

Religion and the modernization of the body

*Discourse analysis, social constructionism, rhetorical studies, literary studies and in general the linguistic turn have hijacked the actual, living breathing, recalcitrant and difficult body for research on texts. Of course, bodies are open for interpretation, but there is an important difference for example between age and ageing. In this discussion **Bryan S. Turner** looks at actual bio-medico-technical changes to the body and the consequences for religions.*



Image: Flickr, Karen

In the 1970s I was a lecturer at the University of Aberdeen where I was appointed to teach the sociology of religion. However at the time my undergraduate sociology students were not interested in religion. I turned therefore to medical sociology and retrained for the very pragmatic reason that, as a lecturer on probation, I needed students. Reading Michel Foucault on the discipline of the body in the 1980s, I came across the work of the Scottish physician George Cheyne who published his recommendations on diet for the elite and for various professional occupations in the 1740s. 'Diet' is an interesting word. In modern discourse 'diet' has shrunk to mean a set of recommendations for eating and exercise to manage the body. But it also means the government of a society. In *The Body and Society* I developed a sociology of the body that combined the individual management of the body, the political discipline of society and medical power. At Aberdeen and later as a young professor at Flinders University South Australia I continued with my teaching of medical sociology where I had many students working on such topics as cancer, pain, disability and ageing. These topics typically involved attention to both ethics and the actual body, and therefore my interest in religion was never far below the surface.

There is for me a real difference between the ageing body and the discourse of ageing. The whole social construction movement in epistemology removed actual embodiment as a consequence of its focus on the texts of the body. Apart from their attention to actual ageing bodies, my students were directly or indirectly addressing issues that one might summarize as involving 'suffering' not as a language but as experience, emotion and practice. I conclude that medical sociology needs the underpinning of the sociology of the body; it has to understand human suffering; and it has to

engage with ethical issues. In my recent article [Ritual, Belief and Habituation](#), I have returned to this theme of religious practice and the transformation of the body by medical science.

I will finish this critical response to the social construction of the body with a personal account of my experience of pancreatitis at a teaching hospital in Cambridgeshire while I was a professor at the University of Cambridge. A gall bladder stone lodged in the duct of my pancreas and as a result I had pancreatitis – extremely serious and unbelievably painful. I had two useful experiences during the unfolding of this condition. A group of very skilful clinicians were able to extract putrid liquid from my pancreas. After the procedure, I lay on a trolley waiting to return to my ward and a senior nurse standing next to me commented on the outcome of these procedures – ‘That’s good news; you will recover from this condition’. The senior clinician overhearing her comments said ‘There is no such thing as good news; there is only interpretation’. In my half-waking state, I remember thinking ‘Oh my God social constructionism is here in the medical theatre!’ At one level his observation was intelligible, but there was indeed factually good news. The form of pancreatitis that I had contracted was not going to kill me and furthermore it didn’t. I have consequently been critical of social constructionism because of the emphasis in discourse and the relative neglect of practice. The second experience was that, while the hospital managed my pain, the nurses failed to deal with my discomfort associated with being bed-ridden and with being attached to a plethora of medical instruments. There might be a discursive binary between pain/discomfort, but it must not exclude the experience of the distinction.

Let’s consider another personal issue in the example of age and ageing. The former is a social category; the latter is a social *and* biological process. Thus there is a discourse of age as a socially constructed status system and there is a biological process of ageing. At 72 years of age there are various organs in my body that are no longer functioning adequately and I have abandoned my ambition to join the Australian cricket team because my bowling capacity is no longer adequate to purpose.

Of course, the analysis of the discourse of ageing is a perfectly legitimate activity, but it can never be the whole story. For example I looked at the dubious medical promise of immortality in my book [Can we live forever?](#) We may not live forever (yet), but extending life expectancy indefinitely does raise problems for what I have called ‘the theology of unhappiness’ in which life is nasty, brutish and short, while paradise is commodious, welcoming and everlasting. In recent years, with my colleague Alex Dumas, we have been conducting a Foucauldian analysis of ageing concentrating on what we call the longevity project, namely the commercial and political interest in enabling humans to live for as long as possible. We published our work in [L’antivieillesse. La construction sociale du corps age](#) looking in particular at neo-liberal interventions in the discourse of ageing.

What has all of this got to do with the sociology of religion? I have for some time complained that secular philosophers and many secular sociologists think that religion is a system of propositions about God, creation, the events of the New Testament, and above all the claim that ‘Christ is risen’. The result is the endless philosophical debate about whether religious propositions are true or nonsensical. Anthropologists such as [Saba Mahmood](#) have drawn on Pierre Bourdieu’s notions of habitus, practice and field to engage more adequately with religious practice, ritual, calendars and sites of devotion to avoid separating belief from practices. Although the work of Bourdieu on the body, hexis and habitus has been well received in sociology generally, his actual contributions to the study of religion was [limited](#).

I normally do not think very highly of my own work, but the article on [habituation](#) does I think bring a new challenge to the sociology of religion that is worthy of consideration. The argument briefly looked at the work of Robert Bellah, especially [Religion in Human Evolution](#) in which he considered religious development in terms of three stages: the mimetic, the mythic and the theoretic. He argued that nothing is lost in human evolution and therefore the mimetic and mythic survive into modern religious cultures. In this evolution ‘[the total bodily relation to reality is never lost](#)’. By reference to Buddhist practice, I gave an example of how ritual, prayer, and body movement are fundamental to collective memory. Our relationship to past religious practices is

thus grounded in the fact that, in terms of structure and function, we share bodily experiences with our ancestors:

‘My argument is starkly simple. My body in terms of structure and function is no different from the body of Socrates, Confucius and the Buddha. We have the same organs, in the same skeletal frame, and the same upright forward-looking posture with the same functions and capacities. We share the same vulnerabilities’ (Turner, 2017)

However Biotech is not only bringing about revolutionary changes in agriculture to produce more efficient animals for human use and consumption, it is also reshaping and reconstructing human beings with the promise of living longer with more healthy lives. Improving human lives is obviously desirable and has been the aim of medicine throughout much of its history. But biotech also points towards new forms of life that are posthuman hybrids. The prospect of a posthuman world and the radical transformation of the human has been anticipated and analyzed by various authors (see [Bostrom](#), [Fukuyama](#), [Fuller](#)), but sociologists in general have been absent from these debates and posthumanism has yet to have a significant impact on how sociologists of religion go about their work. These biotech developments are already changing traditional gender relations which have been the traditional basis of religious differentiation and specialization. ‘Human upgrading’ or what I call ‘the modernization of the human body’ will radically reorganize gender relationships and the applications of biotech to the military is already replacing the ‘heroic warriors’ of religious mythology with drones.

Although many biotech and biomedical innovations are in the realm of science fiction, our recent history has shown that science fiction has a habit of becoming scientific reality. Although sociologists of religion have explored ageing and spirituality, the ethics of medical practice, the role of the chaplain in modern hospitals, the impact of gender re-assignment in relation to religious traditions, I argue that sociologists have yet to come to terms with what I have euphemistically called ‘human upgrading’. Even attempts to describe ‘[the future of religion](#)’ have neglected these issues that involve both the ‘modernization of the body’. These developments involve, [in my view](#), a deeper, more far-reaching and more radical ‘secularization of society’ via the revolutions in the medico-bio-tech-informatics industries.

About the author



Bryan S. Turner was the Presidential Professor of Sociology at the City University of New York Graduate Center, where he directed the Committee for the Study of Religion. He is currently a Professor of Sociology in the Institute for Religion, Politics and Society at the Australian Catholic University and Honorary Professor at Potsdam University Germany. He is the founding editor of the journals *Body & Society*, *Citizenship Studies*, and *Journal of Classical Sociology*. Recent books include [The Religious and the Political: A Comparative Sociology of Religion](#) and [Religion and Modern Society: Citizenship, Secularisation and the State](#).

Note: This piece gives the views of the author, and not the position of the LSE Religion and the Public Sphere blog, or of the London School of Economics.

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