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BETWEEN CONCEALMENT AND EXPOSURE – MENSTRUATION STATUS IN PROFESSIONAL SPORT FROM A SOCIOLOGICAL PERSPECTIVE[1]

Abstract. The aim of this article is to examine, based on a literature review, the status of menstruation in professional sport from a sociological perspective. The first part of the article describes the broader sociocultural context that frames the perception and experience of menstruation and is followed by a review of the literature focused on sport. In the second part, the main factors that shape the status of menstruation in professional sport, i.e. the culture of concealment, the characteristics of the sport, the sport media coverage and menstrual activism, are discussed. As the article reveals, the coexistence of these factors causes that, on the one hand, menstruation is rarely the object of communication, mainly addressed to a broader public; on the other hand, menstrual activism contributes to some changes related to dress code or open discussion on menstrual issues. The conclusion indicates the meaning of sociological studies of menstruation in sports, pointing out the importance of the topic in basic and applied research and its social impact.

Keywords: menstruation, professional sport, sociology, culture of concealment, menstrual activism.

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MIĘDZY UKRYWANIEM A UJAWNIANIEM – STATUS MENSTRUACJI W SPORCIE PROFESJONALNYM Z PERSPEKTYWY SOCJOLOGICZNEJ

Abstrakt. Celem niniejszego artykułu jest opisanie, w oparciu o przegląd literatury, statusu menstruacji w sporcie profesjonalnym z perspektywy socjologicznej. W pierwszej części artykułu opisano szerszy kontekst społeczno-kulturowy, który kształtuje postrzeganie i doświadczanie menstruacji, a następnie dokonano przeglądu literatury poświęconej sportowi. W drugiej części omówiono główne czynniki kształtujące status menstruacji w sporcie profesjonalnym, tj. kulturę ukrywania, charakterystykę sportu, medialny przekaz sportu i aktywizm menstruacyjny. Jak wskazuje artykuł, współwystępowanie tych czynników powoduje, że z jednej strony menstruacja rzadko jest przedmiotem komunikacji, zwłaszcza tej skierowanej do szerszej publiczności, z drugiej zaś aktywizm menstruacyjny przyczynia się do pewnych zmian związanych z dress codem czy otwartą dyskusją na tematy menstruacyjne. W podsumowaniu podkreślono wartość socjologicznych badań nad menstruacją w sporcie, wskazując na znaczenie tego tematu w badaniach podstawowych i stosowanych oraz wpływ społeczny takich badań.

Słowa kluczowe: menstruacja, sport profesjonalny, socjologia, kultura ukrywania, menstruacyjny aktywizm.

1. Introduction

In the social sciences, research concerning menstruation has been conducted for several decades, and critical menstrual research has been developed recently (Bobel et al. 2020). However, professional sport is rarely the subject of this research. Rather, this literature covers physical activity in two contexts: (1) limited physical activity during periods and promises by the producers of menstrual products to lift restrictions on activity, and (2) the withdrawal of girls from physical activity, including physical education (PE) at school, during menstruation. Moreover, menstruation issues are omitted in publications concerning gender and sport, whose number has been increasing significantly in recent years.

Meanwhile, menstruation in professional sport is an exceptionally interesting and important topic of social research related to women and sport for at least three reasons. First, because of the centrality of the body, which seems reasonably obvious. A success in sport depends on the form of the body and its disposition on a day of competition. The body is crucial during training and sports performance, and any physical ailments, including menstrual cramps, may impact one's results. Therefore, menstrual cycle management (adapting training, shifting the period, communication with the coaches and physicians, etc.) may be one of the crucial factors influencing a chance to achieve a good result in a competition. Second, sport is characterised by a constant display of the body. The stigma of menstruation is associated mainly with a leaky body, and female athletes frequently have limited choices regarding the uniforms in which they perform. Although some

sports organisations have changed their dress codes or sport kits to make it easier for female athletes to hide their periods, "skimpy" and/or white outfits can still be a source of menstrual concerns. Third, sport privileges the male body and the values associated with it. In this context, concealing menstruation by female athletes can be interpreted as hiding biological femininity and the assumed weakness of the female body.

The aim of this article is to examine, based on a literature review, the status of menstruation in professional sport from a sociological perspective. In the first part of the article, I describe the broader sociocultural context that frames the perception and experience of menstruation. Then, I review the literature on menstruation in professional sport. In the second part, I present and discuss the main factors that shape menstruation's (in)visible status in the sport, related on the one hand to the broader sociocultural context (in which menstrual activism confronts the culture of concealment) and on the second hand to the specifics of sport and (sport) media coverage.

2. The broader sociocultural context

Menstruation is personal and political, private and public, biological and sociocultural. On the one hand, it is an intimate, personal experience resulting from the physiology of the female body; on the other hand, the practices associated with it are regulated through sociocultural norms. Although menstruation is commonly associated with women, it is important to recognise that individuals across the gender spectrum, including some trans men, can also experience menstruation. Moreover, not all women menstruate, and amenorrhea (period cessation) is prevalent among female athletes (Verhoef et al. 2021). However, one can generalise that menstruation is one of the main differences between female and male bodies. As stated by Young (2005), menstruation marks girls and women as different from the normative and privileged male body.

Furthermore, in the case of women, there is more attention on leaking body boundaries (MacDonald 2007), as illustrated by physiological fluids, such as milk or menstrual blood. Although both fluids are natural, they are treated as abject and provoke reactions such as disgust (Kristeva 1982). A leaky body is read as a body that is out of control. On one hand, it is a question of body image. Women are expected to hide their bodies' physiological aspects, including body hair, natural smells and menstruation. On the other hand, a woman is often treated as irrational, "controlled by their bodies" (Erchull 2013: 33), whose behaviours result from "emotional swings" related to the cycle phase and hormone levels. Consequently, the stigma of menstruation "marks women as ill, disabled, out-of-control, unfeminine, or even crazy" (Johnston-Robledo, Chrisler 2013: 10).

Numerous authors have described how menstrual taboos and stigma influence this female experience in different cultures, both today and in the past (see, e.g. Delaney, Lupton, Toth 1988; Merskin 1999; Johnston-Robledo, Chrisler 2013). In "the culture of concealment" (Houppert 1999), menstrual taboos and stigma cause women to feel shame in association with their period, which is accompanied by efforts to keep it invisible.

The imperative to conceal menstruation is reproduced through advertisements of hygiene products that guarantee discretion during "these days" (Houppert 1999; Johnston-Robledo, Chrisler 2013; Major 2018). Producers of sanitary pads or tampons guarantee that a woman can wear even tight and/or white clothes because the advertised products, invisible under clothes, will provide sufficient protection. They also claim that these products will cancel out physiological odours. The invisibility of menstrual blood is also reinforced by the use of blue liquid in advertisements instead of red to imitate blood (del Saz-Rubio, Pennock-Speck 2009; Przybylo, Fahs 2020).

As noted by Ussher (2006: 20), the menstruating body "must be subjected to the disciplinary practices of concealment and control". Hygiene products are intended to assure women that their period will not be noticeable to others, as traces of menstrual blood on clothing are a source of shame and stigma. Therefore, "women go through great efforts to conceal their 'menstruation' status and prevent stigma-related 'leakages' from occurring" (van Lonkhuijzen, Garcia, Wagemakers 2023: 365).

Beyond invisibility, silence is the second key indicator of a "culture of concealment" (Delaney, Lupton, Toth 1988; Houppert 1999). Menstruation has been deemed unfit for public discussion, not even with relatives and friends (Houppert 1999; Johnston-Robledo, Chrisler 2013). Nowadays, however, the topic of menstruation is increasingly and more openly discussed in the public sphere, which will be described further; however, this does not mean that it has ceased being taboo. This is illustrated by the widespread use of euphemisms such as "time of the month", "Aunt Flo", "on the rag", "shark week" (Chrisler 2011; Thornton 2013) or Polish "te dni" [these days], "trudne dni" [difficult days], "kobieca przypadłość" [female ailment] (Rode 2016; Major 2018) in advertising, social media and everyday conversations. According to MacDonald (2007: 347), "(…) the cultural message is clear: menstruation is not something we should speak of openly. We control menstruation, then, by clotting the flow of bloody words".

Kissling noted that one could speak about three types of menstruation taboo in North America that appear to be common across Western culture, two of which – concealment and communication – have been mentioned above. The third taboo concerns activity. There has been a common belief that women must restrict physical activity during menstruation (Kissling 1996). Today, menstruation is less often presented in terms of an illness or pathological condition that prevents a woman from performing certain activities, including physical exercise.

Moreover, hygiene products are advertised as freeing women from the restrictions imposed by the female body, allowing them to remain active (Rice 2014; Vostral 2008). Some of the advertisements present menstruating women as talking openly about their period and being strong and active despite it (see, for example, Sanofi's 'I have my period' painkiller advertisement or Procter and Gamble CE's sanitary pads advertisement). This change in the menstrual discourse, however, has evoked ambivalent reactions. On the one hand, it is perceived positively as breaking the frailty myth and liberating women from the (assumed) constraints imposed by a female body, but on the other hand, as forcing women to be active and in good condition, even when experiencing strong physical pain or feeling worse.[2]

In Poland, as the report *Menstruation* (2020) revealed, although menstruation is discussed more frequently in both public and private spheres than it used to be, it remains largely taboo. The dominant discourse about menstruation focuses on physiological elements, and the social perspective focusing on tension and emotions is niche. One-quarter of Polish women and teenagers perceive menstruation as a very negative experience, and the majority of women regard it as dirty and disgusting. During menstruation, many women feel socially isolated and excluded in their professional lives. Moreover, in many environments, there is no transfer of knowledge or experiences and no support; additionally, many stereotypes regarding menstruation are reproduced.

Although, as described above, menstruation remains taboo to some extent, and its disclosure can be a cause of social stigmatisation, it should be noted that the issue of menstruation is increasingly becoming a matter of public debate. The primary issues that are of interest to both researchers and non-governmental organisations are menstrual poverty (Bobel et al. 2020) and, to a much lesser extent, menstrual leave (see, e.g. Barnack-Tavlaris et al. 2019). In Poland, as the report *Ubóstwo menstruacyjne w opiniach i doświadczeniach kobiet* [Menstrual poverty in women's opinions and experiences] (2021) states, the period exclusion is related not only to lack of access to hygiene products, lack of financial resources but also lack of appropriate education and maintaining taboos (see also: *Menstruation* 2020). Moreover, in schools, the issue of menstruation is discussed in classes with only girls, making it a "girl's thing".

Menstrual poverty may be considered within the framework of menstrual activism, which should, however, be understood more broadly. Menstrual activism addresses numerous social and political problems related to menstruation, such as its medicalisation, the toxic substances in menstrual products, the negative representation of menstruation in popular culture and menstrual education (Fahs 2016: 2, see also: Rode 2016). This activism takes different forms and styles, formal and informal, individual and collective and is expressed through art, political

[2] This criticism is well illustrated by Sasheer Zamata's stand-up "Having your Period in Public is the WORST", https://www.youtube.com/watch?v=FJmTtujRhIg [accessed: 30.04.2024]

activities, media and educational campaigns, stories shared on social media, etc. In a Polish context, one should indicate the activities of the *Różowa Skrzyneczka* [Pink Box] Foundation, *Akcja Menstruacja* [Action Menstruation] Foundation, and *Okresowa Koalicja* [Periodic Coalition – an association of organisations, activists and experts], which fight against menstrual poverty by providing access to hygiene products to schools and those in need, break the taboos and educate about menstruation. Menstrual activism aims to increase consciousness about the social contexts of menstruation that engender the objectification of the female body and associated experiences of shame; it also aims to develop more positive representations of menstruation (Bobel 2010). Considering the subject matter of the article, it is worth noting that some professional female athletes have also been involved in social campaigns related to menstruation. For example, 50 of them have joined the #SayPeriod campaign to break the stigma regarding language related to periods (*#SayPeriod: Hannah Miley discusses campaign urging people to break stigma on language around periods* 2022).

3. Menstruation and professional sport – the literature review

Although professional sport do not exist in a social vacuum and female athletes' perceptions and activities are shaped by the broader sociocultural context, the social sciences literature on menstruation and professional sport is scarce. Nevertheless, based on the literature review (including sport science), it is possible to distinguish three main themes being addressed.

First, the literature concerning menstruation in sport focuses on the effects of menstruation (or the menstrual cycle) on training and performance (see, e.g. Findlay et al. 2020; Solli et al. 2020; Meignié et al. 2021; Zawadzka, Grygorowicz 2023). Regarding this theme, it is essential to note that there is no expert consensus about the impact of menstruation on female athletes' performance (Weaving 2017), and 'there are still many questions with indefinitive answers' (Brown, Knight, Forrest 2020: 2). Menstruation affects women differently, both within and outside of sport; therefore, it is crucial to adapt individual perspectives and analyse individual experiences and perceptions rather than measure group averages (Brown, Knight, Forrest 2020: 2). Sportswomen have rarely publicly addressed this topic; some have attributed their failure in competition to menstruation; conversely, others have broken world records despite menstruation (Weaving 2017). Moreover, despite the lack of clear evidence suggesting that menstruation negatively impacts women's performance, some research findings have been used to maintain the frailty myth (Weaving 2017: 43). The scientists have also studied how athletic activity affects the menstrual cycle; however, this topic is beyond the scope of this article and will be not discussed further.

Second, considering the potential relevance of the menstrual cycle in relation to performance and the influence of sport careers on athletes' health, it is not surprising that the second theme has been communication regarding this topic between athletes and their coaches, as well as between physicians and other staff. The results of the studies are not unanimous; however, the majority of them reveal that female athletes and coaches rarely communicate about menstruation and the menstrual cycle (see, e.g. Brown, Knight, Forrest 2020; Laske, Konjer, Meier 2022). Consequently, athletes do not adjust their training to the menstrual cycle (Laske, Konjer, Meier 2022); therefore, a lack of communication between athletes and coaches may impact sport performance (Brown, Knight, Forrest 2020). Amongst the most significant communication barriers, the previous studies indicated the following: (1) insufficient knowledge; (2) social norms related to the menstrual taboo and stigma that make conversations about menstruation embarrassing or awkward; (3) concerns about athletes' privacy (Solli et al. 2020; Höök et al. 2021; Verhoef et al. 2021; Laske, Konjer, Meier 2022). The studies have also found that a lack of communication is more frequent in the cases of male coaches (Brown, Knight, Forrest 2020; Findlay et al. 2020; Solli et al. 2020; Laske, Konjer, Meier 2022), which is particularly important given that the vast majority of coaches in professional sport are men. Athletes are more willing to speak about their own menstrual cycle with female coaches (Findlay et al. 2020; Brown, Knight, Forrest 2021). However, the studies revealed that female coaches rely predominantly on personal experiences and lack professional education and knowledge (Höök et al. 2021; Laske, Konjer, Meier 2022).

The third theme that can be indicated concerns the media discourse. However, it should be noted that research concerning the media discourse around menstruation in sport remains sporadic. One such publication is Kissling's (1999) article in which she analysed the sports pages of US newspapers for coverage of Uta Pipping's victory (third in a row) in the 1996 Boston Marathon over her competitors and obstacles related to menstruation, such as menstrual cramps and heavy menstrual flow (and diarrhoea). Kissling (1999: 84) distinguished three news categories based on their handling of athlete menstruation: (1) complete omission of menstruation as the source of Pippig's difficulties during the race, (2) explicit, nearly clinical coverage of menstruation and (3) the use of exaggeration and overemphasis on the "debilitating" effects of menstruation. According to the author, the first category maintains the menstruation taboo, while the second and third disregard it; however, the third also emphasises gender differences. Moreover, as Kissling (1999: 84) noted, "certain ideals of femininity have been both reinforced and undermined. Pippig's 'difference', her status as female, is demonstrated by her visible menstruation, while her 'unfeminine' athletic prowess is emphasised by her victory".

Another publication on this topic was written by Weaving (2017). The author, referring to Kissling's (1999) article, stressed that Pippig's body was portrayed

as dysfunctional despite the German runner's victory. The claims that the athlete should have withdrawn from the competition could also be linked to images of her leaking body (blood was running down her legs), which have no place in media coverage and the public space. Weaving (2017) also recalled media coverage of Heather Watson's performance (British tennis player who attributed her loss in the first round of the Australian Open 2015 to "the girls' things"), suggesting that using menstruation as an excuse for poor performance could reinforce the frailty myth and conviction that the female body, mainly during menstruation, is too frail for sport. However, it should be noted that Watson's statements could have helped break the silence around menstruation.

Some authors have also mentioned the artist Kiran Gandhi, who ran the 2015 London Marathon while on her period without the protection of a tampon or pad, thereby engaging in 'free bleeding' (see, e.g. Weaving 2017; Bobel, Fahs 2020; Gottlieb 2020). However, this would appear to be encompassed within the topic of performance or activism rather than sport, highlighting a gap in the literature regarding this topic.

4. (In)visible status of menstruation in professional sport

On the basis of the literature review and my previous investigations on women's status in sport (Jakubowska 2014, 2015), I assume, which I would like to verify in further research, that the (in)visible status of menstruation in sport is shaped by four main factors: (1) the culture of concealment, (2) the specific nature of sport, (3) its media coverage, and (4) menstrual activism (Figure 1).

First, both sport and sport media are shaped by the broader sociocultural context. "The culture of concealment" (Houppert 1999) maintains menstrual taboo and stigma that may influence both communication with the coaches and the ways athletes present themselves in media. As women, female athletes have been socialized in a culture that has imposed silence and invisibility of menstruation. Female athletes have been taught that menstruation should remain something discreet and that the menstruating body should be controlled and disciplined. On the one hand, a leaking body can be a source of embarrassment; on the other hand, revealing a period can cause a woman to be perceived as driven by "emotional swings", i.e. unprofessional. Consequently, despite knowing that the period can affect sport performance, some female athletes may not discuss the issue with their coaches. In this context, it should be repeated that the vast majority of coaches in professional sport are men, with whom conversations about menstruation are perceived as more embarrassing (Brown, Knight, Forrest 2020; Findlay et al. 2020). At the same time, female athletes may avoid communicating the issue of menstruation to a broader public, being aware that it remains taboo to a large extent.

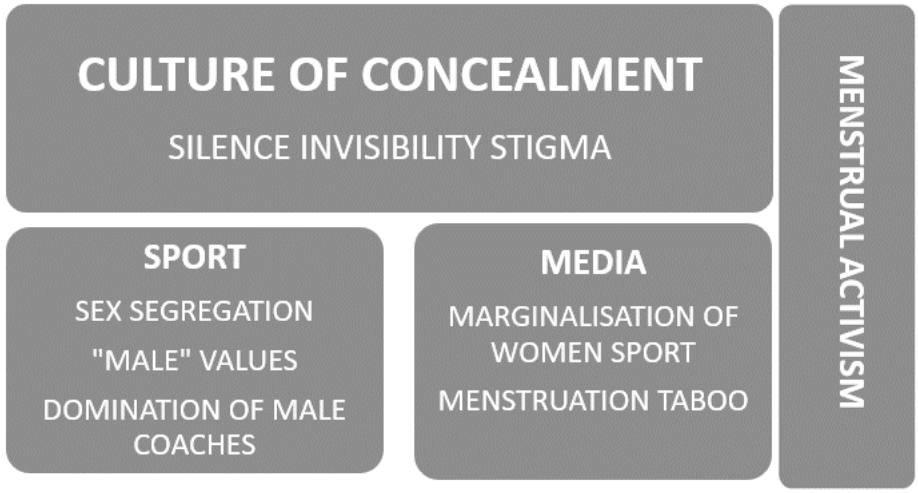

Figure 1. The main factors shaping the status of menstruation in professional sport

Source: own elaboration

Second, the silence on the issue of menstruation may be due to the specific nature of the sport, which is sex segregation based on the dichotomy between male strength and female frailty (Dowling 2001). In this context, the concealment of menstruation, even if a woman suffers from some physical ailments, can be seen as breaking this myth. Outside of the field of sport, it has been revealed that women in China, for example, are hesitant to take menstrual leave because of fear that it will reinforce stereotypes of female fragility (Forster 2016). Revealing menstruation and the ailments associated with it could be seen as confirmation of a woman's frailty. According to Schneider (2000: 132), coaches and decision-makers would perceive sportswomen's bodies as "dysfunctional if they failed to function like male bodies."

Disclosure of menstruation may evoke the aforementioned perception of menstruating women as out-of-control, ill and driven by emotions. The assumed lack of complete control over their own bodies and high susceptibility to emotions can undermine the image of women as "real" athletes who are expected to control their bodies and emotions (Dykzeul 2016: 8). Control and discipline over one's own body, together with confidence in abilities and high-performance expectations, are key elements of an "athletic attitude" (Moreno-Black, Vallianatos 2005: 58–59). An athlete presenting this attitude is willing to continue performance despite pain or discomfort. For these athletes, menstrual ailments will be perceived as something that should be overcome and will not be used as an excuse for weaker performance, and disclosure of menstruation as contradictory to an "athletic attitude." However, it should be noted that although pain is

normalized in sport and is seen as part of "the prices of success," it is also strongly related to masculinity. Visible pain, injuries, and blood confirm players' masculinity, power, and sacrifice. Feminine menstrual pain should be masked, "rather than being a trophy, menstruation and menstrual pain are considered things to hide" (Moreno-Black, Vallianatos 2005: 62).

Third, the rare public statements by female athletes about menstruation can be linked, on the one hand, to the status of women's sport in the media and, on the other hand, to the media taboo on menstruation described in the article's first part. Women's sport has been marginalised in media (Jakubowska 2015). Bearing in mind that the majority of sports fans are men, there is a concern that talking about menstruation will increase the marginalisation of women's sport. Although athletes' femininity is emphasized in media coverage, this happens when it fits into cultural ideals of femininity. These assume the disciplining of the female body and the concealing of those aspects of the body that remind us of its physiological nature, such as menstruation. Although there are other manifestations of body physiology in sport media coverage, such as sweating or whines (e.g. in tennis), they apply to both genders and may be perceived as a manifestation of the effort being made. Menstruation refers only to women's sport (leaking woman's body) and is not the result of a sport performance but rather an obstacle to its execution. Moreover, if menstrual blood is visible on screen, it would be a breaking of the principle of invisibility of menstruation in the media.

However, it should be noted that menstrual activism is gaining prominence, and public discourse on menstruation has encouraged some sport organisations to change the regulations and some female athletes to speak out on menstruation issues. For example, in 2022, the All England Club, Wimbledon's organising body, changed their strict all-white dress code for the first time in the tournament's nearly 150 years of history, thus allowing female players to wear dark-coloured undershorts as of 2023. In 2022 and 2023, the England women's football team switched to blue shorts from white and some English football clubs, such as West Bromwich Albion and Manchester City, have transitioned to dark shorts for their female teams (Sheppard 2023). These changes were triggered by concerns raised by athletes about the possibility of staining clothing or leaking blood during menstruation. In the case of Wimbledon, they have also been supported by menstrual activists who protested during the tournament in 2022.

Moreover, some sportswomen have spoken openly about the influence of menstruation on their performance, which has attracted considerable media attention in the last few years. Amongst these are (1) the Chinese swimmer Fu Yuanhui, who attributed her weaker performance in the 4 × 100 m medley relay during the 2016 Rio Olympics to her period, which had started the previous day; (2) Israeli marathon runner Lonah Chemtai Salpeter, who was forced to pause her run during the 2020 (2021) Tokyo Olympic Games due to menstrual cramps; and (3) the Chinese player Qinwen Zheng, who attributed her loss against Iga Świątek in

the fourth round of the French Open 2022 to 'the girls' things'. Therefore, one can say that although menstruation remains largely invisible in professional sport, the menstrual taboo is being broken as it happens in other areas of social life.

5. Conclusion

The current analyses of menstruation in professional sport derive mainly from sport science that rarely accounts for sociocultural factors. Meanwhile, perceptions of menstruation and communication regarding this issue are shaped not only by the characteristics of sport and being an athlete but also by a broader sociocultural context and being a woman (both inside and outside sport). The status of menstruation in this area can result not only from the broader context of 'the culture of concealment' but also from the status of women in professional sport. From this perspective, there is a concern that emphasising this exclusively female experience and its influence on performance will hinder women's fight for equal status in the field of sport. For these reasons, menstruation in professional sport should also be analysed from a sociological perspective.

Challenging the culture of concealment and talking openly about menstruation creates the risk of returning to essentialist thinking. i.e. perception of gender differences as rooted in nature and biology. This issue requires in-depth research based on discourse analysis, amongst other things. Being aware of this risk, at the same time, I would argue for considering the body's physicality in sociological research instead of treating the body solely as a social construct. Referring to Fingerson (2005), one can say that as sociologists, we should not only analyse 'agency *over* the body' but also the 'agency *of* the body.'

Research on menstruation in sport can draw attention to the need to consider the specificity of the female body more in research. Most research from sport science has involved mainly male subjects (Mujika, Taipale 2019), a phenomenon which extends beyond sport science (Criado Perez 2019). An increase in the number of studies involving women, including as sole participants in research, could contribute to a better understanding of women's physiology and sports performance and, consequently, perhaps help female athletes achieve better results. Regarding the social impact, the research on menstruation may contribute to better internal communications, the development of education regarding menstrual issues and institutional support for female athletes. Moreover, openly discussing menstruation by female athletes, who, as role models, impact girls worldwide, may help mitigate the menstruation taboo and stigma.

The article has been written based on a literature review and my previous investigations of women's sport. I plan to conduct research on menstruation in professional sport, namely menstruation management (its dimensions related to everyday practices, communication and policy), as in my opinion, the analysis

of this issue, in addition to the previously indicated application possibilities and social impact, may contribute to the development of three sociological subdisciplines: the sociology of sport, the sociology of the body and the sociology of gender, as well as (critical) menstruation studies.

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BIOMEDICAL MODEL, REDUCTIONISM AND THEIR CONSEQUENCES FOR BODY PERCEPTION

Abstract. Modern medicine is constantly evolving, enabling the early detection of diseases, offering various treatment options, protecting against undesirable conditions and providing advanced pharmacological solutions. The 19th century biomedical model, which prevailed into the 20th century, has greatly improved our understanding of the human body and the causes of disease. Despite the introduction of other models, such as the bio-psycho-social and the patient-centered model, the biomedical model remains an integral part of evidence-based medicine (EBM). It leads to various consequences such as specialization, biological determinism, the victim-blaming approach, reductionism and objectification. The article uses phenomenology as an analytical framework. Two research questions were posed: 1) How does the biomedical model influence the fragmentation of patient care? 2) What influence does the biomedical model have on the perception of the patient's body? The main argument is that the medical model of disease is still influential in the fields of research, education and medical practice and, with the advances of evidence-based medicine, influences the perception of the patient's body. The article is based on a literature review and aims to show the non-obvious connection between medical progress and body perception. The analysis has shown that the biomedical model influences the fragmentation of patient care through increasing professional reductionism and specialization, leading to an objectification of the body that can be made by both doctors and patients.

Keywords: medical reductionism, objectification, body, phenomenology.

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MODEL BIOMEDYCZNY, REDUKCJONIZM I ICH KONSEKWENCJE DLA PERCEPCJI CIAŁA

Abstrakt. Współczesna medycyna wciąż się rozwija, pozwalając na wykrywanie wczesnych stadiów choroby, oferując różnorodne warianty leczenia, chroniąc przed niepożądanymi chorobami a także zapewniając zaawansowane rozwiązania farmakologiczne. XIX-wieczny model biomedyczny, który zdominował wiek XX zdecydowanie polepszył nasze rozumienie ludzkiego ciała oraz przyczyn chorób. Pomimo rozwoju innych modeli, takich jak model bio-psycho-społeczny, czy model zorientowany na pacjenta, model biomedyczny pozostaje integralną częścią medycyny opartej na dowodach (*evidence-based medicine*, EBM). Prowadzi to do szeregu konsekwencji takich jak specjalizacja, determinizm biologiczny, podejście obwiniające, redukcjonizm czy uprzedmiotowienie. Artykuł wykorzystuje analityczną ramę fenomenologii. Postawiono dwa pytania badawcze: 1) w jaki sposób model biomedyczny wpływa na fragmentaryzację opieki nad pacjentem? 2) jaki wpływ ma model biomedyczny na percepcję ciała pacjenta? Główna teza artykułu brzmi: model biomedyczny jest wciąż wpływowy w obszarze badań, edukacji oraz praktyki medycznej i wraz z postępami EBM wpływa na postrzeganie ciała pacjenta. Artykuł opiera się na przeglądzie literatury i ma na celu ukazanie nieoczywistych związków między postępem medycznym i postrzeganiem ciała. Analiza wykazała, że model biomedyczny wpływa na fragmentaryzację opieki nad pacjentem poprzez zwiększający się redukcjonizm i wynikającą z niego specjalizację medycyny, prowadząc do uprzedmiotowienia ciała, które dokonywane jest zarówno przez lekarzy, jak i samych pacjentów.

Słowa kluczowe: redukcjonizm medyczny, uprzedmiotowienie, ciało, fenomenologia.

1. Introduction – is the biomedical model still relevant?

The contemporary model of medical practice known as evidence-based medicine (EBM) is based on three main principles: "an awareness of the best available evidence, the ability to decide on the trustworthiness of the evidence, and consideration of the patient's values and preferences" (Biccard 2022: S72). It is defined as "(…) the conscientious, explicit and judicious use of the best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine involves integrating individual clinical experience with the best available external clinical evidence from systematic research" (Sacket et al. 1996). EBM evolved from and is closely related to the biomedical model, which assumes that the human body can be viewed as a machine made up of interrelated parts. The role of the physician is therefore comparable to the work of a mechanic who identifies a defective part in order to repair it (Acolin, Fishman 2023; Germov 2019; Marcum 2004). Disease is perceived as a consequence of "deviations from the norm of measurable biological (somatic) variables" (Engel 1977). Medical professionals take a number of measures to help those seeking medical treatment. The most efficient place for this is the hospital, which allows for optimization of instrumental medical intervention and treatment. At the center of these actions is "disease" as a term that describes an objective condition that is

strictly bound to the physiological background. There is little or no room for the term 'illness', which could be defined as a subjective state describing a person's experience of a state of discomfort (Buzzoni et al. 2022; Cockerham 2022; Eisenberg 1977; Farre, Rapley 2017; Helman 1981). Although new models have evolved over several decades, including the bio-psycho-social model, the holistic model or the patient-centered model, "(…) the biomedical model is so influential and deeply rooted that it has survived and is still the dominant view in medicine" (Rocca, Anjum 2020). In describing the new medical model, Fuller (2017) points out features of the biomedical model, such as the reductionism that has been incorporated into it. The biomedical model is also present in the psychiatric field (Fried 2022; Kallivayalil 2020; Krakauer 2017). As a sociologist working at medical school, I personally observe that medical education is also instrumentally oriented and narrowed to clinical knowledge and skills, leaving little room for non-medical and non-clinical aspects of an illness and the perception of being ill. The recent government act on the standards of education of future doctors in Poland (Dz.U. 2023, poz. 2152) has made further changes in medical curricula that have strengthened the position of the biomedical model – it allows medical teachers without sociological or psychological training to teach courses on communication, family or domestic violence. In addition, the standards allocated 240 hours of the total 5150 hours of the medical curriculum to behavioral and social sciences with elements of professionalism and communication, taking into account the idea of humanism in medicine. Another argument for the strong position of the biomedical model is the shift in the clinical picture – from acute to chronic – and comorbidity. On the one hand, these two factors contributed to a change in the relationship between doctor and patient, which became more of a partnership and based on mutual cooperation. On the other hand, however, they also led to doctors focusing on "broken" parts of the body and to a fragmentation of treatment (Wybourn, Mendoza, Campbell 2017; Snow, Galaviz, Turbow 2020; Elhauge 2010). Empirical studies show that even with chronic illnesses, patients report feelings of objectification, loss of autonomy and loss of control over their medical situation during doctor-patient interactions (Grīnfelde 2023). The development of medical knowledge makes communication with the patient increasingly difficult and complicated. This is the result of advanced research, complex therapies, but also uncertainty about the causes and nature of the patient's condition.

The fragmentation of care also results from the development of medicine itself – progress in medical technology makes it possible to detect pathogens at the molecular level. Medical studies identify complicated and highly specialized functions of human organs, tissues and structures as well as processes and mechanisms responsible for certain diseases. As a result, the number of diseases classified in either the International Classification of Diseases (ICD-11) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is increasing and

the number of medical specialties is growing. These professionals usually have a broad knowledge of a specific organ or body part, but are not able to understand other medical problems of their patients, so they are not able to see the wholeness of a patient.

The direct impetus to address the influence of the biomedical and reductionist approach on the patient's body perception was the news about the new anti-obesity drug (Anon 2023) reported in the Polish media at the end of 2023. The substance responsible for reducing body mass was originally used in diabetes medicine to regulate insulin and glucagon levels. As a result, the substance regulates appetite (Chao et al. 2023; Oleszczuk et al. 2022). The drug acts at the level of cell proteins. There are currently six anti-obesity drugs approved by the Chief Pharmaceutical Inspectorate in Poland (https://rejestry.ezdrowie.gov.pl/rpl/search/public), similar to those in other countries, including the United States (National Institute of Health). In addition, there are other products on the Polish market, such as dietary supplements, which are claimed to help with weight loss. According to the American Medical Association, the first generation of anti-obesity drugs was developed in the 1930s (Berg 2023). At the same time, the number of people who are overweight or obese is constantly increasing. According to the World Health Organization (WHO), one in eight people worldwide was obese in 2022 (2024). My first question was, why is medicine failing to combat obesity despite rapid development? On closer inspection, it turned out that the problem is much broader, as there are many other conditions that are treatable, but the treatment is ineffective. Furthermore, in many cases it takes a very long time for a patient to receive a diagnosis, and during this process they report being treated as objects of medical intervention rather than subjects in the doctor-patient relationship (Maslach, Leiter 2011; Haque, Waytz 2012; Kuskowski 2019). They are sent from one specialist to another without being treated as a whole, but as diseased organs (Głębocka, Wilczek-Rużyczka 2016; Wybourn, Mendoza, Campbell 2017; Prior et al. 2023). Every illness is not only a medical condition, but also a psychosocial phenomenon that is perceived, interpreted and reacted to by an individual. In order to illustrate the nature of an illness and its influence on body perception, I decided to use phenomenology as an analytical framework. I have formulated two research questions: 1) How does the biomedical model influence the fragmentation of patient care? 2) What influence does the biomedical model have on the perception of the patient's body? The main argument is that the medical model of disease is still influential in the fields of research, education and medical practice and, with the advances of evidence-based medicine, influences the perception of the patient's body. The article is based on a literature review and aims to clarify the relationship between medical progress and body perception.

2. The consequences of the biomedical model of disease

As already mentioned, the biomedical model is still present in many areas of medicine – from education to research and treatment. The model has been developed since the 19th century. First, Rudolf Vichrow set a milestone for modern pathophysiology by stating that all pathology is the result of cellular damage. Vichrow's ideas led Louis Pasteur and Robert Koch to develop the germ theory and the concept of specific etiology (Acolin, Fishman 2023; Capra 1982; Germov 2019; Rocca, Anjum 2020). As Rocca and Anjun state, "By identifying the origin of disease with a malfunction at the simplest structural and functional level of organisms, the cell, this new paradigm allowed us to find new ways to address the causes of disease, for example through pharmaceutical interventions" (Rocca, Anjum 2020). With the increasing achievements in the field of drugs (especially antibiotics and vaccines), medicine was perceived as a promising field to improve human life and thus the biomedical model of disease was developed in the 20th century. It views a disease as a consequence of variations in certain measurable biological characteristics and perceives the patient's body as a mechanism with a defective element that needs to be repaired. Such a view of a disease and a patient has led to several consequences, which are briefly described in separate sections.

2.1. Specialization

The first consequence is specialization – as medical science advances, the number of specialists increases, focusing on ever more detailed parts of the patient's body and losing sight of the wholeness of the individual being diagnosed and treated (Germov 2019). As Detsky, Gauthier and Fuchs write, "(…) most individual physicians and surgeons are trained and qualified to provide only certain types of care" (Detsky et al. 2012). The authors note that specialization has an impact on the fragmentation of care, which is particularly visible in older people with comorbidity (Detsky et al. 2012). Numerous highly specialized professionals treat one patient and lose sight of the context in which the conditions occur. This can ultimately lead to a reduction in the efficiency of treatment and increase the risk of iatrogenic effects due to a lack of communication between specialists who prescribe conflicting therapies. Fragmentation of care can increase the rate of potentially inappropriate medication and even mortality (Prior et al. 2023; Snow, Galaviz, Turbow 2020). This is not to deny the necessity of specialization, but one must be aware of some of the negative consequences it has for patients. Ranjana Srivastava describes her friend's experience, which illustrates the crux of the problem: "And then it dawns on me. His three tubes, a nasogastric, a drain, and a urinary catheter, are managed by three different surgeons. The

infectious diseases physician is running the antibiotics. The nephrologist is juggling the fluid balance. The rehab physician says it's not yet time for rehab. Six specialists visit the man and yet he is looking for a doctor" (Srivastava 2020). According to Paladino (2016), a "complex care patient" is treated by an average of ten specialists. This inevitably has an impact on the doctor-patient relationship and on the patient`s perception of their body.

2.2. Biological determinism

The second outcome of the biomedical model is biological determinism, which emphasizes that it is biology that determines a person's social, economic and health status and not the other way around (Germov 2019). Even though biological "endowments" can have an influence on the chances of achieving a certain social position (e.g. racial characteristics, congenital disabilities), the reverse direction of the relationship should not be underestimated. Social status, which is highly related to income and educational level, plays an important role in determining a person's physical and mental health. Non-biological factors determine health literacy, disease and health inequalities, which ultimately influence the biological potential of the body. In addition, social status, material capital and health status are based on work, determination, effort, social capital and support, which are non-biological determinants.

2.3. The victim-blaming approach

Medical practitioners locate a condition in the individual framework, often with individual responsibility (at the molecular level) (Germov 2019). "(…) the individual body becomes the focus of intervention, and health and disease are seen primarily as an individual responsibility. The preoccupation with treating the individual can lead to disease being seen as a victim, either in the form of genetic fatalism (your poor health is the result of bad genetics) or as the result of poor lifestyle choices" (Germov 2019: 11). The biomedical model does not focus on the broader, social level, it seems to neglect the search for explanations in working conditions, lifestyle, living conditions or access to health services and health inequalities. By focusing on the cellular or deeper level, medicine looks for pharmacological solutions and medical interventions, forgetting other causes of many of today's diseases that lie in society and its structure and are related to the policies and decisions of macro-structural actors. This narrow approach carries the risk of inefficiency. Even if doctors favor the bio-psycho-social model, the physician usually focuses on the biological dimension, a psychologist on the psychological and a social caretaker on the social dimension, so that one cannot speak of integration (Rocca, Anjum 2020).

2.4. Reductionism

Reductionism as a form of scientific orientation can be traced back to antiquity – it was Thales of Miletus who assumed that everything is made of water (Beresford 2010; Greene, Loscalzo 2017). In modern times, Rene Descartes reinvented this idea, claiming that everything, including the human body, can be compared to a clockwork mechanism in which each part can be examined individually (Descartes 2019). Nevertheless, this view is closely linked to the contemporary biomedical model in medicine and is often seen as a consequence of this approach (Miles 2009). It is a process of gradually deconstructing a complex process into smaller parts. This allows for a more detailed analysis and understanding of a particular phenomenon (Ahn et al. 2006; Beresford 2010). "Reductionism pervades the medical sciences and affects the way we diagnose, treat and prevent diseases" (Ahn et al. 2006). Undoubtedly, such an approach has many benefits for the development of medical knowledge and efficient treatment, but it can also lead to negative outcomes such as fragmentation of care, loss of the 'whole patient' perspective and interference with body image.

The idea of "greedy reductionism", described by Daniel Dennett almost thirty years ago, seems to be developing into an ultimate goal for medicine (Dennet 1995). According to Beresford, medical reductionism can be viewed under three main aspects (Beresford 2010):

- Ontological reductionism – this is the belief that every system is made up of molecules and the interactions between them. As such, it allows the description of a hierarchy of different types of properties: biological, physical or/and chemical.
- Epistemic reductionism – it states that knowledge can be reduced from a higher level to a lower, more fundamental level. It therefore assumes that the properties of the elements at the general level can be adequately explained by the properties of the elements observed at the lowest level.
- Methodological reductionism – as a consequence of the previous two, it assumes that biological systems can best be studied and understood at the lowest level.

Ahn, Tewari, Poon and Phillips note that the reductionist approach in contemporary medicine is evident in four practices (Ahn et al. 2006):

- The focus on a single factor. Since the human body is perceived as a collection of elements, it is studied by physicians to isolate the single factor responsible for a particular condition (abnormality, disease). So it becomes similar to a car mechanic looking for a broken part that he can repair, which has already been mentioned. In this way, the disease, rather than the person affected, becomes the focus of treatment. Such an approach is "blind" to more contextual, complex information that can have a significant impact on the person's condition. Furthermore, such an approach offers "universal"

treatments for "universal" diseases without taking into account the individual situation of the patient.

- The emphasis on homeostasis. Since the 19th century, it has been assumed that the most desirable state of the human body is homeostasis, i.e. the ability to maintain stability and consistency under stress. Every medical intervention therefore aims to correct disturbed mechanisms and deviating parameters to a normal range. There is a wide range of conditions to which this corrective treatment can be applied. Such a view neglects the homeodynamics of the body such as oscillatory behavior (e.g. circadian rhythms) or chaotic behavior (e.g. complex heart rate variability). "First, the emphasis on correcting the deviated parameter (e.g., low potassium) belies the importance of systems wide operations. Either alternate, less intuitive targets may be more effective, or correction of the deviated parameter may itself have harmful system-wide effects. (…) Secondly, the exclusive focus on normal ranges belies the importance of dynamic stability. Because reductionism often disregards the dynamic interactions between parts, the system is often depicted as a collection of static components" (Ahn et al. 2006).
- Inaccurate risk modification. One consequence of germ theory was the belief that a particular disease was triggered by a particular cause. This approach is applied today in relation to risk factors that are identified in medicine and addressed in order to modify them. Very often risk factors are presented as diseases and people who have been identified as having such a factor are often treated as already being ill. In the case of hypertension (which is a risk factor for coronary disease), it is claimed that people with a systolic blood pressure of over 140 should be suggested treatment. When the data is analyzed, it is found that although hypertension increases the risk of coronary heart disease, the "one- risk factor to one- disease" approach is too simplistic, as there is evidence that such disease often occurs in people with normal blood pressure (Kannel 2003). Such an approach makes it impossible to consider multiple risk factors and analyze their collective impact on individual health. This in turn increases the economic costs of unnecessary treatments and exposes people to unnecessary interventions.
- Additive treatments. They are a consequence of reductionism in the sense that such an approach leads to specialization and fragmentation of the patient's body. In the case of risk factors, each of them is treated separately, although they are often interconnected. When a patient suffers from a disease of the digestive system, he is treated by different specialists depending on the organ (intestine, stomach, liver). The more complex the disease, the more fragmented the body is and the more additive treatments are carried out.

It is important to realize that reductionism does not only take place in the laboratory, where the human body is reduced to cells and molecules, but that it also manifests itself in clinical trials involving patients, in media publications and in doctor-patient interactions. When it comes to studies and tests, patients are not perceived as complex beings, but simplified as quantitative entities to enable statistical methods and meta-analyzes to ensure objectivity (Beresford 2010; Timmermans, Almeling 2009). Another dimension of the reductionist approach is simplified media coverage of scientific breakthroughs in the medical field. The media announce: "New drug against Alzheimer`s disease", "Scientists have identified a gene responsible for cancer". This gives the impression that the treatment of such a patient takes place in a single step, whereas there are many additional factors that need to be taken into account, including non-medical ones. All this leads to the interaction between doctor and patient changing and becoming instrumental. The doctor focuses on curing the disease and neglects the role of healer of the patient. At the same time, the patient feels fragmented and objectified and loses their autonomy and dignity (Buzzoni et al. 2022).

The reductionist approach supported by medicalization and pharmaceuticalization can lead to a preference for medical and pharmacological solutions while neglecting more comprehensive, psychosocial interventions. Furthermore, reductionism is supported by the so-called "gold standard" in medical research, namely randomized clinical trials. This type of testing neglects patient narratives, leads to 'one-size-fits-all medicine' and neglects minorities (Stevens 2018). As Beresford notes, "Again this is evident in medicine – although many 'targeted' agents are now used in the clinic, it is fair to say that in most cases the benefits to patients have been relatively modest, despite sound theoretical principles and laboratory data" (Beresford 2010).

2.5. Objectification of the body

Last but not least, the biomedical model also has an effect on the objectification of patients. They are treated and labeled as "cases", "bodies" or even "diseased organs" and thus lose their humanity and dignity. Their individual needs become unimportant. The only thing that matters is the physical body as an object of treatment (Carel 2016; Grīnfelde 2023; Toombs 1987). To better understand how medicine influences the perception of one's own body, especially when it becomes ill, the analytical framework of phenomenology is used.

"Being ill" can have different dimensions and meanings. In phenomenology, the term "illness" is used from an individual perspective, while medicine normally diagnoses and treats "diseases". "Disease" is a term that describes an objective condition that refers to characteristic symptoms that are classified, for example, in the International Classification of Diseases (ICD-11) under the unique alphanumeric codes used to describe medical conditions. "Illness" has a subjective

dimension that shows the individual's perception and interpretation of their own condition. It refers to the human experience of being "unwell". It is often described as a "state of discomfort" that may or may not be accompanied by specific symptoms. As Svenaeus writes (2022: 381): "Illness, on the other hand, by such a phenomenological view, consist in finding oneself at mercy of unhomelike existential feelings such as bodily pains, nausea, extreme unmotivated tiredness, depression, chronic anxiety and delusion, which make it harder and, in some cases, impossible to flourish. In illness suffering the lived body hurts, resists, or, in other ways, alienates the activities of the ill person". "Sickness" is a combination of the objective and subjective dimensions and describes the interaction between a sick person and other people. It refers to both the role of the sick person and the attitudes and reactions of people towards a sick person (Public Health Textbook, Twaddle 1968, 1994; Fleischman 1999; Hofmann 2002; Seidlein, Salloch 2019). As Farre and Rapley (2017) note, the definition of disease is a narrow approach that focuses on biological dysfunction and thus directs the clinician to the physical aspects of the patient's condition. In contrast, illness is a broad approach that focuses on the 'lifeworld of the patient' and allows the clinician to go beyond the clinical view and draw attention to psychological as well as socio-cultural aspects related to the condition.

The essential assumptions of the phenomenology of illness[1] can be found in Nielsen (Nielsen 2022). Proponents of this approach emphasize the first-person perspective, focus on explanations for the experience of illness and its influence on the patient's relationship to his or her body and to other people, and – above all assert that there is a unity between body and mind. In the phenomenological approach to illness, the concept of the "lived body" (Leib) and the "object body" (Körper) introduced by Husserl is also crucial. The lived body emphasizes a unity between the body and the self and thus rejects the Cartesian duality of body and mind. Merleau-Ponty describes it as "I am my body" (Merleau-Ponty 2005). It connects us to the world, shows us how we experience it through our body and enables us to understand who we are in the world. It can be viewed from the first-person perspective (de Boer 2020). The object body presupposes a distance between the body and the self and involves the conscious perception of one's own body (Grīnfelde 2023). It is an object in physical space and can be viewed from the perspective of a third person, whereby it can become an object of biomedical investigation (de Boer 2020). Objectification can be understood as the awareness of having one's own body and can be a positive or negative experience. The latter is usually an illness that manifests itself through the body – it is related to pain and/or loss of control over the body. Furthermore, the source of negative

[1] According to Nielsen, *phenomenology of illness* is a conceptual generalization including concepts of such authors as Havi Carel, Fredrik Svenaeus, and S. Kay Toombs. As such it is a simplified vision of common features found in their individual approaches.

objectification can be a doctor with an instrumental, reductionist approach and judgmental statements.

When it comes to disease, the body appears as an external and internal object at the same time. On the one hand, the body is an object that is accessible to others (doctors, nurses, those who make judgments). The body can be seen as a territory in which an illness occurs. On the other hand, the body is a subject that is only accessible to the individual (Grīnfelde 2023). It can therefore be seen as the experience of an illness. When a patient comes to the doctor`s office, they not only need to be "cured", but they are trying to cope with a condition on a psychosocial level. Furthermore, the objective condition is often secondary to the experience of an illness (Carel 2016).

Charmaz writes that a sick person verifies previous experiences and knowledge about the condition and its meaning. An illness is thus a socio-psychological process that involves the negotiation of meanings, reinterpretations and the updating of knowledge about oneself and others. A chronic illness "(…) provides a unique area in which to study the self because self-concern typically becomes so visible. Moreover, ill persons often become highly aware of previously taken-for-granted aspects of self because they are altered or gone" (Charmaz 1983).

Giddens points out that an illness changes the pattern of a person's everyday life and the pattern of interactions, thus emphasizing the private and public aspect (Giddens 2012). This is also emphasized by Beata Szluz, who writes about the individual and social aspect of a chronic illness using the example of Parkinson's disease (Szluz 2020). Illness is a critical moment in a person's life. The private aspect refers to the experience of limitations, pain and the fear of losing one`s life. A person may experience changes in body image, body structure or/and body functions. In this sense, chronic illness can lead to loss of self by being limited by the illness, becoming socially isolated, discrediting one's self-image, losing hope and "becoming a burden" (Charmaz 1983). Restrictions lead to a decline in activity and to dependency. In this respect, an illness has a social dimension. The sick person (and often their caregivers) works on health arrangements that allow life to be reorganized and adapted to the new circumstances. The illness affects interactions with others who may react negatively, making the illness a source of social stigmatization. Similarly, Charmaz considers the self-concept, which may be inconsistent with the self-image that others convey to the ill person (Charmaz 1983).

In the context of phenomenology, it can be said that the physician perceives a patient's body as a corporeal or object body (as opposed to the lived body exposed to treatment) (Leder 1984). Objectification usually takes place in the clinical setting and has two sources: the medical gaze and medical technology (Grīnfelde 2023). The first source is present during the encounter between doctor and patient, when the doctor focuses on the part of the patient's body that requires medical intervention. It is seen as a biological organism and forces the

patient to experience the body as an object, which in turn leads to a sense of alienation. The second source of objectification is medical technology, which includes diagnostic and therapeutic technologies. As Hofmann and Svenaeus point out, "medical technology is not only changing the way we specify and treat dysfunctions of the human body, it is also changing the way persons experience their physical condition" (Hofmann, Svenaeus 2018). And Havi Carel adds: "Seeing one's tumour as a set of CT images or aligning your limbs for a bone density scan can make the objecthood of the body prominent in one's experience. These objectifying experiences may lead to a sense of alienation from one's body, and to treating that body as an aberrant object over which one has little control" (Carel 2016). Patients become passive, withdrawn and lose control over the situation and over their body, which is diagnosed, measured, examined, scanned and controlled (Grīnfelde 2023). Medical technology can reveal the underlying disease, reveal the risk of disease, influence the experience of disease, lead to technological medicalization, change the perception of health and change the socio-cultural role of diagnoses (Hofmann, Svenaeus 2018). Objectification primarily affects our own experience of illness. The body, mediated by imaging procedures such as X-rays, magnetic resonance imaging (MRI) or computed tomography (CT), becomes alien to a person and is perceived as strange, which can lead to a feeling of alienation and loss of control over one's own body. The body is seen as an object of measurements, analyzes and procedures and not as a living and suffering subject of the disease experience. This in turn changes the experience of illness and can affect one's own illness behavior – the loss of autonomy, passivity in the relationship with medical personnel or the loss of responsibility for the healing process (Toombs 1987). But there is another way in which medical technology affects the objectification of one's body, and it is not in the medical context. A significant development in medical objectification is the use of self-tracking by the quantified-self movement (Topol 2015). People are increasingly using wearable sensors to measure bodily parameters like heartbeat, temperature, blood sugar, movement, sleep patterns, and diet. While using technology to quantify bodily characteristics isn't new, the extensive data collection by individuals rather than healthcare professionals is. Self-quantification can lead to better body awareness and control or to self-alienation when numbers replace the lived experience of the body (Svaenus 2023). An important problem for medical hermeneutics today is that self-measurement and genetic testing, which are aimed directly at the consumer, lead to medical objectifications outside the clinic that are interpreted by the patients themselves. While this may strengthen patient autonomy, it is also a cause for concern as it may be difficult for patients to understand and evaluate these objectifications. The sharing of data via health apps and DNA tests from medical technology companies can lead to a commodification of the bodily and physical alienation, making people feel less comfortable with their bodies. Medical objectification can reveal asymptomatic disease markers and future disease

risk factors, exacerbate illness experiences and change our perception of health (Svaenus 2023).

The objectification of the patient`s body is a consequence of the development of medical knowledge and technology supported by the biomedical model of disease.

3. Conclusions and perspectives

Elena Rocca and Rani Lill Anjum state: "Modern medicine, therefore, is faced with a contradiction by which scientific advances and medical technology offer the best opportunities ever, but at the same time an increasing number of patients are over-medicalised, over-diagnosed, become chronically ill, do not find a place in the health system, or feel that they are not met as whole persons in the healthcare system. The biomedical model seems to have played a central role in this development" (Rocca, Anjum 2020). It is undeniable that the biomedical model dominates contemporary medicine, leaving little room for other, non-medical aspects of disease.

The biomedical model influences the fragmentation of patient care through increasing professional specialization, reductionism and objectification. Reductionism leads to a growth of medical specialties, which in turn leads to an increase in the number of specialists. Each patient's illness is treated in isolation from others. A patient has to deal with various specialists, and each of them concentrates on their own field. Reductionism leads to the patient's treatment being concentrated on a limited part of their body, which leads to objectification.

The biomedical model and medical progress lead to an objectification of the patient's body. On the one hand, the body becomes an object of medical measurement and intervention and is usually limited to specific organs, functions or systems. Evidence-based medicine, supported by processes of medicalization and pharmaceuticalization, offers standardized solutions to cure the problem. On the other hand, individuals can objectify their body through self-tracking and self-measurement. The commercialization of medicine can also be an illustration of its own objectification, especially when considering esthetic medicine.

But the increasing number of diseases that have an environmental, behavioral and social background is already changing the approach to medical treatment, which also takes into account non-medical aspects that affect the overall condition of the patient. In addition, thanks to technological advances, patients have access to a variety of medical information sources that increase their awareness and sensitivity to the psychosocial aspects of their condition. This in turn makes them more expectant and demanding in the doctor-patient relationship. With the individualization of the body (Shilling 2021), people become more aware of its signals and needs, they better recognize and understand the symptoms and their

impact on their personal and professional lives. It is important to emphasize that as people become more knowledgeable, they take more responsibility for their health and "shape" their lifestyle more consciously, trying to avoid factors that could have a negative impact on their lives. The patient perspective looks promising, but one can also ask about the medical perspective. The development of treatment pathways, patient navigation and the patient-centered approach are just a few examples of how the medical perspective is changing. Non-medical aspects of diagnosis and treatment are also being taken into account, so that the focus is on the patient and not the disease.

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BEAUTIFIATION THROUGH EXCLUSION CITY IMAGE VERSUS SOCIAL MARGINALIZATION ON THE EXAMPLE OF THE SUMMER OLYMPIC GAMES

Abstract. Organising significant sports and cultural events becomes an impulse to accelerate the development of cities and regions. The changes concern various elements of urban space, from public transport to building infrastructure. In the face of increased media interest, city authorities are trying to create a positive image of the city as a place to settle, invest and visit. This involves beautifying public areas where people from marginalised groups also lead their lives. The homeless, vagrants, prostitutes and drug and alcohol addicts, through their appearance and non-standard behaviour, differ from the designed image of the city. The article focuses on the activities of authorities and local governments related to cleaning public spaces from groups affected by social exclusion, which intensifies in the preparation period for the Summer Olympic Games. The text is based on a review of press reports, scientific literature, and reports from organisations dealing with the problem of marginalisation. Analysing the collected material allows for a discussion on the actions taken, their frequency and the socio-political situation in which they occur. The results show that regardless of the city in which the Games are held, marginalised groups experience similar repression of a similar nature using analogous tools. The article attempts to systematise the available knowledge in historical and social contexts.

Keywords: Olympic Games, social exclusion, mega-events, marginalisation, clean-up streets.

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UPIĘKSZANIE PRZEZ WYKLUCZANIE WIZERUNEK MIASTA A MARGINALIZACJA SPOŁECZNA NA PRZYKŁADZIE LETNICH IGRZYSK OLIMPIJSKICH

Abstrakt. Organizacja znaczących wydarzeń sportowych i kulturalnych staje się impulsem do przyspieszenia rozwoju miast i regionów. Zmiany dotyczą różnych elementów przestrzeni miejskiej, od transportu publicznego po infrastrukturę budowlaną. W obliczu zwiększonego zainteresowania mediów, władze miast starają się kreować pozytywny wizerunek miasta jako miejsca do osiedlania się, inwestowania i odwiedzania. Wiąże się to z upiększaniem przestrzeni publicznej, w której swoje życie prowadzą również osoby z grup marginalizowanych. Bezdomni, włóczędzy, prostytutki oraz osoby uzależnione od narkotyków i alkoholu swoim wyglądem i niestandardowym zachowaniem odbiegają od projektowanego wizerunku miasta. Artykuł koncentruje się na działaniach władz i samorządów związanych z oczyszczaniem przestrzeni publicznej z grup dotkniętych wykluczeniem społecznym, które nasila się w okresie przygotowań do Letnich Igrzysk Olimpijskich. Tekst powstał w oparciu o przegląd doniesień prasowych, literatury naukowej oraz raportów organizacji zajmujących się problemem marginalizacji. Analiza zebranego materiału pozwala na dyskusję na temat podejmowanych działań, ich częstotliwości oraz sytuacji społeczno-politycznej, w której występują. Wyniki pokazują, że niezależnie od miasta, w którym odbywają się igrzyska, grupy marginalizowane doświadczają represji o podobnym charakterze, przy użyciu analogicznych narzędzi. Artykuł stanowi próbę usystematyzowania dostępnej wiedzy w kontekście historycznym i społecznym.

Słowa kluczowe: Igrzyska Olimpijskie, wykluczenie społeczne, mega-eventy, marginalizacja, sprzątanie ulic.

Activities undertaken during preparations for the Olympic Games are closely related to mega-events characteristics, regardless of whether they are related to sports or cultural competitions. The international format and, with it, the interest of the most extensive media (Jego, Shaw 1998: 29; Mills, Rosentraub 2013: 239) give the organisers a chance to create a positive image of the city (Roche 1994: 1–2) attractive to potential tourists (Pike, Ryan 2004) or investors. Martin Müller (2015: 629) also drew attention to these features, proposing four specific elements in his definition of a mega-event: attractiveness to a large number of visitors, extensive mediated reach (mainly through media coverage), high costs, significant impact on the built environment and population. Each is important enough to catalyse changes in urban space and, consequently, in those living there. This involves treating the city as a product that must be adequately packaged and sold. However, it is not a monolith but a collection of many elements that comprise a whole. In this context, Zawada (2013: 217) treats the city as a cumulative product (M-Product) consisting of partial products, including tourism-related ones. In turn, for Szromnik (2008: 116), one of the components of an urban product is its image, which Irina Manczak (2012: 105) understands as "a set of positive and negative ideas about a given city". Mega events significantly influence the image of the host as a tourist destination, regardless of whether it is the entire country, as in the case of the FIFA World Cup (Knott et al. 2015), or one city hosting the World Exhibition (EXPO) (Deng, Li 2013) or the Olympic Games (Ferreira et al. 2022). Apart from tourists and investors, it is worth adding

that the image is also essential for the city's inhabitants. For them, it becomes a determinant of territorial identity based on emotions and attachment to a place, people or history (Niemczyk 2018: 117). However, the image of the city that the local population sees and, most importantly, knows does not always correspond to the expectations of the city authorities and the image they create. Deteriorating buildings, littered pavements, and damaged lighting are only one side of the problem. The second one is undoubtedly man and his activities on the margins of social life. Life on the street is usually associated with homeless, poor or addicted people. This is, of course, a simplification typical of common knowledge, which treats the problem of marginalisation superficially. Following Sztumski (2012: 55), it can be assumed that within the social margin, there are individuals belonging to various "social groups and categories" that are differentiated "due to their socio-economic situation, moral or psychophysical quality" who have been there both through their fault and due to external factors. Not only individual people are subjected to the process of marginalisation, but also entire social groups who, according to Marshall (2005: 184), are deprived of the possibility of "access to important positions and symbols of power", and which some associate with the socio-spatial conditions of the city itself and the politics of national level (Wacquant 2008). A person living on the margins of society is not only in a difficult situation but also experiences social exclusion (Sztumski 2012: 53). This process is a broad concept combining various, although often related, phenomena (Szopa, Szopa 2011: 15) regarding the financial situation, loss of rights or unequal access to education. Therefore, regardless of what exclusion precisely concerns, it is "deprivation of the possibility of full participation in social life" (Olszewski-Strzyżowski 2018: 21). Side streets, empty buildings and slums often become the only place of existence for people experiencing exclusion, deprived of constant supervision by law enforcement services, where fundamental rights no longer apply. These places meet the most critical needs of the homeless (shelter from the weather), beggars (access to potential alms), drug dealers (clientele) and criminals (escape from the police). These places become a thorn in the side of mega-events organisers who want to present a positive and friendly image of the place hosting them.

Beautification is not a new process, but it dates back to the beginning of the 20th century and the City Beautiful movement that was crystallising. At that time, however, architects and urban planners wanted to influence the morality and virtues of the then society through monumental projects and aesthetic corrections of urban space (Bluestone 1988: 255, 262). Currently, beautification is aimed primarily at improving the city's image as a product, mainly aimed at a potential tourist, a new resident or an investor (Carlino, Saiz 2008). Beautification can take place through interventions: artistic (Tartari et al. 2022; Moulaert et al. 2004), urban greenery (Ahmad, Simis 2017), historical districts (Liu et al. 2023), and even by attempting to make changes in the functioning

communities (Broudehoux 2012) (which usually has a propaganda dimension, characterising especially, but not exclusively, non-democratic countries). The process of beautifying urban space is, of course, not a novelty typical of the postmodern era. Significant cultural and sporting events accompanying people decades earlier pushed city authorities to change the appearance of city streets and squares. One of the first World Exhibitions, whose history predates the revival of the Olympic Games, had an impact on improving the city's image through beautifying measures (Espuche et al. 1991). However, this process also has its dark sides. Deep infrastructural transformations and changes in the urban fabric affect residents in the preparatory phase. Modernising entire districts is primarily associated with mass resettlements to completely alien spaces (Rasnayake 2019; Davis 2011; Hopkins 2006; Carrarino 2014). Their previous places of residence are being demolished for new investments, and parts of the cities affected by these metamorphoses are undergoing gentrification processes (Kennelly, Watt 2012; Gaffney 2016; Watt 2013), thus arousing the interest of the wealthier middle class. In this way, spaces with a new image, often serving different functions than the original ones, become beautified and attractive for tourists, and at the same time, more expensive and inaccessible to people of low social and economic status. The money-rich middle class is finally becoming interested in such renovated spaces (Lenartowicz, Mosz 2018: 179). Interference in previously neglected areas of the city, aimed at improving the image of important tourist places, also affects socially excluded people living on the streets, in parks and uninhabited buildings. Plans for organising a mega event in a given city includes improving its image through new investments, including demolitions or modernisations, which usually involve changing its functions and how the facility (place) is used. In addition to metamorphoses closely related to construction and infrastructure projects, city authorities also use unofficial actions aimed at image-undesirable groups of people whose sight could significantly reduce the value of the urban landscape. Pre-Olympic city cleansing of people considered socially marginal serves to "put pressure on the city's population to adapt to [its] marketing image" (Kennelly 2015: 19).

1. Methodology

The article aims to collect and systematise information on the activities of the city authorities aimed at socially excluded groups whose principal place of operation is public space (streets, parks, squares, markets) and which activities are related to the organisation of a mega event in the city, such as the Summer Olympic Games.

The article is based on content analysis, primarily on a review of newspaper articles and – additionally – scientific publications, reports of organisations dealing with the problem of social exclusion and website articles. Since the aim of

the text was to reach the behind-the-scenes activities of the city authorities and organisers, the choice of this method allowed us to find journalistic reports (as well as information from non-governmental organisations), usually containing interviews with the victims themselves and reports from the places undergoing "clean-up". The keywords used in the research directed us to specific articles and reports. However, merely indicating the presence or absence of a given phenomenon would be insufficient (Richardson 2007: 15). The frequency of a particular word, which indicates the level of importance of the problem in a particular newspaper (as pointed out by Berelson [1952: 265]), was not considered. I was more interested in whether a given action took place and, if so, how and who it affected. A quantitative indication of the occurrence or absence of a given phenomenon is presented in the Table 1. In contrast, a qualitative description of a specific situation in the social context is presented in the description of individual cases.

All 30 cases of the Summer Olympic Games[1] were considered, including one relating to the 2024 Games, which were in the preparation phase when collecting materials for this text. To obtain data, primary Internet search engines were used, as well as virtual newspaper archives, if available. The research was conducted from December 1, 2023 to January 31, 2024. To find thematically interesting content, keywords in English were used, including their synonyms regarding the nomenclature of excluded groups: homeless/homelessness, beggar/poverty, etc., in connection with the subsequent editions of the Summer Olympic Games. The keywords resulted from a preliminary analysis of groups affected by exclusion but functioning on the streets, parks and other urban public spaces. Not all people at risk of exclusion or experiencing it (Silver 1995: 20) exist in the places mentioned above. The most frequently mentioned among them are the homeless, the poor, minors, prostitutes, and criminals (Król 2018: 79). For each of these groups, a street or park serves a different function: accommodation, protection, provision of services, etc. Table 1 presents all groups that appeared at least once in the analysed material. The results did not include texts from sources that were difficult to verify (including those without authorship) and those that were reprinted. Data was obtained from 26 journalistic articles[2], eight website articles[3], seven scientific texts[4] and two reports from non-governmental organisations. Among the press, the most frequently appearing titles were "The Guardian" (9 times), "The Moscow Times" and "Daily Mirror" (2 times each), "The Washington Post", and "Daily Mail", and others appearing at least once. In the case of eleven games, no data directly related to the topic was obtained.

[1] The review was limited only to the Summer Olympic Games due to their different nature from their winter version (related primarily to the scale of the event and media interest).

[2] Including traditional press with an online version, magazines published exclusively online, press agencies, news portals, and independent media platforms.

[3] Only websites of public organisations (municipal, university, non-governmental organisations, etc.) were considered.

[4] Including articles in scientific journals and scientific or popular science books.

Table 1. Actions taken by city authorities before the Summer Olympics aimed at specific groups affected by social exclusion.

	Athens 1896	Paris 1900	St. Louis 1904	London 1908	Stockholm 1912	Antwerp 1920	Paris 1924	Amsterdam 1928	Los Angeles 1932	Berlin 1936	London 1948	Helsinki 1952	Melbourne 1956
Homeless		no data	no data	no data	no data	no data	no data	no data			no data	X	X
Poor, beggars										X			
Prostitutes										X			
Addicts													
Romanies, Sinti										X			
Mentally ill													
Illegal business activity													
Afro-Americans, Latinos									X				
Vagabonds													
Minors													
Jews										X			
Thieves, gangs	X												
LGBT+ people													
Drug dealers													
Asylum seekers													

Source: author's work based on collected data.

Rome 1960	Tokyo 1964	Mexico 1968	Munich 1972	Montreal 1976	Moscow 1980	Los Angeles 1984	Seoul 1988	Barcelona 1992	Atlanta 1996	Sydney 2000	Athens 2004	Beijing 2008	London 2012	Rio de Janeiro 2016	Tokyo 2020	Paris 2024
no data		no data	no data		X	X	X	X	X	X	X	X	X		X	X
					X	X	X		X		X	X		X		
					X	X		X				X	X			
				X	X	X	X				X					
								X			X		X			
						X	X			X		X				
							X	X				X	X			
						X			X							
	X						X					X				
										X				X		
					X											
	X				X	X										
				X												
						X										
											X					

It is worth noting that it was impossible to find press references to activities aimed at excluded people in all cases. When undertaking research in which press articles are analysed, one must be aware of certain limitations and difficulties. In mine, these included using almost exclusively English content; most press reports came from European and Anglo-Saxon sources; and journalists had different working conditions depending on the Games (national politics, local conditions, community of excluded people). Actions targeting marginalised groups are usually unofficial and denied by city authorities. Reaching classified information and behind-the-scenes activities is extremely difficult, especially when the researcher enters the field to obtain the desired data personally (Męcfal 2019). Relying solely on existing materials, it must be assumed that journalists obtained the information in compliance with journalistic ethics. At the same time, trust must be limited. Therefore, this article does not exhaust the topic or close the discussion. On the contrary, it is a starting point for subsequent analyses considering new information, sources, and data.

In the chapter containing the research results, the author divided the Summer Olympic Games into two periods: 1896–1972 and 1976–2024. The periodisation proposed is related to data availability on the analysed topic. In the first period, the source materials were scarce, often fragmentary, and only concerned with some Summer Games. The second period is characterised by access to information and data related to each summer edition of this sports mega event. Additionally, such periodisation is supported by the fact that it was in the 1970s that the phrase *social exclusion* was coined (Daly 2006: 3; Boardman et al. 2022), which is one of the keywords enabling the search for appropriate content.

2. Results

First period: 1896–1972

The activities of the organisers of mega-events aimed at creating an appropriate image did not characterise only the post-war times and took place already in the 19th century (Espuche et al. 1991). During the first modern Olympic Games in 1896, the Athens authorities concluded a gentlemen's agreement with local thieves, which reduced theft to a minimum (Traiou 2016). Moreover, the national pride of the Greeks was appealed to, as was the case 84 years later during the Games in Moscow, when attempts were made to obtain at least a tacit agreement with petty criminals (Tetrault-Farber 2013). Unfortunately, little is known about the situation of poor or homeless people in the face of the Games before and immediately after World War I. During the London Games in 1908, suffragists fighting for women's voting rights disrupted some competitions (Miller

2012: 72). On July 20, 1924, The Daily Telegraph reported that the French authorities planned to rid the streets of Paris of beggars and small souvenir dealers called "pests". The games ended in this city a week later. However, the text does not directly refer to this mega-event, so it is unclear whether it was the reason for these actions.

In 1936, the Games were organised by the Third Reich. Less than a year earlier, the Reichstag had introduced the Nuremberg Laws. Under them, just before the Games, a camp was created in the Marzahn district of Berlin, to which 600 Roma and Sinti were deported just over two weeks before the opening ceremony (Walters 2008: 192). The laws above officially outlawed Jews, so even though attempts were made to cover up anti-Semitic signs from public spaces during the Games, they were still an openly persecuted group. The Berlin authorities also tried to clear the streets of beggars. Over 1.4 thousand of them were arrested in June 1936 and placed in the House of Forced Public Works, while prostitutes were banned from entering the central part of the city (Walters 2008: 192).

In Helsinki in 1952, homeless people were concentrated in underground shelters, access to which was restricted before the Games due to fear of losing their reputation (Pääkkönen, Marjomaa 2022). Interestingly, they were forced to live on the streets and beaches. The city authorities preferred that people experiencing homelessness be visible in public spaces rather than in overcrowded and cramped underground shelters.

Before the 1964 Olympics, the Tokyo police carried out intensified actions against pickpockets. Also, they persuaded local gangs to send their members (yakuza), who appeared to be repulsive, out of the city during the Games (Tomizawa 2020). They also liquidated unhygienic and discreet-looking houses and relocated vagrants (Iwata 2021: 100).

Second period: 1976–2024

In 1975, the actions of the Montreal authorities in connection with the upcoming Games were primarily aimed at the LGBT+ community. Although homosexuality had been decriminalised by the Criminal Law Amendment Act seven years earlier, the Royal Canadian Mounted Police (RCMP) raided gay and lesbian bathhouses, clubs and bars not only in Montreal but also in Ottawa and Toronto (Kinsman, Gentile 2009). According to journalistic accounts from that period, these actions had the character of a coordinated plan to cleanse the country before the Games. Opposition to these actions was an impetus for the faster development of organisations dealing with the rights of LGBT+ people. Additionally, the Montreal police also extended detention stays for alcohol addicts. Those arrested stayed there 6 to 8 times longer, thanks to which they were less visible on the streets of the Olympic city during the games (ibid).

Four years later, the Games were organised by Soviet Moscow. Alcoholics, beggars, prostitutes, petty thieves and the homeless, known by the acronym *бомж* ([IPA: bomʂ] –*a person without a permanent residence*), were deported 101 kilometres from Moscow (MacWilliams 1997). Taking care of the city's image contributed to eliminating people who were considered untrustworthy on the streets (Will 2018). The cleansing of the city also affected the Jews (Booth, Tatz 1994: 18).

In Los Angeles in 1984, the local Police Department (LAPD) searched the area around the Memorial Coliseum Stadium to get rid of drug dealers, gangs and homeless people (Felker-Kanotr 2017). The latter, along with the addicted and mentally ill, were woken from sleep by a particular mounted police formation and chased away from the city centre (Leon 1984). Press reports show that the games in Los Angeles were also used to intensify actions against poor Afo-Americans and Latinos, and homeless people – arrested under the established ban on using the streets for overnight stays – were placed in detoxification centres, having previously thrown away their belongings (Chandler 2018).

The time before the Games in Seoul was used to cleanse the city of homeless people, addicts, beggars, vagrants and mentally ill people who, after being arrested, were sent to prison camps, where some of them were held temporarily (COHRE 2007: 92–93). Small street traders were also banned from operating (Monbiot 2007).

Before 1992, the Barcelona authorities developed a plan to remove prostitutes, beggars, fraudsters and street vendors from the city. Attempts were made to move them to less touristy parts of the Catalan capital. Roma families also experienced evictions as they were dispersed and tried to assimilate with the local population in new places (Monbiot 2007).

Atlanta, where the centenary of the Olympic Games was celebrated, was a city burdened with racial segregation. Creating the image of a modern and, above all, racism-free centre was one of the local government's priorities. In 1995, 9,000 people were arrested (often without specific reason) – homeless people, mainly Afro-Americans (Monbiot 2007). Socially excluded people left their previous places of existence on their own due to the harassment they experienced from the security services (Beaty 2007: 32). The homeless and the disadvantaged were given free one-way tickets as long as they did not try to return. The court finally banned this practice two days before the Games' opening. However, no assistance programs or housing were offered to those who benefited from free removal from Atlanta. They were carried to cities such as Birmingham, Alabama and Chattanooga, Tennessee (Butler 1996).

Before the second Olympic Games in the Antipodes in 2000, negative actions from the authorities were mainly experienced by homeless people (including many Aborigines), mentally ill people and minors (COHRE 2007: 135). However, these were not activities on such a large scale as during the previous Games.

The first Summer Games of the 21st century returned to Greek soil. The actions of the Athenian authorities, on a smaller scale, focused on drug addicts, applying for asylum, homeless people and beggars (Smith 2004). However, it is estimated that 2,700 Roma families were evicted as a result of preparations for the Games, which ultimately worsened their already difficult situation (COHRE 2007: 146; Watts 2008).

Four years later, the Games found themselves in the communist reality of the People's Republic of China. To present Beijing in an appropriate and positive light, the head of the Organizing Committee ordered the city to be cleansed of beggars, prostitutes, homeless people and door-to-door vendors. Despite assurances that such activities should be carried out in a "civilised manner", arrests also affected people engaged in unregistered activities (e.g. taxi drivers) (Watts 2008). The repression also affected hairdressing salons and karaoke clubs, which were also places where prostitutes worked (Watts 2008). The Beijing authorities also planned to hospitalise mentally ill people, and captured vagrants or beggars were sentenced to the so-called "re-education through work", for which the Chinese penal system is famous (Monbiot 2007).

However, the return of the Games to democratic soil in 2012 did not result in a break with the authorities' previous actions towards excluded people. Just like four years earlier, the streets were "cleared" of prostitutes (mainly in London's Soho) and homeless people (Boyes 2012). Actions against the latter were carried out, among others, as part of "Operation Poncho", which involves making it difficult to spend the night on the streets. For this purpose, people sleeping there were woken up in the middle of the night and forced to seek help from the services (Benjamin 2008). They, in turn, sprayed water on places favoured by the homeless, preventing them from returning and sleeping there (Benjamin 2008). The next move of the London authorities was the introduction of "Non-Sleep Zones" and confiscating alcohol (Boyes 2012). The operations, clearly assessed by organisations supporting the homeless as controversial, were consistent with the announcements made by the then Mayor of London, Boris Johnson, in 2009 (Boyes 2012). The British government also pressured the capital's streets to be free of people sleeping there until the games (Benjamin 2008).

The 2016 Olympic Games were held for the first time on the continent of South America. Famous for its colossal poverty districts – *Favelas* – while preparing for this major sporting event, Rio de Janeiro became a place of arrests focused primarily on minors (especially people experiencing poverty and those with different skin colours) (Da Agência Brasil 2016). They were subjected to interrogations even if they had not committed any offence. This practice was part of the "sanitisation" of the city, which was condemned by 26 institutions working for excluded people (Da Agência Brasil 2016). Entire favelas or their fragments were also demolished, depriving the houses of their previous inhabitants.

The Games in Tokyo, marked by the pandemic and postponed for a year, were preceded by the eviction of homeless people from the places they occupied near the Olympic facilities, mainly the Olympic Stadium (the Asahi Shimbun 2021).

The 2024 Olympic Games will be held in Paris for the third time. When writing the article, the French capital was in the process of preparations, and the media reported government plans to close homeless camps and relocate them (David 2023). Officially, these activities have nothing to do with the Games but only as a response to relieving the city and supporting homeless people (David 2023).

3. Discussion

Of the 30 summer editions of the Olympics, information was collected about 19 of them. The collected data shows that behind-the-scenes activities, essentially the responsibility of city authorities, focus on cleaning the city space from the so-called street people intensify during the preparations for the Games, reaching a climax just before the opening ceremony. From groups affected by social exclusion directly related to public spaces, such as streets, parks, squares, etc., homeless people were most likely to experience arrests, roundups or evictions (13[5]). This may be related to the visibility of these people on the streets. They do not operate there only at specific times of the day (like drug dealers or prostitutes), but their life revolves around a selected part of the street throughout the day. Subsequently, such actions were aimed at beggars (8) and prostitutes (6). People with an addiction (both alcohol and drugs) were taken off the streets during preparations for the five Olympic Games. Table 1 shows the frequency of repressive actions against other excluded groups during selected Olympic Games.

Due to different sources, social or political contexts, and more or less intense journalistic (but also authors of other sources) activity, most data may give the impression of randomness regarding the frequency of occurrence. It is worth emphasising, however, that they are not exhaustive, and the state of knowledge on this subject may expand with access to new sources previously unavailable virtually. Due to these activities' unofficial or hidden nature and the situation in a given country, journalists could not always describe their problems to all excluded groups. Analysing the collected material, it is also clear that the country's political system does not determine the frequency of actions taken by city authorities. Their distribution was similar in cities in communist countries (Moscow 1980; Beijing 2008) and democratic countries (Los Angeles 1984; Seoul 1988).

Over the years, the word "actions" has been mentioned many times and has covered various ways to remove people representing marginalised social groups from public space (which theoretically belongs to everyone). Due to their

[5] The number of cases is given in brackets, where one case means one Olympic Games.

behaviour and/or appearance, these people do not correspond to the idea of a positive image of the city. The homeless, vagrants and prostitutes remind the city of its problems, unresolved conflicts, imperfect social programs and human tragedies. By showing the incompetence of the city machine, they destroy the propaganda image of a place that is supposed to host tourists worldwide. Depending on the country, such actions were mainly in the form of (a) criminalisation of the homeless, involving unjustified arrests, subsequent interrogations and detention (including extension of the duration of stay); (b) making it difficult to function in a selected space (e.g. spraying water on places of accommodation, closing places that are so-called covers for prostitutes, raids on LGBT+ clubs); (c) forced relocation, including permanent resettlement to the outskirts or outside the city; (d) intensifying the work of law enforcement services against people violating applicable law. In extreme cases, repressed groups were forcibly placed in labour and extermination camps (Berlin 1936) or penal centres (Beijing 2008), where they were subjected to "re-education through work". It is also worth adding that in some situations described, activities were carried out as part of special programs or projects not officially related to the organisation of the Games but intensified during this period.

The Olympic Games not only pushed city authorities to fight against socially excluded people unjustifiably but also – and it is worth emphasising – engaged their defenders. Unlike legal law enforcement services, such activities were conducted under challenging conditions. In the case of Los Angeles in 1984, people experiencing homelessness were informed and equipped with the necessary knowledge in the face of organised resettlements. In turn, before the 2000 games, Aborigines were encouraged to use the event to draw attention to the problems of social inequality not only in the country but also in sports (Booth, Tatz 1994: 18). Organisations dealing with the protection and rights of people on the margins of society also mobilised in protests to organisations such as the UN against violations in the run-up to the Games.

The problem of clearing the city of street people is not only concerned with the Summer Olympics. Such or similar actions targeting marginalised groups living on the streets also took place before the Commonwealth Games in Brisbane in 1982 (Booth, Tatz 1994: 18) and the Toronto Economic Summit in 1988 (Lenskyj 2000: 64) or the FIFA World Cup, including in 2010 in South Africa (Kiddle 2010) and in 2018 in Russia (Stewart 2018). This proves that the beautification of urban space by clearing it of marginalised groups has its source in the activities of city and/or state authorities and is not related to the institution of the mega event itself, regardless of whether it is of a sports, cultural or economic nature. Institutions such as the IOC, FIFA and UEFA advocate inclusion, cooperation and mutual respect in their strategies, reflected in their publications (e.g. Olympic Charter), programs (e.g. UEFA Respect Campaign, FIFA No Discrimination Campaign) and competitions. (e.g. on banners and slogans). These events,

constituting a kind of catalyst for the region's development, both in terms of infrastructure, economy and image, motivate the hosts to make not constantly ethical moves, the results of which are not available in official reports but only through press reports and independent scientific publications.

City authorities should focus even more intensively and carefully on the problem of excluded people, not treating them as unnecessary elements who have fallen outside the social system. As Sztumski (2012: 53) writes, they are still part of the social structure, although it has a different character – so they do not orbit in the void around a functioning society but still belong to it. Entering into dialogue with non-governmental organisations is as crucial as turning to the "street people" themselves. Learning about their needs and problems and understanding their perspective can positively affect the entire community. City authorities can, in turn, activate people affected by exclusion through sport. Research shows that practising team disciplines and participating in competitions help to overcome difficult life situations (Olszewski-Strzyżowski 2018: 111–115). Sports help provide emotional support and overcome social barriers, but – as the author mentioned above points out – the interest of city authorities or sponsors in this topic is still negligible (Olszewski-Strzyżowski 2018: 111–115).

The lofty idea of equal opportunities, cooperation and mutual respect accompanies the Summer Olympic Games. However, each party organising the Games has its own goals and interests. This is an excellent opportunity for the city to promote its brand and attract the attention of potential tourists, entrepreneurs and new residents. However, the projected vision usually does not correspond to reality, and the decorated streets hide unwanted problems. Behind them are people who experience social exclusion due to various factors: poverty, maladjustment, breaking the law, disease, addictions, non-standard behaviour, sexual orientation, etc. Before the Olympic Games, they suffered from double exclusion, as they were deprived of the opportunity to participate in this sports festival and, therefore, in all its dimensions. The beautified streets, full of people from the farthest corners of the world, are not accessible to the poor or homeless who live there every day. The analysed data indicate that before the Games – regardless of the region, culture or state system – activities aimed at marginalised groups were intensifying and removing them from urban space (incredibly valuable for tourism). This means that every city struggles with similar problems, the solutions of which are still far beyond the reach of urban communities.

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THE BODY IMAGE OF THE CONTEMPORARY SENIOR AND ITS INTERPRETATIONS. THE PERSPECTIVE OF DIFFERENT GENERATIONS

Abstract. This article discusses part of a qualitative study carried out among representatives of four generations (the traditionalist generation, baby boomers, generation X, and generation Y), which reveals intergenerational differences in the way the ageing human body is perceived and the body practices to which it is currently exposed.

Using the category of generations and assuming that the human body is a social construct resulting from the process of the socialisation of the biological – a symbolic form reflecting the rules, social hierarchies and cultural obligations binding in a given society and at a given historical moment, the article proposes an answer to the question: how does the moment of life of representatives of different generations, and thus the socio-cultural conditions defining selected generations of Polish men and women, determine the way in which the appearance of the body of contemporary seniors is interpreted?

The collected material allows us to perceive generational differences (in the chosen topic), while the literature used helps to interpret the results of the study.

Keywords: ageing body, intergenerational approach, traditionalist generation, baby boomers, generation X, generation Y.

WYGLĄD CIAŁA WSPÓŁCZESNEGO SENIORA I JEGO INTERPRETACJE. PERSPEKTYWA PRZEDSTAWICIELI RÓŻNYCH POKOLEŃ

Abstrakt. Artykuł stanowi omówienie fragmentu badań jakościowych przeprowadzonych wśród przedstawicieli czterech pokoleń (pokolenia tradycjonalistów, baby boomers, pokolenia X

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i pokolenia Y), ukazujących międzygeneracyjne różnice w sposobie postrzegania starzejącego się ciała człowieka, jak też praktyk cielesnych, którym jest ono współcześnie poddawane.

Posługując się kategorią pokolenia, jak też przyjmując, że ciało człowieka to konstrukt społeczny będący wynikiem procesu uspołecznienia tego co biologiczne, to symboliczna forma, odzwierciedlająca obowiązujące w danym społeczeństwie i w danym momencie historycznym reguły, społeczne hierarchie i zobowiązania kulturowe, artykuł proponuje odpowiedź na pytanie: w jaki sposób moment życia badanych reprezentantów różnych pokoleń, a zatem i uwarunkowania społeczno-kulturowe definiujące wybrane generacje Polaków i Polek, kategoryzują sposób interpretowania wyglądu ciała współczesnego seniora?

Zgromadzony materiał pozwala na dostrzeżenie (w obranym zagadnieniu) różnic pokoleniowych, zaś wykorzystana literatura przedmiotu pomaga w interpretacji wyników badania.

Słowa kluczowe: starzejące się ciało, ujęcie międzygeneracyjne, pokolenie tradycjonalistów, baby boomers, pokolenie X, pokolenie Y.

1. Introduction

Ageing is a process that takes place on three basic levels. The first is the biological level, i.e. physiological ageing, which is externally observable (Szatur-Jaworska, Błędowski, Dzięgielewska 2006: 48–52). For example, wrinkles appear as a result of the body's decreasing ability to bind and retain water in the epidermis, making the skin less elastic. This is followed by greying of the hair and the need for corrective glasses as the thickening of the eye lens makes it difficult to see objects at close range. There is also a loss of height with age, as changes in bone structure cause older people to stoop. Between the ages of 55 and 75, body weight also decreases, with loss of connective tissue, bone tissue and muscle mass (Kowalewska, Jaczewski, Komosinska 2005: 9–18).

The second level is the psychological level. Changes in the psyche of older people are analysed mainly in the context of personality and mental performance (Leszczyńska-Rejchert 2005: 48–55, 101–106). The thought processes of older people are characterised by slowness, concreteness, simplicity of interpretation and difficulties in abstract thinking. Learning new things takes longer (due to declining fluid intelligence), but the ease with which memories are recalled is a manifestation of high activity in the hippocampus (the part of the brain where memories are stored) and thus a high level of crystallised intelligence. Post-formal thinking, i.e. allowing more than one correct solution to a problem, is also characteristic of older people (Porzych, Kędziora-Konratowska, Polak, Porzych 2004: 165–168).

The third level of progressive ageing is the social level. One of the manifestations of the changes taking place in this dimension is the end of working life or a change in social roles. The role of employee/worker is replaced by that of grandmother or grandfather – a role that is important for the self-image of older people. Taking on the role of a pensioner often entails the activation of neighbourhood roles, social roles, roles as a member of the local or religious community (Szatur-Jaworska, Błędowski, Dzięgielewska 2006: 55–58). The trends observed

today also lead us to invoke the process of aestheticisation (Kramkowska 2020) or the juvenilisation of old age (Konieczna-Woźniak 2012), as a result of which seniors today often assume the role of tourists, students at the University of the Third Age, or consumers of goods and services aimed at rejuvenating the appearance of the ageing body. "The process of ageing in Western societies has triggered a new discourse at the scientific, social and economic levels, related to diets for the elderly, their physical activity and cosmetics for seniors, with the sole aim of changing their ageing bodies" (Admaczyk 2021: 70). Consumer culture and the media-promoted 'cult' of the young, i.e. a fit and active body, imply the formation of a new profile of the contemporary senior citizen, who seeks to delay the consequences of biological, psychological or social ageing and, to this end, creates a new role of the older person, i.e. the role of user and consumer of the beauty and wellness sector.

The complexity of the ageing process is a social and scientific challenge – the issue is the subject of numerous analyses and research studies. This focus is justified because, for instance, 22.3% of Poland's current population is aged 60 and over. The results of the 2021 census in Poland indicate that the proportion of people in the post-working age group has increased by more than 5% compared to 2011. This means that in the course of the decade the number of people aged 60/65 and over has increased by almost 2 million, meaning that more than one in five Polish citizens is now over 60 (Statistics Poland 2022: 24–25). The complex nature of the ageing process is also an individual challenge. A personal approach to the progressive process of ageing requires an individual response. The nature of the ageing process itself – the speed, intensity and unpleasantness of the changes experienced – is the result of many factors determined by an individual's biography. The same applies to the perception of the ageing human body, which is the surface on which these changes take place.

Human corporeality is the biological and socio-cultural basis for human functioning and for experiencing the surrounding reality. Well-functioning systems and organs responsible for individual physiological activities (biological aspect) enable human beings to live a successful, i.e. healthy, existence. Understanding the body as a socio-cultural reality means treating it as an unfinished social phenomenon that is subject to constant change. The body is a social construct resulting from the process of socialisation of the biological (Bourdieu 2004), it is the basis of social interaction and the means by which the individual is included or excluded from society. The body is a symbolic form that reflects the rules, social hierarchies and cultural obligations in force in a given society and at a given historical moment (Buczkowski 2005; Turner 1984). A perfect example of this is the changing appearance and perception of the ageing human body. Two questions arise here. First, the body is supposed to provide modern humans not only with a basis for well-being, but also with social acceptance (Adamczyk 2021: 72). Second, contemporary consumer culture has not developed different patterns of beauty that are in harmony with the biological phases of life, so it may be that social attitudes towards old age and the

appearance of the ageing body are not far from symbolic violence (Bourdieu, Wacquant 2001: 131–170). These issues need to be further explored.

This article presents an excerpt from a qualitative study conducted among representatives of four generations (the traditionalist generation, baby boomers, generation X, and generation Y), which reveals intergenerational differences in the way seniors perceive the appearance of the ageing body, as well as the body practices to which it is now subjected.

2. Research methodology

The content presented in this article is empirical material collected during a qualitative study conducted in the first quarter of 2022, using an unstructured interview with a standardised list of sought-after information (Konecki 2000: 169–170).

Representatives of four generations were invited to participate in the interviews, the term 'generation' being understood as a collective of people born at the same time who develop natural or consciously desired ties, in the formation of which the commensurability of their life experience and a particular type of social localisation, i.e. a similar location in the historical dimension of the social process, play a key role. Generational localisation is 'the accessibility to a stock of potential experience that influences the production of a tendency towards a certain characteristic way of thinking, experiencing, acting – which is the result of a subjectively experienced time or point of view' (Szafraniec 2022: 39). Thus, a generation is a collective of people who live at the same time, are influenced by the same events and therefore perceive reality in a similar way, have a similar system of values, similar expectations towards various social problems and even corresponding ways of realising their needs (Kopertyńska, Kmiotek 2014: 41–42). In the light of this definition, the distinction between generations is a matter of accepted convention, which is why the various classifications differ both in terms of age range and nomenclature (Gierańczyk 2022: 26).

A reference point for many sociological analyses is the American classification of generations, which distinguishes between the traditionalist generation (born between 1918 and 1945), baby boomers (born between 1946 and 1964), generation X (born between 1965 and 1980) and generation Y (born between 1981 and 1995) (Wątroba 2017: 32). The research reported in this paper uses this generational classification.

Sixteen representatives of each generation took part in the interviews, the traditionalist generation[1], baby boomers[2], generation X[3], and generation Y[4].

[1] The traditionalist generation are narrators aged 77 and over at the time of the research.

[2] This group of respondents included people aged 58–76 (at the time of the survey).

[3] Generation X are narrators aged 42–57.

[4] This group of narrators included people who were 27–41 years old at the time of the research.

The selection of the sample was purposive and its criteria, apart from belonging to the selected generation, were the respondents' gender and place of residence (urban/rural). Taking these assumptions into account, each generation was represented by 8 women and 8 men, 8 urban residents[5] and 8 rural residents[6]. A total of 64 interviews were conducted.

The research topics concerned old age and older people in the memories of representatives of different generations and their opinions on contemporary old age and today's seniors. The general research problem was analysed by means of specific questions, one of which concerned the visual aspect of old age and the appearance of older people. These questions are the content of the presented study.

In view of the above, the material presented in this text will be a discussion around a central problem, which for the purposes of this text has been formulated in following question: *How does the moment of life of the interviewed representatives of different generations, and thus the socio-cultural conditions that define the selected generations of Polish men and women, categorise the way in which they interpret the appearance of the body of a contemporary human being experiencing progressive ageing processes?*

To find an answer to this problem, the following specific questions will be helpful:

a) What is the definition of old age used by respondents of different generations and is it related (if so, how?) to the perception of human physicality?
b) How do respondents perceive the appearance of the contemporary older body and the practices to which it is subjected?
c) What events, conditions or values specific to each generation might have influenced the perception and interpretation of the appearance of the ageing body of today's seniors?

3. Defining old age according to different generations

A key point, helpful in understanding and interpreting the strictly physical content, is to recall the definition of old age used by the representatives of the different generations interviewed. Let us begin the presentation of the empirical material in chronological order, starting with the perspective of the representatives of the oldest of the generations surveyed – the traditionalist generation, i.e. people aged 77 and over at the time of the survey.

[5] The city from which the respondents came was Białystok, the capital of the Podlaskie voivodship.

[6] The villagers lived in suburban villages within 10 km of Białystok and in a village 60 km from Białystok, where the author of the study grew up.

The analysis of the content of the interviews shows that the personal experiences of the interviewees, resulting from a specific moment in their biography, influence their understanding of old age. The respondents identified old age with physical infirmities and health problems. They also distinguished the category of 'real old age', i.e. frail, dependent, confined old age. Here are some extracts from the narrators' statements.

> For me, old age is basically the state where the body starts to disobey. It doesn't want to listen to what's in the head. In the head there is still the desire to live, to move, to explore, to learn new things, but unfortunately the body is already forcing you to sit in a chair, not even to go out. It is also the physical wear and tear on the body. That is old age for me. (F, 81, City[7])

Or:

> Old age is a kind of terrible infirmity. First what comes to my mind is that you can no longer cope, that you need some kind of care from a family member, possibly a stranger. It's really starting to become, you know, real old age. (F, 83, Village)

Old age is therefore perceived by the oldest respondents through the prism of the consequences of the biological ageing of the human body. And since the biological dimension is so important, the answer to the specific question posed above about the possible relationship between the definition of old age used and the perception of human physicality seems obvious. These levels are interrelated.

Defining old age through the prism of changing physicality was also characteristic of the younger generation – the baby boomers. People born between 1946 and 1964, when asked how they understood old age, often referred to changing physicality and the associated imperfections of the body – all kinds of them. As one of the women interviewed said

> For me, old age has always been perceived as an imperfection of the body, an imperfection of the mind. The perception of appearance too. (F, 71, City)

Changes in a person's physicality, which is one of the key elements defining old age, also appeared in the statements of older men from the post-war baby-boom generation. One of them confessed:

> I associate old age more with appearance, well, maybe it's not nice to say, with the degree of infirmity, or whatever you want to call it. (M, 75, City)

[7] The information in brackets for each respondent indicates the respondent's gender (F – female, M – male), the respondent's age, and the respondent's place of residence.

Another one said:

> In the case of old age, I think it's rather that most people, looking at it from the outside, see it as something that doesn't bring pride or anything, but just a hassle because the body works differently. (M, 69, City)

The quoted extracts suggest that the changing physicality of older people is the *differentia specifica* of old age for the baby boomer generation. It should be noted that women emphasised changes in the appearance of the ageing body, while men emphasised the body's declining functionality.

A very different understanding of old age was shared by members of generation X. There was no reference to the appearance or infirmity of the older persons, quite the opposite. Those born between 1965 and 1980 defined old age as a time of well-earned rest and a period of life marked by experience and wisdom. This is what one male respondent said:

> Old age is maturity and wisdom. These are the two possibilities. Because a man is born stupid, then he gets the hang of it, but he gets burned by various things. And then he becomes wise. So these are two things, two such concepts, when it comes to old age. I don't think I have any others. Because as far as infirmity is concerned, I don't put it down to that, because some people stay fit until the end, so it doesn't make any sense at all. It depends on some predisposition of the body. (M, 42, Village)

The understanding of old age presented here is relevant to the way in which respondents from this generation interpreted the appearance of the ageing body, as will be discussed below.

The last generation surveyed was generation Y, i.e. people born between 1981 and 1995. When dissecting the interviewees' responses regarding their understanding of old age, we find that an important component of the definition they used was changes in external appearance, which are specific to this period of life. One woman explained:

> Old age is a period of life that I usually associate with two things. Firstly, with age, that is, with reaching a certain threshold. And the second thing is that I also associate old age with people who are at a certain visual stage, in terms of their appearance, so to speak. These are people who you can see may already have health problems, and you can also see from their appearance that they are in a certain age group. (F, 38, City)

A similar view was expressed by one of the men:

> When I think of old age, I usually think of someone who is old, sick and has grey hair. Probably, if you go back in time, still wearing a headscarf. So you can see from the image that the person is older. (M, 35, City).

We can therefore see a certain convergence between the baby boomers and generation Y, both of whom, in sharing their understanding of the concept of old age, draw attention to its important dimension of physical change. However, the

youngest generation surveyed also shared some interesting thoughts on the appearance of the ageing body, which were not mentioned by the respondents from the older generations. But more on this in a moment.

There is no doubt, therefore, that the way in which old age is defined by representatives of different generations is linked to perceptions of human physicality.

4. Representatives of different generations on the appearance of the ageing body of a contemporary older person and the practices to which it is subjected

Let us now look at what the respondents said when asked about the body image of today's older men and women. As is traditional, we start with the oldest generation.

This is how one of the men described it:

> A woman dresses fashionably, according to her age. She looks after her appearance. Men also take care of themselves. You can see the way they are dressed. It's only the homeless who dress differently, and yes, men also take care of themselves. Today, when I go to the hairdresser's, it's these old grannies who come in. And they dye their hair. I'm telling you, when a man is well groomed like that, he looks different somehow. (M, 84, City)

And here is an interesting comment from an older woman – a resident of the city:

> It seems to me that older people take better care of themselves not only in old age, but earlier, I would say even earlier, not only in old age. They took more care of themselves in the beginning and now, in their old age, it has stayed with them. I think life is better today than it used to be. Such a better standard of living. (F, 83, City)

It is possible that the development of self-care habits signalled by the woman is related to where the older person lives, which is indirectly related to the level of education of urban and rural older people and the type of work they do.

Respondents were also asked about the reasons for self-care among today's older men and women. What motivates them? Why do they do it? The traditionalists were all agreed on this point – they all said they did it for themselves.

> For their appearance, for their well-being, they improve their appearance. For example, I do it for myself, not for society. When I dress delicately or emphasise my beauty, I do it for myself. Because it is a burden, such neglect, it is a burden. If I take care of myself, it gives me such energy and life. (F, 93, City)

Representatives of the baby boomer generation also shared their observations on the appearance of today's seniors. They had no doubt that the attractiveness of older people had changed, i.e. they shared the views of the previous generation. However, they were less clear and positive about the practices of their boomers' peers in relation to changing physicality than the traditionalists who were older than them.

> I have to say that old age today is different – explained one of the women – different. I wouldn't say prettier, uglier. It is today, I feel, that this time, this entry into old age, used to involve certain mechanisms, for example dark clothes, naturalness, all kinds of embellishments were not an option. And today, it seems to me, all this has become blurred. Everyone lives in their profile, as they like it, as they feel more comfortable. And sometimes maybe to show off to others (laughs). (F, 68, City)

A similar observation about the prevalence of rejuvenation practices was made by another respondent:

> There is definitely more of a desire to rejuvenate this age group today. Because in the 1950s, 1960s, if I can put it in perspective, this age group, this old age, was not hidden. It simply progressed. And today they want to hide this period of life. I think that this kind of rejuvenation is sometimes exaggerated. It's funny how women look like they're wearing such tight clothes. I think there are some things that are not appropriate for old age. (F, 71, City)

The woman's statement was in line with the question about the reasons why today's seniors are active in self-care. Respondents from the baby boomer generation pointed to general social changes, which naturally resulted in a change in seniors' attitudes to their own appearance.

> Because of the conditions – explained one of the men – today's seniors take care of themselves differently than in the past. Well, certainly the conditions are different, well, they have different financial possibilities, probably, because of that. (M, 75, Village)

It is time for the insights of generation X representatives. Firstly, they pointed out that the ageing body of a contemporary senior can be interpreted as a reflection of prevailing trends and as an imitation by seniors. The responses of the respondents referred directly to the use of rejuvenation of the body image of seniors. Significantly, this was not necessarily seen in a positive light by the respondents. "In general, it's a bit of a stretch of naturalness," said one woman.

> In my opinion, any form that's not an exaggeration is acceptable if it's for the person's benefit. Because it's worse when an older person who's undergoing treatment thinks they're great and everyone around them judges them differently. Because it is a bit of a skill to beautify and not exaggerate. (F, 48, City)

Similarly, another respondent said:

> We don't always really rejuvenate ourselves, because sometimes we even hurt ourselves, don't we? But the motive behind the use of aesthetic medicine today is to combat the passage of time and the changes that occur. I see wrinkles, I go and do something to make those wrinkles go away. It seems to me that this cult of youth imposed by the media has made us run away from old age. (F, 57, Village)

It should be noted that the above opinions are women's perspectives. Men were less critical in this regard. For example, in response to a question about the body image of a contemporary older person, one of them said:

> Today it's the hairdresser, the beautician, eyebrows and nails. Well, it's just, well, all that applies to the young, it also applies to the old. Well, there are probably a few of them somewhere, but the scale is completely different, they just don't have that need. I see lots and lots of opportunities and they take advantage of them. Cool. (M, 44, City)

Secondly, generation X respondents pointed out that the appearance of an ageing human body today is a product of the long-term actions and choices that a modern senior man or woman has made over the years.

> The intervention in this corporeality, in the direction of aesthetic medicine, does not begin in old age. It starts in middle age. And if someone gets stuck in this, well, in this old age, they do it because they already have this need to do something like this. (F, 48, City)

Or:

> I would say here that while in my childhood the class factor was probably so important, now I think the fortune factor becomes important in old age. So it has something to do with the fact that some people prepare for old age and others don't. And today we decide about ourselves. Even about our appearance. (F, 52, City)

Thus, on the one hand, the body image of today's seniors is, according to generation X respondents, the result of imitating younger generations, but on the other hand, succumbing to prevailing trends turns out to be a long-term strategy, and not just the strategy of the older persons. As one woman said:

> The media, the entertainment industry, the fashion industry, the textile industry have to respond in some way to the needs of these older groups. And now the question – is it worth it for us to let these people grow old with dignity? Well, no. Economically, it's not worth it. We have to create in them the need to be young, because this need will generate certain consumption needs. And now the whole procedure is: *let's not let them grow old with dignity, because they will sit down and want nothing*. (F, 48, Village)

And then there is the interesting position of the youngest respondents, generation Y, and the interesting conclusions that can be drawn from their observations.

The first observation is that the appearance of today's older people does not correspond to the stereotypical image of the elderly. Here is an example of a man's explanation:

> There is no such thing as typical old age. Traditional old age. I don't see that anymore. The kind of people where, for example, you can see from a distance that it's a really old person, typically that old. Well, now I'm saying that I don't see that kind of old age. Maybe it's because old age has dressed itself up in such clothes, I mean with progress, because it's so rejuvenated. I don't see that kind of old age. (M, 33, Village)

A second interesting reflection from generation Y respondents was the perceived prevalence of practices to rejuvenate the appearance of the ageing body.

The youngest respondents, like those from generation X, felt that taking care of oneself, of one's appearance, was a particular skill, a manifestation of a sensible attitude to the practices available, which they felt was obligatory/should be obligatory by the time one reaches old age. One woman explained:

> I don't think it's appropriate for older people to go into such extreme visualisations that are inconsistent with their everyday appearance or their life so far (...) It's all about moderation, it's always worthwhile, regardless of age. And while experimentation is forgivable for children and young people, I think it is less forgivable from the point of view of older people. (F, 38, City)

Respondents were also asked about the body image motivations that might be behind the engagement of today's older people in some activities and not others.

> It's an exaggerated pursuit of youth – said one woman – when they have so much plastic surgery that it becomes visible. Then you can think that this person can't accept that he or she is already his or her age. (F, 35, City)

One man, however, had an insight into the psychological benefits that can motivate older people. He explained:

> Well, I think it's about giving these older people satisfaction. I think it's that they look younger, they feel younger and maybe the mental wellbeing is better. (M, 36, City)

5. Generational determinants of the perception and interpretation of the appearance of the ageing body of today's seniors

With this in mind, and with reference to the literature on the specifics of each generation, let us try to find an answer to the last of the specific questions, i.e. which events/conditions or value systems specific to each generation could have/had an impact on the perception and interpretation of the appearance of the ageing body of seniors in its contemporary version by their representatives?

If one listens to the statements of the representatives of the traditionalist generation, it is not difficult to recognise the baggage of life experience resulting, among other things, from the fact that they have lived through seven decades and more, which in the history of Poland have been full of events that have changed the socio-cultural space of our society. The oldest interviewees remember very well the depiction of the older persons they observed in their childhood, and this is an important reference point when forming an opinion about the image of the contemporary older people. As one woman put it:

> Today, age is incomparable. Older people today take great care of themselves! And they have teeth, especially dentures, and their clothes are different, more colourful. And their hairstyles are different. There is certainly a change, a big change. (F, 79, Village)

> What it was like 40 or 50 years ago and what it is like today – explained another interviewee – I'd say it's heaven and earth. The conditions are different, in every house there is, as they say, a bathroom, you can take a bath, wash your legs and so on. (...) Old people take care of themselves, that is self-evident. (M, 85, Village)

It can be said that the traditionalist generation has experienced 'first-hand' how important it is to have access to amenities that enhance the quality of daily life and the opportunity to take care of oneself. Especially as the respondents quoted are rural residents. The standard of living in rural Poland has risen significantly over the past half century (Kramkowska 2023).

The opinions of the oldest respondents on the appearance of the body of a contemporary older person seem to indicate that it is interpreted by them as a 'vehicle' for general social change and improved living conditions, of which the older persons are also the beneficiaries. The not-so-optimistic portrait of the older people that the interviewees recalled from childhood – as people who are often dependent on others, who take less care of themselves (due to a lack of conditions), or who are even neglected, without teeth, wearing 'worn out' clothes – is an image of disregarded people, perhaps invisible also because of their inconspicuous clothing. The ideal term for such a profile of the older persons remembered by the traditionalist generation is the one proposed by Elżbieta Trafiałek: "the generation that was taught humility", which the author explains by the fact that the socialisation of people born between 1918 and 1945 took place in conditions "when old age did not give entitlement to anything" (Trafiałek 2003: 107); it was, as it were, invisible. Such an 'image' of old age remained rooted in the memory of the traditionalists. Nevertheless, the social changes that have taken place in Polish society over the course of their lives have contributed to an improvement in the quality of life of Poles, including the older persons. The oldest respondents seem to emphasise this positive change and the fact that they also benefit from it, that they become more visible, that their ageing bodies are groomed, dressed colourfully, as if to signal that they belong and fit into the social landscape. The practices of the contemporary older people in terms of their physical appearance were clearly interpreted positively by the traditionalists. One man admitted:

> Old age used to be poor. These people used to walk around in such old rags, sitting somewhere by the house or by the stove, so what was the life of such a person? It's not like today. I wouldn't want to have been old then, oh no! (M, 85, Village)

A slightly different interpretation of the appearance of the ageing body of the modern senior was expressed by the baby boomers. Yes, like the traditionalists, they perceived a significant improvement in the conditions for self-care, which

went hand in hand with an improvement in the appearance of older people. However, they were critical of what they saw as the excessive exposure of the ageing body to rejuvenation procedures. It seems that the baby boomer respondents interpret the physical appearance of today's seniors as a (possibly) 'desperate' desire to show off to the world, to draw attention to themselves, even at the cost of ridicule.

It is also necessary to mention the social conditions specific to the period of socialisation and adolescence of the boomers – we are talking about the spread of youth culture in the 1960s, i.e. the cult of youth, which manifested itself, among other things, in the apotheosis of strength, vitality or an attractive (young) appearance. "Baby boomers are the first generation to have a distinct and spectacular youth culture." (Wątroba 2017: 298). Certainly, the American ideals propagated during their youth, when confronted with the Polish reality, resulted in a somewhat conservative attitude of the interviewees towards the reality of then and now. The socialisation process of people from the baby boomer generation took place in an atmosphere of devaluation of everything that American and Western European culture brought with it, and such a narrative may inadvertently influence their critical interpretation of what they perceive today. We also read in the source material that it is the baby boomer generation (especially in the US) that has a strong need to create an image of old age and the older persons that is very different from/opposite to the one they saw in their own youth (Wątroba 2022: 72–74). However, in the case of the Polish boomers, things seem to be a little different, and they feel that this image should still be created with respect for the principles of good taste.

The next generation, generation X, is the generation of middle-aged people who, although born during the period of the Polish People's Republic, spent most of their adult lives in the post-transformation socio-political space. A characteristic feature of the representatives of generation X was that they grew up in conditions marked by their mothers' professional activity. As Krystyna Szafraniec points out, "the need to catch up in terms of career and education, the striving for a decent standard of living and, in many cases, the struggle for survival, had far-reaching consequences for family life, including the content and lifestyle of family upbringing. Children observed busy parents competing for money – to survive or to fulfil life's dreams" (Szafraniec 2022: 56). The idea of material goods as a desirable value permeated the consciousness and everyday functioning of families at that time. This was encouraged by Poland's attempt to open up to Western values, culture and lifestyles in the 1970s. Unsurprisingly, the professional and consumer aspirations of the adolescent generation X grew, which is now reflected in their high awareness of market laws or social marketing techniques. And this is probably why this generation interprets the ageing human body as a social construct, influenced precisely by the laws of the marketplace. In other words, they see it as a target for the influence of image professionals. The reflections shared by the representatives of generation X seem to indicate that the interviewees are aware of the susceptibility of seniors to succumb to promoted models, e.g. in terms of

rejuvenating their appearance. It also seems that, in their opinion, not every senior has the ability to take care of themselves in such a way that it is a manifestation of a gradual transition from the previously developed (by tradition) image of the older persons to a more modern one. Because, as one of the narrators said,

> it's such a generational change. This old age changes with every generation. Well, it changes with time, with technological progress. (F, 48, City)

And then there is generation Y, which interprets the ageing body of the modern senior as not fitting the stereotypical image of the older people, thus confirming the observations of previous generations about the improvement in the appearance of seniors. The youngest respondents have no doubt that such a positive change has taken place. It is interesting to note that these respondents were the only ones of all the generations surveyed to refer to the 'stereotypical' appearance of the older persons, which in fact no longer exists. Listening to the millennials' statements, one gets the impression that the absence of the stereotypical grandmother or grandfather evokes a note of sadness in the interviewees, which can be interpreted in terms of nostalgia for the past, for the somehow idyllic image of older people remembered from childhood. When asked about the different dimensions of old age, respondents repeatedly referred to the example of their own grandparents. This is understandable because, firstly, it is not uncommon for the oldest members of their families to still be alive and, secondly, the literature on the subject explains that family is one of the key values in the lives of generation Y people (Wątroba 2022: 101). Millennials have a special relationship with their parents and grandparents, for whom they are or were the apple of their eye. They are also keen to take advantage of the wisdom and experience of previous generations(Konieczna-Woźniak 2019) and are open to receiving support from them. It cannot be ruled out that a nostalgia for the idyllic memory of the older people, epitomised by grandparents, could be the reason for the millennials' criticism of activities aimed at halting the progressive ageing process, such as the use of aesthetic medicine. The interviewees disapproved of hiding old age or rejuvenating the appearance of the ageing body. There are limits to opening up to promoted patterns, and these relate to the visual side of ageing and the appearance of the ageing body.

6. Conclusion

The content presented in this study seems to do justice to the statement that the human body is a socio-cultural reality, an unfinished social phenomenon that is constantly subject to change. The body is a symbolic form that reflects the rules, social hierarchies and cultural obligations of a given society and historical moment.

The reflections of representatives of different generations on the appearance of the ageing human body show that the common point of the issues discussed is, on the one hand, the variability of social interpretations and expectations of the appearance of the ageing body and the practices undertaken in this regard, and, on the other hand, the individual approach to these social and cultural conditions.

Analysing the results of the study, it can be concluded that the way of defining the period of life that is old age correlates with the perception of the appearance of the ageing body. For the two oldest generations – the traditionalists and the baby boomers – the tangible experience of changes in the appearance and functioning of their own bodies naturally focused their attention on old age, while the youngest generation, who identified old age with externally observable changes, pointed to the absence of the 'stereotypical' looking older person, which seemed to cause their discomfort in this regard. Furthermore, it was found that the oldest respondents had a positive opinion of the appearance of the (sometimes rejuvenated) body of the contemporary senior, while the post-war boomers and millennials tended to favour the cautious adoption of such procedures, preferring the natural course of the ageing process of the human body. The analysis also shows that the retrospective reflection of generation X ended with the statement that old age is a time for wisdom. This does not mean, however, that seniors are not subject to the laws of the market and marketing, due to which the body of a modern senior is a target for image specialists. According to generation X, seniors are still developing the ability to "civilise" their bodies (Elias 1980: 176–197).

The intergenerational differences in the perception of the ageing body of contemporary older persons seem to convince us that the moment in life of the individual respondents, including the – more or less – 'packed' baggage of their life experiences, can determine the paths of interpretation of the phenomena described here. The use of generational categories helps to capture social constructivism in this respect.

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TRUDNOŚCI WE WSPÓLNOCIE RELIGIJNEJ Z PERSPEKTYWY CZŁONKÓW WSPÓLNOTY „RUCH ŚWIATŁO-ŻYCIE”

Abstrakt. Artykuł prezentuje rzadko poruszaną kwestię w badaniach nad grupami religijnymi, jakimi są problemy wewnętrzne, z którymi mierzą się wspólnoty katolickie w czasie funkcjonowania i podejmowanej działalności. W artykule zaprezentowane zostały trudności związane z hierarchią, organizacją wewnętrzną, wątpliwościami religijnymi oraz relacjami pomiędzy członkami konkretnej wspólnoty religijnej. Wnioski zostały przygotowane w oparciu o wypowiedzi osób świeckich odpowiedzialnych za wspólnotę „Ruch Światło-Życie”. W badaniu zastosowano metodologię badań jakościowych. Materiał badawczy uzyskano za pomocą techniki wywiadu swobodnego mało ukierunkowanego. Wnioski z przeprowadzonego badania mogą dostarczyć nową perspektywę w patrzeniu na wspólnotę religijną, a co za tym idzie, wskazać nowy, do tej pory niepopularny problem związany z działalnością grup i ruchów religijnych, możliwy do rozwinięcia w przyszłych badaniach.

Słowa kluczowe: wspólnota religijna, „Ruch Światło-Życie”, animator, moderator.

DIFFICULTIES IN THE RELIGIOUS COMMUNITY FORM THE PERSPECTIVE OF MEMBERS OF THE ‘LIGHT-LIFE MOVEMENT’ COMMUNITY

Abstract. The article presents a rarely addressed issue in research on religious groups, which are the internal problems faced by Catholic communities in the course of their functioning and undertaken activities. The article presents difficulties related to hierarchy, internal organisation, religious doubts and relations between members of a particular religious community. The conclusions have been prepared based on the statements of lay people responsible for the community of the ‘Light-Life Movement’. The study used a qualitative research methodology. The research material

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was obtained by means of the technique of a low-directed free interview. The conclusions of the study may provide a new perspective in looking at the religious community, and thus indicate a new, hitherto unpopular problem related to the activity of religious groups and movements, possible to be developed in future research.

Keywords: religious community, 'The Light-Life Movement', animator, moderator.

1. Wstęp

Artykuł przedstawia trudności, z jakimi borykają się członkowie wspólnoty „Ruch Światło-Życie" działającej przy miejskiej parafii na terenie wschodniej Polski. Poszerzają one dotychczasowy sposób postrzegania młodzieżowych wspólnot religijnych. Na przestrzeni ostatnich dziesięcioleci odsetek osób uczestniczących w praktykach religijnych uległ zmniejszeniu, szczególnie w najmłodszych grupach wiekowych (CBOS 2021: 13). Istnienie wspólnot na terenie parafii, takich jak „Ruch Światło-Życie", niesie zatem nadzieję i możliwość poprawy takiego stanu rzeczy. Znajdujące się tam jednostki przebywają bowiem w gronie osób o podobnym wieku i podobnym systemie wartości, zatem zdecydowanie prostsze powinno być dla nich odnalezienie własnego miejsca w Kościele i przeżywanie osobistej wiary.

Takie podejście niesie jednak ze sobą ryzyko szkodliwego stereotypu, że członkowie tych wspólnot nie przeżywają żadnych trudności, w szczególności tych związanych z wiarą. Tymczasem kryzys religijny jest czymś naturalnym na drodze rozwoju duchowego. Człowiek bowiem w kontakcie z tak trudnymi do pojęcia kwestiami, jak istnienie nadprzyrodzonego Bytu, ma prawo posiadać wątpliwości, ponieważ nie jest w stanie za pomocą własnych zmysłów i empirycznego doświadczenia osiągnąć stanu poznania Boga. Naturalnym stanem rzeczy są także konflikty pomiędzy poszczególnymi członkami tworzącymi daną wspólnotę, ponieważ każdy z nich jest tylko człowiekiem i dotyczą ich problemy charakterystyczne dla większości grup społecznych, mimo wyjątkowego, religijnego charakteru wspólnoty. Zaprezentowanie ich w artykule ma na celu przybliżenie prawdziwego obrazu grupy, jaką jest „Ruch Światło-Życie". Prezentacja fragmentów materiału badawczego koncentruje się wokół trudności, z jakimi spotyka się wspólnota oazowa pod względem codziennego funkcjonowania i organizacji wewnętrznej, ale też opisane zostały indywidualne problemy rozmówców związane chociażby z przeżywaniem swojej religijności. Samo przybliżenie negatywnych aspektów może być okazją do znalezienia przyczyn ich występowania, a w konsekwencji do znalezienia potencjalnych rozwiązań tych trudności. Nie bez znaczenia jest też fakt, że wspomniane trudności zostały przedstawione przez osoby bardzo zaangażowane w ruch oazowy, co znacznie zwiększa ich wiarygodność i świadczy o trosce, jaką osoby badane darzą wspólnotę, do której należą. Jednym

z przejawów tej troski jest potrzeba opowiedzenia o trudnościach, a co za tym idzie chęć odcięcia się od wyidealizowanego obrazu wspólnoty, który szkodzi zarówno „Ruchowi”, jak i poszczególnym jego członkom.

2. Podłoże teoretyczne

„Ruch Światło-Życie” to młodzieżowa, katolicka wspólnota religijna, działająca pod różnymi nazwami od lat 50. XX wieku. Została założona przez księdza Franciszka Blachnickiego, który dostrzegł potrzebę utworzenia dla małżeństw, ale przede wszystkim dla młodych ludzi w wieku szkolnym oddzielnej grupy, wewnątrz której mogliby w sposób bardziej dojrzały przeżywać swoją wiarę i praktyki religijne. Głównym celem wspólnoty jest przemiana życia duchowego, które jest nie tylko „(…) epizodem, jakimś jednorazowym mocnym uderzeniem, ale jest punktem wyjścia” (Blachnicki 2016: 129). Przemiana ta prowadzi do dojrzałości chrześcijańskiej, umożliwiającej – zdaniem założyciela wspólnoty – osiągnięcie stanu „nowego człowieka”, cechującego się nie tylko wyjątkową determinacją i pracą nad sobą, ale przede wszystkim możliwością korzystania z daru otrzymanego przez Boga. Tak rozumiana dojrzałość przyczynia się do zmiany dotychczasowego życia: „Chodzi o miłość, która umie przebaczać, która umie znosić drugiego, która nie odpłaca złem za zło, ale zło dobrem zwycięża; miłość, która jak gdyby bierze zło świata i tak jak Chrystus niesie je na krzyż, aby umrzeć za nie, by zostało ludziom darowane” (Blachnicki 2016: 29). Przemiana wewnętrzna tyczy się zatem nie tylko jednostki i jej przekonań, ale także jej postaw i zachowań wobec innych ludzi. Stąd też ogromna zaleta w obecności samej wspólnoty w życiu, ponieważ daje od razu możliwość realizacji nowo przyjętych wartości.

„Ruch Światło-Życie” powstał na skutek reformy Soboru Watykańskiego II, którego jednym z założeń była potrzeba odnowienia parafii jako podstawowej komórki administracyjnej Kościoła, zgodnie z zasadą – „parafia – wspólnota wspólnot”. Nacisk na konkretną formę wyglądu parafii wynikał z faktu, że „tradycyjny model parafii nie jest już w stanie zaspokoić zmieniających się zapotrzebowań ludzkich, zwłaszcza na wspólnotę i pogłębione życie religijne” (Łaszczyk 2003: 297). Chodziło o to, aby kościół parafialny nie kojarzył się wiernym jedynie z lokalnym punktem usług religijnych, ale stanowił dla nich miejsce rozwoju duchowego, odzwierciedlenie w praktyce ideału wspólnoty religijnej. Na bazie reformy soborowej w Kościele katolickim powstał szereg nowych wspólnot mających na celu odnowę duchową poszczególnych wiernych. Jednym z nich jest właśnie „Ruch Światło-Życie”. Jednak zanim zostanie on dokładniej scharakteryzowany, warto przyjrzeć się ujęciu wspólnoty i wspólnoty religijnej w ujęciu socjologicznym.

Sama wspólnota religijna jest bowiem specyficzną grupą społeczną, trudną do jednoznacznego zakwalifikowania. Najbardziej odpowiednim przykładem, za pomocą którego można opisać jej wygląd i sposób funkcjonowania, jest

wspólnota ducha w ujęciu Tönniesa. Jej członków charakteryzuje przede wszystkim zbieżność wyznawanych wartości, dzięki czemu jest ona często porównywana do relacji obecnych w przyjaźni, w odróżnieniu od pozostałych rodzajów wspólnot – krwi i terytorium: „Wspólnotę terytorium można określić jako więź życia animalnego, wspólnotę ducha – jako więź życia mentalnego" (Tönnies 1988: 34). Co prawda w omawianym przypadku mamy do czynienia z grupą osób zamieszkujących konkretne terytorium, które należy do danej parafii. Jest to więc sytuacja, w której poszczególni członkowie Ruchu mogą być sąsiadami, a w niektórych przypadkach nawet członkami bliższej lub dalszej rodziny. Jednak dla przebiegu stosunków wewnątrz grupy takie zażyłości są kwestią drugorzędną, ponieważ najważniejszym spoiwem jest wiara w Boga i wynikające z nich uczestnictwo w praktykach religijnych. Świadczy o tym także dobrowolność, jeśli chodzi o przynależność do jej szeregów.

Wspólnota religijna nosi także znamiona grupy pierwotnej, którą charakteryzuje ścisły kontakt między poszczególnymi jednostkami, który przeradza się w silną współpracę umacniającą więzi wśród jej członków. Dzięki temu możliwe jest „dalekie powiązanie jej członków w zwartą całość, że wartości grupowe nadają pod wieloma, jeśli już nie pod wszystkimi, względami istotny sens ich osobistemu życiu" (Krężlewski 1985: 364). Jednak osiągnięcie przez określoną grupę takiego stanu jest procesem, gdzie nic nie jest dane raz na zawsze. Poszczególni członkowie są odpowiedzialni za podtrzymywanie pierwotnego charakteru wspólnoty, gdyż bardzo łatwo go utracić i zrobić z niej grupę wtórną, gdzie relacje przechodzą na stopień styczności rzeczowych i wypełniania interesów, kosztem styczności osobistych i relacji emocjonalnych.

Wspólnota religijna nie stoi w sprzeczności ze wspólnotą w ujęciu socjologicznym, gdyż „wspólnota naturalna (socjologiczna), stanowi fundament wspólnoty religijnej" (Borowski 2014: 42). Jest ona jednak czymś wyjątkowym z racji na wyznawane wartości religijne spajające poszczególnych członków i stanowi niejako rozszerzenie pojęcia wspólnoty. Poniższe fragmenty charakteryzujące działalność wspólnoty religijnej są połączeniem rozważań Borowskiego i Blachnickiego, gdyż „Ruch Światło-Życie" doskonale wpisuje się w koncepcję opisywanej wspólnoty religijnej. Wyróżniające są jedynie poszczególne elementy i narzędzia, dzięki którym jednostka może osiągnąć stan dojrzałości wiary.

Odpowiedzialność za funkcjonowanie wspólnoty ponosi osoba duchowna – ksiądz, który pomimo braku pełnej kontroli nad grupą, w pełni za nią odpowiada (podobnie jak proboszcz jest bezpośrednio odpowiedzialny za rozwój i funkcjonowanie parafii). Razem z księdzem wspólnotą opiekują się ludzie świeccy – animatorzy, którzy często w przeszłości należeli do tej wspólnoty i teraz opiekują się nowymi członkami, żeby zapewnić ciągłość i wymianę kadry opiekunów w przyszłych latach. Wspólnie tworzą oni grupę zwaną diakonią. Sam sposób zarządzania wspólnotą nie jest ani w pełni demokratyczny, ani w pełni autorytarny. Choć główną osobą odpowiedzialną jest ksiądz moderator, to nie może on podejmować

decyzji samodzielnie, tylko po konsultacji z grupą świeckich opiekunów (Borowski 2014: 141).

Stopień relacji między świeckimi a kapłanem jest kwestią indywidualną każdej grupy, która musi wybrać odpowiedni model współpracy, zaspokajający nie tylko interesy każdej ze stron, ale także działający z pożytkiem na rzecz młodszych członków wspólnoty. Warto podkreślić też, że wyraźnie zaznaczona hierarchia we wspólnocie nie musi być zjawiskiem jednoznacznie negatywnym. Najważniejsze jest tylko zadbanie, żeby tworzenie się takich mechanizmów było wolą wszystkich, a przynajmniej zdecydowanej większości członków wspólnoty. Wtedy możliwe będzie wzajemne respektowanie przyjętych postanowień i nie traktowanie ich jako przymus lub przykry obowiązek.

Wspomniana elastyczność dostrzegalna jest także w przeprowadzaniu formacji duchowej, szczególnie wobec nowych, młodszych członków wspólnoty. Formacja jest procesem rozwoju duchowego, podczas którego jednostka korzystając z narzędzi oferowanych przez wspólnotę (w tym ze spotkań, nabożeństw) rozwija własną wiarę i sprawia, że staje się ona dojrzała. Proces ten nie ogranicza się tylko do praktykowania wiary. Jego istotą jest osobiste spotkanie z żywym Bogiem. Ten proces w Ruchu oparty jest o formułę „«Światło-Życie», oznaczającą jedność światła danego od Boga i życia, czyli świadectwo chrześcijańskiego życia” (Charyzmat i duchowość Ruchu Światło-Życie: 2). W zależności od wieku dołączenia do wspólnoty, dany uczestnik uczestniczy w określonej liczbie rekolekcji wakacyjnych trwających piętnaście dni, a w ciągu roku formacyjnego (od września do czerwca) bierze udział w spotkaniach małej grupy, gdzie z rówieśnikami poznaje różne aspekty wiary, sposoby modlitwy itp. Obowiązkowym etapem, który musi przebyć każda jednostka, żeby ukończyć formację i stać się animatorem, jest uczestnictwo w trzech stopniach Oazy Nowego Życia, piętnastodniowych rekolekcjach wakacyjnych dla najstarszych członków Ruchu (Borowski 2014: 101). Pomimo przygotowanego programu formacyjnego i obecnych w Ruchu od lat konspektów (podręczników zawierających treści religijne do omówienia w czasie spotkań grupowych lub rekolekcji), sam przebieg spotkań i podejście do uczestników jest kwestią indywidualną każdego z animatorów opiekujących się grupą. To animator dobiera formę i treść spotkania, biorąc pod uwagę liczebność grupy, wiek poszczególnych uczestników, a przede wszystkim ich dotychczasowy poziom wiary (Borowski 2014: 115). Wszystko po to, aby przekazywane wartości nie były zbyt trudne lub zbyt łatwe dla uczestników.

„Ruch Światło-Życie” zatem, pomimo bycia konkretną wspólnotą, na płaszczyźnie codziennego funkcjonowania jako wspólnota parafialna jest grupą ludzi, która działa w sposób bardzo indywidualny i niepowtarzalny. Oznacza to, że każda przestrzeń działalności jest niezwykle interesująca i kryje zarówno pozytywne, jak i negatywne elementy, w zależności od przyjętej przez ich członków wizji. Chęć dogłębnej analizy tych zależności doprowadziła do zbadania konkretnej grupy, działającej na co dzień w mieście wojewódzkim we wschodniej Polsce.

3. Założenia metodologiczne

3.1. Cele badawcze

Zaprezentowane w tekście fragmenty zebranego materiału odnoszą się jedynie do trudności obecnych we wspólnocie religijnej, które zostały zaobserwowane przez osoby badane. Nie są one oczywiście jedynymi wnioskami, które zostały ujęte we wspomnianej pracy magisterskiej, a stanowią jedynie jej element. Celem pracy było bowiem przybliżenie funkcjonowania konkretnej, młodzieżowej wspólnoty religijnej, jaką jest „Ruch Światło-Życie", jej aspektów organizacyjnych, a także ról i zadań poszczególnych osób. Jednak przybliżenie akurat trudności wydaje się najbardziej wartościowe, ponieważ dostarcza nowego spojrzenia na funkcjonowanie wspólnoty religijnej. Pozwala bowiem zapoznać się z dodatkową płaszczyzną, o wiele mniej obecną w społecznym postrzeganiu takich grup i o wiele rzadziej opisywaną w pracach poruszających podobną tematykę. Ponadto zebrane wypowiedzi ukazują problemy występujące nie tylko na płaszczyźnie międzyludzkiej, które można zaobserwować także w innych grupach społecznych, a poruszają również kwestię indywidualnych wątpliwości związanych z wiarą i sensem podejmowanych przez jednostkę praktyk religijnych. A one z kolei pozwalają ukazać do tej pory skrywane stereotypy, którymi otoczona jest nie tylko wspólnota religijna, ale i osoby do niej należące. Zbadanie jednostek działających we wspólnocie pozwoliło zatem na przybliżenie osobom niezainteresowanym taką tematyką pełnego obrazu wspólnoty religijnej.

3.2. Dobór rozmówców oraz technika zbierania materiału badawczego

W badaniu wzięło udział dziesięć osób, posługujących we wspomnianej wspólnocie jako animatorzy. Każdy z rozmówców posiadał co najmniej dwuletni staż w diakonii działającej na terenie jednej, konkretnej parafii, który umożliwił im na analizowaną grupę z szerszej perspektywy. Obserwacje, spostrzeżenia i wnioski osób badanych zostały zebrane za pomocą techniki wywiadów swobodnych mało ukierunkowanych, w których „przeprowadzający wywiad ma swobodę w aranżowaniu sekwencji pytań a także w sposobie formułowania pytań w zależności od sytuacji wywiadu" (Konecki 2000: 169). Należą one do jakościowych technik pozyskiwania materiału badawczego. Wybór tej konkretnej techniki podyktowany był przede wszystkim podjętą tematyką. Doświadczenie religijne, nawet jeśli związane z konkretnymi praktykami, jest czymś na tyle osobistym, że niezwykle trudno uchwycić jego wieloznaczność i wpływ na życie jednostki za pomocą np. pytań kwestionariuszowych. Ponadto wiara i wynikająca z niej obecność wewnątrz wspólnoty religijnej przypomina bardziej proces, gdzie na etapie kilku, a czasem nawet kilkunastu lat pewne treści są przez jednostkę

przepracowywane i prowadzą ją do podejmowania konkretnych decyzji. A takie zmiany łatwiej było respondentom opisać w czasie swobodnej rozmowy, kiedy mieli oni możliwość poświęcenia określonym wątkom odpowiednią ilość czasu.

Wywiady zostały przeprowadzone na przestrzeni października 2022 roku i marca 2023 roku. W badaniu wzięło udział dziewięć kobiet i jeden mężczyzna. Tak duża dysproporcja płciowa wynika ze specyfiki konkretnej wspólnoty, w której zdecydowaną większość diakonii stanowią kobiety. Animatorzy biorący udział w badaniu posiadali wspólne obowiązki, takie jak opieka nad małą grupą, ale posiadali też indywidualne zadania, wynikająca z posiadanych predyspozycji (animator muzyczny, techniczny itp.). Czynnikiem ułatwiającym opowiedzenie o wspólnocie był fakt znajomości każdego z rozmówców z badaczem. Wieloletni, bliski stopień znajomości pozwolił wytworzyć między stronami odpowiednią płaszczyznę zaufania, która sprzyjała poruszaniu osobistych, często trudnych dla jednostek zagadnień. Koleżeńska relacja między autorem a osobami badanymi niosła jednak ryzyko i przeszkodę w prowadzeniu badania. Rozmówcy ze względu na dobre relacje mogli niektóre kwestie traktować jako oczywiste, a przez to nie poświęcać im wystarczająco dużo czasu, zakładając, że wszyscy mają taki sam poziom wiedzy jak oni i osoba przeprowadzająca badanie. Jednak w tym przypadku taka sytuacja nie miała miejsca, animatorzy mieli świadomość tego, że biorą udział w badaniu, z którym będą się później zapoznawać nie tylko ludzie wierzący.

4. Trudności występujące we wspólnocie religijnej

4.1. Konflikt pokoleń

Skład, wygląd i zasady funkcjonowania diakonii parafialnej są powszechnie znane każdej osobie czynnie zaangażowanej w życie wspólnoty. Dotyczy to także relacji pomiędzy animatorami, którzy powinni stanowić jedną, spójną grupę, w której każdy traktowany jest z jednakowym szacunkiem i posiada jednakową pozycję w hierarchii. Okazuje się jednak, że na płaszczyźnie relacji pomiędzy poszczególnymi jednostkami odpowiedzialnymi za działalność wspólnoty bardzo trudno o pełną zgodę. Taki stan rzeczy bierze się z różnicy wieku, jaka dzieli poszczególnych animatorów. Wygląd formacji przygotowującej do posługi sprawia, że do diakonii dołącza określona grupa osób, która w danym roku ukończyła rekolekcje Oazy Nowego Życia III stopnia. Taka grupa nie jest identyczna pod względem liczebności i naturalną koleją rzeczy jest sytuacja, w której na początku jednego roku formacyjnego dołącza do grona animatorskiego mniejsza bądź większa liczba nowych opiekunów. Prowadzi to w konsekwencji do obecności w diakonii osób, które jeszcze nie tak dawno były zaledwie podopiecznymi starszych

animatorów, a teraz, w bardzo krótkim czasie, stali się równymi stopniem członkami wspólnoty. Ze względu jednak na różnicę wieku, ich dołączenie nie zawsze jest w pełni uznawane przez bardziej doświadczonych odpowiedzialnych.

> No więc no ten początek był trudny, bo wchodziłam w grono animatorskie starszych dosyć ode mnie, dużo starszych ludzi, którzy raczej byli bardzo konkretni i stanowczy w swoich zdaniach i ciężko było się też przebić i moim zdaniem poczuć też taką wspólnotę i taką swobodę może w tym animatorstwie i wydaje mi się, że też na samym początku, że faktycznie tak było. Że oni też mnie, jak i moich też rówieśników niektórych nie do końca akceptowali jako animatorów, że faktycznie my jesteśmy i że możemy coś robić. Nie dano, mi się wydaje, nam takiej wolnej ręki i że nie wprowadzono nas w to tak swobodnie, więc to było taką trudnością, żeby to się tak przebić i faktycznie pamiętam, że były kłótnie, były zgrzyty, że trzeba było walczyć o ten głos, pokazać, że się istnieje, że też chce się działać. (kobieta, 22 lata, 4-letni staż jako animatorka)

Wspomniany w wypowiedzi problem braku zaakceptowania nowych animatorów przypomina sytuację konfliktu pokoleniowego, w której występuje wyraźnie zaznaczona granica my-oni, mobilizująca każdą ze stron do rywalizacji w celu uzyskania odpowiedniego wpływu na możliwość zarządzania wspólnotą. Ciekawym wydaje się także fakt, że „grono animatorskie starsze dosyć ode mnie" w przypadku Rozmówczyni nr 1 to osoby starsze maksymalnie o pięć lat, a w niektórych przypadkach to były osoby, od których respondentka była tylko trzy lata młodsza. Tak niewielka różnica wieku powoduje, że konflikt pokoleń nie jest pierwszym zjawiskiem, które przychodzi na myśl w przypadku takich trudności.

W socjologii można jednak potraktować pokolenie także „jako grupę ludzi o wspólnych postawach wyznaczonych przez wspólnie przeżyte wydarzenia historyczne" (Ossowska 1963, za Wielecki 1990: 65). Trzy ostatnie lata formacji są najważniejszym okresem w byciu uczestnikiem, ponieważ zawierają obowiązkowe wyjazdy rekolekcyjne i to one najczęściej są okresem największego zaangażowania we wspólnotę. Na podstawie frekwencji i podjętych aktywności diakonia wyraża zgodę na udział danego uczestnika w oazie wakacyjnej. A to oznacza, że w okresie bezpośrednio poprzedzającym zostanie animatorem konsoliduje się wewnętrznie grupa uczestników tworzących dany rocznik, ponieważ „ludzie wewnątrz poszczególnych pokoleń są powiązani szczególną więzią psychiczną, która tworzy się na podstawie wspólnych doświadczeń młodości" (Wielecki 1990: 65). W ostatnich latach formacji uczestnicy wzrastają w poczuciu pewnej zależności od animatorów, którzy z ich perspektywy tworzą grupę o odmiennych interesach, które tak mocno zakorzenia się w ich doświadczeniu wspólnoty, że po dołączeniu do diakonii nie są w stanie pozbyć się takiego wrażenia. Należy jednak także podkreślić, że nie jest to proces jednostronny. Rozmówczyni odczuwała też brak zaakceptowania ze strony starszych animatorów. Tak więc wspomniany podział my-oni może być też potęgowany przez zachowania starszych członków wspólnoty, którzy nie potrafią zaakceptować nowej rzeczywistości i zacząć traktować nowych opiekunów w inny sposób, niż miało to miejsce przez ostatnie trzy lata.

4.2. Relacja ksiądz-animator

Problemy i trudności wewnątrz diakonii nie dotyczą jedynie samych animatorów, ale także relacji między świeckimi a księdzem moderatorem. W tym przypadku mamy bowiem do czynienia z konkretną hierarchią, ponieważ ksiądz jako osoba duchowna jest opiekunem wspólnoty i odpowiada za nią zarówno w parafii, jak i w diecezji. Rozmówcy jednoznacznie opowiadali się za potrzebą lidera wewnątrz wspólnoty i swoje oczekiwania wiązali z postacią moderatora. Każdy z nich widział w księdzu przewodnika duchowego – osobę, do której zawsze będzie można się zgłosić i która swoją postawą wewnątrz wspólnoty będzie zachęcała innych do jeszcze większego zaangażowania. Rozmówcom zależało, żeby ksiądz moderator nie był tylko zarządcą, ale także kimś na wzór ojca duchownego, do którego zawsze będą mogli się zwrócić z osobistym problemem i którego cechuje „nienaganne zachowanie oraz przekazywanie dobrego wzoru” (Kuźniarowska 2020: 88).

Jednak z racji na migracje księży między parafiami, funkcja moderatora raz na kilka lat ulega wymianie i nie w każdym momencie za wspólnotę odpowiedzialny jest kapłan, który posiada odpowiednią wiedzę i który wykazuje się odpowiednim poziomem zaangażowania. Prowadzi to w konsekwencji do trudności organizacyjnych, gdzie ksiądz moderator nie posiada tak silnego autorytetu. Animatorzy wspominali przede wszystkim sytuacje sprzed trzech lat, kiedy z powodu różnych wizji i niemożności dogadania się choćby w najmniejszych kwestiach, funkcjonowanie wspólnoty uległo znacznemu pogorszeniu.

> No i po prostu nie mogliśmy się dogadać, tak będąc już fair po czasie, gdy emocje opadły, trudno nam się było dogadać i ze sobą współpracować. No i w tym momencie, no gdy ktoś troszkę nas zlewał, trzeba było, że tak powiem, wysunąć kogoś na prowadzenie. No i zaczęła się trochę taka walka o stołki, [...] No i w tym momencie, w pewnym stopniu stałam się takim liderem wspólnoty, tak odczuwałam trochę to, bo dużo osób w pewnym momencie też oczekiwało mojego zdania na wiele tematów, tego, że jak będzie odprawa, to ja mówię, jaki jest plan działania, bo robimy to coś tam i coś tam, więc z jednej strony oczywiście sama się, to nie było tak, że ludzie mnie zgłosili do tego. Sama się w jakiś sposób wysunęłam do prowadzenia tego. (kobieta, 24 lata, 6-letni staż jako animatorka)

Przykład trudności związanych z relacją z księdzem wskazuje także na fakt, że moderator, mimo posiadania odrębnych święceń, które powinny legitymizować jego pozycję w hierarchii wspólnoty, na swój autorytet musi także zapracować konkretnymi zachowaniami, dzięki którym będzie mógł zostać uznany za moderatora przez grono animatorskie. Ksiądz moderator, żeby mógł skutecznie zarządzać wspólnotą, musi posiadać autorytet relacyjny, gdzie „strona uznająca autorytet danego podmiotu nie tylko dobrowolnie uznaje jego wyższość, całkowicie podporządkowuje się jego poleceniom, ale darzy go ponadto pełnym zaufaniem, szacunkiem i poważaniem” (Tuziak 2010: 63). Co ważne, jest to proces, który musi być nieustannie odnawiany. Diakonia może w każdej chwili bowiem przestać uznawać autorytet księdza, więc musi on swoim zachowaniem nieustannie potwierdzać nadaną mu przez pozostałych funkcję.

4.3. „Błotko" – problemy z zakończeniem posługi

Animator działający we wspólnocie, którego posługa wynosi co najmniej kilka lat, potrafi dostrzec w teoretycznie pozytywnej postawie indywidualną, osobistą trudność. Jedna z rozmówczyń określiła ją mianem „błotka". Oznacza ona stan, w którym jednostka jest na tyle dobrze zżyta ze wspólnotą, że wręcz nie jest w stanie z niej zrezygnować. Świadczy to przede wszystkim o dobrym funkcjonowaniu całej wspólnoty, ponieważ staje się ona przyjaznym miejscem dla przebywających w niej osób.

> Mimo tego, że już tyle lat minęło, że jestem już dorosła, mam 24 lata. To, że przychodzę tutaj i się czuję prostu dobrze, może trochę to jest też zgubne, bo się czujesz jak w swoim takim trochę błotku i się czujesz bezpiecznie, i w sumie to też no jest troszkę pewnie no właśnie niebezpieczne, że się zaraz za pewnie się człowiek tutaj czuje i ciężko gdzieś tam też zrezygnować po tym z oazy z kolei. (kobieta, 24 lata, 6-letni staż jako animatorka)

„Ruch Światło-Życie" jest jednak wspólnotą młodzieżową, w której naturalną koleją rzeczy jest wymiana kadry animatorskiej, żeby dać możliwość działania młodszym członkom diakonii, którzy z racji mniejszej różnicy wieku dzielącej ich i uczestników, są w stanie lepiej przekazywać treści religijne. Zbyt długie przebywanie w roli animatora blokuje zatem rozwój wspólnoty, ale także rozwój jednostki, która zbyt mocno trzyma się jej struktur. Taka osoba bowiem nie ma na tyle wypracowanej gotowości, żeby odnaleźć się w innej wspólnocie religijnej działającej w Kościele, do czego powinna ją przygotować obecność w „Ruchu".

Przedstawiony konflikt wewnętrzny jest związany z odkrywaniem sensu w życiu człowieka. Znajdowanie celu i sensu życia odbywa się bowiem na dwa sposoby – za pomocą „rzeczywistości poznawanej bezpośrednio (w tym struktur społecznych) lub kultury (czyli zespołu idei)" (Horowski 2019: 15). W zaprezentowanym przypadku rozmówczyni przez wiele lat należała do struktur jednej wspólnoty, poznała więc ją w sposób bezpośredni. Jednak rzeczywistość poznana przez jednostkę jest znana w zasadzie tylko jej i ewentualnie w jakiejś części pozostałym uczestnikom wspólnoty, co utrudnia opuszczenie grupy, ponieważ nowe środowisko nie będzie rozumieć, a czasem może i nie będzie akceptować poprzedniego przywiązania, które stanowiło ważną część życia jednostki. Uczucie nadmiernego przywiązania i niechęć opuszczenia wspólnoty są więc naturalnym stanem odczuwanym przez animatorkę.

4.4. Brak zaangażowania

Niejednoznaczna kwestia hierarchii wewnątrz wspólnoty, w szczególności pomiędzy poszczególnymi animatorami powoduje także trudności związane z brakiem zaangażowania. Pojawiają się one w momencie, kiedy określone

jednostki nie angażują się zadowalający sposób w życie wspólnoty w porównaniu z innymi animatorami. Główny problem związany z tym aspektem polegał na poczuciu braku wpływu na sytuację, w której ten brak zaangażowania się pojawiał.

> …u nas miałam wrażenie, że ten podział obowiązków nie był wcale taki wyklarowany. Może dlatego, że trochę polegaliśmy na takiej idei, że skoro jesteśmy tutaj, chcemy, na pewno zawsze ktoś się zgłosi, kto zrobi to i tamto, jakieś tutaj duchowe ciśnienie, które pozwoli nam się zaangażować, miłość... Miłość, tutaj, służba, ten duch takiej posługi innym ludziom i że zawsze ktoś się znajdzie. (kobieta, 21 lat, 4-letni staż jako animatorka)

Powyższa wypowiedź świadczy o zbyt idealistycznym podejściu do funkcjonowania wspólnoty. Jego obecność mogła wynikać z kłótni o pierwszeństwo między animatorami, kiedy we wspólnocie ksiądz moderator nie wywiązywał się ze swojej roli. Jednak doświadczenie przeszłości spowodowało radykalną zmianę w drugą stronę, gdzie nie występuje praktycznie żaden mechanizm kontroli i wpływu na jednostki niewywiązujące się z ustalonych zadań. Jednakowa rola w hierarchii powoduje, że niepożądane zachowania są niemożliwe do wyeliminowania, bo żadna jednostka nie chce podjąć się takiej roli z obawy przed wejściem w kompetencje moderatora, jak to miało miejsce w przeszłości. Jedynym rozwiązaniem jest stanowcza reakcja ze strony księdza. Jednak jak wynika z zaprezentowanych wypowiedzi, nawet kapłan obdarzony przez diakonię odpowiednim autorytetem nie zawsze jest w stanie rozwiązać tych trudności i odpowiednio zmobilizować niezaangażowanych jednostek.

> Ciężko mi było z zaangażowaniem innych. Były momenty i czasami nadal są już od początku tego naszego nowego roku formacyjnego, że po prostu mimo naszej dużej liczebności animatorskiej, ciągle są zaangażowane na przykład te same osoby, tak że gdzieś tam ciągle spoczywa wszystko na tych samych ludziach i się czasami czułam się taka obciążona, mimo że no nie powinnam i czułam wręcz taką frustrację. I może złość na niektórych, że nie potrafią się zaangażować czy pomóc, czy znowu zostaje w tym sama. To były takie frustracje, tylko to z tym było mi ciężko (kobieta, 22 lata, 4-letni staż jako animatorka)

4.5. Problemy związane z opieką nad uczestnikami

Problemy związane z opieką są czymś naturalnym w grupie ludzi, gdzie występuje opiekun i uczestnicy. Wspólnota religijna nie jest w tym przypadku wyjątkiem i rozmówcy zwracali uwagę na szereg problemów wychowawczych, takich jak trudność w utrzymaniu uwagi, negatywne działania polegające na celowym utrudnianiu prowadzenia spotkania itp. Takie trudności są przez animatorów traktowane jako naturalna kolej rzeczy wynikająca z wieku, potrzeby buntu czy zwrócenia na siebie uwagi. Zdecydowanie poważniejszym problemem są jednak trudności opisane przez jednego z rozmówców jako „problemy psychiczne”. Najtrudniejszą kwestią w tym przypadku jest przede wszystkim trudność wykrycia

takich problemów. Animator stara się podchodzić do każdego uczestnika w sposób jak najbardziej indywidualny, ale nie jest w stanie dostrzec wszystkich trudności trapiących daną jednostkę. A często one bardzo blokują uczestnika i uniemożliwiają rozwój duchowy.

> I są problemy, że tak powiem psychiczne i to są pojedynczych osób [...] To chodzi o to, że ta osoba, może nie jest, nie przeszkadza na spotkaniach, ale widać, że ona ma po prostu ze sobą jakiś problem. Nie, że to ona problem stwarza we wspólnocie, tylko ma w sobie i jakby chce go rozwiązać, też może temu przychodzi na wspólnotę i na oazę. (mężczyzna, 20 lat, 2-letni staż jako animator)

Jednak dużą trudność stanowi także sposób rozwiązania takich problemów. Rozmówcy w różny sposób postrzegali swoją rolę wobec uczestników. Można wyróżnić pewne uniwersalne cechy i sposoby postępowania jak chociażby fakt, że animator powinien „być wzorem, ale jednocześnie nie powinien przesłaniać swoją osobowością Chrystusa, który jest wzorem pierwotnym" (Borowski 2014: 115). Jednak posiadanie zażyłej relacji z uczestnikami powoduje, że każdy animator musi też występować w określonej, konkretnej roli. Jedni stawiali siebie w roli rodzica, inni skłaniali się bardziej w kierunku starszego rodzeństwa czy mentora. Pomimo szczerych chęci i dużego zaangażowania żaden animator jednak nie będzie w stanie zastąpić uczestnikowi rodzica czy psychologa. Nie jest to też jego zadaniem, gdyż jego opieka nad uczestnikiem sprowadza się do prowadzenia wyłącznie w kwestiach wiary. Dlatego przy okazji problemów psychicznych pojawia się w członkach wspólnoty dylemat, którego nie są w stanie rozstrzygnąć. Z jednej strony bowiem dostrzegają te problemy i chcą pomóc, ale często nie potrafią tego zrobić i odczuwają nawet, że nie powinni tego robić ze względu na brak uprawnień i odmienną rolę, jaką pełnią wobec uczestników.

4.6. Stereotyp animatora

Każdy z rozmówców nie był także w stanie sprecyzować i podać jednoznacznej definicji, kim tak naprawdę jest animator we wspólnocie religijnej. Jednak w wypowiedziach niektórych osób pojawiło się uczucie presji, wrażenie stereotypu, w jaki sposób dana jednostka ma się zachowywać, który mocno wpływa na zachowanie i na postrzeganie własnego zaangażowania w działalność wspólnoty. Jest to najbardziej widoczne w kontakcie z uczestnikami, gdzie rozmówcy wyraźnie odczuwali potrzebę zaspokojenia oczekiwań każdego z podopiecznych, mimo że wiedzieli doskonale, że nie jest to możliwe.

> Jak mamy czasami spotkania. Na przykład czasami jest dla mnie problemem jak uczestnicy zadadzą mi pytanie, a ja nie potrafię na to pytanie odpowiedzieć, bo w sumie niby, ja tak na przykład czuję, że ja powinnam umieć odpowiedzieć na każde ich pytanie. No ale jednak nie jestem na tyle obyta w tym, w tym świetle wiary, więc też nie potrafię na każde pytanie

> odpowiedzieć. No w sumie dla mnie na przykład to stwarza też problem, bo bym chciała im pomóc, wytłumaczyć, ale nie potrafię (kobieta, 22 lata, 4-letni staż jako animatorka)

Jednym z powodów pojawiania się takich trudności we wspólnocie może być świadomość odpowiedzialności, jaka ciąży na animatorze. Rozmówcy bowiem często wspominali, że rozpoczynając posługę, czerpali bardzo dużo z zachowań swojego animatora grupowego. Pozytywne cechy starali się kopiować, a negatywne elementy w miarę możliwości eliminować. Proces przygotowania jednostki do roli opiekuna opiera się zatem w dużej mierze na drodze modelowania, gdzie uczestnicy uczą się poprzez obserwację i naśladowanie wzorców osób, które są dla nich ważne, tak samo jak

> dziecko, obserwując swoich rodziców zaangażowanych w działalność dobroczynną, może modelować podobne zachowania, co zwiększy prawdopodobieństwo jego aktywności charytatywnej w przyszłości. [...] Jeśli dziecko słyszy rodziców posługujących się na co dzień zwrotami grzecznościowymi samo będzie wykazywało tendencję do zachowania się w analogiczny sposób w podobnych sytuacjach. (Płaczkiewicz 2016: 136).

Rozmówcy, będąc teraz w roli animatorów, zdają sobie sprawę, że przez podopiecznych są postrzegani jako wzór i pewnego rodzaju autorytet, na bazie którego będą później kształtować własne postępowanie we wspólnocie. Negatywne odczucia są zatem spowodowane przede wszystkim strachem przed anty świadectwem, przekazaniem nieodpowiednich wartości. Dzieje się tak nawet pomimo świadomości, że nikt nie jest idealny i faktu, że każdy uczestnik jest sam odpowiedzialny za własne czyny, a postawa animatora może być tylko pomocą i wskazówką, jak należy postępować.

4.7. Wątpliwości religijne

Takie negatywne poczucie nie musi być jednak obecne jedynie w kontaktach pomiędzy różnymi członkami wspólnoty. Stereotyp może przejawiać się także w indywidualnym postrzeganiu roli animatora. Mowa tutaj o wątpliwościach religijnych, które są czymś naturalnym, nawet wśród osób charakteryzujących się dojrzałą wiarą. Jednak błędny stosunek do tych wątpliwości może spowodować ogromną trudność w pracy animatora. Jednostka, na skutek źle pojmowanego stereotypu, może uważać, że jako osoba starsza, bardziej dojrzała, która ma prowadzić w wierze uczestników, nie może posiadać żadnych wątpliwości, bo w przeciwnym razie staje się osobą niewiarygodną i wręcz niegodną roli, jaką pełni we wspólnocie.

> To mimo wszystko po tych latach, na dzisiejszy dzień, ja dalej mam wątpliwości w wierze. I to dosyć duże. Nawet próbowałam czytać różne filozoficzne rzeczy, od Arystotelesa po Kanta, gdzie oni tam mieli, no co epoka, to inny był obraz Boga, chyba najbardziej podobał mi się renesans. Ale sam fakt, że to nie było po to, żeby poszerzyć swoją wiedzę. Nie, to było po to,

że, czegoś mi się wydaje, że nie znalazłam w tej wierze w Boga tutaj w tym chrześcijaństwie, że czegoś nie znalazłam i po tylu latach formacji, a ja ciągle szukałam dalej i szukam. I jaki był problem w tym wszystkim? Że było mi strasznie wstyd. Może jest do dziś, ale chyba już trochę to przerobiłam, że jest mi strasznie wstyd, że ja miałam grupę, którą musiałam prowadzić, mówić im o Bogu, którego ja nie do końca byłam pewna. I tak było szczególnie przez ostatni rok mojego prowadzenia grupy. To był duży problem, że ja mam coś komuś mówić, kogoś pouczać, kogoś prowadzić, a nie jestem pewna siebie. Się czułam w tym taka, jak taki złodziej trochę albo jak... Chyba tak, taki ktoś, który tutaj tak kogoś z czegoś okrada, że mogłyby mieć kogoś, kto by im to, kto by był tak tym przesiąknięty i taki jakoś pewny. (kobieta, 21 lat, 4-letni staż jako animatorka)

Kwestionowanie własnej wiary, stawianie sobie pytań, kim dla mnie jest Bóg i jaką mam do Niego relację są naturalnym etapem rozwoju wiary. Jednostka bowiem nie rodzi się chrześcijaninem, a staje się nim najpierw dzięki procesowi transmisji wiary i zachowań religijnych ze strony rodziców, a potem na skutek własnej decyzji i chęci zaangażowania się w konkretną religię i związane z nią praktyki. Jednak na początku drogi kształtowania własnej decyzji dotyczącej wiary (a za taki początek śmiało można uznać wiek respondentów – od 21 do 25 lat) jednostka w oczywisty sposób doświadcza trudności związanych z samą wiarą i osobą Boga. Jest to spowodowane stopniowym zanikiem wpływu rodziców i bliskich odpowiedzialnych za transmisję wiary, ponieważ jednostka wkracza w dorosłe życie, gdzie musi sama podejmować różnego rodzaju decyzje. Taka osoba czuje się wtedy bardzo osamotniona i niepewna, ponieważ chce już osiągnąć stan dojrzałości w wierze, ale znajduje się dopiero na początku tego procesu.

W literaturze wśród najczęściej opisywanych trudności religijnych doświadczanych przez jednostkę wymienia się przede wszystkim *acedię*, podczas której „metafizyczne lenistwo wiąże się z utratą smaku duchowego, smaku życia, zabitego przez truciznę, będącą miksturą goryczy, okrucieństwa (leniwego okrucieństwa drapieżnika) i cynizmu" (Szymik 2016: 6). Może ona przerodzić się w stan *neognozy*, czyli skierowania uwagi w kierunku popularnych nurtów religijnych (najczęściej hinduizmu i buddyzmu), w celu poprawy jakości samopoczucia i złagodzenia rozgoryczenia. W tym przypadku rozmówczyni przeżywała podobne trudności. Jednak z racji na wyrzuty sumienia i poczucie, że tylko ona się z tym boryka, nie była w stanie wybaczyć sobie tego na tyle, że nazwała nawet siebie samą „złodziejką". Ważne zatem, aby nie przerazić się pojawiającymi się trudnościami, tylko zaakceptować panujący stan i rozwijać się duchowo, stosownie do wieku. Choć może to być bardzo trudne, szczególnie w sytuacji, gdy nieustannie trzeba dbać o rozwój duchowy uczestników w małej grupie.

Problem wątpliwości religijnych ukazuje także pewien negatywny aspekt funkcjonowania wspólnoty jako całości. Rozmówczyni przyznała, że nie podzieliła się tym nigdy z innymi członkami diakonii. Trudno więc było grupie udzielić jakiegokolwiek wsparcia. Warto jednak zastanowić się, skąd pojawił się strach przed przyznaniem się do przeżywanych trudności. Samo w sobie posiadanie

wątpliwości nie jest postrzegane jako grzech, choć w tym przypadku na skutek niewiedzy mogło pojawić się takie przeświadczenie. To nie zmienia jednak faktu, że wspólnota religijna, działająca wewnątrz Kościoła, powinna stanowić miejsce, w którym mówienie o grzechu jest czymś naturalnym, a nawet pożądanym, podobnie jak czymś naturalnym jest mówienie o chorobie w gabinecie lekarza. Lęk ze strony rozmówczyni mógł być zatem spowodowany nastawieniem i atmosferą grupy, która nie sprzyjała takim zwierzeniom. A to może świadczyć o tym, że stereotyp idealnego animatora i idealnej wspólny może przejawiać znaczna większość członków „Ruchu Światło-Życie”, mimo że otwarcie wspomniała o tym tylko jedna z badanych osób.

5. Podsumowanie

Wspólnota religijna „Ruch Światło-Życie” posiada wiele pozytywnych cech, które w znaczny sposób wpływają na życie jej członków, o czym wspominali sami rozmówcy. Przede wszystkim pozwala zgłębiać tajemnice wiary w małym gronie, które sprzyja nawiązywaniu bliskich relacji, bardzo często przyjacielskich. Jest to także grupa ludzi w podobnym wieku, dzięki czemu jednostka nie czuje się osamotniona w przeżywaniu swojej religijności. Przynależność do ruchu oazowego daje też możliwość odnalezienia grupy, w której człowiek czuje się akceptowany, ponieważ z racji na wyższe wartości, które stanowią spoiwo i element łączący każdego członka, panuje tam niespotykana atmosfera. Na płaszczyźnie religijnej może też stanowić rozwiązanie na panujący obecnie kryzys religijności, szczególnie wśród młodych ludzi. „Ruch Światło-Życie” posiada jednak także szereg trudności. Dotyczą one nie tylko konfliktów związanych z hierarchią i odpowiedzialnością za wspólnotę czy problemów związanych z opieką nad uczestnikami, ale także szeregu indywidualnych trudności, jak zbyt mocne przywiązanie do wspólnoty, walka o stołki, poczucie stereotypu animatora czy niewłaściwie przeżywane wątpliwości religijne. Można nawet odnieść wrażenie, szczególnie w przypadku trudności związanych z relacjami międzyludzkimi, że „Ruch” momentami przestaje być wspólnotą w ujęciu socjologicznym, a przypomina bardziej stowarzyszenie, gdzie występuje poczucie izolacji społecznej, działanie na własną korzyść czy wypełnianie obowiązków w sposób mechaniczny, pozbawiony emocji i troski o dobro wspólnoty.

Trudno zatem określić takie zjawiska jako pozytywne, jednak ich obecność może paradoksalnie wpłynąć pozytywnie na funkcjonowanie wspólnoty w przyszłości. Dostarcza bowiem odpowiedniej, dodatkowej perspektywy, która burzy idealny, ale nieprawdziwy obraz grupy religijnej, gdzie każdy jest dla siebie miły i gdzie wręcz każdy jest człowiekiem bez grzechów. Ujawnienie przez rozmówców wspomnianych w artykule trudności może pomóc w „odczarowaniu” wspólnoty religijnej, usunięciu negatywnego stereotypu, także w kontekście

społecznego postrzegania ruchu oazowego. Jedna z rozmówczyń wspominała bowiem towarzyszącą jej presję otoczenia zewnętrznego (rodziców, znajomych spoza oazy), że jako członkini wspólnoty religijnej ma obowiązek zachowywać się za każdym razem zgodnie z przykazaniami i zasadami religijnymi. Wspólnota stanowi bowiem grupę ludzi, którzy mają prawo do osobistych trudności czy wątpliwości. A sama świadomość tego, że trudności są obecne i są czymś naturalnym może zmobilizować jej członków do ich rozwiązywania.

Z pewnością nie zostały tutaj zaprezentowane wszystkie trudności, które zdarzają się wewnątrz wspólnot religijnych. Każda taka grupa działa bowiem w sposób indywidualny i kształtuje sposób funkcjonowania w zależności od wieku członków, liczby uczestników, ich charakteru czy rozwoju duchowego. Jest więc to zagadnienie, które wymaga dalszej obserwacji. Zaprezentowane fragmenty materiału badawczego, ze względu na indywidualny przypadek konkretnej wspólnoty parafialnej, skłaniają do przyjrzenia się temu zjawisku w innych szczegółowych sytuacjach (wspólnotach, parafiach), ale także w szerszym kontekście – diecezjalnym czy nawet ogólnokrajowym.

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TABLE OF CONTENTS