

WS3

“Capital”: founding and current principles of a concept (1)

Confronting economic history with Bourdieusian sociology

« *Capital* » : *fondements et actualités d'une notion. (1)*

*Confrontations avec l'histoire économique et la sociologie bourdieusienne*

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The *BodyCapital* project aims at a European 20<sup>th</sup> century history of changing healthy-self perceptions and practices conceived as economic history as cultural history including science and technology. Transforming our bodies into a capital and in generating individual receptiveness to the economization of health to the extent that individuals have come to internalize the adoption of such practices and devices, body labor and goods appear to be a particularly stable and valuable vantage point from which to address twentieth-century changes concerning health conceptions and practices, national health policies and politics and liberalizing market economies in Europe in an approach that may be termed as an economic health history from below.

Framing the object of study as *body capital*, our central question consists in asking how economic capitalist thought and evaluation have become a *habitus* (Bourdieu, 1979; Dalloz, 2013) internalized by individuals (Elias, 1969; Fassin, 2004) to the point that in health practices today, state-imposed public health programs and liberal market organization feed, and feed into individual citizens' self-quantifying and self-optimizing practices, thereby making them appear evident.

Through the observation of visuals on these cross-cutting issues over time we aim to retrace the shift from a paternalistic state, with religious, political or professional prescriptions mapping out “ways to strength and beauty” (UFA film, 1923) characteristic of the first half of the twentieth century to an economically justified government and governance of bodily health promoting—at least in theory—individual consumer choice. Through this approach we will seek to (a) recast recent neo-liberal transformations—valuing the market as a rational, regulatory, competitive individual health promoting mechanism—in a different and longer time-frame; (b) study how a market-centered reference of action—including behavioral economics and economic disciplining—interacts with promotion-communication logics over time, (c) question synergic relationships between state health promotion and market consumption and last but not least (d) direct research attention from market supply to market demand by taking into account individual desires, emotions, sensations and enactment of practices, products and values of self-optimization as an internalized norm receptive to varying forms of health capitalism.

Our aim is to historicize, document and understand the underlying forces of what we conceive as a development from collective public to individual economic rationale-based health practices in order to focus on processes of individualization and commodification rather than trying to define whether European state health systems and sanitary practices within them have become “really” capitalistic or neoliberal in essence. Historical depth is required to better understand what economizing health and body commodities mean at a detailed descriptive level and to avoid being blinded by the currently widespread fascination with the unstoppable influence of the market and empowered individuals investing in health. Bringing the past into the present, i.e. reconstructing long-term patterns and continuities is essential to better understand what is new, what individuals and the

social groups they belong to invest in, when they make their body capital grow, and how this relationship to the body which is today taken for granted is the result of long-term and historically contingent processes.

Our investigation aims to better understand the role that modern visual mass media have played in what may be cast as the transition from a national bio-political public health paradigm at the beginning of the nineteenth century -characterized by collective bodies, a work force and labor society, as well as State interests in being able to mobilize large cohorts of able-bodied workers, soldiers and colonial subjects- to societal forms of the late twentieth century where normality for better and healthier life is increasingly shaped by market forces/fundamentalism- characterized by individualized approaches, my-body-capital in a consumer society, and market incentives- leading to what may be defined as commoditized/commodified bodies.

In the effort of early twentieth century society and science to bring human nature under control, theories of political economy and ideals from Taylorism to Fordism started to conceive the working human body metaphorically as a human motor and economically as human capital (Rabinbach, 1990; Sarazin, 2001). Human bodies were conceived as elementary work, military and colonial forces in the service of national economies and production. They were counted and accounted for and early film analysis helped production management (Gilbreth, 1919; Tanner, 1999) analysing body movement and workflow to improve economic efficiency. By the middle of the century, industrialization, health and life insurance systems, both private and public, and market construction increasingly provided sanitary goods and services that individuals were increasingly invited to invest in and access to. Health products and services became significant markets in national economies after 1945 and manpower became reframed as individual body capital on job markets. Economically, body capital is thus understood here as the capital individuals spend on their body as consumers on markets, and as the individuals' conceptions and practices of their body as a capital they protect or enhance deriving from their bodily appearance and force exchange value on job markets.

Body capitals are thus defined at two different levels of the market: (1) the demand for products/tools/knowledge from the health system/market to enhance health and (2) the function as exchange currency, for instance on job markets where healthy bodies equal efficacy, the market of reproduction where health practices and goods may increase the intelligence of the unborn, etc. In promotion, visuals have played a significant role for market construction and consumer choice. A continuum in this understanding from human to body capital is performance evaluation, collective or individual, monetized or not. Considerable changes have occurred in what may be cast as consumer choice.

Body capitals as an idea refers here to a threefold process implying commodification, hybridization and evaluation. Commodification, hybridization, evaluation and the internalization of body techniques/devices have become part, throughout the twentieth century, of individual, autonomous health practice's management. Commodification in a wider sense (beyond commodification of body parts in organ transplants; Shepper-Hugues, 2002) is the process of transforming and correlating demanding health-related efforts, constraints and behaviors to sanitary objects and goods and their use. Such object-mediated shortcuts or detours include for example cleanliness: soap, multiple hypoallergenic skin cleaners; tuberculosis/consumption prevention: proper nutrition and vitamin supplements, BCG vaccines; obesity: scales, anti-obesity drugs, etc. Here health products do not only include the most visible preventive and therapeutic agents/medicines (Bonah, 2009), from vitamin D drops replacing exposure to sunlight, vitamin supplements complementing fresh fruit or lifestyle drugs such as Viagra, but also to an increasingly diverse array of self-monitoring devices—from the thermometer or weight scales to blood sugar or hypertension self-monitoring apparatuses or health

and fitness watches or sleep monitors—increasingly tracking and measuring our lives and quantifying ourselves. Hybridization refers to practices transforming or implanting medical devices by surgical or technical means in order to restore and/or improve body functions—from testicular grafting (Steinach) and prosthesis and artificial limbs for war veterans in the 1920s to pacemakers, contact lenses and IUDs, etc. in the second half of the twentieth century adjusting medical service and devices supply to individual requests. Evaluation, the third constitutive parameter, links economic thought to bodies conceived as individual capital, since body functions and health parameters are increasingly monitored, analysed and evaluated. Health practice performance/effectiveness evaluation refers to economic rather than public health indicators such as life expectancy or morbidity when a scientist publishes a paper in the *Lancet* correlating average salary to having been breastfed 30-year earlier (B Lessa Horta, 2015). Moreover self-tracking tools are increasingly woven together with earlier self-observation and self-portrayal practices; they now extend to social networks and gaming and integrating lessons from behavioural economics to keep individuals motivated to meet the health goals they have set for themselves. How can paradoxical developments in current European health systems be understood in a historically longer, economically oriented analysis? How have contradictions arisen between body capital and the tantalizing availability of an increasing number of commodities on the one hand, and limited resources and increasing dissatisfaction with health outcomes on the other?

Thus *Body capital* is conceived here as a historical dynamic to be made explicit as to its shared and ingrained conviction that health is worth investing in, that economic disciplining is most efficient to motivate individuals to meet the health goals they set for themselves, and more genuinely that the market is the best mechanism to resolve most social, economic and political problems addressing individual needs and demands in the health sector. Physiological bodily functions and traditional public health objectives as our entry points for analysis are fundamental human needs and correspond to particular economic sectors. They are linked to twentieth century industrialization and urbanization as proper nutrition (more difficult in cities) is supposed to produce work strength, exercise leads to efficient (work) gesture, reproduction enlarges the work force and addiction troubles work processes. As such, all four subjects combine concepts and practices spanning across the health and life sciences, individual and public health, body history and economic history and are therefore ideally suited to study historical transformations leading to market-based societies and body politics in visual twentieth century Europe. They are multilayered issues combining scientific, social, political and economic worlds in their extensive meaning. And they are conceived from the individual and social group side of “users” rather than from a state or industry perspective favoring disease entries or drug classes, thus aiming at producing an economic health social history from below.

Body capital (Bourdieu, 1979) has furthermore been sociologically conceptualized as a form of symbolic capital that can be transformed into economic capital. It can be taken as the internalization of a relationship to the body through socialization processes generating habitus- by which a member of European societies knows, without thinking about it, just how to react to different sanitary stimuli, what he or she finds “healthy” or “risky” or “crippling” rather than “attractive”, “dignified” or “beautiful”. Body capital constitutes a distinctive resource that gives an individual leverage in social struggles, but also reflects social hierarchies and social differences based on the degree of distance from powerful social norms governing the relationship to one’s body. How can we historically understand the production of body capital as a general trend which at the same time acts as a marker of social difference and classboundedness in an age of global and freely circulating information, mobility and education? How do technical transformations and the diversification of visuals by television and digital media participate in the internalization of body capital perception?

Are the social determinations of the relationship to the body and health stable or do they undergo historical changes?

The project therefore aims at providing a socio-historical understanding of how the narrative of an autonomous, self-optimizing, health-managing individual has emerged as a dominant self-identity concerning sanitary knowledge and practices in European societies at the end of the twentieth century. How can the internalization of body capital and health demand be better understood from a visual perspective? Whereas the idea of a transition from J.P. Frank's "medical police" (1799) to public health (1900) and individual body commodities (2000) has been theorized, we lack precise description and analysis of the operators of these deep transformations and the signification for individuals reflected in the demand for and use of body capital.

- The processes by which the late twentieth century European individual is defined by and defines him/herself in terms of bodily health capital
- Reconsider classical (political) twentieth century historical periodization
- The body as capital in the confrontation of visual sources shifts from exploitation to transformation and then self-investment
- Social spaces of economization of health (the laboratory, schools, the military, cine clubs, publicity, the public media sphere, etc)
- Do (and if so, how do) broader (national/transnational) market developments influence individuals and create new subjectivities?
- How do we relate visuals and the creation of new subjectivities: are they a product, are they a mirror or are they a part of the process?

From the physiocratic school (Quesnay 1694-1774) to present day neo-liberal economic government, health and economy have long been associated, as maintaining bodily health has been seen as a cornerstone of a nation's wealth. The significance of capitalism for the individual in Western societies has been addressed in recent sociological and political-economic history (Illouz, 2007; Bröckling, 2013; Picketty, 2014). Classical accounts of the long connection between economic theory, public health and individual bodily hygiene have principally analyzed twentieth century state and political agency for economic interest in health from above. Understanding the European individual simultaneously as homo hygienicus, homo oeconomicus, and homo communicans; in other words, how a twentieth century entangled visual history can inform what individuals and social groups search, request, and are moved by in terms of health, how economic actors respond, produce and offer goods and services accordingly and how visuals in media create, shape and redefine the conduct of conduct.

The principal goal of this project, which is to investigate the *habitus* of economically grounded health practices from a visual culture perspective, will be approached in terms of visual content and formats, actors, media apparatuses and alliances, and reception studies and audio-visual ego-documents and spectator comments.

Workshop WS3, "*Capital*": *founding and current principles of a concept (1). Confronting economic history with Bourdieusian sociology* intends to confront the general assumptions of our project with classical views from economic history attempting to further test the soundness of our central hypothesis and to debunk possible "impensées". Similarly we intend to submit our intellectual "braconnage" of Bourdieu's concept of "symbolic capital" to further scrutiny.

Whereas visuals do not merely mirror or express what is observed but as media are endowed with their own distinct, interactive performative power, this workshop will inquire their essential and innovative complementarities with economic market principles in terms of

promotion/communication. Visuals have been conceived since the interwar period as indispensable tools for the “invisible government” (Bernays, 1928), the alter ego to the ‘invisible hand’ of the market, taking the form of promotion-communication and corporate public relations.

#### WS4

“Capital”: founding and current principles of a concept (2)

Notions of capital in the field of media representations

« *Capital* » : *fondements et actualités d’une notion. (2)*

*Ses emplois dans le champ des représentations médiatiques*

27 & 28 juin/June 2017

As the project is based on film and audiovisual production, content and circulation, the mobilization of this key concept requires not only reviewing the current state of reflection of the notion of body capital in the fields of economics and sociology, but also its use in information and communication studies. This will be the focus of WS4, “Capital”: *founding and current principles of a concept (2). Notions of capital in the field of media representations.*

The two workshops will provide an occasion to review and discuss literature on the theme, as well as to discuss with experts from various disciplines in order to further anchor the conceptual foundation of the BodyCapital project.