current debate about embodiment are summarized. Embodied meanings of illness are explored in terms of their relevance for nursing.

EMBODIMENT is not a theory, or a group of theories, but a different way of thinking about and knowing human beings, one that is in contrast to our usual Western thinking of mind and body as separate (dualism). The term "embodiment" is being used more often in nursing research reports, 1-6 but there is no consensus about what embodiment really means.

For instance, in nursing often embodiment is viewed as an avenue for knowing the world through our bodies. 1-3,6,7 Or embodiment may be understood as an ethical stance in which the nurse makes a conscious choice to be fully aware of her or his own body to remain present to the patient. 4 Also, embodiment may be an integral aspect of meaning-centered conceptualizations of culture. 5

Not only is the term embodiment used differently by nurses but it is not clear what embodiment means across disciplines. Some use the term embodiment loosely to refer to holistic understandings about life. Embodiment may be an assumption that is a part of the researcher's theoretical framework 4-6 or it may be a less central concept in a study, such as in the Morse et al 3 study of comfort.

In addition, the literature is not well organized within or between disciplines,

Outline

meaning that there has been little synthesis of literature reflecting common themes and understandings. Lack of synthesis makes it difficult to develop a middle-range theory for testing interventions. Yet literature today about embodiment can be recognized as different from recent discourses about "the body" [8,9] as a representation of societal values and how those values shape our thinking about the body.

This article provides an overview of the concept of embodiment and provides a foundation for theory development related to embodiment. This work has four main goals: (1) to describe the evolution of the concept of embodiment and provide a rationale for why embodiment is of interest now; (2) to define embodiment based on Merleau-Ponty's philosophy [10,11] and explain how this philosophy can be foundational to studies about embodiment; (3) to describe some of the current thought and debate about embodiment in nursing and related disciplines; and (4) to explore literature about embodiment, especially in relation to embodied meanings of illness.

Back to Top

HISTORICAL EVOLUTION OF THE CONCEPT OF EMBODIMENT AND RATIONALE FOR ITS USE

In a radical and transformative way, embodiment is replacing Cartesian dualistic notions of the body. Cartesian dualism presupposes that the body is made of two parts: one material and the other regarded as mind or soul. Jordavana [12] states that the (17th century) Lockian notion that the body is the property of the human being is pervasive and contributes to dualistic thinking about the body. Jordavana writes,

> to express this specialness [in comparing the human body with other property] he [Locke] presented the human body as sacred, which makes it unlike any other species of property. It remains a form of property, however, in that people have exclusive rights over their bodies, hence there is a dualism between persons-as-owner and body-as-owned. [12(p155)]

That is, people often think that the human (or self) owns the body, and that the body is separate from the self.

Recently, scholars have disavowed such notions, emphasizing embodied perspectives. Humans cannot own their bodies, but instead are embodied beings. An assumption of embodiment is that all parts of the body are integral to the human being; no part can be separated from the rest or objectified. This difference in perspective raises questions about how we should treat human beings. Questions loom in health care about modern technology and how it affects people. For example, when something is attached to the body, such as an indwelling catheter or a pump, what kind of impact does it have on the person as a whole? With embodied perspectives, we can no longer assume that people separate "themselves" from a piece of technology or an appliance. For the most part, we do not know how people experience such technologies.

Moving away from the dominant dualism in modern science permits new ways of thinking about human beings, and knowledge emerging from embodied perspectives reflects this shift in thinking. Meanings of health and illness can be understood through embodied approaches, such as phenomenology. There are other approaches to understanding human beings in nondualistic ways, for instance, scientific studies oriented to unitary human beings or studies focusing on caring dimensions in clinical practice. However, embodiment brings a particular focus on the body displaying ontological and epistemological differences.

Practical knowledge can be discovered as the body is recognized as a unique

source of information. Because the body is a part of the world, not "in" the world, 10 object/subject distinctions are blurred in embodied perspectives. This puts us in touch with a world of knowledge that mostly has been undisclosed to modern science. This knowledge is preobjective, meaning preabstract. 13

Thus, research studies using embodied perspectives may help us to learn how people manage problems in illness. For example, in Price's 14 phenomenologic study of chronically ill people (with asthma or multiple sclerosis), many patients had developed high levels of body awareness and skill in self management. Price called this "body listening." Chasse 15 identified a similar phenomenon in women with problematic menstrual symptoms (prior to hysterectomy) who learned to "read the body." Also, in a study about living with a long-term urinary catheter, 16 a woman with spinal cord injury described how she "pays attention" to her body to prevent urinary tract infection and other complications related to the catheter. Nursing studies, such as these, may lead to theoretical breakthroughs for guiding people in coping with day to day problems in chronic illness.

Back to Top

EMBODIMENT DEFINED AND MERLEAU-PONTY'S PHENOMENOLOGY OF EMBODIMENT

Defining embodiment would help in further evolution of the concept. Embodiment can be defined in a way that reflects the phenomenological philosophy of Merleau-Ponty 10,11 as *how we live in and experience the world through our bodies, especially through perception, emotion, language, movement in space, time, and sexuality*. Embodied views of humans allow us access to what ordinarily is taken-for-granted in everyday living, including practical knowledge. 1 Embodiment also means being situated within the world, and being affected by social, cultural, political, and historic forces.

Merleau-Ponty's phenomenological philosophy 10,11 can be foundational to any qualitative study seeking embodied knowledge. But his philosophy is of particular value for researchers using phenomenological approaches to study embodied experiences. Although Merleau-Ponty's phenomenology is considered a philosophy of embodiment, he did not use that term. The translations of his works from French include the French words for body, incarnation, and flesh. The word he used the most was body. But he made it very clear that when he used this word, he was not using it in a Cartesian way-implying a duality of mind and body.

Embodiment is the avenue for Merleau-Ponty's ontology and epistemology. Humans are considered body subjects, beings and consciousness unified. Existence is known through the body:

neither body nor existence can be regarded as the original of the human being, since they presuppose each other, and because the body is solidified or generalized existence, and existence a perpetual incarnation. 10(p.166)

Merleau-Ponty described how subject and object are related to one another in the world. The body has two aspects, sentient (phenomenal) and sensible (objective). Because of this "double reference," such as being able to touch and be touched, one must use one's own body to participate in the world of other people and objects. And because of this relatedness with the world, the body as a part of the world, we are able to experience the world in a preobjective, or prethinking way.

Embodiment is a form of experiencing and understanding the world through the body in lived experiences. Lived experiences are experiences of the everyday world that are taken for granted, making them less available to our awareness. Merleau-Ponty said, "the world is not what I think but what I live through." 10(pxvii)

Understandings of lived experiences are believed to be separated from our conscious understanding and, thus, require a phenomenological method to reclaim them. Language and perception hold the key to unlocking them; both are ways to get to the truth. 10

Embodied existence takes place within the contextual world that each person is born into and lives. This world is shaped by culture, society, history, and personal relationships and it must be interpreted to be understood. As embodied beings, we know the world through shared understandings, making the world a social and intersubjective experience. What one person experiences in the world may be similar to that which others experience because all of us open into the same world and, thus, our experiences may be similar. Perception of others varies by race, and gender, and it entails cultural understandings, meanings, and a general orientation.

Back to Top

Existential modes

Merleau-Ponty identified several existential modes by which we know the world: embodied time, space/motility, sexuality, and speech. 10 The "intentional arc," a central concept in Merleau-Ponty's philosophy of embodiment, is a vehicle in connecting these existential modes. He said that people's intentions are connected by an arc that helps us to make sense of life in time and space-past, present, and future. Merleau-Ponty said that the

life of consciousness-cognitive life, the life of desire or perceptual life-is subtended by an "intentional arc" which projects round to our past, our future, our human setting, our physical, ideological and moral situation, or rather which results in our being situated in all these respects. It is this intentional arc which brings about the unity of the senses, of intelligence, of sensibility, and motility. And it is this which "goes limp" in illness. 10(p136)

Back to Top

The intentional arc

Intentionality is what makes humans unique. Intentional projects reflect the personal lives of people in their day to day worlds, incorporating time, space/motility, sexuality, and language.

An example from my study of the lived experience of long-term urinary catheterization 16 illustrates how Merleau-Ponty's 10 philosophy of embodiment helped to deepen analysis. A participant I will call Lenore chose words that revealed her intentions on an existential level when she said "I go" repetitively in response to my first question about what it is like to use a urinary catheter. Lenore, who used a wheelchair to get around, lived alone with part time attendants. She said,

I go outside. I go way down to [the grocery store] to get my groceries, go to [the] Hospital to see neighbors who are in the hospital. I go on trips. I went down to my niece's wedding last July. Didn't bother me a bit.

Later in the interview when asked how she sees the catheter in relation to herself, she responded by saying, "It's the only way I can do, go. So, it's a part of me." The fact that she said "do" then "go" was not an accident, I think. Doing and going, both movement in the world were very important to her. She almost apologized for lying on her bed during winter evenings when she was tired from sitting in her wheelchair all day. As I reflected about her strong desire to get out to do the projects that she wanted to do, I realized that she was revealing the intentional arc that connected Merleau-Ponty's existential embodiment concepts. First, the meaning of the catheter was expressed in her *speech* patterns. By

noticing how she used the term "go" to mean movement as well as urination, she revealed how the catheter did not keep her from being actively involved in the world (*space/motility*). Her desires of the heart and what it means to be Lenore (*sexuality*) are related to how she is able to be a friend, have a garden, remain independent, and not stay inside her apartment. Her sense of embodied *time* was expressed when she told me her history of chronic illness, of when she used to walk with canes, how she progressed to the wheelchair, and then to the electric wheelchair. The intentional arc connected these elements so that the meaning of the catheter for Lenore was clear: the catheter was simply "a part of her," and it did not keep her from going out to enjoy her usual activities. Her philosophy was summed up as "drink the water and go."

Back to Top

CURRENT THOUGHT AND DEBATE ABOUT EMBODIMENT

Because nurses provide hands-on care of the body [2,17] and many nurses have embraced nondualistic conceptions of human beings, [18] nurses are in an excellent position to help develop embodiment theoretically. Recently, Benner [1] edited a book entitled *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness,* in which she demonstrated the theoretical significance of interpretive phenomenology. Embodiment is identified as one of five commonalities explored phenomenologically. The others are situatedness (historically and contextually), temporality, concerns (what matters), and common meanings. [1]

Lawler, [2] an Australian nurse, has coined the term "somology" to mean study of the body. She said in her preface about embodied experiences in nursing practice that

> the body was the pivotal construct which had the capacity to explain lots of things about nursing as an occupation. More than that, however, I came to realize that nursing practice is essentially and fundamentally about people's experiences of embodied existence, particularly at those times when the body fails to function normally. [2(pvi)]

Despite the fact that nurses provide intimate care to peoples' bodies, Lawler [2] attests that nurses have limited knowledge about embodied practice. She calls this the "problem of the body," which has become privatized as a part of the civilization process of societies. [2] The body is "silent" because the taken-for-granted daily practice of nursing, the lived experience of nursing, is hard to describe and communicate through language. Lawler explored issues related to caring for the body of the patient, including those of (1) power in relation to gendered nursing roles; (2) social processes and roles that nurses learn to manage bodily care, and (3) sexuality and how sexual issues that are a part of the culture impact nursing care. She also considered some under studied areas, such as embarrassment about "handling" the body of the other and "dirty work" taboos [17] that make it difficult for nurses to talk about what they do.

Sexuality is of particular concern in nursing because the great majority of nurses are female, making it difficult for them to understand the male body and male ways. [2] Male sexuality, Lawler contends, is focused on the genitals. This makes certain care activities more sensitive to both female nurses and male patients. When care focuses on the penis, such as during urinary catheter insertion, there is no getting away from the sexual nature of the care. Nurses cope with sensitivities like this by learning professionally appropriate social roles and ways to minimize embarrassment. [2]

Although the term embodiment is being used by nurses, nurses are not actively involved in critical debate about embodiment as a paradigm for practice, as are some in other disciplines (namely anthropology and psychology, see below).

Nor is the concept of the body/embodiment routinely addressed in nursing literature. (An in-depth treatment of this is beyond the scope of this article.) One noteworthy exception is a review of literature that compared the works of seven authors who wrote about caring. Embodiment was one of several dimensions that was compared in this work. [19] In this review, Vezeau and Schroeder concluded that the body in relation to caring is viewed in differing ways, including: embodied perspectives from Gadow and Noddings; a unity by Jonas and Buber; a trinity of mind, body, and spirit by Watson; and a dualism by Mayoff and Audubon. [19(p12)] Until the body is routinely addressed in nursing theoretical writings, we risk perpetuating more traditional Western views of the body as a dualism because these views dominate in our consciousness.

In addition to Merleau-Ponty's phenomenology, researchers studying embodiment may find Gadow's [20] Hegelian dialectical model useful in overcoming dualistic notions of the body. Gadow, who is a nurse ethicist, is concerned that dualistic thinking has an unfavorable effect on human beings when they get old or sick. She declared that the body and self as a duality can be understood in more harmonious and integrative ways. She said that the task is to "explicate a dialectic of relations between the self and the body if dualism is finally to be transcended." [20(p172)] This dialectic would be a continuous process of the subject body (thesis) and the object body (antithesis) being transformed and integrated better with the self.

Her dialectical model consists of four ideal modes of bodily being. [20(p172)] *Primary immediacy: the lived body* is the usual mode or way that people understand their bodies during times of healthy functioning. [20] This mode has two dimensions: agency and vulnerability. The lived body is able to act, not simply to be an instrument for action; and the lived body is capable of being hurt or injured. The relationship between body and self is unified, "the body is an aspect of the self." [20(p174)] But when someone becomes ill, the body is known in another mode Gadow called *disrupted immediacy*. Agency is now diminished or altered, and the person feels a heightened sense of vulnerability. It is at this point that one becomes aware of ineptitude. *Cultivated immediacy* is the harmony (synthesis) that can be developed between the lived (subject) body and the object body when the body has come to work in synchrony. *Aesthetic immediacy* describes a new relationship between the subject body and object body (a synthesis) that can be achieved during illness and aging, characterized by an aesthetic awareness of the body as subject. [20]

Gadow said that nurses are important in the process of bringing about harmony and aesthetic transcendence in ill and aging people. Nurses' subjectivity when it is engaged at work takes into account their own embodiment and involves an appreciation of their patients' embodiment while providing care. [21] This subjectivity of embodiment is a way to avoid bodily objectification of patients. The price that nurses must pay is an increase in their feelings of vulnerability as they care for and advocate for their patients. But shared vulnerability is the means to overcome the gap between viewing the patient as an object or as a subject.

Building on Gadow's [20,21] work, Schroeder [22] recognized that nurses can cut off their own sense of embodiment when inflicting pain during care, and this disembodiment can transform a painful treatment into torture. Nurses learn that if they disembody, it becomes easier to do painful procedures. However, when this occurs, nurse/patient relationships are harmed. When the nurse is able to remain fully connected to the patient in an embodied awareness, aware of one's own body and aware of how it must be for the patient, pain can be transcended. In times of embodied engagement, the nurse and patient can work together to create meaning out of the experience.

Turner, [23] an anthropologist, says that the body is too often viewed by academic professionals as an abstract conceptual object, "socially unconnected ... [and] determined by (disembodied) authoritative discourses of power." [23(p46)] Such theoretical formulations minimize social dimensions and emphasize psychologistic

conceptualizations. Although scholars in the past found it necessary to challenge existing paradigms-as Foucault's 8 examining how sources of power have shaped peoples' views of the body-Turner's more phenomenological understanding of human beings is welcome.

In fact, Turner's 23 views represent a shift in many anthropologists' thinking. Csordas 13,24 has called for embodiment as a foundation for anthropological study. Drawing on the philosophy of Merleau-Ponty, Csordas called embodiment "the existential ground of culture and self." 24(p269) He declared that "the fact of our embodiment can be a valuable starting point for rethinking the nature of culture and our existential situation as cultural beings." 24(p6)

Indeed, anthropologists have started using phenomenological approaches to understand social issues of the body, such as integrating issues of gender and power with that of sexuality, body image, and illness. In a recent book about embodiment, 24 anthropological studies have focused on lived experiences, including pain, emotion, violence, and body image.

Debate about embodiment is heated in some of the recent psychological literature. 25-29 Overton 25 called for an endorsement of a major paradigm shift in psychology by embracing embodiment as a way of overcoming subject/object dualism. His critics were not enthusiastic about Overton's philosophical challenge. Shusterman 26 cautioned against what he called "hermeneutic universalism" (all understanding is interpretation) and pointed out that many behaviors are determined by reflex. Beilin 27 was more concerned about issues related to causality and the value of more traditional Western scientific methods.

Sampson 28 proposed establishment of embodiment in psychology as a way of overcoming both the discourse of dominant Western medicine and recent social constructionism. He advocated for embodiment as a way to include voices of history, culture, and community that have been previously excluded. Although interested in the promise of phenomenology, he largely dismissed its impact because of what he believes is an overemphasis on kinesthetic awareness. This seems to be selling phenomenology short because hermeneutic or interpretive phenomenology 10,30 is fully oriented to understanding phenomena in the context of history, culture, and community.

Back to Top

EMBODIED MEANINGS OF ILLNESS

Although disciplinary perspectives vary, similar themes can be discerned in the literature. The following brief synthesis of literature about the sick body can be viewed in relation to the sociocultural context of illness; the adversarial body-one that no longer functions as it "should;" the "skillful body" that is capable of new learning despite illness; and the body in relation with technology.

Back to Top

Sociocultural context of illness

Kleinman, 31 a psychiatrist and anthropologist, shows how embodiment relates to the social context of illness. He views the body as a part of one's social interaction that belongs to the culture/society. "The body-self is not a secularized private domain of the individual person but an organic part of a sacred, sociocentric world, a communication system involving exchanges with others (including the divine)." 31(p11)

Kleinman says that physicians assume that the only real aspects of illness are biological in nature and that only biological treatments are worthy of study and

use. He says that understanding the meanings of illness can help the patient, family, and care provider, not every time, but often. 31 The meanings of illness to the sick person can be revealed by a more holistic approach to understanding the patient in the context of his world. Meanings can emerge that help to unite to day life of the patient with the illness. For example, Kleinman told of a woman whose entire world was consumed by pain, pain that affected her ability to be involved in what mattered to her. He said she only revealed the meaning of pain after they had established a trusting relationship. This woman said:

It controls me. It's limiting. I can only go so far and then the pain stops me. Whenever I have to do something really physical or deal with a stressful situation, the pain increases terrifically. I've had to stop thinking about decisions I need to make in my marriage and relax and get the pain under control. Can't deal with my financial and career needs when the pain is bad. 31(p91)

Back to Top

The adversarial body

Often, the sick body took on an adversarial role in literature about illness experiences. In *The Psychology of the Sick Bed,* van den Berg, 32 a Dutch psychiatrist who taught phenomenology, wrote of what happens to apparently well people when they become sick and how physicians, nurses, friends, and families view the sick person differently. The body, which was previously a source of strength, becomes the adversary when illness impairs normal functioning. This is an excellent description of what happens when the taken-for-granted world is disturbed by illness. He said that the healthy person is

allowed to *be* his body and he makes use of this right eagerly: he *is* his body. Illness disturbs this assimilation. Man's body becomes foreign to him. An intruder makes it his headquarters and it becomes uninhabitable to the sick person. … The trusted ally has become an antagonist, a fierce enemy. The sick person has to revolt against it." 32(pp66-67)

The body is identified as betraying or adversarial by Bleeker and Mulderij 33 in an account of a longitudinal phenomenological study of motor handicapped children at the Mytyl school in Utrecht. Many of these children are permanently in wheelchairs. The children come from all over The Netherlands and their disabilities are varied, but all require some combination of physical therapy, education, and play activities. Bleeker and Mulderij said, "For children with a motor disability, the body is also generally passed over in silence; more frequently, however, than for healthy children and in a different way, the body becomes a theme in existence." 33(p3) At times, their bodies are "unreliable" and "rebellious." These bodily changes can threaten the children's feelings of wellness and integrity and bring on general feelings of uncertainty and insecurity.

In a nursing study of comfort, 3 similar themes were identified including what was called "the disobedient body" and "the betraying mind/body." These authors describe "the disobedient body" as one that pursues its own course separate from the mind. They said that this is a change for most sick people but especially "salient for those with incontinence, impotence, paralysis, tremors, chronic fatigue, or epilepsy. Patients respond with apprehension, uncertainty, anxiety, frustration, and embarrassment." 3(p191)

When the body becomes an adversary by losing control in illness, it can cause people to feel inadequate. In a case study about a woman with congenital quadruple limb deficiency, the informant named Diane said that the lack of bladder control was worse than lacking limbs. She said that "looking together means not hanging over your chair, drooling, doing something you don't have to." 34(p215) But when the body gets sick, it does do things that it is not supposed to do.

Unwittingly, physicians and nurses may contribute to peoples' views that the body is "adversarial." The socialization process for nurses and physicians may not adequately address stereotyped views of people who are disabled, ill, or elderly, which results in professionals who hold many of the same views of the culture and society. Also, because so much of the focus for physicians and nurses is on the sick or malfunctioning part of the body, there may not be enough emphasis on everything else that is functioning well. A different perspective that highlights the positive may help people to feel more well even when part of the body is sick or impaired.

Back to Top

The skillful body

People who are disabled or ill can be resilient, though. Often a sick person is forced to learn new skills and to relearn skills that were lost. Some of the skills are more subtle and reflect an integration of physical, social, and cultural aspects of the sick people's lives. For instance, in a report of a study of recovery of stroke patients, 35 the role of the body as a healing social force is described. The social and cultural everyday world solicited certain responses from the stroke patients that enhanced recovery. In this study, the researcher observed that goals spontaneously emerged in unreflective ways that called the body into action. Doolittle 35 told of a man who desperately wanted to attend his son's wedding, just three weeks after his stroke. His body seemed to guide his initial recovery phase, and he was able to attend the wedding as hoped. He said,

[At the reception] I was able to dance. I forgot that I was handicapped. I just wanted to dance and be a part of the celebration. I was listening to the band, and when I heard the music … the music was so nice. … The music was there. And then the audience started clapping for us and I realized I was dancing. And then the music came to an end and my feet stopped. And I had to stop. I also walked without my cane. I think sometimes you just do better if you don't think about it. 35(p214)

When he returned from the wedding, his normal way of thinking slowed his recovery process. He resumed a more intellectual process, setting goals and measuring his results by his predetermined standards. Doolittle 35 concluded that his bodily intentionality to go to the wedding helped him to advance toward his goals better than mental representations that he used later.

Back to Top

The body in relation with technology

Examination of literature about embodiment would not be complete without considering how modern technology in health care affects peoples' views of themselves. Technology that health care providers attach routinely to people's bodies can be a threat to a sense of self. Frank 36 described what it was like to have a chemotherapy line in his body for three months, illustrating how an appliance affixed to the body can become a symbol of vulnerability.

Thus, my three months of chemotherapy were spent with a foot of tubing hanging out of my chest. The line became a part of my body, but the body was no longer entirely mine. The line was a symbol of cancer that I wore on my body, even when I felt pretty good, there it was, reminding me of all the aspects of cancer. I was vulnerable because it carried the risk of infection, and I was dependent on it during treatment. Through it chemotherapy drugs went in and blood samples went out. 36(p77)

Our views of technology are so closely intertwined with practices in nursing and medicine that we do not always acknowledge the ramifications of using

technologies. In her phenomenological exploration of illness, Olson 37, who was ill with kidney disease for over 20 years, wrote about her views of illness, examining the relationship of technology to the hegemonic power that is awarded to physicians and nurses. Because of her experiences, Olson wrote poignantly of the tension between humans and technology. She asked whether, and under what circumstances, extensive technology (like kidney dialysis) can be justified when viewed within the framework of quality of life issues. She asked, "Is life that precious?" 37(p150) She said that the technology used for medical care must become routine for the nurse to be able to perform his or her duties effectively. Olson gives us a metaphor of how the seemingly objectifying and reductionistic treatments of kidney dialysis can be mollified. She said, that the nurse must remember that the "homeland of the heart" gives meaning to technological care. The language of the heart is the simple sharing of anecdotes and news about family and friends, work, recreation, and worship. Olson believes that if nurses can help their patients discover the connectedness and meaning in their lives, some of the alienation can be overcome. Despite the immense power of technological treatments, these treatments need not contribute to feelings of brokenness in the patient.

The loss of dignity that one might feel with technology is not caused by the technology, but the objectification that a person experiences as the body becomes alienated from self in relation to the technology. When the body and the technology related to the body become an abstraction, a person can feel like the body is more like a broken down machine. Gadow said, "The scientific body is the idea of the body ... It is this construct, the body as scientific object-and not technology per se-that poses a violation of dignity and autonomy." 38p 64)

Often when we think of modern technology in health care, we tend to lump technologies together as if they were a single entity and larger than what they are. 39 Yet technologies vary considerably, such as the differences between digital thermometers and kidney dialysis. Any technology that is attached to a human being, especially for an indefinite period of time, takes on a new dimension. It ceases to be just an object that can be viewed as separate from the person. And the more invasive a technology the more need for "hermeneutic or interpretive relations." 39(p172)

Back to Top

ISSUES ABOUT THEORY DEVELOPMENT IN EMBODIMENT

Why the literature about embodiment is not better organized may be related to philosophical and methodological issues. First, there is a lack of a common philosophical language to discuss similar phenomena. For instance, the interpretive phenomenological philosophies of Merleau-Ponty and Heidegger are similar. Therefore, researchers who use either Heidegger's or Merleau-Ponty's philosophy would be looking for similar phenomena, even though the terminology is different. Because there is no "translation" of similar terms in relation to embodiment, there is no common language even between similar philosophies.

Another reason for the lack of organization about embodiment maybe that some scholars are not clear about stating philosophical underpinnings for their research. The terms used in original philosophical sources can be bewildering for readers. Therefore, authors may avoid using specific terms that would identify their philosophical orientations. Also, some researchers may have focused on methodology without having a deep grounding in the philosophy behind the methodology. Philosophically oriented scholarss 1-6 tend to state their philosophical influences. Others, citing other researchers, may not know the distinctions in the philosophies, such as which ideas are attributed to Heidegger and which to Merleau-Ponty. Because methodologies differ because of philosophical underpinnings, both sources need to be cited in research. In addition, methodologies should be congruent with the philosophy guiding any study.

Theory development is hampered because embodiment is not well defined. Shifts in epistemology in research may have contributed to more conceptualizations that embrace embodied understandings, but ongoing intradisciplinary conflicts impede development of this general theoretical area. Yet, even with the lack of clarity related to terminology and epistemologies, middle-range theories could be synthesized even now if researchers were to look for similar findings developed from embodied perspectives. For example, embodied approaches in research have challenged assumptions about object/subject distinctions in relation to the experience of chronic pain. Pain takes on metaphorical forms that make it subject, and for protection the body often becomes objectified 40 or even "disembodied" from self. 6 New perceptions of pain can help people to interpret the meaning of pain and be more connected to their bodies. 31,40-42

In addition, there is rich potential for inter-disciplinary theory development in literature developed using embodied approaches. Nurses share an interest with recent anthropological researchers using embodiment as a central paradigm, for example, in studies related to emotion 43-45 and violence and/or trauma. 46-49

Back to Top

CONCLUSION

One of the most promising areas in embodiment literature is about meanings of illness. Understanding unique meanings of illness brings the nurse into the everyday world of people who are sick, making it possible to provide more sensitive and knowledgeable care. The literature about embodied meanings of illness can prompt many new questions for nurses. What happens when the body no longer functions in illness as it ordinarily does in health? How is this experienced? What can be done about it? How does a nurse help someone to adjust, cope, or live with this experience? What kinds of skills can the body be expected to possess, and how can these be solicited? What makes the transformation of the body as adversary to skillful and how can nurses help people make these changes?

Scholars from nursing, 1-7,14,16,18-20 medicine, 31-33 anthropology, 13,23,24 education, 30,34 psychology, 25-29 and sociology 50 have been exploring embodiment as an important new area for theory development and examining the fit of embodiment with phenomena related to their respective disciplines. In nursing, embodiment is likely to be important because embodied knowledge could provide much needed theoretical links in practices for living with chronic illness. Indeed, phenomenological approaches, such as those using Merleau-Ponty's philosophy, 3,6,16 have been used to discover new embodied meanings and practices in daily living. Such approaches can help to elicit practical and largely inarticulate skills from patients, skills learned by living with illness everyday. Research findings developed from embodied approaches can then be used to generate new middle-range theories about assisting people with everyday living in chronic illness.

Back to Top

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Key words: attitude to illness; chronic disease; embodiment; holistic health; nursing; nursing theory; philosophy