



BSA Ageing,  
Body and  
Society  
Study Group

Body Work in Health and  
Social Care: Critical Issues,  
New Agendas

P R O G R A M M E

BRITISH  
LIBRARY

Tuesday 6th September 2011  
British Library Conference Centre  
London

SOCIOLOGY OF HEALTH & ILLNESS

# CALL FOR PAPERS



## The British Sociological Association Annual Conference 2012

Wednesday 11<sup>th</sup> – Friday 13<sup>th</sup> April  
University of Leeds

The British Sociological Association invites submissions to its Annual Conference. Participants can present on any sociological research topic.

The theme for the 2012 Annual Conference is: **Sociology in an Age of Austerity.**

Suggestions for grouped sessions within the open streams are welcomed. All BSA study groups are strongly encouraged to contribute posters/ papers and other activities. There will also be opportunities for study groups to meet independently.

### Online abstract submission:

[www.britsoc.co.uk/events/Conference](http://www.britsoc.co.uk/events/Conference)

### IMPORTANT DATES:

**Friday 7<sup>th</sup> October 2011:** Final deadline for abstract submission

**Friday 13<sup>th</sup> January 2012:** Last date for presenters to register

**E-mail:** [BSAConference@britsoc.org.uk](mailto:BSAConference@britsoc.org.uk)



# CONTENTS

Welcome and Acknowledgements.....	1
About the BSA Ageing, Body and Society Study Group .....	2
Information Digest .....	3
Outline Programme .....	4
Keynote Address by Sharon Kaufman.....	5
Special Events.....	6
Programme Grid.....	7
Paper Sessions .....	8
Poster Presentations .....	15
Delegate List.....	19
Plan of the British Library Conference Centre & Surrounding Area .....	21

# WELCOME

## BSA Ageing, Body and Society Study Group Conference

### Body Work in Health and Social Care: Critical Issues, New Agendas

Welcome to the 4th BSA *Ageing Body and Society* Study Group Annual Conference. This year we are holding the conference in conjunction with the editors of the **Special Issue of *Sociology of Health and Illness*** and related monograph dedicated to the subject of Bodywork in Health and Social Care and published by Wiley Blackwell. The monograph is edited by Julia Twigg, Carol Wolkowitz, Rachel Cohen and Sarah Nettleton, and they are joint conveners of today's event.

Bodywork, in the sense of work undertaken on the bodies of others, is a significant element in the care of frail older people. In this conference we foreground this work, drawing out the ways in which it relates to issues of the body and embodiment in relation to older people more generally. As part of this we are delighted to welcome our plenary speaker, **Professor Sharon Kaufman** from the University of California.

We are particularly pleased once again to have the opportunity to present our research and ideas in such an attractive venue as the British Library. The BSA has made important links with the **British Library** in recent years and Jude England, Head of Social Sciences, is committed to promoting and highlighting the significance of social science research. We hope you will take this opportunity to learn more about social science research resources, as well as gain important links with the British Library.

We are very grateful to the **Foundation for the Sociology of Health and Illness** for supporting the conference financially.

We would also like to thank Liz Jackson, Events Officer at BSA, for her most efficient organisation of the conference. The BSA office is committed to supporting study groups, and we would not be able to be as active and efficient without their support.

There will be **refreshments** available in the foyer at break times throughout the conference, and a **drinks reception** at the end. We welcome any comments you may have on the format or organisation of this or future conferences. Please let us know your views either by speaking to one of the conference organisers, or via the feedback survey which will be circulated via email after the conference.

We would like to thank everyone who is presenting their work, chairing a session or contributing to the conference's organisation and success. We hope that you enjoy all aspects, from the academic to the social to the food and wine!

*Wendy Martin and Julia Twigg*

BSA Ageing, Body and Society Study Group Conveners

## ACKNOWLEDGEMENTS



As always many people have helped with organising the conference. Thanks to the BSA office for their support. The conference committee would like to thank Jude England, Head of Social Sciences, and her colleagues at the British Library for their support of this event and also the Foundation for the Sociology of Health and Illness for supporting the conference and the wine reception.



# BSA Ageing, Body and Society Study Group

## Introduction

There has been a wealth of work recently on the subject of the body across the humanities and social sciences. Most has, however, focussed on younger, implicitly 'sexier' bodies. Social gerontology has, moreover tended to avoid the subject of the body, in its struggle to assert the social and cultural determinants of ageing, as against the reductionist bio-medical accounts that dominate professional and popular discourses of age. Emphasising the body can seem to demean older people, reducing them to 'failing' bodies. For these reasons gerontology has kept away from the topic. This means, however, that the body in old age has remained largely untheorised and unexplored.

Although work on the body in old age has begun to emerge, it remains scattered. Researchers and scholars are isolated in their disciplinary groupings. There is no obvious forum for exchange. The aim of this study group is to redress this, and establish a forum that will bring together work across a range of approaches and subject areas. We also invite researchers, practitioners and academics to revisit and explore the embodied dimensions of their work.

The aim of the group is therefore to be a focus for an exchange of ideas and debate. As part of this there will be a number of one-day seminars and workshops which will explore different aspects of ageing and the body. It is hoped that these will provide a basis for publications. The interests of the group are broad and include theory, empirical research and practice in relation to, for example:

- Anti-ageing/Age Resistance
- Lived bodies in everyday life
- Clothing and embodiment
- Discourses of ageing and ageism
- Well-being and the ageing body
- The masquerade of age
- Policing old bodies: intergenerational conflict and the role of governance
- Queer bodies
- Racialised bodies
- Fluid bodies, leaky bodies
- Gendered bodies
- Bodies in the Third and Fourth Ages
- Researching ageing bodies: methods and methodology
- Exercise and 'active' ageing
- Spatial geographies of bodies
- Bodies and institutions
- Death, dying and disposal
- Bodywork
- Emotions
- Science and technologies

## Joining the Group

The group organises seminars, workshops, conferences and other events and has an e-mail discussion list as well as a web page. To join the email discussion list and receive information on the group's activities please visit. [www.britsoc.co.uk/specialisms/AgeingBodyandSociety](http://www.britsoc.co.uk/specialisms/AgeingBodyandSociety). New members, including students, are very welcome to join the Group.

## 2012 Events

The Group is planning two events for 2012. These events will both take place at the British Library Conference Centre, London and are scheduled to take place on:

Friday 6<sup>th</sup> July 2012

Friday 7<sup>th</sup> September 2012

## Contact the Convenors

**Dr Wendy Martin** School of Health Sciences and Social Care, Brunel University. Tel: 01895 268747; Email: [wendy.martin@brunel.ac.uk](mailto:wendy.martin@brunel.ac.uk)

**Professor Julia Twigg** School of Social Policy, Sociology and Social Research, University of Kent. Tel: 01227 827 539; Email: [j.m.twigg@kent.ac.uk](mailto:j.m.twigg@kent.ac.uk)

# INFORMATION DIGEST

## Registration

The conference registration desk will be open in the foyer of the conference centre from 10:00am until 15:00 on Tuesday 6<sup>th</sup> September 2011. Please note that delegates should wear their conference badge at all times, otherwise you may be refused access to conference sessions and service of refreshments and meals.

## Messages

During the conference please direct all telephone messages to the British Sociological Association office on +44 (0)191 383 0839. Please make reference to the BSA Ageing, Body and Society Study Group Conference, as the office staff will need to know how to direct your call.

## Programme Changes

There will be a conference notice board for programme changes, general messages and announcements. It will be situated in the foyer.

## Keynote Address & Special Events

**Professor Sharon Kaufman**, University of California, San Francisco, USA will give the Keynote Address on '**The Cultural Work of the Body in Organ Transplantation**' at 16:00 in the Eliot Room.

**Professor Julia Twigg**, University of Kent, UK will speak on '**Conceptualising Bodywork**' at 10:40 in the Eliot Room.

A Roundtable on '**Body Work as a Conceptual Focus in Health and Social Care Research**' chaired by **Dr Carol Wolkowitz**, University of Warwick, will take place at 11:00 in the Eliot Room. The presenters, all contributors to Body Work in Health and Social Care, will discuss their use of the concept of body work and what it has brought to their current or projected research.

## Poster Exhibition

Posters will be displayed in Chaucer Room for the duration of the conference. There are poster viewing times on Tuesday 6<sup>th</sup> September at 10:00-10:30, 13:00-14:20 and 15:40-16:00 and presenters will be available during this time to discuss their work. Additional times may be indicated on individual posters.

## Evening Reception

There will be a reception held on Tuesday evening from 17:00-18:00. This will be held in the Conference foyer and Chaucer room and is free for all delegates to attend.

## Refreshments and Lunch

Tea and coffee will be served in the foyer at the times specified below

Tuesday 6<sup>th</sup> September 2011 10:00-10:30

Tuesday 6<sup>th</sup> September 2011 13:30-14:20

Tuesday 6<sup>th</sup> September 2011 15:40-16:00

Water will be available throughout the conference.

Lunch is provided and will be available to delegates in the foyer.

## Meeting rooms

All conference sessions will take place in the British Library conference centre rooms including the Eliot Room, Dickens Room and the Bronte Room.

## PowerPoint

All meeting rooms will be equipped with a screen, powerpoint and laptop. Presenters should bring with them a copy of their presentation file on a CD or USB memory stick.

Presenters should access session rooms 15 minutes before their stream starts or during lunchtimes.

## Email Facilities

Free wireless internet is available in the British Library. **Remember to bring your laptop if you wish to use this facility, as the British Library and the BSA will not provide them.**

# OUTLINE PROGRAMME

**Tuesday 6<sup>th</sup> September 2011**

10:00 – 10:30	Coffee and Registration	<i>Conference Centre Foyer &amp; Chaucer Room</i>
10:30 – 10:40	<b>Conference Welcome</b> Gill Ridgley, Lead Curator, Sociology, Media and Sport, Social Sciences, British Library. Wendy Martin, Co-convenor of the Ageing, Body and Society Study Group, Brunel University	<i>Eliot Room</i>
10:40 – 11:00	<b>Conceptualising Bodywork</b> Julia Twigg <i>Chair: Wendy Martin (Brunel University)</i>	<i>Eliot Room</i>
11:00 – 12:20	<b>Roundtable on Body Work as a Conceptual Focus in Health and Social Care Research</b> <i>Chair: Carol Wolkowitz (University of Warwick)</i>  Patrick Brown (University of Amsterdam) The Embodiment of Trust by Healthcare Professionals  Rachel Cohen (University of Surrey) Body Work as Labour Process  Parvati Raghuran (Open University) The Co-marking of Aged Bodies and Migrant Bodies  Nicola Gale (University of Birmingham) Body Work in Complementary and Alternative Medicine Practitioners' Education and Careers  Emma Wainwright (University of Brunel) Embodied Regulation in Training for Body Work	<i>Eliot Room</i>
12:30 – 13:30	<b>Paper session 1</b>	<i>Bronte Room; Eliot Room, Dickens Room</i>
13:30 – 14:20	Lunch Poster Presentations	<i>Conference Centre Foyer &amp; Chaucer Room</i>
14:20 – 15:40	<b>Paper session 2</b>	<i>Bronte Room &amp; Eliot Room</i>
15:40 – 16:00	Break Poster Presentations	<i>Conference Centre Foyer &amp; Chaucer Room</i>
16:00 – 17:00	<b>Keynote address</b> <b>'The cultural work of the body in organ transplantation'</b> Sharon Kaufman <i>Chair: Sarah Nettleton (University of York)</i>	<i>Eliot Room</i>
17:00 – 18:00	<b>Drinks Reception</b>	<i>Conference Centre Foyer &amp; Chaucer Room</i>

# KEYNOTE ADDRESS

Tuesday 6<sup>th</sup> September 2011 at 16:00 in the Eliot Room  
*Chair: Sarah Nettleton*

## Professor Sharon Kaufman

*'The cultural work of the body in organ transplantation'*

How does fairness come to be re-conceptualized in an aging society? Using the scarce resource of human organs as my example, this lecture explores what uses of the body and negotiations about the body can tell us about the growing tension between public health and public good on the one hand, and individual needs and rights on the other hand. To open up discussion and analysis of 'body work,' I ask, what is the cultural work that bodies do in post-industrial societies, in which aging populations create new needs and new demands on families, medicine and the state? The success of organ transplantation at older ages supports and feeds the ideas of limitless medical progress, ever-malleable bodies and open-ended life extension. Those ideas have become part of the fabric of social life in the US and elsewhere, with ramifications for the nature of altruism, care and social responsibility.

**Sharon R. Kaufman** is Professor of Medical Anthropology in the Dept. of Anthropology, History and Social Medicine at the University of California, San Francisco. She has conducted research on identity and subjectivity, the changing culture of American medicine, the anthropology of 'life itself,' technologies of dying and life extension, the history and practice of informed consent, and risk assessment in relation to public anxieties about vaccine safety. She is currently investigating the ways in which longevity and longevity making are constituted by political, economic and bureaucratic forms and how the ethics that flow from institutional structures impact subjectivity, health policy in the U.S. and the uses of medical technologies around the world. She also conducts research on the ways in which risk assessment, trust in science and notions of expertise are changing in the contexts of controversies in bioscience and developments in evidence based medicine. In recent studies, she has been focusing on the ways in which 'ethics' comes to rest in health policies, medical institutions and health care finance mechanisms.

Recent publications include:

"Medicare, Ethics and Reflexive Longevity: Governing time and treatment in an aging society," *Medical Anthropology Quarterly* 25:209-231, 2011;

"Making longevity in an aging society: Linking Medicare policy and the new ethical field," *Perspectives in Biology and Medicine* 53:407-424, 2010; and

"Regarding the rise in autism: Vaccine safety doubt, conditions of inquiry and the shape of freedom," *Ethos* 38:8-32, 2010.

Her most recent book is *...And a Time to Die: How American Hospitals Shape the End of Life* (Scribner 2005; U. Chicago Press 2006).

She teaches graduate students at UC San Francisco and UC Berkeley in the fields of anthropology, sociology, gerontology, public health and social welfare. She teaches in the School of Nursing and School of Medicine at UCSF. She mentors students, post-doctoral fellows and junior faculty from a range of disciplines.





# Conceptualising Bodywork

Tuesday 6<sup>th</sup> September 2011 at 10:40 in the Eliot Room

Chair: *Wendy Martin*

Professor Julia Twigg, University of Kent

Body work - understood here as paid labour on the bodies of other - is a central activity in the practice of many workers in the field of health and social care. This presentation, which draws on the joint introduction to the monograph, outlines the concept of body work, arguing for its significance in understanding the activities of health and social care workers. Providing an overview of existing research, it suggests some of the ways in which body work can inform the sociology of health and illness: for example, through a micro-social focus on the inter-corporeal aspects of work in health and social care; or through elucidating our understanding of the times and spaces of work; or through highlighting the relationship between mundane body work and the increasingly global movements of bodies, workers and those worked-upon.

## Roundtable on Body Work as a Conceptual Focus in Health and Social Care Research

Tuesday 6<sup>th</sup> September 2011 at 11:00 in the Eliot Room

Chair: **Carol Wolkowitz** (University of Warwick)

The presenters, all contributors to the *Body Work in Health and Social Care* volume, will focus on their particular understanding of the concept of body work, how it has informed their current research, and how they might deploy it in future research. The presentations will be followed by a discussion between the presenters and between the presenters and the audience with a view to identifying the potential scope for further developments in the use of the concept and for enhancing its impact.

**Patrick Brown** (University of Amsterdam)  
The Embodiment of Trust by Healthcare Professionals

**Rachel Cohen** (University of Surrey)  
Body Work as Labour Process

**Parvati Raghuran** (Open University)  
The Co-marking of Aged Bodies and Migrant Bodies

**Nicola Gale** (University of Birmingham)  
Body Work in Complementary and Alternative Medicine Practitioners' Education and Careers

**Emma Wainwright** (University of Brunel)  
Embodied Regulation in Training for Body Work

Following this event, Hannah Bradby will speak about the SHI monograph series as a whole, to encourage colleagues to propose monographs on their own research interests, referring to the body-work monograph as an excellent exemplar.

# PROGRAMME GRID – PAPER SESSIONS

**TUESDAY 6<sup>TH</sup> SEPTEMBER 2011**

**PAPER SESSION 1: 12:30 – 13:30**

	<b>BRONTE ROOM</b> <i>Chair: Wendy Martin</i>	<b>ELIOT ROOM</b> <i>Chair: Julia Twigg</i>	<b>DICKENS ROOM</b> <i>Chair: Sarah Nettleton</i>
12:30 – 12:50	<b>Carr, V., Paul, J.</b> Designing for those who care: supportive workplaces for healthcare staff	<b>Tarr, J., Thomas, H.</b> Not (Just) What it Looks Like: Body Work, Ageing and Awareness in Contemporary Dance	<b>Jespersen, A., Eriksen, H.H., Bønnelycke, J.</b> Bodywork and carework in the laboratory
12:50 – 13:10	<b>Greener, J.</b> Organisational Incontinence	<b>Rees, M.</b> Power Relations Inside the Tattoo Studio	<b>Mahon-Daly, P.</b> Donor bodies: emotional labour of giving blood
13:10 – 13:30	<b>Robbins, I.J., Gladman, J., Gordon, A.</b> Uncomfortable bedfellows: Discourses of care and business in the delivery of health care in UK care homes	<b>Campbell, S., Ward, R.</b> The Hair and Care Project	<b>Tomomatsu, I.</b> Heart transplantation in Japan: a qualitative study exploring the views and attitudes of surgeons and experiences of heart transplant patients

**PAPER SESSION 2: 14:20 – 15:40**

	<b>BRONTE ROOM</b> <i>Chair: Sarah Nettleton</i>	<b>ELIOT ROOM</b> <i>Chair: Rachel Cohen</i>
14:20 – 14:40	<b>Kyriacou, O.</b> Utilising action research in the establishment of a healthcare protocol: some reflections on a personal journey	<b>Purcell, C.A.</b> Narrating the ineffable in body work: a sociological phenomenology
14:40 – 15:00	<b>Wibberley, G.</b> Getting the bodies of the workers to the bodies of the clients – the role of the rota in domiciliary care	<b>Segar, J.</b> Involving the body: the significance of bodily sensation in the claims for the efficacy of complementary and alternative medicine (CAM)
15:00 – 15:20	<b>Wolkowitz, C.</b> Flesh and Stone Revisited: The Body Work Landscape of South Florida	<b>Buse, C.</b> Whose body cares? Holistic health checks for unpaid carers and negotiations around boundaries of body work, health and care
15:20 – 15:40	<b>Rodeschini, G.</b> Body work and aging: the process of nutrition moving from care to cure	<b>Black, R.</b> Living with dying children: parental emotion and its management

## PAPER SESSION 1A: 12:30 – 13:30

Chair: Wendy Martin

Bronte Room

*Carr, V., Paul, J.*

*Lancaster University*

### **Designing for those who care: supportive workplaces for healthcare staff**

It is recognised that the psychosocial work environment of healthcare staff is particularly burdensome in terms of the emotional demands of being the empathic carer. The caring professions have been identified as being particularly susceptible to 'burnout' (Maslach 1996). With an increasing number of ageing healthcare staff working 12 hour shifts, the pressure of sustaining the persona of the 'care professional' over a prolonged period with no opportunity to relax or remove the 'mask' can lead to higher levels of stress and exhaustion.

A survey of 258 midwifery staff in nine hospitals/birth centres throughout England focused specifically on how elements of the built and interior environment might contribute to a supportive workplace. Although not considered a key element in the pilot questionnaire, the importance of staff rest areas was emphasised consistently by staff in all of the sites. In many buildings staff rest areas had been relegated to back office space, often with no windows or access to outside. Alternatively staff were expected to use the public canteens where their break times were often interrupted by relatives of patients.

Theories from environmental psychology and organisational stress provide frameworks for understanding the importance of access to a restorative environment in which to relax and share supportive communication with colleagues. Social support is recognised as one of the key mediators of workplace stress (Johnson and Hall 1988) while the concepts of privacy (Altman 1975) and restorative environments (Kaplan 1995) explored in environmental psychology detail the constituent elements of a supportive workplace.

*Greener, J.*

*University of Nottingham*

### **Organisational Incontinence**

Faecal and urinary incontinence is associated with biological and psychological decline, and in popular culture and medical thinking is often painted as an inevitable part of growing older. This paper develops the idea of 'organisational incontinence' suggesting that the failure to achieve continence can be located within the labour process rather than bodily or cognitive dysfunction. Based on findings from an eight month ethnography of care assistant work in an elderly residential care home, this paper argues that many instances of incontinence could have been prevented through transforming the organisational environment. A detailed ethnographic account of the daily routine and the organisation of the labour process are discussed in relation to incontinence. The work set out for the care assistants was unachievable and the management of incontinence with pads was a major labour saving device used by workers to retain control over their work. The paper finishes by suggesting that incontinence should be conceptualised structurally with reference to welfare cost-cutting, ageism and, in the case of this study, profit motives. The concept of organisational incontinence offers an opportunity to resist overly biological accounts of incontinence which view it as an inevitable part of growing older.

*Robbins, I.J., Gladman, J., Gordon, A.*

*The University of Nottingham*

### **Uncomfortable bedfellows: Discourses of care and business in the delivery of health care in UK care homes**

Increasing age accompanied by chronic disease, increasingly high levels of cognitive impairment, incontinence and immobility can result in some people experiencing profound disability and dependency. Following ongoing reform and change, the NHS no longer provides care for these people. Instead the majority of this care is now undertaken by a mixed economy of providers but primarily delivered by a privatised care home industry. In spite of this NHS primary care is still responsible for providing health care to care home residents. However, inappropriate hospital admissions indicate that the delivery of health care in homes is not effective. It has been argued that care home residents are medically dispossessed despite their health care needs.

This paper explores the delivery of health care in care homes. Specifically it examines the discourses employed by care home staff and health professionals as they describe their health care practices. This analysis is based on thirty-two interviews with care home staff and health professionals and fieldwork. An ageing population living with complex chronic debilitating disease poses important questions for how society cares for some of its most vulnerable people. The social construction of care is born out of essentialist ideas around compassion, altruism, advocacy and mothering. In contrast the ideology of business confers ideas around budgets, profit and turnover. These two ideologies sit uncomfortably with each other as both care home staff and NHS health professionals encounter moral ambiguity as concerns for care and business influence their delivery of health care.

## PAPER SESSION 1B: 12:30 – 13:30

Chair: Julia Twigg

Eliot Room

*Tarr, J., Thomas, H.*

*London School of Economics and Political Science*

### **Not (Just) What it Looks Like: Body Work, Ageing and Awareness in Contemporary Dance**

Body work, in the form of massage and physiotherapy as well as somatic techniques such as Pilates and Alexander Technique, entered into dance training from the 1970s onward as part of the development of dance medicine and science (Washington, 1984) and democratisation of dancing bodies brought about by the post modern dance movement (Banes, 1987). Today, most dancers do body work as part of their training and some go on to work in this field when they retire from dance careers. While dance traditionally focuses on the aesthetic elements of performing movement, body work methods such as Alexander Technique and Pilates emphasise the minute internal processes of how a movement is accomplished.

Using data from an AHRC-funded study on how professional dancers distinguish between pain and injury which included 205 semi-structured interviews with dancers, dance students and related professionals including body workers, we explore how body work is used and sometimes resisted in a dance context. Body work in dance has been part of a wider attempt to promote dancers' health through greater personal responsibility and self care, something about which older dancers in particular may be sceptical. However, some ageing dancers have also embraced these techniques as a way to extend their careers or as alternative careers in themselves. Our paper will examine the role of age and injury experience in dancers' acceptance of body work, and the complex ways in which techniques aimed at increasing bodily self-awareness interact with a profession concerned primarily with aesthetic qualities.

*Rees, M.*

*University of Kent*

### **Power Relations Inside the Tattoo Studio**

Utilising the definition of body work as work that focuses directly on the bodies of others (Twigg et al 2011) this paper explores power dynamics inside the tattoo studio. Acquiring a tattoo is a painful process that involves bleeding and an often semi naked client who may have to sit/stand completely still in unnatural and uncomfortable positions. As a result the tattoo client is vulnerable with the tattoo artist occupying a position of power as a result of their bodily position in the interactional order (Wolkowitz 2006); 'once it's started you've got to finish' (Jane\*, personal interview). Furthermore, as the bearers of specialist knowledge, applying tattoos in a pseudo-medical environment (at least when applied professionally), tattoo artists act as gatekeepers for those who wish to acquire tattoos. Whilst most tattoo artists claim to prioritise their client's wishes, if only due to financial need, the nature of the practice as one that involves nudity, pain, and temporary immobility means that the potential for the tattoo artist to exercise power is always present (Twigg et al 2011). This paper draws on ethnographic research and personal experience to elucidate the power relations within a tattoo studio and explore how these relations operate from the point of view of both the tattoo artist and client.

\*this is a pseudo-name

*Campbell, S., Ward, R.*

*University of Manchester*

### **The Hair and Care Project**

This paper reflects on the early stages of a study exploring the role of hairdressing, hair care and personal grooming in health and social care settings for people with dementia. Integral to body work in dementia care is the support given to service users concerning their appearance, presentation and grooming. Traditionally seen as outside of or peripheral to nursing practice much of this work is carried out by care workers, nursing assistants and peripatetic workers. This includes mobile hairdressers who commonly travel between care settings or homes providing a regular service to individuals who are unable to access salons on their local high street.

In this paper we outline the rationale for the study and the methods being used. The early days of the project have involved a series of challenges associated with 'selling' the project to care providers and navigating our way through a complex and time-consuming system for ethical governance. We outline some of the tensions between the nature of qualitative ethnographic methods and the provisions and expectations of the bodies set up to ensure ethical compliance in health and social care research. We will reflect on the responses of different gate keepers and care providers to the idea of studying hairdressing, and consider what these tell us about the ambivalent status that care-based hairdressing currently enjoys and the increasingly uncertain future for hairdressers who work in the care system. Finally we will offer some initial reflections of the research from the diverse settings involved in the study.

## PAPER SESSION 1C: 12:30 – 13:30

Chair: Sarah Nettleton

Dickens Room

*Jespersen, A., Eriksen, H.H., Bønnelycke, J.*

*Dept. of Ethnology & Centre for Healthy Aging*

### **Bodywork and carework in the laboratory**

The point of departure for our work is a study of a clinical trial investigating the metabolic effects of exercise on overweight research subjects. We analyze the bodywork – the scientific and technical work on the bodies of research subjects – and how this work enters into the scientific trails of activities in the laboratory.

Although clinical trials are seen as the golden standard for scientific facts, we argue that practices of carework, also need to be recognized as a prerequisite of the scientific work. Carework must be seen as part of the heterogeneous engineering in the laboratory and takes place through the many ways of organizing collectives (Moreira 2010).

In our presentation we employ the notions of ontological choreography (Thompson 2005) and attachment/detachment (Moreira 2004) to conceptualize the entanglement of carework and bodywork, and to convey the tensions between the messy realities of the heterogeneous laboratory work, and the purifications and abstractions inherent in the production of scientific standards.

The entanglement of bodywork and carework has lasting effects, not only on the scientific results of the trial, but also on the everyday life and conceptions of the research subjects. Thus, the research subjects receive many different kinds of care as part of the research work (Timmermans & McKay 2009). It is from these experiences of tinkering (Mol 2010; Moreira 2010) that we aim to extract lessons to contribute to future health promotion.

*Mahon-Daly, P.*

*Bucks New Uni*

### **Donor bodies: Emotional labour of giving blood**

The paper will present the notion that blood donation is a form of bodywork, which embodied feelings both of traditional altruism, but more importantly blood donation, it is argued is symbolic of body work in relation health, as donors describe how they feel the burden of being 'able' and special, and further that they need to practice healthy lifestyles to ensure healthy blood.

A further aspect of body work in blood donation is that blood donation is argued to be a form of embodied citizenship.

The paper presents a chapter from a recently completed qualitative research project set in the NHSBT blood donor sessions which related the narrative of the emotional labour of giving to concepts such as embodiment, healthiness and ableness. Donors were asked about what it means to be a blood donor and the ensuing narrative exposes the bodily experiences which related to the actual physical process of giving blood, but further how the public action of giving blood communicates issues of safe people, healthy donors, and it also related the process to the modern day donor society.

*Tomomatsu, I.*

*Barts and The London, Queen Mary, School of Medicine and Dentistry,  
University of London*

### **Heart transplantation in Japan: a qualitative study exploring the views and attitudes of surgeons and experiences of heart transplant patients**

This study aims to explore Japanese heart transplant surgeons' perspectives regarding heart transplantation and the impact such views have on the experiences of heart transplant recipients. This is a qualitative study based on semi-structured interviews with 4 heart transplant surgeons and 19 heart transplant recipients. The study focuses on how transplant surgeons develop their professional attitude as a transplant surgeon, negotiating the Japanese cultural factors relating to the status of the body that have impeded transplant surgery in Japan. The exploration is done by focusing on surgeons' views of the heart organ and their interpretation of death, in particular the issues surrounding brain death. The way in which the surgeons' views and attitudes impact on the doctor-patient relationship is examined. This study argues that heart transplant surgeons, in line with dominant cultural norms, are not necessarily supportive of heart transplantation from the beginning. Rather, they establish their attitude towards heart transplantation through their experiences in the medical field both in Japan and outside Japan. This is described as a process of developing professionalization. Heart transplant recipients are described being reticent about discussing their views with their surgeons, not talking openly to the surgeons about their experiences and concerns in relation to a heart transplant. This hesitation among the recipients means that they do not share such issues with the surgeons. Japanese culture involves subtle but powerful boundaries around the body which distances surgeons from transplant recipients.

## PAPER SESSION 2A: 14:20 – 15:40

Chair: Sarah Nettleton

Bronte Room

*Kyriacou, O.*

*Middlesex University*

### **Utilising action research in the establishment of a healthcare Protocol: Some reflections on a personal journey**

This study utilises action research as a methodological approach in the establishment of a healthcare protocol. It is argued that action research has enormous potentialities in its application to the field of health and social sciences. In particular, it can bring about change to practices through positive intervention. Through the utilisation of discourse analysis, this paper explores the personal challenges and obstacles that were encountered in the pursuit of establishing a formal protocol for assessing elderly patients requiring static pressure relief. The assessment process for patients was previously marked by delays, inconsistencies and confusion. The study explores how answers were sought to seemingly awkward questions in order to seek clarity in a system which had no written formal guidelines for patient assessment. The outcome of this research has led to the design and implementation of a protocol for health care professionals in assessing and providing static seating pressure relief across one major London Primary Care Trust:

'I am extremely sorry about the delay your late father experienced and the distress and inconvenience this situation has caused you and your family. I hope you feel that this protocol represents a positive outcome in your efforts to ensure the ongoing memory of your father and that other patients do not have the same experience' (Head of London PCT, 21st August 2008).

*Wibberley, G.*

*UCLAN*

### **Getting the bodies of the workers to the bodies of the clients – the role of the rota in domiciliary care**

Within domiciliary care the clients are located throughout the community in their own homes, and the domiciliary carers must therefore travel between them to provide care. The 'rota' is a document created by the domiciliary care managers, which determines the place, duration and timing of each of these care visits, and is therefore a key organising mechanism. However, far from being merely an administrative tool, the rota is a key site and source of pressure and problems for domiciliaries and this paper will explore these under-recognised issues.

Based on empirical research I will highlight the inherent tensions between stakeholders in creating and managing rotas; the insufficient amount of time allocated for care; the declassification of activities from the labour process to decrease the cost of domiciliary care; the discrepancies between the time scheduled and the amount of time domiciliaries actually spend working; the ability of rotas to create immense time pressures in which the work must be completed, and domiciliaries' attempts to resist these time pressures and the rota.

The rota is a vitally important topic, due to its ability to shape the time and funding available for care, and domiciliaries' pay and working conditions. Yet there is a lack of literature on rotas, and in policy there appears to be a move to increase the 'efficiency' of rotas, both of which this paper seeks to challenge.

*Wolkowitz, C.*

*University of Warwick*

### **Flesh and Stone Revisited: The Body Work Landscape of South Florida**

This paper seeks to contribute to the political economy of body work provision in health and social care and its transformation over time. While to date those of us researching and theorizing body work have mainly focused on the micropolitics of the face-to-face, body-to-body encounter, the paper argues that we also need to consider the wider forces that encourage growth in body work investment and employment. So far data on the relevance of the financial, regulatory and human resources contexts in which body work takes place have been explored mainly through case studies of particular institutions and organisations, for instance those responsible for social care (e.g. Foner 1994, Diamond, 1992, Lopez 2006).

This paper takes a still wider purview. Firstly, it uses visual methods to provide a picture—quite literally—of the development of what I term 'the body work economy' of South Florida. Long established as a key retirement destination (Katz 2005), the built environment of South Florida, the paper argues, is so marked by the rapid proliferation of body work enterprises that it provides a new instance of the extent to which, as Sennett (1994) argued in *Flesh and Stone*, urban topographies are shaped by changing notions of the body. Secondly, the paper uses interview data to explore local stakeholders' promotion of health and social care as an economic driver of the regional economy. Here the role of body work provision in economic life is to the fore. The possible implications of this environment for the expectations and experiences of workers and patients are then discussed.

*Rodeschini, G.*

*University of Trento, Italy*

### **Body work and aging: the process of nutrition moving from care to cure**

In recent years, a lot of changes have taken in health care facilities for elderly people. Residents' age and their physical and mental problems have increased, and recipients are more and more dependents. The setting and many working practices have adapted to this new situation, creating new strategies of care and cure, often based on new kind of tools and technologies. In this context, the process of nutrition assumes a relevant role: it

represents a crucial moment of interaction between providers and recipients and an important routine in the temporal and spatial organization of the facilities. The common practice of artificial nutrition, in particular, moves the process of nutrition from the field of assistance to the medical one, creating a distance between bodies and modifying the social meaning of a meal.

Drawing on a participant observation of 4 months in two Italian facilities for older people (a public nursing home and a private care home), this article explores the transformation of the recipients' and providers' bodies and their relationship through care and health work. The focus is on working practices to do with eating and drinking acted by all professionals involved in the setting of care (as nurses, care assistants, cooks, volunteers, doctors) on the bodies of recipients. The article argues that the introduction of new strategies of nutrition strongly influences the status of recipients' bodies and the relationship between bodies in care settings.

## PAPER SESSION 2B: 14:20 – 15:40

Chair: Rachel Cohen

Dickens Room

*Purcell, C.A.*

*University of Edinburgh*

### **Narrating the ineffable in body work: a sociological phenomenology**

This paper addresses a methodological challenge in researching body work with particular reference to Holistic Massage. It challenges the 'ineffability' of touch through analysis of the constitution of a Holistic Massage stock of knowledge.

From a narratively-informed phenomenological perspective, talk is constitutive of the social world. Given its supposed 'untalkability', investigating touch through talk poses a methodological challenge. However, when asked to give an account of what they do, the practitioners I interviewed spoke at length about a range of embodied competencies. These comprise a Holistic Massage stock of knowledge and include: 'tailoring', 'presence', touching physically and emotionally, 'awareness' and the supposedly ineffable 'something more'. What they do also involves working with the 'unbounded', working pragmatically with different strands of knowledge, and working sometimes open-endedly towards a holistically conceived body project.

Using the Foucauldian challenge to the 'repressive hypothesis' as an analogy, these competencies are interpreted as a proliferation of talk about touching. That is to say, while being cast as 'untalkable', touch is in fact spoken of readily and extensively. This stock of Holistic Massage knowledge is interpreted as the (re)emergence of a disqualified or subjugated knowledge, and as a potentially feminised/feminist means of knowing. While it is only beginning to crystallise, and is not formally schematised, it is being mobilised to establish a discursive space for Holistic Massage. The narratively-informed phenomenological methodology used has enabled an analysis with interesting implications not only for Holistic Massage but for other forms of health and social care.

*Segar, J.*

*University of Manchester*

### **Involving the body: the significance of bodily sensation in the claims for the efficacy of complementary and alternative medicine (CAM)**

Critics of CAM often point to the lack of evidence of efficacy of these therapies, emphasising the dearth of evidence gleaned by means of randomised controlled trials. The public, however, continue to use CAM and growth in usage and expenditure continues both in the UK and abroad. CAM patients assert that they use these therapies because they 'work'. In seeking to understand what it means to say that CAM 'works', this paper examines the significance of bodily sensation in establishing belief in CAM efficacy.

This paper is based on qualitative research on three CAM modalities, namely acupuncture, reiki and homeopathy. Interviews were conducted with 37 CAM therapists and 28 patients; therapy sessions were observed; and the researcher experienced all three types of therapy during fieldwork.

Although differing in origin and technique, practitioners of these three therapies describe their work as 'energy medicine' and their healing task as restoring the balance and flow of energy in the body. Observing bodily sensation is an important element of all three. The acupuncturist uses needles to draw or pull energy and elicit the de qi sensation; the reiki therapist often transmits heat and tingling sensations accompanied by sensations of colour to the patient. The homeopathic consultation encourages minute observations of a range of physical, mental and emotional states leading to heightened sensitivity to bodily changes and sensations.

The combination of bodily sensation and physical and emotional intimacy between therapist and patient is powerfully persuasive in convincing CAM patients in the efficacy of these therapies.

*Buse, C.*

*University of Leeds*

### **Whose body cares? Holistic health checks for unpaid carers and negotiations around boundaries of body work, health and care**

This paper examines health and wellbeing checks for unpaid carers as an unconventional example of body work, which raises important issues concerning the boundaries of health and social care, paid/unpaid body work, and mind/body. These issues are examined drawing on data from the national evaluation of the 'National Carers Strategy Demonstrator Sites' project, gathered using mixed methods including case studies, surveys and documentary analysis, funded by the Department of Health at CIRCLE, University of Leeds. These checks normally involve direct work on the body (e.g. blood tests, blood pressure checks) as well as examining social environment, life-style, and mental well-being. Therefore, in contrast to many medicalised forms of body work, health and wellbeing checks promote a more holistic approach which contests divisions between mind/body (Gale 2011). Nursing staff describe this approach, and the extended time they are able to spend with clients, as transgressing professional boundaries. In contrast to traditional hierarchies between practitioners and recipients of body work (Twigg et al 2011), in keeping with wider developments around personalisation and patient involvement, these checks are often client-led, and involve unpaid carers in design and delivery. However, challenge to traditional boundaries is sometimes met with resistance, and hierarchies concerning who is fit to provide this body work, and its relevance to healthcare, are often reinstated. Furthermore, despite benefits of



checks, unpaid carers (particularly older or BME carers) are sometimes reluctant to participate, due to misplaced fears that monitoring of their bodies might lead to them being declared 'unfit to care'.

*Black, R.*

*University of Kent*

### **Living with dying children: parental emotion and its management**

The death of a child in contemporary English society is shocking given its rarity as well as the psychological rather than economic value that children hold for parents. However, the parents of such children may voice a somewhat inauthentic account of their experience which belies its negative aspects.

Parents of dying children voice their experience using verbal and bodily expression. Evidenced by empirical data, this paper presents findings from a recent study of the experience of such parents. Utilising multiple data collection methods, with a focus upon both expressed and described emotion, analysis demonstrates an iterative relationship between emotion management and legitimation of experience. Such parents regulate emotional expression over time according to feeling rules which do not legitimate negative emotion. Their subsequent inauthentic voicing of their experiences jeopardises inter-subjectivity further still and renders their experience, rare as it is, yet more invisible.

Whilst this is significant in everyday life for these parents, it is essential that health and social care professionals have greater understanding of the importance of emotion management and feeling rules in lay-professional interactions. Awareness of body work with respect to how emotion may be expressed or withheld according to situational definitions and social rules is essential for a therapeutic relationship. In contrast, ignorance of these issues may lead to furtherance of suffering for parents whose children are dying.

# POSTER PRESENTATIONS

Chaucer Room

*Bailey, C., Cook, G.*

*Northumbria University*

## **'I'm not just an old body in a chair': promoting intergenerational connectivity in a care home environment**

This poster presentation reflects on how bodily cues such as physical appearance and impaired movement, may unintentionally be interpreted as belonging to particular subjectivities and critically, to particular settings, such as care homes. Preliminary research seeks to strengthen intergenerational connectivity in an environment where individuals may be marginalised from wider society. Group discussions with care home residents are exploring ways in which older residents have contact with younger generations. This is against a backdrop of demographic change (an increasing number of older people and decreasing younger population); perceived disconnection between young and older people due to changing family patterns; a loosening of traditional community structures; age segregated activities and living arrangements and policy interventions or services that target specific groups. A body of research acknowledges that placing of the other, particularly in relation to differences between generations, may lead to culturally prescribed norms and a blunting of difference within generations. Understanding how such placing may unwittingly be entrenched in interpretations of both the physical body and the physical setting, may have implications for strengthening intergenerational connectivity, particularly in care home environments.

*Barradas, C., Nunes, J.A., Serra, R., Queiros, A.F.*

*Centre for Social Studies*

## **Encounters of the third kind? Eliciting and exploring narratives of the experience of illness**

Personal experiences of illness are an important topic on sociology of health and medicine. Narratives of experience provide unique materials to explore how subjects articulate their ways of making sense of illness and the explanatory models and salient prototypes (A. Kleinman, A. Young) they draw on and build upon to link their experiences to biomedical knowledge. The research project 'Evaluating the State of Public Knowledge on Health and Health Information in Portugal', part of the Harvard Medical School-Portugal Program on Translational Research and Health Information, explores new approaches to the illness experience, through an adaptation of the McGill Illness Narrative Interview (MINI) as its main tool.

The project's objectives are to: (1) inquire on the current state of knowledge of the Portuguese population on major health conditions defined as national health priorities (cancer, respiratory diseases and child obesity); (2) provide an assessment of the state of access to health information, publics, sources, interpretations and effects on health-related practices;

(3) design and test an approach for assessing the efficacy/effectiveness of actions in health information through ethnographic approaches. Its core is the exploration of configurations of knowledge based on biomedical culture and experience-based knowledge on relevant conditions.

MINI appeared as a powerful and reliable tool to engage with experiences of illness articulated as narratives and with the exploration of ways of making sense of disease and suffering. This paper discusses methodological and conceptual issues related to the creation and uses of illness narratives based on work with asthma and breast cancer patients.

*Miller, J.*

*University of the West of England*

## **Written on the body. Producing the correct body in the racing labour process**

In horseracing, the horse body is privileged over the human body. In Flat racing where horses are raced as juveniles with under-developed bodies, jockeys are required to keep to low weight thus transferring body stress to the worker. In National Hunt racing, where horses are older and can carry higher weights, jockeys still have to keep their weight within certain limits. Research on jockeys shows that they have to adopt 'an array of unhealthy acute weight loss strategies' (Moore et al 2002:2) in order to meet weight requirements (Dolan et al 2011).

Racehorses are 'produced' for jockeys to ride by racing stables, where stable staff work under the direction of racehorse trainers in a labour intensive training process. Stable staff must also produce the 'correct body', reflecting Valentine's finding (2002:2) that 'Employees' bodies...are a product of organizational dynamics and the ability of organizations to wield power and construct meanings'. This is accomplished through athletic bodywork and weight restriction bodywork. This paper will therefore argue that the labour process in racing stables is inscribed (Shakespeare 2003) on the bodies of stable staff, in order to protect the horse body. It will also argue that the health implications of this labour process is in need of in-depth research, in order to address emerging issues such as eating disorders among workers and the signs of low bone density among very young male workers.

*Morgan, A.*

*University of Wales Cardiff*

## **Facelifts as bodywork: Variations on the theme of Ageing.**

This paper explores cosmetic surgery in the form of facelifts and draws on interviews with a sample group of women in the age group 40 to 65 who have undergone this procedure. Surgical work to the body encompasses a wide range of practices and this paper addresses facelifts as an elective form of bodywork with a series of widely interpreted consequences, in particular that it restores youth and bestows beauty. Real life experiences which

prompt people to make the decision to undergo a facelift is explored, as are the subsequent range of consequences to an individual's experience of embodiment, which suggests a greater sense of embodiment through undergoing a successful facelift rather than increased aestheticisation. Drawing on Crossley's work around reflexive embodiment and knowledge of the body, evidence from interviewees suggests a more nuanced reading of cosmetic surgery, which appears in the reflections around the way in which lives and a sense of identity are irrefutably linked to appearance and how this is signalled in the work that the middle-aged women decided to undertake on their faces. The paper explores the premise that addressing the signs of ageing has become a demand of social convention which has generated a whole variety of work which might be carried out on the body. The everyday experiences of the body and interactions with others are also evident and this paper investigates whether addressing the signs of ageing is a mundane consequence of body knowledge and becomes embedded as a practice of the self.

*Morgan, B.*

*University of Essex*

### **'The Last Refuge': Exploring and Using Archived Collections on Ageing**

ESDS Qualidata has recently developed a new teaching resource that re-uses Peter Townsend's 'Last Refuge' collection. It incorporates a selection of the qualitative material, including interview transcripts, diaries, photographs and field notes generated by the 1958/9 national study, which investigated the provision of long-stay institutional care for old people. The study sought to ask "Are long stay institutions for old people necessary in our society, and, if so, what form should they take?" The study was groundbreaking in its use of qualitative research methods. In-depth interviews were conducted with local authority chief welfare officers, with serving staff and with residents in almost 200 institutions. Photographs and field notes about the condition of the buildings and the facilities were created. Diaries were also kept by a number of residents and staff. This research was used by Townsend for his analysis, subsequently published as 'The Last Refuge' (1962).

This poster session will promote the new teaching resource which can be used in self-paced learning, or can be used by tutors of qualitative research methods and/or those with an interest in gerontology or in the history of institutional care. It will also highlight the wealth of qualitative data that is available for reuse in research and teaching from ESDS Qualidata, particularly in the field of ageing, health and social care.

*Penney, L.*

*The University of Arizona*

### **The Bodies and Spaces of Aging in Place**

The moral and economic value of 'aging in place' has been used as justification for expansion of access to increasingly complex home health care. While 'home' is often taken for granted, how does the sense of home and space change as one ages? More particularly, how are the rhythms of these places altered with the introduction of health care regimes and the discourse of risk? Using data collected during a year of ethnographic research on Medicare-funded home health care in a community in the southwest United States, this poster explores body work and aging in place. It discusses the nuanced relationships that nurses have with patients and families in these spaces. As part of the efforts to enable patients to continue to live at 'independently' home, nurses must assess for risk, train informal caregivers in health care tasks, and enlist patients and their families' cooperation in their goals. At the same time, homebound patients (and often their informal caregivers) must often deal with a more restricted sphere of activity. Whilst the familiarity of home spaces might be comforting and act as a refuge, it can also feel isolating and grow unfamiliar with safety and bodily modifications. Furthermore, within home health care, patients' relationships, homes, and bodies become subject to surveillance by medical professionals. This poster uses these issues to discuss the complex relationships that occur specifically during home health care and to shed light on the experience of 'aging in place.'

*Pilcher, J.*

*University of Leicester*

### **Body Work: Childhood, gender and school health education in Twentieth Century England**

This poster presentation explores body work in relation to the gendered character of (re)constructions of childhood in England during the 20th century. Drawing on primary sources, I argue that while health education for children played an important role in a broader set of British national, political strategies to ensure the health and fitness of 'the Nation' during the 20th century, it was girls who were the primary targets and recipients. Gender was thus central to the 'body work' in childhood that official publications on health education in schools sought to promote.

*Shaw, J., Connelly, D., McWilliam, C.*

*The University of Western Ontario*

### **Fall Prevention as Body Work: The Experience of Anticipating Falls**

Fall prevention is a form of body work involving providers from across health and social care domains. Through interventions that focus on changing bodies by improving balance and strength, as well as on altering lived experience by limiting risky activities, this specific element of health/social care seeks to manipulate the lived-bodies of older adults to protect them from a distinctively embodied event. Falls have largely been discussed in research, practice, and policy as a de-personalized objective event, neglecting to address the experiences and views of older adults in understanding and living through falls. This study used an interpretive social phenomenology methodology to explore the meaning of the experience of anticipating falls. Individual semi-structured interviews were conducted with 9 participants over the age of 65 living independently in the community.

For older adult participants residing in the community, lived-identity in the context of aging was constructed as the central theme in the meaning of the experience of anticipating falls. Participants felt they derived quality of life

from enacting their identities, which was variably described as involving both performing meaningful activities and inter-subjectively portraying their self-image. Lived-identity was conveyed as a non-rational process, drawing from a tacit knowing-of-self that is derived from historical and social life experience and understanding. Experiential learning contributed to how participants understood the meaning of falls, constituting pathic knowledge of vulnerability and anxiety with respect to falling. Considering insights gained through this research, a critical analysis of public health service fall prevention initiatives is warranted.

*Wright, A., Lucock, M., Wray, S.*

*University of Huddersfield*

**Living through the body: What people with dementia tell us about their relationship with physical activity.**

Physical activity is widely promoted for older adults as a means of maximising physical and mental health. The need for promoting "Wellbeing" in this age group is also recognised because older people are prone to a range of mental health and social problems. Dementia is one such threat and affects more than 800,000 individuals in the UK. Despite the increased interest in dementia in the last five years, a combination of ageism and the stigma associated with mental illness results in people with dementia being amongst the most overlooked and least valued members of society. The dominant biomedical view of dementia emphasises the deficits resulting from cognitive impairment. The subjective embodied experience of dementia is overlooked. Behavioural changes such as disinhibition are viewed as problematic and the lived experience of dementia is assumed to one of deteriorating quality. However, given the right social environment people with severe cognitive impairment are able to experience wellbeing and the body plays an important role. Physical activity such as dance, walking and exercise play a vital part in this because it is experienced at a level unaffected by cognitive losses associated with earlier stages of dementia. People who consider physical activity to be an important aspect of their self continue this relationship during their dementia journey and for some the importance of being active increases. Initial findings from this study include a suggestion that the disinhibition associated with dementia enables people to connect with others and communicate with the world around them through their body.

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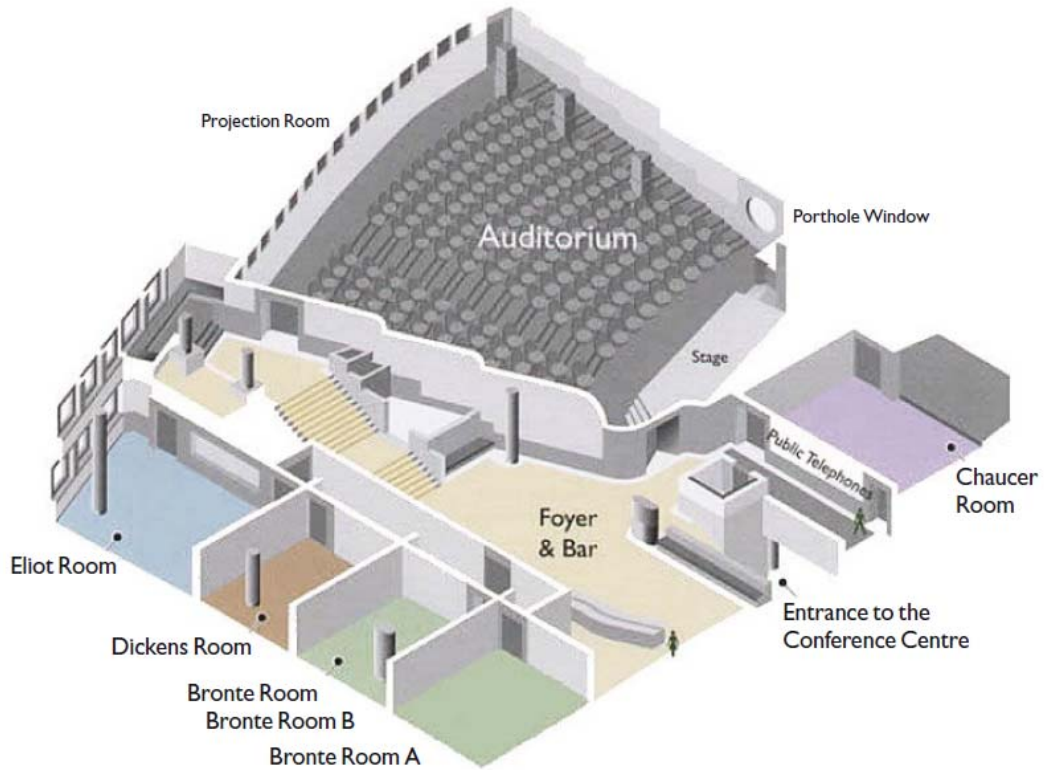
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# BSA Ageing Body & Society Conference Body Work in Health and Social Care: Critical Issues, New Agendas

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Band	Boundary	Rate	Direct Debit Rate*
UK Concessionary	Full-time students or income of less than £14,000	£46	£41
UK Retired	Full-time retirement	£46	£41
UK Standard A	Income between £14,000 and £27,999	£89	£84
UK Standard B	Income between £28,000 and £42,999	£101	£96
UK Standard C	Income between £43,000 and £56,999	£105	£100
UK Higher	Income £57,000 and over	£140	£135
Non UK 1	Country of residence in Category B (any country not listed in Category A, below), OR Country of residence in Category A, AND full-time student, or income of less than £14,000	£67	£62
Non UK 2	Country of residence in Category A, below, AND income between £14,000 and £56,999	£121	£116
Non UK 3	Country of residence in Category A, below, AND income £57,000 and over	£161	£156

Category A countries:  
Andorra; Australia; Austria; Bahamas; Bahrain; Belgium; Bermuda; Brunei; Canada; Cyprus; Denmark; Finland; France; Germany; Greece; Hong Kong; Iceland; Ireland; Israel; Italy; Japan; Korea Rep; Kuwait; Liechtenstein; Luxembourg; Netherlands; New Zealand; Norway; Portugal; Qatar; Singapore; Slovenia; Spain; Sweden; Switzerland; Taiwan; United Arab Emirates; United States.

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit the British Sociological Association will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the British Sociological Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by The British Sociological Association or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when The British Sociological Association asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

\* Available to members who have a sterling bank account with a bank or building society in the UK.



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