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

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## **Beyond the womb and the tomb: identity, (dis)embodiment and the life course.**

This paper 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; Shilling, 1993; Jenkins, 2004; O'Neill, 2004). 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 Mulkey (1993:33) calls 'social existence' before and after the period of human embodiment we know as the 'life course'. What Mulkey 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 indeed 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>i</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 politicised contestations about the nature, status and rights of the unborn and the dead: tensions around abortion rights and foetal medicine (Foster, 1995), assisted conception (*The 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 (*The 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 an 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, emphasise '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 twentieth 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 stillborn 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, naturalised 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, the quickening, the increasingly early age of foetal viability (see Human Fertilisation and Embryology Act 1990 (HFEA)); cessation of breathing, heartbeat, brainstem function (Arnold et al, 1997). Moreover we are not dealing simply with selective readings of the body. Medical interventions into 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 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 ICU, medical technology allows a spurious appearance of control; yet in dealing with the process of birth, its riskiness 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 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 postmortem organ harvesting and transplantation requires the deliberate effacement of any *social* identity and the commodification of body parts.

### **Bodies in mind**

One of this paper's starting points is data gathered by Jan Draper (2000; 2002a,b; 2003a,b) 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 to 8 weeks postnatally. The purpose of the study was to explore men's transition to their new identities as fathers. As we go on to show, these 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 Gennep refers to the slightly later event of birth announcements as '*claim(s)* for ... a place among the living' (authors' emphasis) (Wilson, cited in Van Gennep [1907] 1960: 63). 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, Hockey and Howarth 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 paper 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 which 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 paper 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 [1907] 1960: 63). In sum, this paper provides an exploration of the materials and the mechanisms through which identification takes place across a temporal spectrum which 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 categorise 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 ([1907] 1960), 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 newborn child is no less sacred than the corpse' (Hertz [1907] 1960: 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 medicalisation 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 medicalised 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, Hockey and Howarth, 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'. However, as in the capacity of dementia to undermine of 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.

### **Mobilising the body**

What this paper argues is that the objects and practices which cluster 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 which 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 which 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, Kellaher and Prendergast, 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, the headstone or grave site, and by 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 which 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, antenatal 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 which for some bereaved people constitutes the essence of the deceased (Hockey, Kellaher and Prendergast, 2004). At either end of the life course, therefore, the body-to-be and the body-that-was, in their parallel invisibility, constitute powerful focusses 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 which can be utilized to resource identity outwith the body itself. How these lay claim to rhetorical power is however 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 recognised 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 twentieth and twenty-first 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 (Franklin, 1991) 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, 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, 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 describes in a published account of the grief he suffered at the death of his wife (1964), 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 mantle-pieces 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 (1977) view, photography became a 'rite of family life' when industrialisation 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 postmortem photography (Ruby, 1995), for example, evoked the *living* individual whilst 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 which 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 eighty-six obituaries published in Guardian in June 1995, fifty-seven 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 visibility privileged, but 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, however, self evident, 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 valorising 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 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 everythings 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 an 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 anticipated his position:

Erm....I think the head end I think. Because erm....I suppose its, 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 memorialisation which divides the body through a *doubling* of images. These separate bodily disintegration from social integrity; for example, the 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. Llewlyn (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. Whilst 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 destabilise 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 (see above Lawton, 2000), or via the body's eventual postmortem 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), valorise 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 postmortem 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 caesarian 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 paper 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 gateposts of birth and death, we have argued that such a perspective merely replicates, rather than problematises, 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 dreamt into being.

In exploring the material practices through which the social identity 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 valorised, 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 which 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 conceptualisation of social identity which recognises its nature as a relational, inevitably incomplete social process.

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<sup>i</sup> Mulkey's discussion of social death – and of postmortem social existence, raises issues of agency which are discussed at greater length in Hallam, Hockey and Howarth (1999:142-147)