By means of a reflexive construction of self, the men and women in this study have worked on their bodies and on their self-identities in novel and important ways. In the process, however, these people are also reconstructing society. Although the global world of high modernity extends far beyond an individual's activities and personal affairs, it also intrudes into the core of each individual (Giddens 1991, p. 32) and influences his or her activities and concerns. As the world is drawn into the project of reflexive reconstitution of the self, it is itself transformed by the process, reaffirming the circularity of the interrelationship between the self, body and society. Though resistant and unwieldy in many ways, society changes in response to the pressure exerted upon it. Over time new forms of bodily expression replace old categories, and different possibilities take the place of old dogmas. Society is not merely a backdrop for personal life, an external environment for human action. In struggling with intimate problems, individuals help to actively reconstruct the universe of social activities around them (Giddens 1991, p. 12). Through the process of remaking ourselves we remake the world; self building is also a world-building activity. The process that is undertaken with such purpose by people in situations of crisis is a heightened form of the very same processes we engage in continually in modern life. The reflexivity of the self as an individual phenomenon is a personal expression of the balancing of opportunity and potential catastrophe undergone by all people within the broader institutions of modernity (Giddens 1991, p. 34).

Disability has given these people a chance to rethink their bodies; it has highlighted the experience of their lived body, and the actions of others toward them. Disability thus not only provoked reflection on the body, but also presented them with the opportunity to remake their bodies in different, and maybe less restrictive, ways. The main impediment to the work of reconstitution may be the power invested in biomedicine to define what bodies should be like, and the vulnerability of the recipients of its services to accepting these definitions.

Rehabilitative narratives

Rehabilitation can be seen as a major instrument of bodily rationalisation. Disguised as 'scientific' and operating under the banner of biomedicine, rehabilitation is a powerful agent in the ratification of particular types of bodies. The 'stakeholders' (Albrecht 1992, p. 95) in rehabilitation are many, and each approaches the project from a different position and with a different goal in mind. Common to most rehabilitation work, however, is a set of moral ideas about what bodies should be like (Seymour 1989, ch. 10).

The gendered basis of biomedical thought is concentrated within this context. The 'total institutional' nature of the rehabilitative context, the vulnerability of damaged bodies, and the power of rehabilitation workers in such situations (Seymour 1989, ch. 6) enhance the gendered nature of medical practice within this specialised area. The already gendered bodies of people who become paralysed may be reaffirmed, if not substantially strengthened, by their rehabilitative experience.

Just as social constructionist sociologists have, in effect, eliminated the body in their opposition to biological perceptions of the body, rehabilitationists may also be seen to eliminate the body in their practices. This may seem surprising as rehabilitation, like medicine, has a strong commitment to the body as the object of intervention. But it is the preferencing of certain kinds of bodies, and the imperative to fit people back into society—both strongly articulated within this practice—that effectively eliminate the body. Just as the body in fully developed social constructionist argument can be seen as a fabrication of particular interests, so too can the rehabilitated body be seen as a fabrication of the imperatives embedded in a particular form of rehabilitation. The body itself disappears as powerful forces mould and shape it in particular ways.

Are rehabilitation workers unwittingly encouraging their clients to deny the lived reality of their bodies? Are paralysed people trained to manage their bodies and adjust their lives in order to become something that others can live with? Such goals are built on the assumption that sameness is more desirable than difference, that certain kinds of bodies are more valuable than others. In its pursuit of a 'good result', rehabilitation may neglect the person as an embodied subjectivity, it may ignore the possibility of the body as a lived experience. Rehabilitation, in the full sense of the term, may not be possible within the paradigm of scientific medicine.

The narratives of the men and women in this book cover an enormous range of responses and reactions. Although many of the informants in this study may have couched their narratives in terms that are conventional within the rehabilitative vernacular, others used no such accessible terms to identify issues within their own self-project. The new sense of self as part of rehabilitation after injury is built as part of a process of exploring innovative social forms. Just as 'finding oneself' after divorce may involve exploring new forms of step-parenting in modern life (Giddens 1991, p. 33), the reconstitution of self-identity after bodily change may involve negotiation with new forms of disability identity raised in response to the disability movement in recent years. In late modernity, however, a person with severe bodily alterations may explore a huge range of options for reconstitution which may bear no relationship at all to conventional categories of disability identity. Diverse continents may be explored and negotiated in an on-going reflexive project of the self. Although dominant for a time, the medical model of rehabilitation is but one opportunity amongst many.

The optimism suggested by this study for new possibilities of bodily expression must also be tempered by a recognition of the reality that these people have experienced. Biomedicine has a powerful influence on all bodies, and people with severe bodily damage are doubly constrained by its power. Rehabilitation, as a specialty within medicine, is heir to the biomedical legacy. People with the type of severe and permanent bodily paralyses addressed in this study have spent many months, even years, in rehabilitative contexts. Even those few informants who have avoided residential rehabilitation do not escape the influence of this particular orientation on the body. The vulnerability of damaged bodies, and the continual necessity to appeal to biomedically oriented agencies for assistance or access to other services, sustain a person's reliance on biomedicine and may serve to suppress other, more optimistic, possibilities.

METHODOLOGY

The first part of this chapter explored a variety of ways that the body has been conceptualised in theory. Although some theoretical approaches are more dogmatic than others, all perspectives arise from different ontological positions which influence the nature of the body as it is seen. Throughout history scholars and researchers have approached the body in terms of their preconceptions; their explorations have often revealed that which was necessary to prove their contentions. The body has been shaped and moulded to reflect different purposes and to fit with particular social needs. Particular views of the body, confirmed by anatomical examination and the experimental method, have enhanced the power of medical science and reproduced the 'truth' of biological conceptions of the body.

The foundationalist and anti-foundationalist positions have dominated sociology. The anti-foundationalist position has arisen in large part as a critique of the positivism of the biomedical conception of the body. The problems created by the dual approach to the body within sociology and the strong reconciliatory movement to overcome the dichotomous positions have been discussed earlier in this chapter. It is to the more specific issue of research perspectives and methodologies that the next section of the chapter is directed. Yet here again it seems we cannot escape the influence of positivist approaches associated with medical knowledge or the polarised positions characteristic of sociological theory.

Research in the social sciences has long been characterised by the qualitative or quantitative distinction. Quantitative, positivist perspectives involve a foundational epistemology, qualitative approaches are associated with anti-foundationalism. Quantitative techniques fit with key features of the medico-scientific approach characterised by its perceived objectivity, the replicability of findings, the empirical validation of theory, and implicit in this, its self-correcting nature (Krathwohl 1985, p. 24). But in imagining that the social world can be trapped like a butterfly and pinned to a board for investigation, such researchers may do grave disservice to the rich complexities of the human social life.

While these features may have served to legitimate social science research in the eyes of people more versed in the natural sciences, the real issue between the natural and the social sciences lies in the relationship of the research to the object being studied. Citing Giddens (1976), Cohen & Manion (1989, p. 26) note, 'Social science [. . .] stands in a subject–subject relation to its field of study, not a subject-object relation; it deals with a pre-interpreted world in which the meanings given by active subjects actually enter the actual constitution or production of the world.'

In describing qualitative research methods in relation to quantitative methods, Bryman (1984, pp. 77–8) states,

> The *sine qua non* is a commitment to seeing the social world from the point of view of the actor [. . .] There is a simultaneous expression of preference for a contextual understanding so that behaviour is to be understood in the context of meaning systems employed by a particular group or society [. . .] Qualitative research is deemed to be much more fluid and flexible than quantitative research in that it emphasises discovering novel or unanticipated findings and the possibility of altering research plans in response to such serendipitous occurrences.

It is these issues that lie at the heart of the quantitative/qualitative debate within the social sciences. While quantitative methods are seen to produce objective, value-free knowledge, qualitative methods are seen to yield no more than subjective, value-laden accounts. Questions of validity, reliability and objectivity are alleged to differentiate the perspectives. Aligned against each other in these terms, the two approaches are reduced to competing research modalities within the social sciences.

However, the notion of what constitutes objective knowledge is itself problematic, and is made even more critical by issues raised by postmodern thought (Baum 1993, p. 11). Can human beings ever achieve any form of knowledge that is independent of their own subjective construction while they are the agents through which knowledge is perceived and experienced (Morgan & Smircich 1980,

p. 493)? Objectivity is itself a highly relational concept. Human beings do not merely respond to the world, they actively create and make the world. This on-going, continually changing process defies external observation and measurement: world building must be investigated from within the subject of study using techniques that are appropriate to that task. The researcher should not be exempt from similar scrutiny (Plummer 1995, p. 12).

The sharply drawn, contrasting positions associated with research methodologies resemble the dual positions that have bedevilled social theory, and may be similarly unproductive. Clearly the polarisation of quantitative and qualitative methodologies has been a serious impediment to the development of an adequate methodology in the social sciences, yet the merits and weaknesses of one approach in relation to the other still engage the attention of many scholars (Strauss 1987; Daly & Willis 1990; Minichiello et al. 1990; Patton 1990). Allegiance to either one or the other position has deflected scholars from consideration of more critical issues. Preoccupation with methods highlights the technical aspects of the research while obscuring the infrastructural assumptions upon which the research is based.

Just as recognition of the problems associated with the dual positions in sociological theory has stimulated moves toward integration, the problems associated with the parochialism of the quantitative/qualitative divisions have provoked a similar movement for methodological diversity (Turner et al. 1993). Like all tools, research methodologies must fit the task, not determine the questions and outcomes of social inquiry. The quality of research rests on the appropriateness of its methods rather than its conformity to methodological orthodoxy (Patton 1990, p. 39).

Awareness of the problems inherent in research in general, however, does not guarantee immunity from problems in a specific project. Issues raised by the particular nature of the research for *Remaking the Body* require identification and some discussion.

An exploration of embodiment must utilise a methodology that maximises the informant's point of view, and captures this information in context. While recognising the principle of methodological diversity and being aware of the importance of methodological suitability, the research for this book has proceeded largely within a general framework informed by qualitative methodology (Bryman 1984, pp. 77–8).

Every research project is made up of issues, individuals and experiences that the researcher considers important enough to investigate. Inclusion and, more importantly, exclusion—issues that have been left out or perceived as irrelevant or insignificant—are, in effect, political acts with fundamental implications for the development of knowledge. This is, of course, true of all research, not only of this study.

The advantages of participant observation as a method of engaging with people as collaborators rather than passive informants in a research study were well established in Whyte's early study of urban communities in Chicago (Whyte 1955). In an earlier study (Seymour 1989), I engaged in participant observation over a three-month period in a spinal rehabilitation unit, in addition to extensive data collection outside the institution. Because of this recent experience, I have dispensed with the participant observational component in this new study, although I believe the technique to be essential to this type of research endeavour. The insights gained from this earlier study have been invaluable in helping me understand the experiences of the new informants in this current study. Although this study arises directly out of the previous study, it is significantly different. The focus of this study, though continuing to acknowledge the strong influence of the institution, directs its attention to the broader social context in which attitudes arise and have their impact on the embodiment of men and women.

In her study of torture, Scarry invites us to consider not only the difficulties associated with comprehending 'the atrocities one's own body, muscle and bone structure can inflict on oneself', but also the difficulties one has in comprehending another person's experience of bodily pain (1985, p. 48). A thoughtful researcher may come to imagine how it feels not to feel, but only a person who has experienced sensory loss can know exactly. A sensitive interviewer may suspect that certain aspects of personal relationships may be difficult for a woman who has suffered visible bodily alterations, but the woman alone can tell us what these losses actually mean in terms of her embodied self. No matter how intuitive, no one can ever really know how another person feels. No one can ever know what a particular bodily change means to the integrity of a person's embodiment. No one can fully understand another person's loss. People's feelings, their experiences, the manner in which they perceive that their physical bodily losses have influenced their lives are the data for this study. There is no wiser knowledge, no 'more correct' version of the situation lurking behind the informants' reality.

Yet the body 'lives' in a social context. While the experience of the lived body is personal and in a sense unique, the body is situated in a social context and is subject to its categories. It is through these social categories that the body is revealed in both a phenomenological and a social sense. Thus chapters in this book are devoted to appearance, social routines and relationships, sport and physicality, sexuality, and bodily continence. These domains are key contexts for bodily activities. Exploration of established categories for viewing and managing the body presents avenues through which the body is made more accessible. By listening to the paralysed person we may begin to understand the impact of social categories in light of the bodily losses concerned.

In this study randomness—a desirable characteristic in some research design—must be sacrificed in favour of 'snowball sampling' (Minichiello et al. 1990, p. 198). Damaged bodies expose the relationship between the lived body and the influence of society. The only people who can contribute to this understanding are people with extensive bodily loss. A chain of introduction developed from one informant to the next. In many ways, of course, this referral system is not ideal. I believe, however, that the specific needs of the project justify this method.

The principal research theme—the processes involved in remaking the body after severe change or loss—was made clear to my informants at the time of my initial interview request. This overarching theme was couched in terms of characteristic features of conventional masculinity and femininity. Themes such as appearance, sexuality, relationships, bladder and bowel management, motherhood, fatherhood, and sport were raised in each interview. Some informants responded with passion to particular themes, others initially downplayed the impact of social categories only to acknowledge their significance at a later stage in the discussion. We live in a sexist society, and so many of the interviews reflected the same opacity about the presence and impact of gender in everyday life. It is a function of its very taken-for-grantedness that gender is so difficult to identify. People feel its presence, but cannot identify the obstacles it puts before them.

In an initial conversation, informants discussed with me the most convenient time and place for the interview to take place. With the exception of one interview conducted in my office, I drove to my informants' choice of venue. Although I perceived no particular importance in this practical activity at the time, it is clearly significant to note that although I interviewed eleven women in their homes and only one woman in her workplace, I interviewed eight men in their workplaces, one in a city hotel while drinking beer, one in my office and only two in their homes. The location of the interview has already revealed dramatic differences in the social roles of men and women before a word is spoken. Apart from this strong statement of gender difference, the opportunity, in all but the two instances mentioned, to enter the private worlds of the informants provided extremely useful additional evidence for this study, reinforcing the verbal points or sometimes providing me with a clue that a particular issue needed more exploration (Kellehear 1993, pp. 115–39). But although all of the men and women in this study chose the location of the interview, the implications associated with setting and location must not be ignored. The vulnerability of women when interviewed within a domestic context has been sensitively discussed by Finch (1984) and Koutroulis (1993, p. 88), and is an important consideration for this study. Far from being neutral environments, the space and setting in which the research takes place are integral to the knowledge that is produced (Minichiello et al. 1990, pp. 200–2).

Many of the informants expressed gratitude for the opportunity to talk about issues that are 'best not talked about' in the usual course of everyday life. Although issues related to bladder and bowel management and sexuality have taken on paramount importance in these people's lives, they are not issues that are commonly raised in everyday conversation. Yet this talk is research data. The express purpose of the discussion about intimate issues was to produce material for research. People with disabled bodies are vulnerable to exploitation by others in many aspects of their lives (Albrecht 1992; Deegan & Brooks 1985; Dovey & Gaffram 1987; Hevey 1992; Lonsdale 1990; Oliver 1990; Smith & Smith 1991). Although this project was essentially no different from any other research project, the susceptibility of the informants in this study is heightened by the particular nature of the material. Although all the informants participated willingly in the study, often initiating the topic and volunteering the information, with some taking advantage of the invitation to edit parts of the material that had been recorded during the interview, I am aware that the specific nature of the inquiry involved in this project makes the informants especially vulnerable.

However it is the very issue of embarrassment associated with discussion of these topics that reinforces the sensitive nature of such bodily activities and compounds the problems that disruption to these aspects of the body may bring. Privacy has conferred on these issues immunity from scrutiny. Yet these activities are critical to our social and personal well-being. The sensitive and private nature of these issues has justified their exclusion from, or at best cursory consideration in, rehabilitation programs for too long. The full reconstitution of the embodied self after bodily disruption can never be complete without specific attention to these critical aspects of bodily activity and self-identity.

The quality of information gained in an interview involving sensitive issues depends more than ever on the researcher's ability to establish rapport and a trusting relationship with the informant. Successful research outcomes thus derive directly from these personal attributes and from the quality of the interaction that develops between the informant and the researcher. Not surprisingly, these two characteristics provoke great academic scepticism. When compared with the more overtly disciplined and rigorous techniques of quantitative methodologies, qualitative interviews may appear subjective, idiosyncratic, and of little value in generating reliable and valid research data. Can the god of objectivity be served by a method that depends on such nebulous qualities as rapport, trust and respect to support an interaction context of data collection?

It is certainly not my intention to strengthen the polarities by perpetuating the on-going debate about the advantages and disadvantages of qualitative compared with quantitative methodologies. Suffice to say that this debate has been discussed lucidly and well by many scholars (Daly & Willis 1990; Minichiello et al. 1990; Patton 1990; Strauss 1987). For my part, I am alert to the potential for distortion that can occur in such a personalised context, but I am no less concerned about the bias that may inform the design of less discursive, more detached methodologies. Similarly, I am aware that the dangers of exploitation may be heightened, not eradicated, by an attempt to create a more equal relationship between the researcher and the researched (Williams 1988, p. 110).

Beyond the more instrumental concerns associated with the process of the research project just discussed, what role does the researcher play in the construction of the data?

It is important, at this point, for the researcher to acknowledge her own disability. Although not of the same dramatic or catastrophic nature as the disabilities experienced by the men and women in this study, a long-standing progressive condition has nevertheless extorted considerable bodily losses with, no doubt, concomitant changes in self-identity in order to reconcile painful and visibly deformed body parts with social conventions of femininity, age, class and career aspirations. It was made clear to me by many of the informants that, in their eyes, the disability legitimated my right to conduct the research. This, added to my work experience in rehabilitative situations and previous research in the area, seemed to confirm that I had paid my dues in terms of commitment to the area. In everyday life we respond to people on the basis of their external body. In this particular context, my own visible body seems to have played a more direct role in the generation of research material.

Raising this issue goes beyond mere indulgent self-revelation. Traditional forms of writing sociology hide the role of the writer; what is written is displayed as if it were disconnected from the processes that made it possible (Wynne 1988, p. 103). Putting oneself into the picture—exposing issues related to the researcher that may influence the nature of the data—is clearly critical to the research project. If the ‘objectivity’ of research can be compromised by selection of research location (Finch 1984; Koutroulis 1993, p. 88) and time (Minichiello et al. 1990, p. 200), then failure to consider the role of the researcher in the creation of a research project represents a serious dereliction of accountability. Other more general characteristics are embedded in all research, yet are seldom acknowledged. Gender, age, social class, prestige, ethnic identity, expertise, friendship are salient variables in all interactional contexts; in the context of the researcher–informant relationship these issues become very powerful. Critical self-reflection on the part of the researcher is an essential component of the research project.

The production of social science knowledge about the world is itself a social activity (Woolgar & Ashmore 1988, p. 1). We reflexively create reality from what we take to be the documents of that reality; the talk of others is one such document (Wynne 1988, p. 103). Discursive processes are involved in the construction of what comes to be seen as coherent knowledge (Game 1991, p. 7). These points have been raised earlier in this chapter. The act of writing up research materials is a critical activity. Unstructured interviews were used in this study in order to explore what disrupted embodiment meant to the men and women and to allow them to tell their stories in their own way. But how much is the researcher implicated in the knowledge process, in the writing of culture (Game 1991, p. 7)? In order to create an accessible account of the extensive research data, the researcher must select extracts from this material. What guides this selection? Parts are taken from their original context and inserted into a new document in terms of the researcher/writer's interpretation. No matter how conscientiously this process is conducted, it must distort the original meaning of the documents, assuming of course that they have an original meaning that is fixable (Wynne 1988, p. 106).

It seems that putting oneself in the picture—reflecting on the role of the researcher as well as the researched—presents a Pandora's box of 'methodological horrors' (Wynne 1988, p. 114). No matter how genuine the commitment of the researcher to the integrity of the informant's reality, the outcome must always be the same: in effect special status is assumed for one's own analysis. One may claim that the research is dedicated to documenting the features that the men and women use to produce their own stories; but the act of analysis is predicated on 'seeing behind' the informants' own accounts, on demonstrating features that are not visible to the people themselves (Wynne 1988, p. 113), on producing a privileged representation of social reality (Game 1991, p. 7), a better understanding of the informants' reality than they have themselves.

This raises serious methodological issues about all research. The empiricist view that facts 'speak for themselves' is clearly a nonsense (Blumer 1982, p. 92). Although the 'work' involved in the production of conventional empiricist accounts is usually concealed, no project can be free of the a priori assumptions of the researcher. Research data are those that are recorded (Wynne 1988, p. 17), they are a visible record of people's stories. The final written product of the research endeavour is a far more complex synthesis of diverse factors oriented to this material, but invisible to the process. To imagine otherwise is to engage with the delusion embedded in the debates on objectivity.

Although this issue is critical, the research enterprise need not be diminished by it. As discussed earlier, the issue of objectivity has been a vexed question in social science research, a durable legacy of the positivist past. Yet questions of objectivity are only important if one believes that they are important, and that such a position is possible to achieve (Wynne 1988, p. 121). In acknowledging the unrecorded, invisible influences that constitute the research project, a researcher is merely making overt those factors that are covert in all research endeavours. All research must take into account the factors involved in its own production (Latour 1988, p. 166; Plummer 1995, p. 13).

My own roles as a person with a visible disability, as a former health professional, as a social scientist and as a woman are just some of the more obvious factors that have influenced the selection of informants, the process of the interview, the analysis of the material and the theoretical underpinnings of the project. No story, however, remains true for ever (Plummer 1995, p. 170). Time, changed circumstances, rehabilitative progress and ageing are just some of the factors that have influenced the informants since they first told me their stories. The men and women may not recognise every aspect of their own story at this or any future point of time. However, we cannot assume that the reader of this study will be a passive recipient of the text. Readers, too, are active interpreters of what they read, and will reconstitute the substance of the work to suit their socio-cultural circumstances (Colquhoun 1993, p. 71) as well as a range of other factors. Thus informants, readers and the researcher bring diverse perspectives and interpretations to the research project. What appears in this study is an illuminating, engaging account of disruption and re-embodiment. It is an account of the work of twenty-four people in restoring their bodies after severe injury, an interweaving of the phenomenological body and social discourse in the reconstitution of the self. The task will continue for these women and men long after this book has been published: this research represents the insights of these people in the process of remaking their fragmented, embodied selves in a context of great uncertainty and risk. In directly confronting the comfortable certainties provided by the theoretical and methodological positions of the past, this study will encourage health workers, rehabilitation professionals and social scientists to explore the more hazardous, but also more expansive, possibilities presented by and to the body in the new world.