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Book Review

Manderson, Lenore. 2011. *Surface Tensions. Surgery, Bodily Boundaries and the Social Self*. Walnut Creek, CA: Left Coast Press

Lenore Manderson's *Surface Tensions* is a must for any social scientist interested in body, medicine, disability, gender, and processes of social construction of various embodied phenomena.

The book is like an Alfred Hitchcock movie: it starts with an earthquake and then the tension rises. The earthquake is a prologue: a shocking, yet positive *Perdita* story, which presents the experience of a woman who, due to cancer, has first received a stoma and some time later lost her breast due to having a mastectomy. This, and other similar stories, arrange the book and are great examples of how people manage their lives, social interactions, and rebuild their identities after serious bodily change. Lenore Manderson calls them, deservedly, catastrophes of the body and depicts life afterwards.

In chapter one, "The body as subject," the Author outlines the two-way influences of body and identity, poses important questions of how a life can be managed after a serious bodily change, when not only our physical part is ruined but the rest of our life as well. Manderson questions "Descartes fingerprints" in today's thinking about bodily issues. She proposes another way of looking at body – all human experience is incarnated; we interact with the surrounding world through our bodies. Therefore, a healthy body is invisible, as it sets almost no limits to its "owner." Bodies become visible when they are in pain, lose some function (for example, sight, ability to move some body part, et cetera), or start to look different. These changes require a great deal of identity work, as we are presented to ourselves and others through our bodies. The chapter also raises some questions concerning the

technological development in helping people after serious bodily alterations and depicts ways in which body and science interact. Illness or disability are not only challenges for medicine but, as well, social phenomena dependant on culture.

In this introductory chapter, the Author also shows how body might become a source of social inequality, not only as a source of stigmatization (for example, urine incontinence) but also as an effect of global policies. The chapter also presents some of the methodological and theoretical procedures used in the research. As the Author claims, the book is centered around "people who have had little choice in controlling their bodies, surgeries, and bodily trajectories," which is visible in the rest of the publication as Manderson cites her informants very often, illustrating various phenomena present in the text.

In chapter 2, "Our cyborg selves, and other modern tales," Manderson examines the history of the disabled body. A reader might find descriptions of (r)evolutions in medicine and technology, medical and surgical practice, from early experimental work to current medical procedures causing serious ethical debate. For me, the discovery of a long history of (successful and unsuccessful) attempts at body transformations was a fascinating part of the book.

Chapters 3 to 6 are built around interviews with people after serious corporeal change. They are loaded with citations and stories of people who try to deal with the great alteration of their physical "surface" and everything that goes along with it. We may read about their everyday experiences, their sexual relations, their strategies and actions undertaken to have life as normal as possible.

Chapter 3, "Visible ruptures: The art of loving with lack," undertakes a detailed depiction of life after amputation of (a) limb(s) or loss of its function. With this part of her book, Manderson invites us to the world of people whose bodies cannot be controlled anymore, who need to negotiate the new ways of using the body, living their lives with prostheses, wheelchairs, or being dependant on others. And although Manderson's interviewees underline numerous times that "they are normal, they just don't have a leg/arm/hand," it seems to be only a wish. Due to a loss of limb, a physical part of the body, their identity in the eyes of interactional partners becomes "flat." The most important information is the information about disability, so identities from before the alteration (social roles, personal characteristics, et cetera) become less important, or even invisible.

In chapter 4, "Body basics: living with a stoma," Manderson raises several insightful questions about the everyday life of people who have lost continence. Their main interactional problems are caused by the fact that one of the first things that defines a child's development is the ability to control continence of bodily waste. Adults who have lost this ability are treated as not quite respectable. What is more, bodily waste, which is "normally" invisible for interactional partners and almost invisible for the person, becomes evident and needs to be managed. The ways of concealing the fact that one has a stoma become central for those people, as they want to be treated as normal in social relations.

The next chapter, "The feminine in question," is entirely dedicated to stories of women who have lost their breasts due to cancer. Manderson starts with a description of the role of breasts in women's

lives (symbolically and physically), explaining the great importance of this part of the body as the one which defines womanhood. Mastectomy deprives women of this, so some of them decide to have their breast(s) reconstructed. In this chapter Manderson shows that the human body is deeply gendered and that our identities do lie in the flesh, which becomes evident when some parts of it disappear. As in earlier chapters, what the Author shows is ways and strategies of concealing “the difference” by dressing up, hiding, and special behavior.

Chapter 6, “Replaceable parts: the end of natural life,” deals with themes related to transplantation, which is receiving a body part from a living or dead donor. This process poses many ethical questions right from the beginning: can the recipient ask for an organ, if this usually means someone’s death?; is it actually possible to thank the dead donor’s family enough?; can we thank our life donor enough?; do we carry some piece of the other person’s life in the transplanted body part?; what are the non-medical criteria of choosing a life donor among family members?; and many others. What was very interesting and non-stereotypical was the way that Manderson, as an anthropologist, explains why donations after death cannot be treated as a gift (which is usually presented this way by the health care system). She explains that the concept of gift is a way of exchanging and strengthening social bonds with relatives and close friends. This is impossible in the case of transplantation as the recipient and the dead donor’s family are not supposed to meet or even know each other’s identity.

In “Conclusion: necessity’s children,” Manderson returns to the general cultural themes concern-

ing medicine, health, and illness and changes of these phenomena. What used to be a normal sign of aging has now become a curable pathology, and is paid for by the patient or public health system. Demographic changes, economical factors influencing medicine, fast developing science shape today’s ways of perceiving disabled body. And what was quite astonishing for me: although we now have many options for disabled people, they do not seem to feel more normal. It’s even worse, as their bodies become less natural, are dependent on machines, which makes disability even more strange.

I must admit that the numerous advantages of the book has significantly influenced my way of thinking about disability and altered bodies. Primarily, because it is Manderson’s informants who became the most important in this book – their stories, their experiences, the way they describe their own bodies and everyday lives after the change do make an impression. The Author has shown great empathy and a deep insight, which allowed her to be sympathetic with her informants, but still find a proper analytic distance and analyze bodily alteration from various points of view.

The book shows how identity is socially related with the physical body, and how social selves are made “flat” through disabled bodies. They become “flat” as the lack (of body part or function) comes to the front of social interaction and determines course. As Goffman (1963) stated: the disabled person is stigmatized.

The book introduces a quite controversial notion of normality, being normal, and as a consequence: being abnormal. In sociology, this term is used

very rarely, but it seems to be the best one to describe the aims and identities of disabled people. Being normal is in the centre of attention and actions of disabled people and of those *normals* (Goffman 1963) who interact with them.

Despite being well grounded in data, the book also has some weaknesses. For me, as a sociologist, the book lacks enough theoretical contribution. I would expect more generalizations, while the Author chooses to concentrate more on presenting the stories than building a theory. The book would have profited from developing more

general conclusions as Manderson based her work on really unique data.

What is more important, I am not quite convinced about the purpose of including films or works of art presenting embodiment issues. I found these parts not as interesting as the rest of the book and I am not really sure of the Author’s intention to include them in the book.

Despite my doubts, I can recommend the book as a must for every researcher who studies disability, sociology of the body, gender, and many other embodied phenomena.

References

Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.

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