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Morality, mortality and the new public health

**Edited by Kirsten Bell, Darlene
McNaughton and Amy Salmon**

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Introduction

Kirsten Bell, Darlene McNaughton and Amy Salmon

Tobacco use is one of the biggest public health threats the world has ever faced.
(World Health Organization 2010a)

Obesity is one of today's most blatantly visible – yet most neglected – public health problems.... If immediate action is not taken, millions will suffer from an array of serious health disorders.
(World Health Organization 2010b)

Harmful use of alcohol has a major impact on public health. It is ranked as the fifth leading risk factor for premature death and disability in the world.
(World Health Organization 2010c)

Although drinking, smoking and obesity have long been a focus of social and moral opprobrium, during the last two decades of the twentieth century they came under concerted attack from the field of knowledge and action that has come to be known as the new public health. "Lose weight!" "Avoid fat!" "Stop smoking!" "Reduce alcohol intake!" "Get fit!" is the rallying cry of the new public health (Petersen and Lupton 1997: ix). In many respects, alcohol, tobacco and obesity form the new public health's 'Axis of Evil' (to appropriate the rhetoric of George W. Bush) – an unholy triumvirate of 'lifestyle choices' deemed responsible for all manner of preventable chronic diseases, including three of the most common and costly: heart disease, cancer and diabetes.

Every day more evidence accumulates regarding the purported health effects of alcohol, tobacco and fat, and newspapers are crammed with alarmist reports outlining their devastating consequences. The tone of much of this coverage is judgemental. Headlines such as 'Drinking while pregnant risks autism in babies' (Templeton 2007: n.p.), 'Fatties cause global warming' (Jackson 2009: n.p.) and 'Secondhand smoke kills 600,000 a year' (Canwest News Service 2009: n.p.) detail the morally suspect nature of the smokers, drinkers and 'fatties' who 'endanger' themselves and others

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8 Smoking causes creative responses

On state anti-smoking policy and resilient habits

Simone Dennis

Introduction

This chapter begins with the observation that the presentation of the body as an enclosed, diagrammable and discrete biological system is a crucial element of many anti-smoking advertisements. I argue that this presentation works against several propensities of the body to move out beyond its ostensible bounds. In these propensities are grounds for asserting embodied agency against the containment of the biomedically constructed (and televised) body. These grounds are enriched by the biotechnology of cigarettes, since cigarettes offer up to the smoking person a dramatic demonstration of his or her own corporeal extension and entailment in the world. I then move to ethnographically explore the ways in which the habited past of the smoker's body is closed off in articulations of a healthy future, and how such representations may produce an ironic return to the habited body, via the cigarette and all its entailed embodied comportments.¹ Finally, I explore the ways in which the biotechnology of cigarettes disrupts the disciplined and compliant body because, in their capacity to retemporalize the body and open it up to an unknown future, they open the body's forces onto the realm of potentiality. In this section I take two different ethnographic cases to draw out some of the potentials of smoking to open up, in the first case, an unpredictable and exciting future and, in the second, to demonstrate one of the ways in which the risky practice of smoking can be used to reduce a much more terrifying danger.

The I will exceed the I

In phenomenological tradition, one's own body is known to exceed itself, in the sense that it is not experienced as a contained entity, but rather goes out into the things of the world. The point of intersection between people and things is thus invisible to us in habitual living. Michel Polanyi (1966) argued that the points of intersection with any used object are not only routinely but *necessarily* left outside of our self-conscious attention, in order for a person to engage in any activity – speaking, walking, smoking

a cigarette – in a competent manner. Merleau-Ponty's (1962) similar insight about the necessity of disattending the points at which one intersects with a world that is theoretically, but not experientially or practically, located externally to the person led him to proclaim that there is no inner person. People, rather, know themselves in the world, and *only* in the world. Such a body is pre-reflectively geared in with the world: it is a non-conscious but absently available body ordinarily 'passed over in silence' (see Sartre 1934), a body whose edges are necessarily eliminated in the ordinary course of talking, smoking, living.

Anti-smoking advertisements often draw specific attention to aspects of the smoking body, aspects that are inaccessible to the smoker in the course of 'having a fag'. These advertisements issue a kind of invitation to what Langer (1989) called the 'present body'. Present bodies invite reflection and allow persons to discover their own activity 'in shaping the world as it is discovered through our perception' (Compton 2001: 4). Present attention is drawn to the body in anti-smoking advertisements in and through the ways in which they raise self-awareness of one's own systems and separable parts of the body. To the end of self-awareness, lungs are depicted inside the body. Hearts appear as discrete organs, as do brains, throats, aorta and eyes, which all appear (diseased and damaged) in either a surgical context as an operation is underway, or outside the body and autopsy-ready, on stainless-steel trays. These separable aspects of the body are shown to belong, or at least to at one time to have belonged, inside the site of the body: a region which, as a less usually 'presently' oriented person, 'I' am unfamiliar with. The tight focusing of present attention to the unseen regions of the body brings about a view of that body as one wholly contained within, and separate from, any external world with which it might more habitually engage.

As Abram (1996) has noted, the sum total of these 'separable' and diagrammable systems or parts of the body is experientially different from the 'body subject' that Merleau-Ponty (1962) described in *Phenomenology of Perception* as the living and attentive body. Abram notes in particular that:

This breathing body ... is very different from that complex machine whose broken parts or struck systems are diagnosed by our medical doctors and 'repaired' by our medical technologies. Underneath the anatomized and mechanical body that we have learned to conceive ... dwells the body as it actually experiences things, this poised and animate power that initiates all our projects and suffers all our passions. (1996: 4)

Abram's insight leads me to consider the possibility that anti-smoking advertisements contain the seeds of subtle embodied resistance. This resistance is indeed subtle, in the sense that it speaks to the tendency of

ordinariness, of habitualness, and, in Serres' words, to the tendency of the living body to exceed itself.

The body goes out from the body in all senses ... the body never persists in the same plane or content but plunges and lives in a perpetual exchange, turbulence, whirlwind, circumstance. The body exceeds the body, the I surpasses the I, identity delivers itself from belonging at every instant, I sense therefore I pass, chameleon, in a variegated multiplicity. (1998: 408–409)

In such a view, the body is loathe to be located and contained within its own site – indeed, in Serres' view, such a body would be dead or 'limp', for bodies are faculties rather than things, and are only defined in sensory action. A body shown to be reduced to less may very well not recognize itself as itself, and might seek to reassert its external inclination, as Merleau-Ponty (1962) argued, in subjection, such as the reduction of the body to its biological components, the potential embedded in human agency 'goes limp'.

The fact that viewers watching these advertisements are not dead or limp goes some way to explaining why many of my own informants refused to accept that their future was indubitably one in which their own lungs wound up on a hospital table, subjected to the interested views of surgeons, coroners and public-health experts, who might make advertisements in which they featured.² Diprose (2008) has argued that smokers frequently refuse this future in their reassertion of an open future, but, according to Merleau-Ponty (1962), a body will also reassert its potentiality, its inclination towards its physical and social environment, when confronted with the prospect of corporeal containment (see also Serres 1982). If a body is inclined to do this as part and parcel of being an active agent in the world, then the practice of smoking cigarettes offers one particularly ready way of demonstrating a continuing inclination towards the world. Some theoreticians have even argued that smoking asserts our interwovenment with the world 'out there' in the most dramatic of ways. Katz (1999), for example, has argued that the way in which smoke marks a person's respiratory reach in the world accounts for much of the appeal of smoking.

As I have noted in my previous work on smoking (see Dennis 2006), smoke, endowed with the capacity for visually traceable travel via personal breath, can travel outbound, moving beyond the bounds of where a body, in that Kantian notion of 'receptivity' (in which a perceiving and wholly sited body remains passively receptive to the world's range of stimuli), would have to 'stray'. The fact that smokers can see that their breath escapes the stidness of the body, as Katz (1999) argues, indicates just how much of an escape smoking actually is – so much so that our personal escapes can be visibly evidenced in a breath normally hidden from our

view. Tobacco companies have prudently imagined several appealing destinations to which we might travel in these smoky outbound journeys, including Flavour Country, and those lovely tropical islands that make up the Menthol group. These advertisements, and indeed our own respiring bodies, insist that we depart from the notion that our bodies are containers (as the anti-smoking advertisements suggest). Here, the practice of smoking offers a powerful demonstration of our entailments with the world, our continuing life in it, and our extension out from the evidently awful confines of the naturalized body of mainstream biomedical practice, comprised as it is of rotted lungs and choked aorta.³

But perhaps we should consider the redirection of ordinarily habitual and outbounded attention to the innards and systems of the ostensibly contained biological body. Is it really so unnatural, so horrid, to direct attention to it? And will the body be quite as oriented as I have suggested to an escape of its biological confines? As Lundin (1999) has pointed out, the interior of the body is currently understood as one of the most pronounced risk fields, in stark contrast with the notion that the body is most subject to attacks issuing from the outside, that might break through the boundaries of the body (see Douglas 1966, Nelkin and Lindee 1995). Lundin also notes that:

[t]here is an extensive scholarly discussion of the significance of viewing one's own body and one's interior in detached segments.... In medical contexts, people are viewed with a medical gaze, with priority attached to the measurable body, while the people themselves may feel that they have been torn from a context.

(1999: 15)

Despite recognizing the propensity of the biomedical gaze to compartmentalize and contain, to tear habited bodies out of their extended-into-the-world contexts, Lundin (1999) also points out that the opportunity to look inside the body allows her informants, who are organ-transplant patients, to grasp and make less alien those regions: to make them 'more their own'. While those in receipt of organs deriving from unknown others have every reason and compulsion to bring the inner organs of the body into their possession (not least because death might be the result if the organs do not 'feel at home'), smokers have every reason to refuse ownership and attention to their innards.⁴

The sort of agency that Lundin (1999) argues is present in the attention one might pay to one's own biological matter is, in fact, exactly the sort of agency that is ostensibly available to smokers in anti-smoking discourse. Indeed, these advertisements and the paradigm from which they issue insist on a kind of bioethical agency that is enacted in the taking of responsibility for one's own biological capital. As Braiderotti (2007) has suggested, this sort of agency has the capacity to force the abandonment of the naturalist

paradigm (that would reduce life to the biologically determined, and that I will discuss in detail as *zoe* in the next section). This is because embedded in this notion of agency is the idea that one will have a high degree of lucidity about one's own biological existence, which might have been priorly unknown. This capacity goes begging in anti-smoking advertisements, however, in the presentation of the smoker as irresponsible and unintelligent. Smokers are shown to have carelessly relinquished responsibility for their own biological capital. It must, therefore, be managed for them: for smokers, reaping the benefits of investment in the biological means subscribing to the flattened future body presented to them in anti-smoking advertisements and the subsequent (and somewhat ironic) relinquishment of one of the key components of agency: unpredictability. I examine this notion of unpredictability in greater detail in what follows.

To account for both of these kinds of possibilities – both the turn to and the turn away from the biological body – I return to Merleau-Ponty's view of the body, which is unrestricted in that the body is our general medium for having a world and it must be acknowledged that this world entails, at times, the restriction of the body to the actions necessary for the conservation of life. As Merleau-Ponty (1962: 146) notes, a body then 'accordingly posits around us a biological world', as it does for organ-transplant patients, and those who for other reasons must attend to the business of returning the sick or ailing body to a condition of health. But, as Merleau-Ponty also noted (1962: 146), at other times the body elaborates upon these primary actions and, 'moving from their literal to a figurative meaning, it manifests through a core of new significance; this is true of motor habits' – in which we could certainly include smoking. Smoking is significant because it allows the smoker to break through the impacts that cigarettes might have on the biological body to involve the smoker in a series of other entailments that reach out and elaborate 'primary' or basic actions – including the action of breathing. In a breath, the smoking person breathes peculiarly, and in so doing marks breath figuratively; beyond its survival at the level of biology, in this breath, the body reminds itself of its entailment with the world beyond the sired biological body. It is to the embodied manifestations beyond the primary activity of staying alive that I turn to now to explore the habited smoking body and the peculiar trust that smokers place in it, and the abandonment that smokers are required to make of it in order to participate in a healthful future, in anti-smoking advertisements.

The body will reference its embodied past to make its unpredictable future

Where I have argued in the preceding section that smoking practice itself offers a way out of the contained and systematized body that few of our number experience in the course of habitual living, Rosalyn Diprose

(2008) has argued that the practice of smoking can be understood as an ironic response to the de-temporalization to which the living body is subjected in anti-smoking advertisements. Diprose argues that a continuous progression from past to future is effected in anti-smoking advertisements. She notes that, within the paradigm of pre-emption, the advertisements present the message that health and future security will be the assured result of the cessation of the risky practice of smoking. For Diprose (2008: 143), the message 'implies the body would be thus returned to a natural order of becoming thus allowing a continuous progression from the past to the future'. Diprose's argument about the ineffectiveness of anti-smoking advertisements is based on the closing of a priority open future that the advertisements suggest, and more particularly for the consequences this has for agency. Drawing on Merleau-Pontian phenomenology, Diprose argues that the embodied human being is at once historical and opened to an undetermined future, a multiplicity of potentialities. In Arendtian terms, this is human being as *bios* (as distinct from *zoe* – mere life determined by biology alone, and the forces of nature) (see Arendt 1998). *Bios* is the condition of agency, which includes the capacity to transform the past, which may result in any number of future potentialities (Diprose 2008: 146). Following Keane (2002, 2006), Diprose observes that a body subjected to a flattened and determined future will try to emerge from the sense of timelessness that such a determination imposes, to reorient itself once again to an undetermined future. She situates smoking as a social practice that precisely temporalizes the human being as *bios* – it punctuates the passing of time, with openings to an undetermined future. Diprose's focus on the re-temporalizing capacities of cigarettes has made me consider the habituated body that constitutes the smoker's *past*. More specifically, it has caused me to consider what is required to be relinquished of the habituated body, so that it might occupy the healthy future that is being established for it as a biological certainty in anti-smoking advertisements, if one quits the habit.

One element of embodied agency or human being as *bios* is the capacity to transform the past (Diprose 2008: 146). In current anti-smoking advertisements in Australia, the smoking person is required to abandon the smoking habits of the past body in order to inhabit a healthy future body, not, in fact, to effect a break with the past, but *in order to create an uninterrupted biological continuance with the past*. As Diprose notes, the aim embedded in anti-smoking advertisements is to connect the biological potential of the healthy past body with the biological destiny of the healthy future body, or else to connect the sickly present body with its doomed future, as a pair of lungs on the mortician's table. The requirement to abandon the habits of the past smoking body in order to accomplish the former sort of biological continuance is made plain in advertisements such as 'Everybody Knows',⁵ which claims that 'everybody knows smoking causes all these diseases [including lung cancer, chronic bronchitis, throat

cancer], but you *still* smoke' (emphasis added). In Quintine advertisements that immediately follow 'Everybody Knows', viewers are told that the habituated smoking body can be effectively left in the past if nicotine addiction is overcome. Only when a biological body is 'freed' of nicotine dependence can it move forward to claim its biological destiny as a healthy body. Setting aside the evidently Cartesian tone of the advertisements, in which the rational mind can wrest control over the body in order to return it to its healthful biological destiny, leaving the smoking body in the past requires an unsettling disruption to the more-than-biological life of the body. The accomplishment of the biologically continuous body required in the anti-smoking advertisements equally requires the agent to draw upon their own capacities to break with the past and thus to participate in their own movement out of future potentiality to the bare life of biological certainty. In requiring smokers to enact their own capacity to break with their habituated pasts, anti-smoking advertisements call upon agents to produce a body reduced to the condition of *zoe*. Here, agents may look to their habituated pasts, rather than relinquish them, to reassert their agency in the face of bare life.

Something else has to happen, too, if agents are required to abandon past habituated bodies in order to move into a biologically determined future. Merleau-Pontian phenomenology suggests that a body orients itself towards an open and unpredictable future with a deeply experienced past: 'perceptual life ... is subtended by an "intentional arc", which projects round about us our past, our future our human setting' (Merleau-Ponty 1962: 136). Here, a body is understood to carry forward into an open future collective history intermingled with experience of personal history, but it is also carrying with it a peculiar trust. Abandoning this trust is qualitatively different from trusting that smoking will kill you unless you give it up. I asked Nathan about his attempts at quitting. 'I don't so much buy that I'm addicted to nicotine,' he said, and continued thoughtfully:

What I found really hard – the hardest – was that I didn't know what the hell to do with myself. You know when people say they don't know what to do with their hands? Well I didn't know what to do with my whole body. Like after dinner, which is the tag I miss the most next to the early morning one – well, all of them I missed actually – I don't go outside for that one, because I'm at home. Well, I sat in the chair where my ashtray is, and I just felt wrong. I had nothing to do with my hands. I felt a stranger in my own body. And when I'm taking a break from work. Going outside and just standing there – so not the same. And the house itself, I so miss that smell – it smells like home so much to me – they said on the Quiltine that I would start to smell and taste things differently, and I wish to God I didn't. I'll always think smoking smells like home. Mum and Dad both smoked, so I think I even associate it with their house.

Nathan's comments reveal that the unspoken and unconsidered foundational trust he had priority in his own body had been substantially shaken in his quitting attempts. As O'Neill (2009: 218) has noted, 'whatever we are bodily habituated to becomes foundational and will not usually be doubted'. Drawing on Moyal-Sharrock's (2004) discussion of 'taking things on trust', who in turn draws on Wittgenstein's (1969) distinction between rational knowing and bodily awareness, O'Neill extends this idea to distinguish between *ur-trust*, that trust developed in and through the experiencing body, and epistemic trust, which, unlike *ur-trust*, is the subject of fairly consistent questioning and critique.⁶ Here, *ur-trust* is indubitable, default, the stuff of 'unconscious certainty' (see Moyal-Sharrock 2004: 197). The experienced smoking body, like other experienced habited bodies, develops an ontological security in its own bodily being in the world in and through the accumulated and confirmatory bodily experiences of being and, importantly, of being embodied as a smoking person. Cigarettes can, of course, be understood as crucial in the development of this priority habited, unquestioned body as foundational in habited '*techniques du corps*' (or forms of bodily use) (see Mauss 1979; Jackson 1983: 334). In and through frequent interactions between body and (cigarette) object, smoking practice both creates and maintains patterns of body use; our own bodies become ingrained through our interactions with objects, including cigarettes. But there is more to it than this; there is more than bodily use involved, as smoking infiltrates bodies at the level of the senses.

As Nathan's testimony readily evidences, his unreflected, totally ordinary, processes of smelling, tasting, sitting in his chair, being at home, being himself are all inextricably intertwined with smoking. Smoking infiltrates his very 'Nathan-ness'; it makes his smelling, breathing, sitting, his sense of being at home the stuff of disregarded and unconscious embodiment. And Nathan trusts it; before he tried to quit, he did not question the surety of his sense of smell, his way of sitting, for it was beyond a shadow of a doubt. It was only when he attempted to quit (resultant of 'a bit of a health scare') that trust in his own embodied comportment was questioned, in and through the epistemological medical frame that reassessed his body for him. Despite his scare, Nathan returns to his habitual smoking past, for it is this past that allows him to conceive of his present as liveable and his future as sufficiently uncertain, to the point, at least, that it does not include the absolute certainty of lung cancer. As he himself suggested, 'I dunno if I am going to die of lung cancer, but I do know that being without smokes makes me unhappy'.

None of the things I have said in this section mean that the set of relations between ideas, experiences and bodily practices are unbreakable. People, after all, quit smoking; some people even manage to do it for good. But quitting entails a disruption not only of the relationship between ontological *ur-trust* and epistemological knowledge that ushers in the discom-

fort of the uncanny (see O'Neill 2009), but also between the comforting past this has created – the home of the body, if you like – and the future (according to anti-smoking advertisements, of good health and rosy prospects) – which may, in fact, be filled with the terrifying spectre of a totally unfamiliar and uninhabited non-smoking embodiment, in which even smelling is horribly unfamiliar. The trusted home of the body is pitted against the epistemic knowledge of a healthful biological body accomplished in anti-smoking advertisements and, for Nathan, his own sense of smell and his own way of sitting presented the more compelling truth. And not only this, as Diprose would have it: this smoking-derived truth is subtended by an intentional arc that opens Nathan's future to a range of potentialities over and above his imminent death from a smoking-related illness. After all, Nathan readily suggested several other ways in which he might die other than from lung cancer: he thinks he'll probably be taken down in a car accident, as he always drives too fast.⁷

The body seeks possibilities

Biotechnologies are political because they are mobilized within disciplinary regimes,

and so participate in the reproduction of normalised, productive, compliant subjectivities that are compatible with a neoliberal political economy ... but disciplinary power that renders bodies docile ... does not exhaust or even best characterise, the political dimension of biotechnologies.

(Diprose 2008: 145)

Here, Diprose means to suggest that biotechnologies, including cigarettes and the public-health discourse that surrounds them, can be brought into the service of interested agents, whatever else the biotechnology is meant to accomplish at the level of the cells. According to Diprose, this is because biotechnologies can be brought into the service of disciplinary power in that they can accomplish the production of the useful body (in accomplishing in and for that body a greater aptitude or capacity), but they rarely aim at obedience or compliance. Instead, they and the discourses by which they are surrounded 'aim at the enhancement of life for its own sake'. The biotechnology of cigarettes, in this view, disrupts the disciplined compliant body because, in their capacity to re-temporalize the body and open it up to an unknown future, they open the body's forces onto the realm of potentiality. As Helen Keane (2006: 107) has suggested, the 'stubborn ordinariness' of smoking suggests that the smoker is not a passive victim of addiction to a substance that will inevitably ruin one's life. Instead of inevitability, smoking 'punctuates the passing of time with openings to a different future' (Diprose 2008: 146).

I have written before about people who use smoking, and who use public-health messages about smoking, in non-compliant or even disobedient ways (see Dennis 2006). In the first of these cases, Megan used smoking to disrupt her disciplined body to open up unpredictable possibilities for casual sex with strangers (Dennis 2006: 53). During the course of that ethnographic encounter, I established that Megan used the physicality of cigarettes, in particular their length, to extend her own reach in the world. I argued that Megan effectively utilized the dissolving boundary between cigarette object and her own hand when she spoke of her attempts to 'look sexy and elegant' as she smoked. Megan said:

'I always smoke long cigarettes, Super Kings, and lately, I have been considering using a cigarette holder' ... she looked disapprovingly at her hands. 'My hands are really pudgy, and my fingers are short and squat', she complained. 'When I hold a cigarette, like this', she said, holding up her 'smoking fingers', 'my whole arm looks longer, and I feel more elegant. It's like wearing false eyelashes, for that illusion of length'. 'What do you do with your other hand?' I asked. 'Champagne flute', she replied instantly. 'Long-stemmed'. The holding of cigarette object in the short fingers of the pudgy hand effectively extended these shortcomings into the longer reach of Megan, as the cigarette became part of fingers, the fingers part of cigarette. Megan had her longer hand.

(see Dennis 2006: 53)

In that ethnographic encounter, Megan also talked about what she did with the smoke she expelled if she happened to be flirting with someone while she smoked with lengthy elegance:

'If I'm interested', she said, 'I like to blow my smoke up around the side of his face, like a caress'. She stroked the side of my face in an upward motion, to show me what she meant. She indicated with her fingers that the smoke trailed up beyond the face and whispered away. I asked her if it worked. 'They get the message', she replied. 'How about if you want them to leave you alone?' I asked, intrigued. 'Then I blow it straight in their face, into their eyes', she said, grinning maliciously. 'It's like giving someone a smelly slap in the face, without getting charged with assault'. 'Does anyone do it to you?', I asked. 'Yep. You can tell, if a man lets the smoke just slide out of his mouth, as opposed to blowing it out while he's perving on you or flirting with you, you can be pretty sure he wants to slide something else into you as well'.

(Dennis 2006: 53)

In her involvement of cigarettes in her flirtatious practice, Megan capitalizes on their potential to disrupt compliance (including to particular

standards of sexual conduct). She also rejects a future in which her body moves ever-closer to the mortician's table, and reorients it to a future where unpredictability is paramount – for Megan, there are important and immediate questions in which her smoke entails her: will I have sex tonight? With whom?

During my fieldwork, I encountered some young pregnant women who were worried about giving birth. One in particular, let us call her 'Michelle', told me about how she smoked with purpose, in order to reduce the birth weight of her baby. Here, Michelle used a biotechnology that has been specifically linked with the wreaking of havoc on the human body. When I asked her about what she knew about smoking, Michelle demonstrated that she was not ignorant of the dangers smoking presented to her body. She knew it might make her sick. She said:

I know that smoking can give you cancer. You would have to live in a cave not to know about that. I mean, with all the ads on telly and on your pack, and so on. There was this piece in *Cosmo* or *Cleo* that also said that smoking gives you loads more wrinkles than you would get if you never done it in the first place.⁸

Clearly, Michelle knew about risks and dangers, but she also knew about the potential of smoking to reduce a risk she was presented with in her immediate future: the thought of something large emerging from her small body. Ironically, participating in smoking and its potentially damaging future led to what Michelle perceived as the reduction of risk; where anti-smoking discourse embeds having a low-birth-weight infant as a significant risk of smoking, Michelle made recourse precisely to this 'risk' to actively reduce her own risk of delivering a big baby, a prospect that loomed large in her future.⁹

Conclusion

As Lundin (1999: 8) has noted, one prominent feature of biotechnology is its capacity to get us to consider 'the boundary between focusing on the alien as a risk or as a potential'. Such an observation extends from the alien organs that Lundin's informants had to consider inserting into their bodies to validly include cigarettes. Cigarettes are situated as one biotechnology that offer to their consumers both risk and potential. As Mettleau-Ponty (1962) noted, potentiality is never wholly suppressed by the threat of risk. Some smokers, at least, find potential in the practice of smoking. In being presented with the diseased systems or rotted parts in anti-smoking advertisements, which could be avoided in our submission to a biologically determined healthful future, our body, that body that initiates all our projects and suffers all our passions, might seek and, in many cases, find its escape in the comfort of a habitual and potential-expanding cigarette.

Notes

- 1 I have been conducting ethnographic fieldwork among smokers in Australian cities since 2004.
- 2 We must consider the possibility that these intentions are good and oriented towards well-being. But they still might beget resistance. Here we might consider Derrida's (2003: 94) notion that a living being will work 'to destroy its own protection'.
- 3 Perhaps we should consider more closely the wordlessness of such resistance; it is clearly the case that few express the view that smoke entails them in the world using words. My focus on the embodied character of lived experience reflects my conviction that analysis should be consonant with those deeply embedded practices that often remain in the realm of the unspoken. It also refuses the idea that words are always the best indicators of what is important or relevant. The wordlessness of the pleasure of smoking practice, the unarticulated pleasure of watching the smoke go out through the air and extending reach in the world, is also important.
- 4 However, as Nathan's case, included in the next section, suggests, there are times when the smoker wishes to know about the condition of the internal organs, if only to grant themselves license to continue smoking, secure in the knowledge that their organs have not proceeded down the path predicted for them in anti-smoking discourse.
- 5 Images are accompanied by Leonard Cohen's well-known lyric.
- 6 This distinction, between epistemic and ontological varieties of trust and knowing, does not mirror a Cartesian dualism of mind/body distinction, but refers instead to different ways of interpreting and experiencing information.
- 7 Diprose (2008: 143) notes that people often invoke potential deaths other than those related to smoking, as a way of re-establishing a width over the narrow course of biological life (or death) imposed in anti-smoking advertisements.
- 8 She knew that smoking might cause her a wrinkly face – this, too underscores Haines-Saah's point (this volume) that anti-smoking campaigns sometimes draw in appearance.
- 9 Anecdotal evidence like this connects with larger (pan-Western) discourses on teen mothers and moral panic (see, for example, Bell *et al.* 2009). A 2006 *Daily Mail* article declaring that UK teens were taking up smoking to reduce the possibility of delivering a large infant stirred one reader to comment that the practice was a damning insight into the 'Vicki Pollard' infested land we live in' (*Daily Mail* 2006: 4).

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