INFANT EMBODIMENT AND INTEREMBODIMENT: A REVIEW OF SOCIOCULTURAL PERSPECTIVES

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Abstract

This article brings together a range of research and scholarship from various disciplines which have investigated and theorised social and cultural aspects of infants' bodies within the context of contemporary western societies. It begins with a theoretical overview of dominant concepts of infants' bodies, including discussion of the concepts of the unfinished body, civility and the Self/Other binary opposition as well as that of interembodiment, drawn from the work of Merleau-Ponty. Then follows discussion of the pleasures and challenging aspects of interembodiment in relation to caregivers' interactions with infants' bodies, purity, danger and infant embodiment and lastly practices of surveilling the vulnerable, 'at risk' infant body.

Key words: infants, embodiment, interembodiment, purity and danger, surveillance, Self/Other

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Introduction

How are infants' bodies conceptualised, represented and treated in contemporary western societies? While there has been an abundance of interesting and insightful empirical research and theorising within the social sciences related to embodiment, relatively little of this has concerned children's bodies. For its part, what has been termed 'the new social studies of childhood' (James, Jenks and Prout, 1998), has burgeoned in the past three decades, but it was not until around the turn of this century that extensive attention began to be paid by writers and researchers to issues to do with children's embodiment. Indeed, some researchers have claimed that until very recently the child's body has been 'an absent presence' in the new social studies of childhood (Colls and Horschelmann, 2009; Valentine, 2010; Woodyer, 2008). Notwithstanding these contributions, the literature which explores social and cultural dimensions of the embodiment of children at the very beginning of the lifecourse – infancy -- is much smaller (Brownlie and Leith, 2011; Gottleib, 2000).

In this article, I seek to redress this lacuna in the literature in at least some small way by reviewing the available research and theorising from a range of disciplines, including sociology, anthropology, cultural geography and philosophy, which have taken aspects of infant embodiment as their topic. The dominant aim of the article is to identify and investigate the ways in which infants' bodies are conceptualised in contemporary western societies, and how these concepts in turn influence decisions about how infants' bodies are handled and treated by their caregivers. Drawn from my review of the relevant literature, the article is structured by discussion of four central themes emerging from the literature: the pleasures of interembodiment relating to intimacy and caring for the infant; the challenges of

interembodiment related to dealing with the uncivilised infant body; purity, danger and infant embodiment; and surveilling the vulnerable, 'at risk' infant body. First, however, a review of theoretical literature concerning the ontology of embodiment, interembodiment and body boundaries in relation to infant embodiment is provided to establish the theoretical basis for the ensuing discussion.

Embodiment, interembodiment and body boundaries: theoretical perspectives

I take as my starting point the approach to the human body as it is routinely espoused in writings on the sociocultural dimensions of embodiment: that bodies are a dynamic and complex admixture of the social, the cultural and the biological, in which none of these elements can be effectively disentangled from the others' influences. So too, many writers in the new social studies of childhood literature have accepted that notions and experiences of childhood are socially and culturally constructed and thus contingent and dynamic. The body is not a constant or a given which exists prior to cultural meaning, and nor is childhood, and nor, therefore, are children's (including infants') bodies.

'Infancy' itself may be viewed as a category of personhood which is a sociocultural construct, subject to varying interpretations across historical periods and societies. In some cultural/historical contexts infancy is believed to start during development in the uterus, while for others it begins at the moment of birth, and still others at a defined number of days or months after birth. In some contexts infancy ends at two years old, in others at one year or when the child demonstrates certain skills (Gottleib, 2000). Each society determines how to define infancy and personhood, and how infants will be 'turned into social beings' (Conklin and Morgan, 1996: 657).

One important aspect of notions of the body in infancy and childhood in western societies is its dynamic and shifting nature. Infants' and young children's bodies are

commonly conceptualised as constantly in the process of changing and growing. While all bodies are, to some extent, viewed as 'unfinished' (Shilling, 1993) -- that is, as requiring continuing maintenance and improvement -- children's bodies, in their movement between birth and adulthood, are portrayed in popular and expert cultures as even more so. This concept of immaturity and constant bodily change has often borne with it the notion that very young children's bodies are 'lacking'. Children have traditionally been represented as closer to 'nature' than adults in their wildness, lack of civilised decorum but also their purity and innocence, supposedly uncontaminated by the influences of society. Infants and very young children in particular are often represented as the inferior Other contrasted to the ideal of the contained and controlled adult bodily Self which has achieved full growth and development and is able to deal rationally with others (Jenks, 1996, 2005; Prout, 2000).

Jenks (1996) has identified two archetypes of children that have persisted for several centuries in western culture. The first is that of the Apollonian child, viewed as pure and innocent, untainted by the flaws and shortcomings of society. In contrast is the concept of the Dionysian child, which portrays children as uncivilised, base and potentially evil because of their very closeness to nature and their lack of capacity for rational and moral thought and action. It is this latter concept which emerges in concepts of the infant's body as requiring civilising and containment. These archetypes also have implications for how caregivers experience interactions with their infants.

The bodies of infants and very young children are understood as requiring constant care, cleaning, monitoring and surveillance from their caregivers. They are high maintenance bodies, as are other bodies which do not conform to the normative standard of adult self-sufficiency and self-management, such as the very old or people with severe disabilities. They are positioned within a network of intense practices of embodiment which seek to

regulate, normalise and civilise their bodies, to eventually render them more adult-like in their capacity for containment and control.

Writers advocating for the new social studies of childhood have contended that children must be considered agential in their interactions with others and with the material world (for example Hollway and Valentine, 2000; James, 2000; Jenks, 2005). This is an important consideration, even for infants, who have their own capacity to shape and respond to others. Embodiment and subjectivity are relational: bodies are experienced and conceptualised in relation to other bodies, as well as to discourses, practices, spaces, ideas and non-human objects and other living things (Lee, 2008; Prout, 1990; Woodyer, 2008). Nowhere is this more the case than with infants' bodies. These bodies, and their care and management, are central parts of their parents' (or other caregivers') everyday lives. Infants require many acts of feeding, cleaning and changing each day, and their physical needs and affective appeal invite many acts of physical intimacy and affection such as cuddling, stroking, rocking and kissing.

The concept of interembodiment (otherwise termed 'intercorporeality') is therefore central to understanding the ways in which caregivers (and particularly mothers, as they overwhelmingly are the dominant caregivers of infants) think and feel about their infants' bodies. Interembodiment encapsulates the notion that apparently individuated and autonomous bodies are actually experienced at the phenomenological level as intertwined. It is a concept of relation with other people which accepts that individuals' bodies are inevitably lived alongside and in response to others' bodies.

The writings of the philosopher Merleau-Ponty (1962, 1968) may be used to elucidate the ontological nature of this interembodiment. Merleau-Ponty adopts the concept of the 'body-subject' to denote the inevitability of experience being embodied – our 'being-in-the-world'. Bodies cannot be separated from the spaces, objects and other bodies with which they

interact. For Meleau-Ponty, 'being-in-the-world' is always intersubjective. Pregnancy and childbirth are prime times when the embodiment of the mother and that of the foetus/infant are intertwined and often difficult to individuate (Longhurst, 2008; Young, 1990). This interembodiment can also extend into the mother-child relationship after birth and into early childhood via embodied caring practices that mothers undertake with their infants. Merleau-Ponty sees the intercorporeal nature of the mother-child relationship as a primary example of the doubling, overlapping and two-sided nature of human embodiment. Through touching-being touched, moving-being moved, feeling-being felt, hearing-being heard, the bodies of the mother and infant come close, or bend to each other, and then spread away from each other. The concept of 'infant' and 'mother' each defines and is inseparable from the other, and each body's 'being-in-the-world' is shaped by the other's. The infant's body is as active a participant in this relationship as is that of the mother (Wynne, 1997).

The pleasures of interembodiment: intimacy and caring for the infant

Other than descriptions of women's experiences of interembodiment during breastfeeding (see below), there is very little in the literature that explores the ways in which infants' bodies in western societies are experienced ontologically by their carers. A study of co-sleeping between infants and their carers in Japan, however (including not only parents but also child-care workers), revealed some important insights into how this practice operates at an experiential embodied level (Tahhan, 2008). Tahhan introduces the concept of 'skinship', or the relational states created by close physical proximity, touch and intimacy. This concept is useful as a way of describing the intercorporeal interactions and development of intimate relationships between infants and their carers.

As Tahhan (2008) explains, co-sleeping, or bed-sharing, of parents with their children is a common phenomenon in Japan from infancy well into late childhood, and it plays an

important role in the development and maintenance of family intimacy. Using Merleau-Ponty's phenomenology, in concert with that of the Japanese philosopher Hiroshi Ichikawa, she discusses the ways in which co-sleeping involves an intermingling of one's body and self with that of another through the touching and body-warmth-sharing of skinship. The body is therefore experienced relationally, with and through another body's touch, which provides the relaxation and security that an infant or young child requires to fall asleep peacefully. Baby-carrying in a sling, as also often occurs in Japan, similarly involves tactile sensations that cause two bodies to merge into one, with a mutual responsiveness and relaxation of bodies caused by the continuous touching of the infant's body with that of the carer. Blurring of bodily boundaries and selfhoods is created via these experiences, in a way that is pleasurable in its sensual intimacy for both carer and infant.

In western societies, co-sleeping tends to be frowned upon in dominant childrearing discourses. As a result, most parents do not usually routinely co-sleep with their infants every night, although they may do so from time to time (Ball et al., 1999). However, western parents may achieve skinship through other bodily practices. For mothers, one important such practice is breastfeeding. Breastfeeding is an embodied experience that involves parts of the mother's body (the nipple and the breast milk itself) being inserted into the mouth of the infant for lengthy periods, so that their bodies are conjoined in a literal as well as a metaphorical sense. Just as the umbilical cord conveys nourishment from the mother to the foetus and connects their bodies, so too the stream of breast milk issuing forth from the nipple connects with and nourishes the infant. The maternal body literally grows the infant's body as it did in utero as long as the breastfeeding relationship lasts.

Researchers on the topic of mothers' experiences of breastfeeding have explored dimensions of the intense embodied experiences that are part of dealing with infants' bodies. It is evident in many women's accounts that they draw much joy from the physical intimacy

of breastfeeding their baby. Women who enjoy breastfeeding speak of feeling strongly connected to their infants, describing them as 'still part of me' and positively discuss a sense of 'harmony' and 'oneness' with their babies while breastfeeding. These types of descriptions of the pleasurable interembodied nature of breastfeeding have been identified in research carried out in Canada, Australian, New Zealand and England (Faircloth, 2011; Lupton, 2000; McBride-Henry et al., 2009; Ryan et al., 2011; Schmied and Lupton, 2001; Wynne, 1997).

Fathers, for their part, may experience such moments of intimacy and skinship with their infants by engaging in these kinds of embodied caring behaviours. Many men feel somewhat excluded from the maternal-infant relationship in the early days of their infants' life because of the closeness engendered by the pregnancy experience and feeding the infant (Doucet, 2006; Lupton and Barclay, 1997). Nonetheless, skinship between fathers and their infants can be engendered via such activities as cuddling, nappy changing, dressing, settling the baby and bathing. Men often report enjoying being able to feed their baby using a bottle, thus allowing them the kind of skinship that mothers enjoy when feeding their infants. Fathers describe the process of 'falling in love' with their infants, feeling a strong emotional bond with them, as engendered via bottle-feeding, a time when they are able to hold their baby close in their arms and gaze at its contented face as it drinks (Lupton and Barclay, 1997). As their infant grows a little older, and seems less fragile, fathers often enjoy the embodied interactions they have with their infants in rough-and-tumble play or outside excursions and playing physical games (Doucet, 1996).

The pleasurable and intimate dimensions of interembodiment for infants and their caregivers, therefore, rely upon regular touching, which itself develops skinship. Skinship extends the interembodiment that is experienced in pregnancy for women, and allows fathers to develop a close relationship with their infants that may not be as intense as that which mothers experience but contributes to a sense of emotional and embodied intimacy.

The challenges of interembodiment: dealing with the uncivilised infant body

Interembodiment may not always be experienced as pleasurable and a source of intimacy and emotional connection, however. It may also be problematic in the context of caring for infants' bodies when they are experienced as overly demanding, wild and uncivilised, encroaching upon the carers' self-autonomy and liberty and desire to be individuated.

An integral part of parenthood is seeking to discipline and civilise the infant body, to render it more controllable. Part of disciplining the infant's body is developing habits around feeding and sleeping, perhaps the two most fraught areas of infant care for parents. Attempting to socialise their newborn infant into adult patterns of sleep is an important part of learning to live with an infant for parents (Ball et al., 1999; Wiggs, 2007). Deciding where the infant should sleep – in its own room, in its own cot or in its parents' room or in their bed, in the same room as an older sibling – is also part of the decision-making in which parents engage. Both lay and expert advice tends to focus on the importance of establishing a 'routine' for infants' sleep, and to attempt a calm and peaceful environment to help them settle easily and sleep better (Horton and Kraftl, 2010; Williams et al., 2007). Many parents attempt to encourage their infants to conform to their own sleeping pattern as quickly as possible after birth, including the use of such controversial methods as 'controlled crying'. Thus infants' sleep patterns are constructed as 'problematic' from the start by their parents because they differ so dramatically from adults' habits and expectations (Wiggs, 2007).

Current expert advice on infant feeding contends that they should be 'fed on demand': mothers should observe their baby's cues and provide food as soon as it shows signs of hunger. A study of English mothers with young infants (Keenan and Stapleton, 2009) found that the interviewees subscribed to this 'feed on demand' ideal and attempted to follow it, although they experienced considerable anxiety about this, particularly in the early days and if

they had infants with health problems. Infants were assumed to be able to 'self-regulate' their intake of breast milk or formula, and rapid weight gain was considered a sign of a healthy and normal baby, even for infants that were overweight or obese. To deprive a hungry baby of food was described as tantamount to cruelly starving the infant. Nonetheless, babies who breastfed for 'comfort' rather than 'sustenance' were considered to be problematic and difficult to manage.

Conflict between infants' feeding needs and the desires of their mothers was evident in such accounts. Nonetheless, mothers tend to articulate the notion of the infant as vulnerable and innocent, and to represent their babies' needs as legitimate, born of 'innocent hunger'. Their demands are excessive, but understandable, and a 'good mother' should meet these demands uncomplainingly. The very young infant, therefore, has a special status of demonstrating high needs, but because 'they are only babies' they are not viewed as being wilful, manipulative or misbehaving in any way (Keenan and Stapleton, 2009; Murcott, 1993; Murphy, 2007). The Apollonian concept of the infant takes precedence over the Dionysian here in how mothers think of their infants.

This acceptance of infants' bodily needs changes, however, as infants grow older. Mothers begin to note infants' potential to manipulate the feeding relationship for their own ends as they grew older, and thus view them as acquiring agency and the opportunity to negotiate. By the time infants have reached two years old they are frequently represented as naughty and disobedient. Their needs and desires are no longer viewed as legitimate in every instance, and therefore subjected to discipline and chastisement (Murphy, 2007). It is at this stage in the infant's development that it may be conceptualised as Dionysian rather than Apollonian, or perhaps as moving between the two archetypes.

Other research suggests, however, that the Dionysian concept of the infant may emerge rather earlier in the mother's relationship with the child. This appears to be particularly the

case when women experience difficulties breastfeeding or simply find the breastfeeding relationship overly demanding. The discussion above detailed the embodied pleasures of the breastfeeding relationship. Not all women find the intercorporeality of breastfeeding pleasurable. Women who have difficulty breastfeeding, or who simply do not enjoy it, have recounted their annoyance and frustration at their infant's demands, their loss of self and agency, of being 'taken over' by the infant and wanting their 'body back'. In such accounts, there is evidence of a discord between the needs and desires of the mother and her infant, in which the mother feels her body as subsumed to the infant's bodily demands. (McBride-Henry et al., 2009; Schmied and Lupton, 2001). Breastfeeding may be described as a 'battleground' if women are experiencing difficulties, and women have spoken of feeling as if their infants were attacking them when trying to feed, of being 'sucked dry', in one case describing the infant as a 'rotten, sucking little leech' (Schmied and Lupton, 2001: 243). The infant's body is here conceptualised as parasitic upon the mother's body, antagonist to her own bodily needs.

In response to the constant demands of their infants, women may feel a kind of 'primaeval', difficult-to-control anger towards them. Such women are intent on 'civilising' or 'training' their infants to be more independent, to rely less on them and to challenge them less with their bodily demands (Sevon, 2007). To return to Merleau-Ponty's concept of interembodiment, therefore, it may be argued that the intense physical and emotional bond that mothers experience with their infants may be both pleasurable and problematic. Interembodiment allows for intense intimacy, but it also poses a challenge to the ideals of autonomy and individuation.

Purity, danger and infant embodiment

Notions of body boundaries and the importance of protecting the inside of the body from the potentially contaminating outside are also central to the ways in which infants' bodies are

viewed. Mary Douglas' writings on purity and danger (1966/1980) are relevant to understanding the symbolic meanings that underpin contemporary concepts of infant embodiment. For Douglas, what is considered 'dirty' or 'contaminating' in a culture is simply 'matter out of place'. A substance placed where it does not belong according to cultural norms, although considered 'clean' in its proper place, becomes 'dirt' in the wrong place. 'Dirt' or 'dirty people' pose a challenge to the social order and thus become represented as the Other, requiring control and containment.

Infants' bodies represent an interesting challenge to the usual cultural rules and concerns about 'cleanliness' and 'dirtiness'. Babies' bodies are liminal, on the border of humanness, because they do not possess the ability to control their bodily functions and expression of emotions in the ways expected of older people. The infant is unable to regulate its own body boundaries, to control what goes in and what comes out. Its propensity to be an extremely 'leaky' body (Shildrick, 1997), emitting the kinds of liminal substances deemed among the most contaminating in contemporary western societies – urine, faeces, phlegm, vomit, saliva – means that it is potentially in a position to be a contaminating Other itself, both literally and symbolically. Infants' very presence represents disorder to the former orderly life of the household, especially to the usual routines of their mothers. A dirty baby, one who is not continually cleaned up, is a threat to others around it because of its bodily waste contaminants which would be uncontrolled and also because it would then represent a threat to social order and notions of propriety (Murcott, 1993).

Disgust is usually incited by the uncontrolled leaking of bodily substances from inside the body to outside: matter is 'out of place', in Douglas' terms. Every regular carer of tiny infants has at least occasionally found that faeces from their nappy has spread from the containment of the nappy to around the baby's surrounding skin and clothes, or has been urinated or vomited upon by an infant. Murcott (1993) found that sometimes the Welsh

mothers she interviewed did have to struggle with feelings of disgust at the emissions of their infants, especially with regards to particularly full, smelly nappies or if a baby had managed to smear faeces on itself, or even, as one mother experienced, put a hand contaminated with faeces in its mouth.

What saves infants' bodies from the fate of being designated a contaminating Other? As Murcott (1993) argues, primarily it is the infant's supreme cultural position as an inherently pure, innocent, helpless being, requiring special treatment. By virtue of their very immaturity, newness and perceived innocence, babies' bodies are conceptualised as 'pure': as yet uncontaminated by the literal or symbolic polluting agents that surround them. Unlike many other bodies on the borders of human/non-human, pure/contaminating, such as incontinent old people, the very ill, people with mental health conditions, the homeless or people with disabilities, babies are an anomaly that is regarded largely positively because of the other overwhelmingly positive meanings that are associated with babyhood: innocence, sweetness, helplessness, requiring protection. Older children and adults tend to be regarded with disgust if they emit contaminating bodily substances in an uncontrolled manner and 'out of place'[1]. In contrast, infants are deemed not to be responsible for their leaky bodies because they are understood to 'know no better'. Babies are 'human beings out-of-place' (Murcott, 1993: 132), but their very purity and youth protects them from the moral censure and disgust that tends to be accorded other such human bodies.

Notions of the purity of infants' bodies are related to concepts and discourses concerning the immune system, which have become an important way of thinking about the infant body. Here it is the outside world which is considered to pose a threat to the infants, and their permeable body boundaries must subsequently be guarded and protected. Interview studies conducted with mothers in Australia, England, Sweden and Wales (Brownlie and Leith, 2011; Lauritzen, 1997; Lupton, 2011; Murcott, 1993) have found that common across

these societies is the notion that the infant immune system is very weak and undeveloped and therefore open to invasion by germs, requiring 'building up' and 'strengthening'. Many mothers therefore seek to protect their infants from 'dirt' and 'germs', attempting to ensure that their homes are clean so that their infants do not touch dirty objects, and keeping them away from people or places they deem contaminated with germs, such as other potentially infectious children or adults, or play centres where other such children have been touching objects and leaving germs behind. Infants' clothing is constantly changed and washed if it becomes soiled, objects that they put in their mouths are sterilised. Mothers therefore act as an ersatz immune system for their infants by attempting to keep out germs, constructing a cordon sanitaire around their infants (Murcott, 1993).

Caregiving work here is not so much related to interembodiment but rather to the protection of the infant's body from the outside and protecting others' bodies from the infant's potentially contaminating body. Here again infants' bodies represent a challenge to propriety, civilised control and the Self. What is demanded of caregivers is continual monitoring and regulation of the openness of the infant's body to the world. Caregivers must keep infants 'clean' and 'proper', ensuring that the Apollonian innocence and purity of the infant's body is not disrupted by its inability to control and police its own body boundaries.

Surveilling the vulnerable, 'at risk' infant body

Related to notions of purity and danger in the context of infant embodiment are concepts of vulnerability and risk. Like older children, infants in contemporary western societies are surrounded by a network of expert advice and apparatuses directed at researching and promoting their development and health. As part of a move towards 'intensive parenting', children in general are conceptualised as vulnerable, requiring the utmost love and attention from their parents and continual monitoring to ensure that they are happy and healthy and

developing normally. Parenting cultures in contemporary western societies are now permeated with warnings and anxieties about the risks and dangers to which children may be susceptible (Beck and Beck-Gernsheim, 1995; Hays, 1996; Jackson and Scott, 1999; Lee, Macvarish and Bristow, 2010; Lupton, 2012).

As the youngest of all children, infants are routinely thought of as highly vulnerable and helpless, thus requiring constant monitoring and protection from harm. Notions of the infant body as 'fragile' and 'precious', combined with the contemporary notion of the 'good mother' incorporates the assumption that mothers should constantly watch over their infants for signs of illness, distress or sub-normal development (Beck and Beck-Gernsheim, 1996; Henderson et al., 2010; Lupton, 2008, 2011, 2012; Nelson, 2008). Interviews with mothers of newborn infants in Sweden and Australia found that they often experienced fear about their infant's susceptibility to injury, serious infection or Sudden Infant Death Syndrome, and that many felt the need to constantly check on the infants to ensure that they were still alive. Mothers talked about using their 'gut feeling', or their instincts, to assess their infants' wellbeing and welfare, closely observing their children for any signs or symptoms of illness and their awareness of bearing a heavy burden of responsibility for ensuring their infants' good health (Lauritzen, 1996; Lupton, 2008, 2011).

The infant body is thus portrayed as lacking resilience and as 'at risk' from harm, unpredictable, never far from the threat of illness or death. It is a body that is culturally primed for intense and continual surveillance on the part of its anxious parents. Indeed, various surveillance technologies have been marketed to parents as means by which they can continue to monitor and surveil their infants when not physically in their presence. These include baby monitors which can monitor the infant's sounds, movement and breathing and even provide images of the infant in the dark using infra-red cameras, and nanny-cams, which may be used to ensure that child-minders are treating one's infant appropriately (Marx and

Steeves, 2010). A study of online consumer reviews of baby monitors written by mothers who had purchased and used these devices found that they continually referred to their anxieties about their infant's wellbeing, referring in particular to their fear of the risk of Sudden Infant Death Syndrome. The infants were portrayed in these women's accounts as fragile, needy, at risk of death and requiring parental intervention and monitoring at all times, including when asleep (Nelson, 2008).

Part of the concept of the 'at-risk' infant is the acceptance that infants' bodies should be regularly measured and assessed. From the time an infant is born (and even before, while in utero) its body is the target of constant measuring and monitoring, its bodily attributes, growth and development noted and compared against pre-established norms. Infants are expected to conform to certain 'milestones' or markers of 'age-appropriate', 'normal' development. If they do not conform to these norms, they are typically drawn into a network of expert intervention to ensure that they do not 'fall behind'. If their weight and growth fall outside established benchmarks infants are also targeted for intervention for 'failing to thrive' or 'childhood obesity'. Mothers are expected to keep a close watch on these markers of appropriate growth and development and to take action and seek expert help if their infants do not conform to the norm (Kelle, 2010).

Here it is the outside appearance and demeanour of the infant's body that requires eternal vigilance and surveillance. The infant's body becomes the focus of the intense anxious parental gaze in the context of a culture in which parents – and particularly mothers – are held accountable for any harm that may befall their infants or any failure to conform to accepted measures of health, growth and development. Interembodiment is also part of this surveillance, demanding as it does the continual embodied use of the senses and intuition on the part of the caregiver to assess the bodily welfare of the infant.

Conclusion

I have shown that the infant body in contemporary western societies is invested with several dominant meanings. The infant body is precious, vulnerable, fragile, malleable, pure: it is also controlling, porous, permeable, chaotic, potentially contaminating, demanding great reserves of energy and patience from those who care for it. It is the object of intense surveillance, measurement and monitoring, implicated in an expert network of normalisation as well as invested with a high level of parental vigilance and anxiety concerning its health, growth and development.

It is not surprising that much of the available literature I have here reviewed referring to aspects of infant embodiment relates the foetal/infant body to that of the maternal body. We cannot understand one without the other. Infant bodies are gestated within and issue forth from a female body, and this body usually undertakes most of the caring practices for the infant body, especially during the early months of the infant's life. Further, as I have argued, embodiment is interrelational, and all bodies are experienced through and with other bodies. As this implies, far from being passively 'worked upon' or 'constructed' by its adult carers, the infant body is agential. Infants 'grow their mothers' (or other carers), as Miller (1997) put it. Carers' embodied practices, and their emotional states, are shaped by the infant's embodiment. Via interembodiment, or skinship, carers' and infants' bodies interact, intermingle and are interdependent.

Like the maternal body described by Kristeva (1982), the infant body can be understood as engulfing in its demands and its disruption of bodily boundaries, its threat to order and control. Distinctions of Self/Other are challenged by the foetal and infant body, unsettling and challenging privileged values concerning individuated subjecthood/embodiment. Here again, the infant body is demanding, calling into question issues of symbolic boundaries. The blurring of bodily/selfhood boundaries that may occur as

part of gestating, birthing and caring for an infant is both pleasurable and problematic. The sensual joy of touching another beloved body, and experiencing interembodiment with that body, is one of life's greatest pleasures: yet such intermingling is a direct challenge to the valued concept in western society of embodiment. Blurring the boundaries between bodies/selves is a challenging concept in the cultural context of late modern societies, in which the individuated, autonomous body/self and the body which is tightly contained and controlled, its boundaries rendered as impermeable as possible, is championed as a cultural ideal (Bordo, 1993; Grosz, 1994; Kristeva, 1982; Longhurst, 2000; Shildrick, 1997; Shillling, 1993; Lupton, 2012).

In some non-western cultures interconnectedness of the caregiver's body with that of the infant is highly valued and promoted via practices of skinship: co-sleeping, breastfeeding well into early childhood, wearing the infant in a sling or carrying it in arms (Liedloff, 1975/1989; Tahhan, 2008). People living in western societies often find such interconnectedness more problematic. Many parents frequently seek to encourage autonomy and independence in infants as early as possible, so that, for example, infants often are put to sleep in their own cots, in a separate room from their parents, are fed with bottles or weaned from the breast after a period of months rather than years, and transported in prams or strollers rather than on the caregivers' body. Some mothers have embraced the 'attachment' or 'natural parenting' ethos in seeking to challenge this model of individuated mother-child embodiment by attempting to follow their 'instincts', carrying their infants frequently in slings, sharing their beds with their infants and breast-feeding them for extended periods. They remain in the minority, however (Faircloth, 2011; Thomson et al., 2011).

Yet the research here reviewed suggests that the experience of motherhood, at least during the period of infancy and early childhood, may never fully include a strong sense of individuation from one's child's body. This process of individuation does not necessarily

occur at birth: caring practices such as breastfeeding, cuddling, rocking and co-sleeping achieve and prolong the interconnected experiences of skinship. Nor does this process necessarily follow a clear trajectory: mothers may move between states of interconnectedness, at times feeling very close and 'at one' with their foetus/infant, at other times experiencing their bodies/selves as very separate from, and even in conflict with, the infant body/self. Other carers who have regular experiences of embodied interactions with infants, including fathers, may also feel ambivalence about the bodily demands made by infants, and feelings of frustration due to loss of a sense of control and autonomy, as well as revelling in the pleasures of connectedness.

In a sociocultural context in which self-determination and competitive participation in the paid workforce has become increasingly idealised for both women and men and at the same time 'intensive parenting' is privileged as the most appropriate way of raising children and protecting them from harm, ideas and practices related to infant embodiment have become subject to competing imperatives. Particularly for women bearing children and taking primary responsibility for caring for them, the infant body is potentially a site of intense investment of emotion, both positive and negative. It is important to acknowledge and document this affective dimension of caring for infants, as it has important implications for the kinds of practices and decisions that parents make about their infants, which in turn are integral to children's health, development and wellbeing. Further research is called for which is able to document and theorise the changing ways in which carers think and feel about the tiny bodies they care for, the practices in which carers engage and how they negotiate the strong emotions engendered by this caring.

Note

1. The emission of contaminating body substances by older children and adults may be considered with more leniency if they ill or have a disability, particularly if cared for by close family members. Thanks to one of the anonymous referees for making this point.

References

Ball H, Hooker E and Kelly P. (1999) Where will the baby sleep? Attitudes and practices of new and experienced parents regarding cosleeping with their newborn infants. American Anthropologist 101(1): 143—51.

Beck U and Beck-Gernsheim E (1995) The Normal Chaos of Love. Cambridge: Polity.

Brownlie J and Leith V (2011) Social bundles: thinking through the infant body. Childhood 18(2): 196—210.

Colls R and Horschelmann K (2009) The geographies of children's and young people's bodies. Children's Geographies 7(1): 1—6.

Conklin B and Morgan L (1996) Babies, bodies, and the production of personhood in North America and a native Amazonian society. Ethos 24(4): 657—94.

Doucet A (2006) 'Estrogen-filled worlds': fathers as primary caregivers and embodiment. The Sociological Review 54(4): 696—716.

Douglas M (1980/1966) Purity and Danger: An Analysis of Concepts of Pollution and Taboo. London: Routledge & Kegan Paul.

Faircloth C (2011) 'It feels right in my heart': affective accountability in narratives of attachment. Sociological Review 59(2): 283—302.

Gottleib A (2000) Where have all the babies gone? Toward an anthropology of infants (and their caretakers). Anthropological Quarterly 73(3): 121—32.

Grosz E (1994) Volatile Bodies: Towards a Corporeal Feminism. London: Routledge.

Hays S (1996) The Cultural Contradictions of Motherhood. New Haven: Yale University Press.

Henderson A, Harmon S. and Houser J (2010) A new state of surveillance? Applying Michel Foucault to modern motherhood. Surveillance & Society 7(3/4): 231—47.

Holloway S and Valentine G (2000) Spatiality and the new social studies of childhood. Sociology 34(4): 763—83.

Horton J and Kraftl P (2010) Time for bed! Children's bedtime practices, routines and affects. In: Horschelmann K and Colls R. (eds) Contested Bodies of Childhood and Youth. Houndsmills: Palgrave Macmillan, 215—31.

Jackson S and Scott S (1999) Risk anxiety and the social construction of childhood. In: Lupton D (ed.) Risk and Sociocultural Theory: New Directions and Perspectives. Cambridge: Cambridge University Press, 86—107.

James A (2000) Embodied being(s): understanding the self and the body in childhood. In: Prout A (ed.) The Body, Childhood and Society. Houndsmills: Macmillan, 19—37.

James A, Jenks C and Prout A (1998) Theorizing Childhood. Cambridge: Polity Press.

Jenks C (1996) Childhood. London: Routledge.

Jenks C (2005) General introduction. In: Jenks C (ed.) Childhood: Critical Concepts in Sociology. London: Routledge, 1—22.

Keenan J and Stapleton H (2009) 'It depends what you mean by feeding "on demand"': mothers' accounts of babies' agency in infant-feeding relationships. In: James A, Kjorjolt AT and Tingstad V (eds) Children, Food and Identity in Everyday Life. Houndsmills: Palgrave Macmillan, 13—34.

Kelle H (2010) 'Age-appropriate development' as measure and norm: an ethnographic study of the practical anthropology of routine paediatric checkups. Childhood 17(1): 9—25.

Kristeva J (1982) Powers of Horror: An Essay in Abjection. New York: Columbia University Press.

Lauritzen S Olin (1997) Notions of child health: mothers' accounts of health in their young babies. Sociology of Health & Illness 19(4): 436—56.

Lee E, Macvarish J and Bristow J (2010) Risk, health and parenting culture. Health, Risk & Society 12(4): 293—300.

Lee N (2008) Awake, asleep, adult, child: an a-humanist account of persons. Body & Society 14(4): 57—74.

Liedloff J (1975/1989) The Continuum Concept: In Search of Happiness Lost. London: Penguin.

Lupton D (2000) 'A love/hate relationship': the ideals and experiences of first-time mothers. Journal of Sociology 36(1): 50--63.

Lupton D. (2008) 'You feel so responsible': Australian mothers' concepts and experiences related to promoting the health and development of their young children. In: Zoller H and Dutta M (eds) Emerging Perspectives in Health Communication: Meaning, Culture, and Power. New York: Routledge: 113—128.

Lupton D (2011) 'The best thing for the baby': mothers' concepts and experiences related to promoting their infants' health and development. Health, Risk and Society 13(7/8): 637—51.

Lupton D (2012) 'Precious cargo': Foetal subjects and reproductive citizenship. Critical Public Health, in press.

Lupton D and Barclay L (1997) Constructing Fatherhood: Discourses and Experiences. London: Sage.

McBride-Henry K, White G and Benn C (2009) Inherited understandings: the breast as object. Nursing Inquiry 16(1): 33—42.

Marx G and Steeves V (2010) From the beginning: children as subjects and agents of surveillance. Surveillance & Society 7(3/4): 192—230.

Merleau-Ponty M (1962) The Phenomenology of Perception (translated by C Smith). London: Routledge & Kegan Paul.

Merleau-Ponty M (1968) The Visible and the Invisible (translated by A Lingis). Evanston: Northwestern University Press.

Miller D (1997) How infants grow mothers in North London. Theory, Culture & Society 14(4): 67—88.

Murcott A (1993) Purity and pollution: body management and the social place of infancy. In: Scott S and Morgan D (eds) Body Matters: Essays on the Sociology of the Body. London: Falmer, 122—34.

Murphy E (2007) Images of childhood in mothers' accounts of contemporary childrearing. Childhood 14(1): 105—127.

Nelson M (2008) Watching children: describing the use of baby monitors on Epinions.com. Journal of Family Issues 29(4): 516—38.

Prout A (2000) Childhood bodies: construction, agency and hybridity. In: Prout A (ed.) The Body, Childhood and Society. Houndsmills: Macmillan, 1—18.

Ryan K, Todres L and Alexander J (2011) Calling, permission, and fulfilment: the interembodied experience of breastfeeding. Qualitative Health Research 21(6): 731—42.

Schmied V and Lupton D (2001) Blurring the boundaries: breastfeeding and maternal subjectivity. Sociology of Health & Illness 23(2): 234—50.

Sevon E (2007) Narrating ambivalence of maternal responsibility. Sociological Research Online, 12(2): http://www.socresonline.org.uk /12/2/sevon.html.

Shildrick M (1997) Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics. London: Routledge.

Shilling C (1993) The Body and Social Theory. London: Sage.

Tahhan D (2008) Depth and space in sleep: intimacy, touch and the body in Japanese co-sleeping rituals. Body & Society 14(4): 37—56.

Thomson R, Kehily MJ, Hadfield L and Sharpe S (2011) Making Modern Mothers. Bristol: The Policy Press.

Valentine G (2010) Children's bodies: an absent presence. In: Horschelmann K and Colls R (eds) Contested Bodies of Childhood and Youth. Houndsmills: Palgrave Macmillan, 22—37.

Wiggs L (2007) Are children getting enough sleep? Implications for parents. Sociological Research Online, 12(5): http://www.socresonline.org.uk/12/5/13.html.

Williams S, Lowe P and Griffiths F (2007) Embodying and embedding children's sleep. Sociological Research Online, 12(5): http://www.socresonline.org.uk/12/5/6.html.

Woodyer T (2008) The body as research tool: embodied practice and children's geographies. Children's Geographies 6(4): 349—62.

Wynne F (1997) The embodied chiasmic relationship of mother and infant. Human Studies 19: 253—70.

Young I (1990) Throwing like a Girl and Other Essays in Feminist Philosophy and Social Theory. Bloomington: Indiana University Press.