Self-Care, the Body and Identity: the Non-Abelist Consumer Perspective
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ABSTRACT
Consumers confined to the home due to disability or long term illness are the subjects of this study. Home confined consumers are not subject to the public gaze but are nevertheless just as conscious of idealised conceptions of what constitutes a normalised body and strive to attain this by means of highly disciplined body self-care practices. This paper examines their consumption experiences and finds that they strive to create a disciplined approach to inner and outer body maintenance. They do so in order to maintain and develop self-identity, and even the survival of the self in their self-created marketplaces.

INTRODUCTION
For postmodernists consumption is the key to the construction of self and postmodern consumers can create and recreate identity at will through their consumption (Firat and Venkatesh 1995). The body, according to Belk (1988), is the ultimate possession and a major contributor to and reflection of our identity. Similarly, Thompson and Hirschman (1995, 150) talk about the ‘profound experiential significance that results from the body’s being a visible object with culturally salient meanings’ and that consumers are socialised to discipline and normalise their bodies in line with cultural ideals. Consumers confined to the home due to disability or long term illness are the subjects of this study. These consumers are not subject to the public gaze yet they are just as conscious of idealised conceptions of what constitutes a normalised body and strive to attain this by means of highly disciplined body self-care practices. These practices are directed at managing the health and appearance of the inner body and body surfaces (Glassner 1990). The highly disciplined regimes of body care adopted by the home confined consumers in this study serve to reinforce the importance of the body in the construction and maintenance of self-identity but also highlight the relationship between the body and control of self and others.

The paper begins by reviewing the literature on the ‘disabled’ body in consumer research before drawing from relevant literature in other social sciences relating to disabled bodies and body discipline. A brief explanation of the research approach and strategy employed in the study follows. The study findings are then presented using data from two longitudinal case studies to illuminate key points. Finally, the implications of the study for research on the role of the body in consumer identity are presented.

LITERATURE REVIEW
Little is known about consumers who for reasons of ageing, long term illness or disability are confined to their homes. Even less is known about them in their roles as consumers. Estimates of the numbers of disabled people in society vary considerably reflecting the wide variation in the ways that disability/ability is defined (Rummel, Batista and Schwartz 1996). It is estimated that there are 36 million people with chronic disabilities in the USA (Mueller 1990) and 8.5 million in the UK (Kleinman 2002). Almost certainly the numbers will grow as the general population ages (Burnett and Pallab 1996).

Society is designed for able-bodied persons, following a perspective called ableism. Physicality is a highly valued commodity in Western society, and those who fail to meet the socially imposed standard are viewed as a class apart (Chouinard 1997). Power and social control are reflected in environmental design, keeping disruptive elements in their place (Moss and Dyck 1996). Restrictive environments control access to social spaces, determining in a very real sense who does and who does not belong. Similarly, equating disability with illness has had a significant impact on modern thinking. Western society views illness as a private problem to be resolved outside of the public domain (Rioux 1985).

Peripherality in society is granted to the disabled according to able-bodied parameters, thereby satisfying the concept of universality without compromising or disrupting the day to day activities of non-disabled citizens (Chouinard 1997). Disabled persons have not been allowed to be actively involved in the process; rather they have been acted upon. As a result, disabled people must labour under the assumptions imposed upon them by their able bodied counterparts. Socialisation with one’s non-disabled peers is severely restricted and regulated. Myths, fear and apprehension remain intact due to lack of exposure to, or knowledge of, disability and the absence of everyday encounters between the able-bodied mainstream and its disabled outsiders merely perpetuate the ignorance of the former and their fears (Barnes 1991). In particular, it is assumed that people with disabilities are damaged, feeble, passive and dependent (Murphy 1990).

Conroy (1988) argues that a critical component to insuring independence for this particular population is their ability to perform autonomous consumer related activities. However, the challenges they face as consumers restrict many aspects of ‘typical’ consumer behaviour (Kauffman 1995). Consumer researchers have been slow to focus on the difficulties faced by consumers with disabilities. To date there has been only limited research that examines the adoption of consumer roles by disabled persons. Research by Vezina, Astous and Deschamps (1995), Burnett (1996), Kauffman-Scarborough (2001), Barker and Redmond (2001) and Baker, Stephens and Hill, (2001) has focused on disabled consumers who consume in the ‘normal’ interactive environment of the able-bodied individual. Most individuals learn the meanings of consumption through the socialisation process – via families, friends and especially through direct interactions in the commercial marketplace. This brings into question consumers who have very limited or no direct access and exposure to the commercial marketplace and, hence, limited personal experience that might be expected to impact on their ability to utilise...
product cues and consume symbolically. Furthermore, given the importance that consumer researchers now attribute to the role of the body in consumer identity (Belk 1988; Thompson and Hirschman 1995), a detailed understanding of the nature and range of consumption situations, including consumers in ‘extreme’ situations (Warlop and Beckmann 2001), allows consumer researchers to re-evaluate assumptions we make about ‘normal’ consumers and ‘normal’ bodies.

As Marks (1999, 129) notes, “the body adopts a particular habitual way of relating to the environment”. Bourdieu (1990) argues that it is easier for the dominant classes, because of their greater access to, and possession of, cultural and social capital to define their bodies and lifestyles as superior. The attainment of such corporeal “value” by disabled people ishampered by societal views which tend to define, and categorise, disabled people’s bodies as “abject” and abnormal and thus, bodies without value (Grosz 1994; Hawkesworth 2001). As Branson and Miller (1991, 41) note, “the contours of social inequality are structured through patterns of unequal access to symbolic capital, through unequal cultural competence”. In this sense, disabled people are confined in their habitus through cultural impoverishment and cultural difference.

Consumer culture latches on to the prevalent self-preservationist conception of the body, which “encourages the individual to adopt instrumental strategies to combat deterioration and decay . . . . and combines it with the notion that the body is a vehicle of pleasure and self-expression” (Featherstone, Hepworth and Turner 1991, 170). Indeed the suppression of the body through body maintenance routines is presented within consumer culture as a precondition of acceptability and the release of the body’s expressive capacity. Featherstone et al. (1991, 171) suggest that “diet and body maintenance are increasingly regarded as vehicles to release the temptation of the flesh”. This emphasis upon body maintenance and appearance within consumer culture suggests two basic categories: the inner and the outer body.

The inner body refers to a concern with the health and optimum functioning of the body, which demands maintenance and repair in the face of disease and aging. In contrast, the outer body refers to appearance as well as the movement and control of the body within special space. It can also encompass the organisation and surveillance of docile disciplined bodies within social space (Foucault 1977; Giddens 1981). Within consumer culture, the inner and outer body become co-joined and, as a consequence, the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body. Consumer culture permits the unashamed display of the human body and this is strongly supported by images in the marketplace that make individuals more conscious of external appearance, bodily presentation and the “look”. Within consumer culture the body is proclaimed as “a vehicle of pleasure; it is desirable and desiring and the closer the actual body approximates to the idealised images of youth, health, fitness and beauty the higher its exchange-value” (Featherstone et al. 1991, 177). The penalties of bodily neglect are a lowering of one’s acceptability as a person, as well as an indicator of low self-esteem and even moral failure.

Throughout the history of Western culture, the state of one’s body has been interpreted as a material sign of the moral character “within” (Foucault 1978). In contemporary consumer culture, consumers’ perceived responsibilities include careful monitoring and controlling not only of the physical appearance of their bodies, but also of the various foods, substances, and environmental conditions to which their bodies are exposed. Ehrenreich’s (1989) proposal that the fear of failing, the failure to live up to the cultural ideal of controlling one’s life, is expressed in a variety of bodily focused anxieties. Knowledge and technology are viewed as empowering and liberating forces (Foucault 1980) and as such provide guidelines that rational individuals should adhere to. The dynamic between knowledge and the socio-cultural operation of power is no more evident than in consumption contexts.

Many consumer actions are motivated by culturally sanctioned knowledge claims regarding how consumption can be used to control the health and the appearance of the body (Glassner 1990). As noted by Glassner (1990), this self-evident “rational” linkage between one’s current consumption pattern and the future state of one’s health (and appearance) echoes the legacy of Christian asceticism and its promise of eventual reward for resisting the temptations of the flesh. Indeed negative changes attached to those who substantially deviate from cultural norms of body image often include the attribution that these individuals have not exerted sufficient effort and self-care to avoid such a condition (Fallon 1990). As Glassner (1990) suggests bodily neglect reflects lack of self-discipline and work ethic.

Body image is commonly defined as a “mental construction” embedded in a larger mental construction (self-schema) that can “deviate substantially from a person’s objective physical characteristics” (Myers 1992, 116). The theoretical premise underlying this contemporary definition is that a person’s corporeal body is meaningfully perceived in relation to a relevant cognitive structure and, conversely, that this subjectively constructed image mediates understanding of the objective body. Through the processes of normalization and problematization, and the pervasive operation of the disciplinary gaze, the embodied subject is readily objectified. The body that is objectifiable can also be seen as objectionable in many of its specific attributes. The social world in which each consumer is embedded operates to enforce and reinforce this system of bodily meanings and practices. The result is a form of socialization that inspires a deeply internalised duty to discipline and to the normalization of one’s body. As Featherstone (1991) notes, contemporary consumer culture has been marked by a dialectic between asceticism (self-discipline as a moral responsibility) and the pursuit of pleasure. The socialised body implies that a complex cultural ideology of the body underlies consumers’ satisfaction with their appearance, their sense of an ideal and the consumption activities that these self-perceptions motivate.

In relation to the postmodern consumer, the act of consumption serves to produce a desired self through the images and styles that are conveyed through one’s possessions (Belk 1988). The postmodern self-identity is an ongoing consumption project which is continuously in the process of creation. Thompson and Hirschman (1995) found that self-understandings did not forsake aspects of
modernity, rather a profound significance was placed on personal history and understanding of the social world. As such the postmodern consumer is an optimistic theoretical construction as it implies that each us can select identities at will from a spectrum of cultural images which can then be discarded.

**METHODODOLOGY**

Given the challenges in understanding self identity amongst consumers confined to their homes, there was a need for a methodology that was sensitive to the research agenda of discovery and the research context. As one of the purposes of this research is to understand the consumption experiences of home confined consumers within their own limited social and private worlds, these experiences need to be described as they are lived and originate from the perspective of “person-in-the-world”. The research approach adopted, radical constructivism, stems from the understanding that human beings have the ability to create understandings that help them navigate life, regardless of whether or not these match an external reality (von Glasersfeld 1995). Von Glasersfeld (1995) argues that human perception is adaptive; it evolved to help people survive. Humans’ sense of continuity is preserved because we construct, and manage to believe in a relatively smooth narrative of events. To the radical constructivist, discontinuities in action are to be expected at every level of social living, from the individual to the communal. Furthermore, the self as a locus of experience is an active agent rather than a passive entity.

Purposeful sampling was used for this project, which involves sampling units being selected purposefully to permit understanding of a phenomenon in depth (Patton, 2002). Purposeful sampling involved the selection of information-rich cases that are used to provide in-depth information that is relevant to the purpose of the research. All sampling in qualitative research is purposeful to the extent that the sample is always intentionally selected according to the needs of the study (Coyne, 1997). The research strategy selected focuses on building knowledge of the experiential reality of the home confined consumer by means of a small number of case study research subjects who were purposively selected for in depth study over a long period of time. To date, two years into the research, this has involved weekly intensive “interview” sessions with each research subject, coupled with participant observation to gain the rich detail necessary to understand their experiential reality. Interviews in this study take the form of conversations during the “visit” time spent with each subject; over time this has permitted the researcher to become a member of the personal community of each subject.

A short historical perspective on two of the case subjects is offered at this juncture to provide a context to the findings that follows. Jay is home confined as a result of an automobile accident. Quadriplegic for a period of 24 years, Jay lives as independently as possible. A room in his own home is fitted with many aids to independent living including a computer with which he can control many day to day living tasks such as answering the telephone, closing curtains, and so on. Jay has mastered various technologies that afford a degree of ableism in his daily life.

Barbara and Gloria are unmarried sisters, who have been home confined for just over two years. They cared for ailing parents over a period of twenty five years. After the demise of their parents, Barbara and Gloria became the carers of each other in their own home. To some extent the home confinement of Barbara and Gloria was self-enforced. The sisters came to believe that the world outside of their home was a dangerous place for them and that the recurring illnesses and allergic reactions they experienced were aggravated when they left their home environment.

**FINDINGS**

Barbara and Gloria admit few people into their home. Over their period of home confinement they have become very conscious of how adversely they are affected by smells from the outside world brought into their home by callers. All callers, even the regulars who bring them necessities of life, including food and medication, are subjected to a letter box ritual now described. After making sure of caller’s identity there follows a typical pattern, “Is that you,” followed by “Are you sure you have no perfume or deodorant on?” This will be asked over and over again before the door will be opened. On gaining entrance, the full implication of breaking the “access” rules will be run through, “If Barbara and I come into close contact with any of those smells you know we wouldn’t be well for days. The pain Barbara would be in with her nose, you know how sensitive it is”. Barbara will then point out Gloria’s negative side effects, “Gloria had an awful time last week with her stomach, somebody must have been in the house covered in the smell of cigarette smoke, and you know how it sets her off. We have to be very careful who we let in”. This self-care practice is a form of “disciplined body” work, which describes a style of body use and body-t0-object relatedness in relation to control. The disciplined body makes itself predictable through its regimentation. This is an example of such predictability that affords the control and, by extension, the power needed to maintain a visibility and an identity.

It is interesting to note that the substances that appear to irritate Barbara’s nose are essentially smells associated with personal hygiene and self-care practices and for most consumers constitute “normal” product use. Yet the sisters do not seem to be affected by other pungent substances such as household bleach, which they use extensively around their home to create a safe and sterile environment. To understand this somewhat conflicting consumption behaviour the lifestyle of the sisters must be taken into account. Raised in a very austere religious background, Barbara and Gloria believe that “cleanliness is next to Godliness”. This colours much of their consumption behaviour including self-care practices and inner and outer body maintenance.

The same disciplined approach is adopted with respect to outer body maintenance practices in order to maintain an environment of cleanliness and sterility. Skin and hair washing and grooming products and practices maintain a special space for Barbara and Gloria, free from contamination. Clothing, for example, is hand washed in pure soap flakes. This is echoed in respect of inner body maintenance where the “purest” of ingredients are sourced for food; no processed food products are purchased and the sisters make their own bread. Thus, very strict guidelines are given to those who shop on their behalf; every item is...
checked in terms of its ability to contaminate their bodies so that no product gets through the net to become “the enemy within”. For example, household cleaning products are limited to vinegar, baking soda and bleach, widely used in the days before the advent of “synthetic” cleaning products. Here again the control and power to accept and reject products and discipline the self and others lies firmly in the sisters’ domain.

The focus of Jay’s self-care practices concerns the issue of extension of self; where effort, time and organisation of lifestyle are interrelated to create an experiential reality that affords such identity maintenance. In relation to the maintenance of the inner body, the health of the bowel is a particular concern. The daily routine revolves around the intake of fluids and solids in exact quantities so that control over outputs can be scrutinised. The strict adherence to disciplined body practices affords Jay the control vital for self-preservation and ultimately self-identity. In relation to solid food intake, itemised organic fresh sources are consumed for their advantages in terms of nutritional value, vitamin content and overall consumer well-being. Tried and tested foods that ensure the optimal working of the bowel are integral to inner body maintenance and addressed in a strict, almost religious manner. The active selection of products and the high level of interest shown in their nutritional value highlight the importance of seemingly mundane consumption practices (Elliott et al. 1995). The self-regulation and serious manner in which these practices are upheld show the importance of this consumption behaviour for the realisation of a healthy body. Indeed as Domzal and Kernan (1993, 498), suggest, “The body-as-object is the most visible expression of a person’s self”.

Monday’s and Thursday’s are the days when Jay undergoes private and extremely sensitive procedures in relation to bowel function. Sunday and Wednesday’s are filled with anxiety and an almost blinkered focus on the consumption of the “right” foods that will achieve the desired positive outcome. There will be no variation of Jay’s menu on Sunday or Wednesday, and certainly no deviation from this menu will be tolerated, lest a negative consumption experience is realised. Everyone’s sense of self must include some form of bodily consideration, because corporeality or body cathexis (Rook 1985) influences processes such as self-identity, self-presentation, and self-evaluation.

Jay also has deep concerns in relation to the more aesthetic outer body maintenance issues that for him represent signs of decay. The current deterioration in the health of Jay’s teeth has further constrained and disciplined the self-represented consumer shows evidence of maintaining or realising such capabilities through the self-care practices in conjunction with their personal communities. The premise for regulation and control and hence power lies firmly in the domain of the home confined consumer through the utilization of the body as object and the diffusion of such disciplinary measures throughout the personal community to achieve the optimal level of “abelism” inherent in such consumption activities.

Postmodern consumer culture highlights the significance of the body as a personal resource and as a social symbol, which gives off messages about a person’s self-identity. We make many assumptions about a person on appearance alone; the body communicates the identity-value of its owner. The stigmatization of non-abelist consumers and disabled bodies as diseased, inferior and lacking mental capacities and capabilities (Barnes et al. 1999) leads to an underdeveloped understanding of the interrelationships between non-abelist bodily functions and broader socio-cultural values and practices. Shilling (1993, p.9) suggests that any theory of human agency or action requires an account of the body, that “acting people are realised with the help of significant others. These others comprise his personal community and his carers over which he has control in relation to their actions in his space.

Disciplined behaviour not only makes bodies productive in terms defined by some other (Foucault, 1980), but they can also be used by bodies themselves to achieve productive ends of their own. Bodies discipline themselves but they do so within institutions and discourses which are not their own. Those, for whom the need for self-discipline must be projected out, assume the style of domination over others. This is the case for the home confined consumers discussed here. They have developed rules and rituals of body care in their quest for the disciplined body and survival. The control over self through extreme measures of care is extended and played out by their personal communities who are selected for the competencies they bring and that are required by the home confined consumer.

**DISCUSSION**

The body is at the intersection of nature and culture, of the individual and society, of space and time, of corporeality and spirituality (mind), and as such it is subject to social control but is also “the seat of individuality, the material substrate of our physical existence, thought and social relations” (Varga 2005 210). The problems concerning the body are manifold and do not only concern the case of the home confined consumer, it applies to all consumers, albeit the problems of what we eat, how we care for our health, and how we present the body in “public” becomes heightened in the context of this study for the individuals explored here. Indeed the importance of the body is captured in the words of Mauss (1968, p 372) “The body is the first and most natural instrument of man. Or, more precisely, (the body is) the first and most natural technical object, and at the same time the technical means, of man”.

The disciplining of the body, optimizing its capabilities, increasing its usefulness is accomplished by exercising power over individuals. The question arises as to whether this discipline and control can be obtained in a society ever more dominated by consumerism. The home confined consumer shows evidence of maintaining or realizing such capabilities through the self-care practices in conjunction with their personal communities. The premise for regulation and control and hence power lies firmly in the domain of the home confined consumer through the utilization of the body as object and the diffusion of such disciplinary measures throughout the personal community to achieve the optimal level of “abelism” inherent in such consumption activities.
acting bodies”. The highly disciplined approach and regime afforded to bodily concerns by the home confined consumers in this study show control and power over not only the self but equally over the others who comprise their personal communities.

The attainment of optimal inner and outer body conditions serves to highlight the driving desire to accomplish and maintain survival, survival not only of the self and of the identity but survival in the special spaces they have created in their homes. These highly disciplined measures of self-care and body practices heighten the ability for the home-confined consumer for self-empowerment but more fundamentally serve to provide a self-survival in a subjective personal reality as opposed to that of an “institutionalised” reality. The overriding fear of being removed from their special space and to lose control and power over their life course explains the unrelenting attention to detail in their self-care practices. The body itself is the seat of power and the ability of the home-confined consumer to delay the process of disease and decay and by extension, invisibility, firmly lies in their domain. These practices prolong visibility of self and of self-identity and help to dispel the passiveness of the “hidden” body associated with such a non-abelist perspective.

Home confined consumers are not confined in their ability to access the marketplace, albeit indirectly through their personal communities. Indeed, it could be argued that they have created new marketplaces that suit their home confined status. It could be argued that the body creates its own marketplace for interaction and socialization and, hence, a place where for ongoing identity construction. Finally, this study challenges the stereotypes of the disabled consumer for self and of the identity but survival in the special spaces they have created in their homes. These highly disciplined body practices heighten the ability for the home-confined consumer for self-empowerment but more fundamentally serve to provide a self-survival in a subjective personal reality as opposed to that of an “institutionalised” reality. The overriding fear of being removed from their special space and to lose control and power over their life course explains the unrelenting attention to detail in their self-care practices. The body itself is the seat of power and the ability of the home-confined consumer to delay the process of disease and decay and by extension, invisibility, firmly lies in their domain. These practices prolong visibility of self and of self-identity and help to dispel the passiveness of the “hidden” body associated with such a non-abelist perspective.

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