

**Embodied Encounters**

**The Body and Performativity in Ian McEwan's *Saturday***

MA Thesis

English Language and Culture

School of Humanities

University of Eastern Finland

May 2014

Jani Ylönen

ITÄ-SUOMEN YLIOPISTO – UNIVERSITY OF EASTERN FINLAND

Tiedekunta – Faculty Philosophical Faculty		Osasto – School School of Humanities	
Tekijät – Author Jani Markus Ylönen			
Työn nimi – Title Embodied Encounters. The Body and Performativity in Ian McEwan's <i>Saturday</i>			
Pääaine – Main subject		Työn laji – Level	
English Language and Culture		Pro gradu -tutkielma	<input checked="" type="checkbox"/>
		Sivuainetutkielma	<input type="checkbox"/>
		Kandidaatin tutkielma	<input type="checkbox"/>
		Aineopintojen tutkielma	<input type="checkbox"/>
		Päivämäärä – Date	Sivumäärä – Number of pages
		16.05.2014	83 p.
Tiivistelmä – Abstract			
<p>This thesis studies Ian McEwan's novel <i>Saturday</i> and its depictions of the body and performativity. It analyses the role of the body during a single day portrayed in the novel. The main interest is in the ways the protagonist Henry Perowne and other selected characters perform their identities in connection to the body. Additional interest is paid to masculinity as an important aspect of these identities and on the role such factors as ageing and illness.</p> <p>The body is a relevant subject matter for research because of the attention it receives at the moment, both in culture in general and in cultural and social studies. The commercialization of culture has caused the body to become one of the most visible parts of contemporary Western culture. While the body has been seen historically as subordinate to the mind in Western thought, especially since the 1980s it has risen to a prominence in many fields of humanities. Performativity rose to a wider attention in the early 1990s following the work of Judith Butler. According to its basic principles, identity is performed by using small embodied actions such as gestures, styles and expressions, which are affected by cultural norms and structures. Performativity provides an effective means for the analysis of masculinity in this thesis. It is used, for example, to analyze the normative masculine ideals that affect the characters in the novel.</p> <p>In <i>Saturday</i> the body and performance pervade all aspects of Henry Perowne's and his antagonist Baxter's lives. The body is central to performances of identity, both Henry's profession as a surgeon and the other events occurring throughout the day. In fact, the novel demonstrates that Henry's identity cannot be separated between a professional identity and his other roles, since the same ideals and bodily concerns permeate all parts of his life. Especially dominant ideals result from the notion of hegemonic masculinity that affects both Henry and Baxter. Both attempt to perform their ideals but are hampered by the inflictions of their bodies, in Henry's case ageing and in Baxter's case illness.</p> <p>The portrayals in <i>Saturday</i> depict how the body is an integral part of how we encounter the world. The body is integral in the formation of identity and attaches a person to the culture and to its structures, norms, and changes. The novel shows how the conception and awareness of the body changes during the lifetime and indeed during one day.</p>			
Avainsanat – Keywords Ian McEwan, <i>Saturday</i> , the body, performativity, gender, masculinity, ageing, illness			

## Table of Contents

1. Introduction	1
1.1. General Introduction	1
1.2 The Author, the Novel, and Its Reception	3
2. Theoretical Background	7
2.1. The Body as a Critical Concept	7
2.2. The Body as a Cultural Construct	10
2.3. Performing the Body	15
2.4 The Body in Literature and Literary Criticism	20
3. Performative Encounters in <i>Saturday</i>	24
3.1 Performing Surgeon	25
3.2 Performances outside the Hospital	47
4. Conclusion	70
Bibliography	
Finnish Summary	

## 1. Introduction

### 1.1. General Introduction

The concept of the body has been mostly neglected in the Western thought. For a long time it was ignored in Western philosophy (Lupton, *Medicine* 21). The body was considered a machine or the animal part of humanity not worthy of philosophy's consideration (von Wright 45, 59). This line of thinking started receiving heavy criticism during the 20<sup>th</sup> century. For example, feminist theories emphasized the importance of embodiment in the human experience (Braidotti 8). As a consequence, the body has gained greater attention during the recent decades. In fact, according to Elizabeth Grosz, the body is “now the most valorized and magical of conceptual terms within the social sciences and the humanities” (*Time* 171).

In recent studies, however, the body has been approached from many theoretical viewpoints. One such is the theory of performativity that has its roots in the gender theory. According to its most famous theoretician, Judith Butler, gender, sexuality and the body are always time and culture specific (*Bodies* 2). The body and gender is always affected by the society around it. Gender is performed mainly through the body from small gestures to appearances (Butler, *Gender* xiv-xv). Usually performances try to attain ideals, but the body can never fully meet the norms set by the culture (Butler, *Bodies* 2). The norm is, after all, a body without weakness, one without, for example, diseases or marks of aging.

Ian McEwan's novel *Saturday* (2006) offers plenty of instances where the body becomes especially relevant. In fact, the protagonist Henry Perowne's awareness of

the body is heightened even in his everyday life. He is a surgeon who sees many kinds of afflictions that affect the human body. On a more personal level, he is also becoming more aware of the workings of his own body through the approaching middle years. However, on the particular day that the novel takes place, he is repeatedly reminded about the role of embodied existence through several encounters. Specifically his encounters with Baxter, a younger man suffering from the early stages of a disabling nervous disease, remind Henry of the many ways we are affected by our bodies. These encounters are also part of the bodily performances described within the novel.

In this thesis I will examine the various ways the body is performed and constructed in *Saturday*. I will interpret the events of the novel through the theories of the body. I will examine how these concepts have been constructed in the western society and how these constructions are relevant to this novel. I will analyze how the body is used in a performative manner and how these performances are both affected by the cultural norms and the current form of the body. An important concept will be control and how keeping it and losing it are important factors in the characters' body images. I will discuss in detail the protagonist Henry and the antagonist Baxter who especially display interesting forms of embodied behavior. Their encounters are vital to establishing how the body and gender are performed in the novel. What I will suggest is that in *Saturday* the body pervades all aspects of the characters' identities whose successful performance is in practice dependent on the ways in which the body functions.

The thesis progresses as follows. Firstly, in the next subsection, I will examine the novel, its author and the critical attention they have received. In the following section, I will discuss the body as a critical concept as is relevant for this study. The subsequent section concentrates on the analysis of the novel. I will interpret how performativity manifests in *Saturday* from such points of view as work identity, social

interaction and masculinity. I will also discuss the effects of ageing and illness in relations to the body. Finally, in the concluding section, I will discuss the merits of this thesis and future research possibilities.

## **1.2 The Author, the Novel, and Its Reception**

Ian McEwan was born in Aldershot, England, in 1948. He published his first collection of short stories, *First Love, Last Rites*, in 1975. It was followed by the second collection, *In Between the Sheets*, and the first novel, *The Cement Garden*, in 1978. Through the 1980s he continued writing novels, plays, and screenplays, which earned him a role in what Peter Childs calls “a time of British literary renaissance” (*Contemporary* 9). According to David Malcolm, McEwan “has always been taken seriously by reviewers” and gained prizes and prestige throughout his career (3).

Despite this success, as Kiernan Ryan among others points out, not much academic interest in McEwan was shown before the mid-1990s (1). However, as the many works quoted in this thesis indicates, by the mid-2000s a change has occurred. This can be credited to the growing popularity of McEwan. As Dominic Head writes, “he is one of those rare writers whose works have received both popular and critical acclaim” (2). Indeed, he won the prestigious Booker Prize with his seventh novel, *Amsterdam*, in 1998 and his eight, *Atonement* (2001), was a commercial success that was later adapted into a successful film in 2007. Since then he has published four more novels, including *Saturday*. He is considered among the most significant British writers since 1970s (Head 1).

As his previous novels, *Saturday* was well received. According to Peter Childs, its reviews “were almost all positive” (*The Fiction* 1). The novel is set on the day

of a massive protest against the British participation in the war in Iraq. *Saturday* begins when Henry Perowne, a successful surgeon and family man living in Central London, witnesses an airplane making an emergency landing to Heathrow. While his fear of a terrorist attack is soon proven premature, the memory serves as an eerie backdrop to the day of the protests which Henry later witnesses himself while driving through its path with his car.

According to Dominic Head, McEwan as a writer is concerned with the central issues of his time (2). Perhaps due to this, the post-9/11 setting of *Saturday* has gained academic attention. Lynn Wells, for example, sees a clear analogy between international terrorism and Henry's encounters with the antagonist Baxter (20). Similarly, Arthur Bradley and Andrew Tate see Baxter standing for "the threat of violence against the happy English home" (29). Bradley and Tate, however, concentrate more on *Saturday* as an example of McEwan as an atheist novelist. While the juxtaposition between the secular Western culture and religious Islamic areas is present, they approach the matter from the point of view that McEwan presents in *Saturday* literary fiction as a common ground for different beliefs (Bradley and Tate 34).

The literary references made in the novel have received further attention from critics. David James, Laura Marcus, and Sebastian Groes have all pointed out the several references and allusion made to modernist writers in *Saturday*. While discussing literary links, they have followed Peter Childs' suggestion that the novel can be looked at from the perspective that it is concerned with mental states and consciousness (*The Fiction* 150). After all, the novel is told solely from the perspective of Henry whose thought-process is described in detail. While the three critics approach the subject from slightly different perspectives, since Marcus is especially interested in time and temporality and Groes on the depiction of the city, they all share an interest in how the novel is tied to the interest

shared by many modernist writers, to examine the workings of human consciousness (see, for example, Marcus 83; Groes 99; James 137). They all, however, concentrate almost solely on the process of thought leaving the body in the margin as I will later discuss.

While the plane, linking the novel to post-9/11 discourse, is present in the very beginning of the novel and lurks in the background as the day progresses, the major event that sets the events of the novel in motion is the accident Henry is involved in. Soon after passing through the path of the protesters, Henry is involved in a car crash with physically imposing Baxter and his companions. The incident proves to be a perfect example of what Richard Bradford describes as a persistent element in McEwan's fiction, "a sense of two strata of planes of existence coming together" (18). In this case, the two strata are Henry and Baxter, two seemingly different men. Henry's misjudgment leads to a physical threat that he is only able to avoid by using his medical knowledge. This encounter has, however, already shaped the outcome of the day: it is an example of the element of chaos so often present in McEwan's fiction (Bradley and Tate 33; Head 12). His original plan to spend a pleasant evening with his family is already ruined.

According to David Malcolm, Ian McEwan's novels are often composed of series of discrete episodes (18). *Saturday* works as an example of this. After a morning centered on the plane and the car crash, Henry manages to get to his appointment and play squash with his anesthetist Jay Strauss. After a ball-game that drives their middle-aged bodies to their limits, Henry sets out to see his mother, who is suffering from severe dementia in her nursing home. The short visit is followed by the climax of the novel, as Henry's evening with his family is interrupted by the revenge-seeking Baxter who holds the Perowne family hostage through the use of violence. After Henry and his son Leo manage to subdue Baxter, the day comes to a close: Henry operates on the injured Baxter and returns home a man much less at ease than before the incidents of the day.



The body in Ian McEwan's novels has received little critical attention. David Malcolm lists many incidences that critics have often paid attention to, including "bondage, [...] obsessive masturbation [...] and a fascination with bodily fluids" (15). While many of these are directly linked to the body, the concept as a whole has not received attention in criticism on McEwan. In this instance *Saturday* is no exception. The only passing reference to the body in this novel I have located is in Deborah Lupton's *Medicine as Culture: Illness, Disease and the Body*, where it is in a section that briefly discusses representations of illness and disease in fiction. While Lupton makes good observations in her passing look at *Saturday*, which I will return to later, they by no means prevent the need to examine the novel further. Furthermore, while previously mentioned critical writings by Sebastian Groes, Laura Marcus, and David James acknowledge the link between Ian McEwan's examination of the thought process and the findings of the neurological sciences, they fail to take the link between thought and the body established by the cognitive research into further consideration. Their, like many other McEwan scholar's, writings remain quite disembodied, making the case for a need to study the body in *Saturday* stronger.

## **2. Theoretical Background**

### **2.1. The Body as a Critical Concept**

As mentioned, the body has been long neglected in the history of Western thought. From Ancient Greece, often mentioned as the birth place of Western civilization, until quite recently it has been marginalized from much of the research on the human condition. It has been often thought of as a mere instrument with which we express ourselves, instead of as the core of our identities as such (Thomas 1). Only relatively recently has it started to garner wider interest. Influential works such as those by Sigmund Freud and feminist scholars have been integral in forging a reconsideration of its role in human existence (Braidotti 8, 17). However, in some fields such as sociology the body has become a major critical concept after the 1980s (Thomas 6-7).

The body has, however, risen from a peripheral concept to occupy an influential and central position in social and cultural studies in the past decades (Schilling 1; Moore and Kosut 8; Thomas 12). During this time it has been considered from many perspectives and points of view drawing from different kinds of traditions. However, while the body and its role in human life both on individual, social and cultural level is given wider attention, conceptions concerning it are affected by the discourse it has been given in the history of the western thought. Therefore, I will first discuss the body's role historically. After establishing these routes, I will move on to more contemporary approaches by introducing the body as a cultural product. Subsequently, I will discuss the body and its relationship with two important factors for this thesis, aging and illness. In the following subsection, I will discuss the theories of the body to be used in this study by

opening up the relevant discussion with performativity. Finally, I will examine gender and masculinity and their connection with the body.

In the Western tradition, the body has historically been considered subordinate to the mind. The Greek philosopher Plato is credited with the definition of this mind/body dualism, where the body is considered less valuable than the mind (Detsi-Diamanti et al. 2). In Plato's famous formulation the material world is only a replica of the world of ideas. The mind is the only part of the human capable of reaching the world of ideas, whereas the body binds the human being to the imperfect world (Saarinen 29-30, 35). Plato's thinking later suited the Christian ideology: both see the body as a source of distractions and temptations that needs to be controlled (Von Wright, *Humanismi* 71-2).

Christian doctrine in which the body was a vessel of the soul remained influential in the western thought for a long period of time. For example, Rene Descartes, whose thoughts would pave way to a human-centric world view of humanism, merely "put the finishing touches to the mind/body dualism" (Saarinen 122). According to his thinking, the mind is the subject, the essence of the human, while the body is a machine tied to the nature (Grosz, *Volatile* 6). For Descartes the intellect is the defining human character and, much similarly as in the work of the earlier thinkers, the body represents an obstacle that disrupts the mind (Leder 129). Therefore, Descartes considers that the body needs to be "calm, healthy, and awake" for a clear thought to be possible (Leder. 132). In other words, the body needs to be controlled.

Control became an important value in Western culture. In both the Christian avoidance of temptation and the philosophical clearing of the mind it is considered an important factor in an individual's social life. It cemented itself as an important part of the presentation of self in everyday life and in defining the self (Nettleton and Watson 14; Frank 33). In the 18<sup>th</sup> century, during the time of the Enlightenment, this ideal was taken to

a more general level. During this period the role of education as a way of self-improvement and, indeed, improving the entire society was valued. Furthermore, the caring about the body began to transfer from the church to medicine (Turner 183-5). According to Michel Foucault, this period gave rise to the idea of discipline that would provide more productive, skilled, and subordinated members of the society (138). The body became an object of power (Foucault 136). At this time the ideas of self-discipline and social regulation were integrated together (Turner 3).

The idea of the body as being subordinate to the mind has been significantly critiqued only within the past two centuries. While opinions against the Cartesian view of the human being were raised earlier, it was only in the 19<sup>th</sup> century when thinkers such as Friedrich Nietzsche and Sigmund Freud began to criticise the definition that attention was truly paid to them. To both of them the body is integral to the thinking process, which could not only be separated into the sphere of the mind (Braidotti 17). In the 20<sup>th</sup> century this view was adopted by many feminist scholars and was later enforced by the research done by the cognitive sciences (Grosz, *Volatile* xi; Lakoff and Johnson 3-4). By the end of the 20<sup>th</sup> century the reappraisal of body led to a renewed interest in it in various fields of academic research. This interest, however, has still carried with it some stigmas from the dualistic thinking. For example, Michel Foucault's bodies have been critiqued for being disembodied, as having no material or biological dimension (Moore and Kosut 12). Despite this, Helen Thomas states that Foucault has influenced many theorists after him to see the body as a key site where subjectivities are constructed (16).

While the body's subordinate position in relation to the mind was not uncontested during the historical tradition of Western philosophy, it was included in the works of many of the most influential thinkers. As a consequence, it became part of the mainstream of Western thought and culture. The body was considered a site of control, an

entity that needed to be disciplined. The opposition of this conception only begun to gain wider attention during the 19<sup>th</sup> century, and the body's re-evaluation gained momentum during the following one. This reconsideration has led to a wide range of theoretical approaches on the body that are discussed in the following section.

## **2.2. The Body as a Cultural Construct**

In this section, I discuss the body from the point of view contemporary cultural and social studies. I will introduce the key approaches to the body, and discuss how the connection between the body and culture is perceived in recent texts. Furthermore, I will discuss the ways in which critics have discussed the role of the body in everyday life and in terms of conditions that affect it such as ageing and illness.

The critique of the historically dominant conception of the body has led to a new understanding of it. Besides abandoning the dualistic model, these new perspectives emphasize that the body is not just a natural phenomenon but influenced by culture. This is best exemplified by a variety of approaches that can be categorized under the term of social constructionism that has emphasized how the conception of the body is not only based on empiricism but is also affected by the cultural framework of the scientist observing it as well (Turner 11). Social constructionism has been critiqued because it has the tendency to concentrate solely on the discourse and ignore the lived experience (Turner 12). This aspect has been in the centre of another influential movement, phenomenology, which concentrates on perception and motility as being central to the human experience (Leder 2). Phenomenology is centred on the idea of the lived body that both constructs and is constructed by the surrounding world (Nettleton and Watson 11). Identity and to a larger

extent culture is build around the sensory experience the body transfers. These points of view, among others, have had an important role in establishing that the body is not simply a biological fact (Thomas 119).

The view on the versatility and importance of the body in everyday life has increased alongside the research. According to Jean Moore and Mary Kosut, the body “is the entry point into cultural and structural relationships, emotional and subjective experiences, and the biological realms of flesh and bone” (1-2). It has become a central concept in the studies of gender, sexuality, age, disease or the society in general. The body is no longer understood as just a static, natural object, but as something which is presented in various ways according to such variables as cultural and social factors (Grosz, *Volatile* x). Elizabeth Grosz states that, in fact, not only is the body a cultural product, but it is *the* cultural product, and she continues that we should rather talk of bodies instead of just the body (Grosz, *Volatile* x, 23; emphasis original). From a relatively marginalized material part of human being, the body has transformed into one of the most significant and varied concepts in the field of cultural and social studies. It has become central in the study of human existence. As John Richardson and Alison Shaw claim, “our bodies have a material basis which cannot be ignored if we wish to understand what makes us fully human” (2).

The recent interest in the body in academic research has not only been fed by the academic world itself. The criticism is reacting to the changes in the everyday life which have raised the cultural attention to the body. The shift from a modernist world to the postmodernist world has caused a reappraisal of values and definitions (Thomas 15). The body and identity have become much more unstable ideas in the late-twentieth and the early-twenty-first century (Thomas 16). As Moore and Kosut point out, when identity is discussed, the body is invariably what is talked about (2). Furthermore, the attention it is being paid to has changed. The modern commercialization has cause a preoccupation with

the body (Thomas 1). As Chris Shilling states, “the commercialized body [is] increasingly central to people’s sense of self-identity” (2). The body is seen as a personal consumer commodity that needs to be taken care of so that its value would not decrease (Lupton, *Medicine* 37). It has not, of course, received attention only on the personal level: the body has also achieved increased attention in the media (Detsi-Diamanti et al. 1). From news to advertisement the body has received visibility unlike before and, as will later be discussed, it has received scrutiny in fiction as well.

While changes to the life style have re-envisioned the understanding of the body, the body is still only perceived in certain situations and contexts. In most cases, the body is taken for granted in everyday life (Thomas 1). Because the body is so rarely considered, some critics such as Drew Leder discuss it as absent. According to Leder, the body receives so little thought in our everyday experience that it is almost transparent in our thinking, it is mostly absent from our conscious life (1, 82). While the body is used to experience the world, its role in this process is rarely considered. According to Leder, this absence is partly explained the natural working of the body: a complete or even close to complete awareness of all the functions of the body would lead to a sensory overload (71). While this absence can be seen as the basis for the Western mind/body dualism, it is also reinforced by this preoccupation with the mind.

The abovementioned recent developments of society have brought the body to fore and, as Helen Thomas points out, the clear cut separation of the mind and the body in everyday life that Leder and others suggest is not quite possible (138). Our interaction with the world is carried out through the body; we are bound to be aware of our bodies, even if not of all of its operations, constantly. However, as Sarah Nettleton and John Watson point out, on a larger scale our consciousness of the body varies through our lives (2). Indeed, Leder is interested in the more underlined moments of our lives when we

become aware of the presence of the body. He uses the term “dys-appearance” to describe events that force a person to be more aware of his body, when some unappealing matter makes the body reappear (84). We experience the body differently when it is away from its “ordinary or desirable state” (Leder 90). As Helen Thomas states, “the customary out-of-awareness body is [...] disrupted when, through illness, ageing, injury, trauma or disability, the body does not perform as it is expected to or it has habitually done in the past” (2). In everyday life a well-functioning body receives little attention. This is considered a natural state and, therefore, when such matter as pointed out by Thomas earlier forces it into our attention, it creates a feeling of discomfort and even unnaturalness.

According to John Richardson and Alison Shaw, “the demographic shift towards an older population has triggered greater sociological interest in the process of aging” (2). Similarly, ageing causes more attention to be paid to the body on an individual level (Leder 89). The process of ageing affects the body in ways that are more visible the further it progresses. The changes associated with ageing set limits to activities and self-presentation (Laz 508). The physical activities become more difficult, start to require more attention as the body ages. The middle years, for example, may bring with them more concern for the management and control of one’s body (Cunningham-Burley and Backett-Milburn 143). At the same time the perception of ageing has changed. Issues that were previously seen as a natural part of ageing such as disability and loneliness are now considered something that an individual should endeavour to manage through adopting a “positive and productive” style of ageing (Thomas 228). Ageing has become understood as culturally constructed or even performed (Thomas 228; Laz 506). The fact that matters seen as a natural course are now a matter of choice has brought out the performative side of ageing: like identity in general, as discussed in the following sub-section, ageing is a matter of cultural norms and their personal performances.



In addition to a progressive loss of functions, ageing also makes a person susceptible to illnesses (Leder 90). Illnesses and diseases, especially chronic illness, have similar effects on the consciousness of the body as old age. Their effects, however, can be more unnerving as they are not as foreseeable as old age and can, indeed, affect their victim with less warning. As Deborah Lupton argues, “sickness is a threat to rationality, for it threatens social life and erodes self-control” (*Medicine* 24). As physical control is valued in Western society, in addition to raising consciousness of one’s body and even limiting its use, illness and sickness contain a possibility of a social stigma:

the loss of cognitive and other skills produces the danger of social unacceptability, unemployability and being labelled as less than human. Loss of bodily controls carries similar penalties of stigmatisation and ultimately physical exclusion. [...] Degrees of loss impair the capacity to be counted as a competent adult. (Featherstone and Hepworth 376-377)

This stigma can similarly affect an ageing person, increasing in both cases the need to conceal the bodily impairments.

The increased attention to the body in culture and social need for a better understanding of its functions has led to a wide range of interest to it in the fields of cultural and social sciences. The body is now understood as an integral part of the culture, and, for example, ageing and illness, which were earlier seen as natural parts of a human life, are now considered culturally constructed. In the next section, the discussion moves on to theories of performativity which also perceive the connection between the body and culture and provides a useful analytical tool for examining this connection.

### 2.3. Performing the Body

This section introduces theoretical writings concerning performativity which is in an important role in this thesis. I will explore the seminal contributions to the theoretical frame concentrating on Judith Butler and works influenced by her writing. This section discusses the ways in which performativity ties the body to questions of identity, social norms, and power. As Butler concentrates on gender in her writings, this section then moves on to introduce ideas concerning gender and masculinity.

During the 1990s performativity as a critical approach gained much popularity. Especially due to interest in Judith Butler's *Gender Trouble* it became much used in the analysis of gender (Thomas 22). Rune Gade and Anne Jerslev even talk of a "performative turn" that has "especially influenced linguistics, anthropology, sociology and aesthetic theory" (8). The roots of "the turn", however, go much further. In linguistics 'performativity' was discussed in the 1960s by J.L. Austin and 'performance' has been a key term in studies of art since the 1970s (Thomas 23, 45). While the latter focused mostly on events such as public performances of art and the earlier to everyday acts, as Helen Thomas points out, the two instances are not always easy to distinguish from each other (23, 45). Everyday interactions are not necessarily that different from public performances; they might follow similar rules of engagement and common codes that are present in artistic activities. As Moya Lloyd states, although "performativity may acquire 'act-like status', it is always a recitation of conventions" however well concealed (201).

In this thesis I will define performativity as a critical approach to human interaction and refer to performance as the action that occurs in these situations. The most crucial point is, that even when comparing different critical texts that use one term or the other, the emphasis falls on the body. Both performance and performativity concentrate on

action. As Gade and Jerslev point out, “becoming a subject today is a question of *doing* rather than *being*” (7, emphasis original). And, to continue with Helen Thomas’ view, “once actions are given priority [...] the body also moves to the centre stage” (30). With actions performativity does not only refer to major activities but also to small details. For example, Judith Butler among others focuses “on subtle bodily actions”, whether gestures or the way one is dressed, that signal details to an observer (Chambers and Carver 39). In fact, we perform our identities even without being aware of doing so and in ways we do not consciously intend (Thomas 43; Schieffelin 199). Everything we do with our bodies can be considered performative.

Performativity has an interactive element to it. As Edward L. Schieffelin paraphrases Erving Goffman’s ideas, performances occur when human beings come into contact: they express their identity and communicate “through voices, gesture, facial expression, bodily posture and action” (195). Rapport, or attempts at achieving it, between human beings are built on these small cultural building blocks (Schieffelin 195). The culture is present in these performances by setting parameters for them. As Gade and Jerslev point out, for our everyday performances, “we need to perform in predictable and recognizable ways, conforming to certain standards and stereotypes, certain cultural matrixes” (7). Performances may succeed or fail and their success is judged by their audience (Schieffelin 198). A failure can lead to a socially disadvantageous situation; it might, for example, lead to a loss of authority for the performer (Parker and Sedgwick 9).

In her writings on performativity Judith Butler has concentrated on the way gender is constructed. These ideas, however, can be attributed to identity as a whole as well. Therefore, not just gender identity, but identity more generally is “performatively constituted by the very ‘expressions’ that are said to be its results” (Butler, *Gender Trouble* 33). These expressions are affected by norms which often represent social power

structures. According to Catherine Rottenberg, Butler and Foucault share a similar idea of power where it “operates *primarily* in a positive fashion by producing objects of inquiry and knowledge, constituting norms, and consequently creating and shaping the subject’s identity, preferences, aspirations, and behaviour” but also in a negative fashion when it “ensures, through prohibitions and restrictions, that subjects conform to constructed forms” (20; emphasis original). Another influence on Butler’s theory and performative theory in general is the philosopher J.L. Austin whose theory of speech acts is a crucial part of Butler’s theory. To Butler, “performative acts are forms of authoritative speech”: they quite often “perform a certain action and exercise a binding power” (*Bodies* 225). Following this idea “the performative is one domain in which power acts *as* discourse” (*Bodies* 225, emphasis original). Certain phrases have been invested with normative, executive power, for example, legal phrases used by a judge or a minister citing the wedding formula. While the idea of the authoritative speech shares ideas with Austin, Butler rejects the idea of an autonomous agent that performs such activities (Lloyd 197). The authority is generated by the repeated citation of norms, not by the actors (Butler, *Bodies* 225).

Partly due to her theory’s connection to Austin, Butler has been critiqued for a certain immateriality that affects her writings on the body (Shilling 51). For example, Butler has been accused of narrowing the issue of gender into an area of “linguistic representation of sexuality” (McNay 178). However, Butler has emphasized that performativity takes place through the body (*Gender* xv). Our identities are formed through repetitive actions. Butler emphasizes that to call these repetitions a choice misses the power structures and norms that affect them (Butler, *Bodies* 187). However, while “norms are lived through the body [...] they are not ‘inherently’ bodily” (Chambers and Carver 66). A human being is born with a body, but not affected by the cultural norms. The

norms may start to influence a person from the moment of birth, but are not imprinted into the DNA. Indeed, an important part of Butlerian performativity is that the body can be used to rework the norms (Chambers and Carver 51). In fact, according to Butler, the body can never fully meet up with the ideals set by the norms (*Bodies 2*). Performances always have at least a chance to rework the norms partly due to the fact that they have a chance to fail or even have to fail as they attempt to reach the norms. Which ever happens, performances construct the human reality (Schieffelin 205).

Judith Butler's work has popularized the idea that gender is also performative. While performativity as an approach to gender has not been adopted by all, ideas similar to what Butler expresses are held by many other scholars of gender as well. R. W. Connell, for example, considers that gender is a matter of specific social relationships which involve the body (9). She points out that, while gender is popularly considered to mean the cultural difference between men and women, this dualistic idea is too simple to describe the complicated ways the ideas of gender is expressed and constructed (Connell 8-9). However, this idea of difference remains strong and needs to be examined further.

The idea of difference is an old concept in western thought. Man and woman, male and female, masculine and feminine have been built as opposites, dichotomous to each other. In addition, the masculine side has been connected with the former part of dichotomies such as mind/body, reason/emotion and culture/nature, whereas the feminine has been connected with the latter (Braidotti 130, 148, 216). While the exact definition of these dualisms and other structures connected to gender have changed historically and culturally, the basic idea of difference has not. As Moya Lloyd discusses, while what constitutes male or female is variable, "what is invariable is the opposition between male and female" (196).

One of the most influential concepts in defining how this difference have been built into social power structures is R.W. Connell's 'hegemonic masculinity'. While Ian Wellard is critical of the concept and acknowledges other critique directed at it<sup>1</sup>, he still considers it relevant "as a manifestation of bodily performances where the idealised version of masculinity is based on traditional heterosexual male expression at the expense of subordinated femininity" (40). While there are several different kinds of ideals of masculinity, they are all constructed in opposition to something that is considered feminine whether women or men outside of it and, therefore, feminine. For example, as Sarah E.H. Moore mentions, women have been connected with (apparent) inability to control their bodies and body consciousness both of which has been used to justify women's lack of social and political status (112). Similarly, Moore explains that considering the body as a machine and a means to an end have been considered parts of traditional masculine attitudes (105). The men wishing to attain the ideals have been required pay little attention to the health or appearance of their bodies, and to hide away all possible inner turmoil (Lupton, *Medicine* 26; Robinson and Hockey 144). The idea of masculinity has been historically tied to the idea of control: masculinity requires control.

While certain kind of attention to the body has been discouraged by the dominant forms of masculinity, the body is still an important part of building ideals of masculinity. The body is often seen as an object with which identity, agency is exercised (Robinson and Hockey 8, 81). A disciplined body attained perhaps through sports can work as a presentation of power and inner strength (Robinson and Hockey 87; Markula-Denison and Pringle 93-4). Physical discipline and strength of the body is often seen as a manifestation of mental fortitude. However, as Judith Butler states, the body cannot reach

---

<sup>1</sup> Wellard discusses, for example, the critique of the term based on "its Marxist origins and the initial premise of a binary distinction based upon power" and himself critiques Connells for his "categorization of gay men as a singular group" (37, 39).

the ideals (*Bodies 2*). These ideals do not take into account such parts of natural human life as growing old or injuries (Robinson and Hockey 96). As such the ideals of masculinity are out of contact with the realities of life, but remain something that many try to reach.

Performativity offers a useful approach to the body and identity that takes human interaction and social norms into consideration. Its emphasis on power also makes it an interesting theoretical frame from the point of view of theories of masculinity. While the bodily connection was emphasized in this section, its linguistic aspects also provide an interesting tool for the analysis of texts. The next section will discuss the theoretical frame introduced in the earlier section in the context of literature.

## **2.4 The Body in Literature and Literary Criticism**

Interest in the body in literary studies can be seen as twofold. Firstly, it reflects the culture around it. As the body has become more important in the culture and cultural theory, it has received more attention in literary studies. Secondly, it, of course, reacts to its chosen material, literature. The literature, up to a point, always reflects the culture in which it was written and as such provides literary studies with material to study from the perspective of the body. As Jago Morrison states, “interest in the complex relation between the body and culture has been a common feature of both theoretical and literary writing, as well as work which blurs the boundaries between them” (43).

In both literature and its critical studies the body has been especially given attention in its role in the formation of identity. It has been examined, for instance, as the site where identity is constructed and challenged (Nordin 7). Quite often the questions of the body are linked to other sectors of identity. Jago Morrison, for example, writes about

how the “interrogation” of the sexed body is intimately linked to race (48). Similarly both gender and race have connections to national/ethnic identity in literary studies (see for example, Nordin; Rottenberg). Perhaps due to connection between the theory of the body and feminism, the combination of gender and the body has received special attention. Morrison states that “[e]specially in the area of women’s writing, a huge amount of work has been produced examining gender, sexuality and the body in contemporary fiction” (233).

The gender has also received attention in literature in the form of masculinity. Nick Bentley mentions Nick Hornby as a writer who has been “involved in remapping discourses of [...] masculinity in the post-feminist 1990s” (1). Masculinity has also been connected to questions of race. Sally Robinson, for example, has studies whiteness in works of American writers. In these studies, race is often connected to question of the body. Robinson, for instance, discusses the alleged “pains of [white masculinity’s] from a disembodied universality into an embodied specificity” (17). The writing on masculinity and the body often consider the changes affecting the society in general.

Age, illness and disease have been a frequent feature in literature through its history. As Deborah Lupton claims “the terrors of physical decay, pain, suffering and death” have received the attention of novelists, poets and playwrights as they are “the very stuff of drama” (*Medicine* 52). They have been used to explore the character whether through the moral fibre revealed through the affliction or the psychological development (Lupton, *Medicine* 52). Roman Silvani, for instance, mentions that the body “comes forward in many capacities and attributes” in J.M. Coetzee’s works and in these works its “vulnerability to injury and disease also calls for examination” (9-10). Literature can also reveal how the discourses concerning the maladies are culturally constructed. While not a



common practice, James Krasner mentions that some medical texts use fiction to demonstrate the how archetypal the patient's accounts to their doctors can be (10). In his study *Home Bodies. Tactile Experience in Domestic Space*, Krasner himself uses literary texts to explore how, for example, the loss of a loved one is experienced physically.

Performativity has also received attention on the field of literature. However, until late 1980s most of this interest was directed at language. According to Jonathan D. Culler, the literary critics “found the idea of performative language valuable for characterizing literary discourse”(144). The interest lay in, for example, how literary language brought characters to life, therefore, doing as much as saying (Culler 144). However, after “the performative turn”, described by Gade and Jerslev, the body and performative have received consideration (9). More than to just the direct influence of the theory, in literature this can be credited to interest in the similar ideas. As Jago Morrison states, “many recent writers have been interested in the disruptive possibilities of disguise, performance, body modification and particularly of grotesqueness” (47). This interest has not gone unnoticed by the field of literary studies. For example, Angela Carter, whom Morrison names as one of the writers who have explored new areas in the depiction of gender, has been studied widely from the perspective of performativity (5). Indeed, the interest from this point-of-view has been so determined, that Joanne Trevenna even talks of “Butlerification” of studies on Angela Carter due to the dominance of performativity as the approach to her fiction (267)<sup>2</sup>.

While the broadness of the fields of literature and literary criticism makes generalizations difficult, it is clear that the body and other interests of this thesis have

---

<sup>2</sup> While her article is critical of the “Butlerification”, Trevenna does not as such question the usefulness of Butlerian performativity in respect to Carter's writing as its dominance. She maintains that Butlerian performativity offers sophisticated ways to address gender, but suggests that Carter's depiction of gender is closer to that of Simone de Beauvoir's.

received significant attention on them. The body, performativity, masculinity, ageing and illness have all been discussed in variety of ways in the literary studies. However, they have often been discussed separately or only in relation to few of the terms listed. The combination present in this thesis is not unique, but certainly not studied enough, and, as mentioned, certainly new to the study of *Saturday* in which they are particularly relevant as I will demonstrate in the following section.

### **3. Performative Encounters in *Saturday***

This section concentrates on the analysis of *Saturday* using the theoretical framework set in the previous section. The analysis, of course, concentrates on the sections relevant for the topic and, for example, passages concentrating on literature and the anti-war demonstration are excluded. The main emphasis is on Henry Perowne and his interactions with selected male characters such as Baxter, and Jay Strauss. In these parts of the novel the body, performativity, and masculinity are given the most attention, and they work to demonstrate their importance in the whole novel. Simply for practical reasons the female characters and many of the minor male characters not of the highest relevance for the topic are mostly excluded from the analysis. While they would provide interesting addition for the analysis, including them would have caused the thesis to expand beyond the reasonable limits for a research of its kind.

The first subsection concentrates on Henry's role as a medical doctor. The section starts with the depiction of Henry as a surgeon and the performances occurring inside the operation theatre. Subsequently, the analysis moves into the rest of the hospital, first concentrating on the interaction between the hospital staff. Also included in this part is the squash game between Henry and Jay as it is connected to questions of hospital power struggles in the novel. The final part of this subsection concentrates on the doctor-patient relationship and on the relevant questions of hierarchy and performances. The second subsection moves outside of the hospital. In addition the sections discuss how Henry's medical profession affects Henry's identity outside the hospital. The main emphasis is on Henry's encounters with Baxter, the first part concentrating on the car crash and, the final second part on Baxter's invasion of Henry's family home.

### 3.1 Performing Surgeon

Henry Perowne, the protagonist of *Saturday*, is both described and given a chance to vocalize his identity in many ways throughout the novel. The picture the reader has of him is built from various little pieces that are collected before the day when the events take place ends. However, of these details it is Henry's profession that is given a special attention. It is, in fact, mentioned in the very first sentence of the novel, before everything except the protagonist's name: "Some hours before dawn Henry Perowne, a neurosurgeon, wakes [...]" (3). This portrayal of a man in a medical profession and how this profession affects the life around it is in the very heart of the novel.

Henry's profession sets him in a distinct social context. Medical doctor, and its specialized version surgeon, is an occupation that holds deep cultural connections. As mentioned earlier, medicine begun to take the place of care taker of human wellbeing in the 18<sup>th</sup> century (Turner 183-5). Indeed, it can be said that the medical profession holds a significant role in the modern life style. However, as Deborah Lupton points out, it has risen to its contemporary status fairly recently (*Medicine*, 83). To achieve this signifier it has gone through a cultural evolution where it has advanced in its intricacy and grown in importance. Henry himself is aware of the long route his profession has taken as he remembers the operation on his wife, Rosalind:

Almost a century of failure and partial success lay behind this one procedure, of other routes tried and rejected, and decades of fresh invention to make it possible, including this microscope and the fibre optic lighting. The procedure was humane and daring – the spirit of benevolence enlivened by the boldness of a high-wire circus act. (44-45).

This example both speaks of the long cultural process and connections that surgery has, but also of its role in the society. The operation's aim is to clear away a tumour that is obstructing Rosalind's vision, the release of her body's hormones, and in general which is making her vulnerable and out of control of her own body. It is a presentation of the idea that the western medicine's role is to control the body and remove sicknesses that are a threat to an individual's self-control (Lupton, *Medicine* 24). It also gives a small glimpse of surgery as a performance and indicates how Henry sees the connection.

Being a surgeon makes Henry very aware of bodies. After all, his work consists of, among other things, diagnosing and operating on them. His line of work consists of objectifying the bodies of his patients as portrayed by the set up for Baxter's operation:

On the table, obscured by surgical drapes, is Baxter, lying face down. [...] Once a patient is draped up, the sense of a personality, an individual in the theatre, disappears. [...] All that remains is a little patch of head, the field of operation. (247-8)

The patients under the knife are without a personal identity. This description matches Deborah Lupton's claim that "in the doctor's surgery the body is rendered an object to be prodded, tested and examined" (*Medicine*, 24). However, it should be notified that the objectified body does not in this case follow the historical construction of the mind/body dichotomy found in Western philosophy. Henry is well aware of the physical connections of the consciousness: "A man who attempts to ease the miseries of the failing minds by repairing brains is bound to respect the material world [...] he knows it for a quotidian fact, the mind is what the brain, mere matter performs" (67). As a surgeon, Henry has both deep awareness of bodies and an up-to-date understanding on how they function.

Performing surgery is certainly an action related in many ways to the body in *Saturday*. Surgery itself, fittingly for the verb used with it, is portrayed in the novel as a certain kind of a performance. Similar to performances as defined by Judith Butler, it is affected by multitude of norms that influencing actions (*Gender* 33). These norms are there, of course, to improve the chance to reach a certain conclusion, the improvement of the patient's health. In fact, surgery is a special kind of performance; it is what Elizabeth Thomas refers to as a performance with a function (31-2). This is especially evident in the final operation discussed in the novel in which Henry operates on Baxter's head injury which he himself has partially inflicted. While there are references to surgical procedures throughout the novel, its special status can be seen in that this is the only one described from the beginning to the end in the novel.

The procedure in the end of *Saturday* is partly significant because of its setting, the operation theatre. This space is described in the novel to hold a special meaning for Henry. It activates in Henry a certain professional attitude that helps him concentrate on his work: "She tastes salty, which arouses him. [...] But at times like this, on his way to the theatre, he's professionally adept at resisting all needs" (238). The very idea of this environment helps Henry dismiss the urges that the ancient philosophers and priests thought were bad for the soul (Von Wright, *Humanismi* 71-2). However, for Henry this room, and its adjoining area, represents comfort as well: "As soon as he steps out into the broad area that gives onto the double doors of the neurological suite, he feels better. Home from home" (246). There is an emotional attachment for Henry to the theatre as he connects its clinicality and hygiene to his childhood home:

Surely it is because of [his mother] that Henry feels at home in an operating theatre. She too would have liked the waxed black floor, the instruments of surgical steel arrayed in parallel row on a sterile tray, and the scrub room

with its devotional routines – she would have admired the niceties, the clean headwear, the short fingernails. (155)

However, the room is far more than just a place evoking fond memories in Henry. It is also a space where he performs his profession and, as such, his identity. It is a place where he is in control and feels competent: “Though things sometimes go wrong, he can control outcomes here, he has resources, controlled conditions” (246). It is what Michel Foucault calls a “disciplined enclosure”, an enclosed space that aids discipline and helps control activities (143). It is also a place with its own rituals: there is special apparel that a person will dress in before entering and takes off before leaving (247, 257).

While these procedures such as donning ‘scrubs’ before entering are a part of performativity of surgery, they obviously have their reasonable explanations in the need of hygiene. However, the operation described at the end of *Saturday* has deeper connections to performances and performativity. Many of the actions taking place during the procedure have medical reasons, but these are surrounded by many actions that seem purely aesthetic, yet they are just as part of the procedure if judged by the familiarity with which they are performed. For example, while Henry has only minutes earlier gathered all the information concerning the patient from another staff member in a different area, one of the first things he does after entering the theatre is to ask his junior colleague to report on the patient, which Rodney proceeds to do in almost exactly the same words as used earlier (245-6, 248). This kind of following of norms can be seen as what Edward L. Schieffelin describes as very heart of everyday performance: establishing working agreements about social identity and purpose between people through known actions that create mutual rapport (195). A connection can also be drawn to the concept of authoritative speech discussed by Judith Butler: it both performs an action and exercises “a binding power” through use of legal sentences and declarations of ownership (*Bodies* 225). While the simple phrase “Tell

me” with which Henry expresses that Rodney should start the report might not perform an action beyond instructing Rodney, there is a definite authoritative function to it. It can be seen as what Butler refers to as establishing “the force of authority through the repetition or citation of a prior, authoritative set of practices” (*Bodies* 227). With this small sentence Henry claims his authoritative position as the consultant surgeon over Rodney.

These small, seemingly needless, but clearly agreed upon, details pervade the description of the operation. The attention is, for instance, paid on what music Henry chooses for background which a staff member turns on at a mere nod of his head when he returns to the room (250). Such features might not be of great consequence for saving a patient’s life, but they are all part of the procedure. Perhaps the most clearly ritualistic event occurs after the operation has been performed and Henry prepares to leave the theatre: “Perowne pulls of his latex gloves and ritually pings them across the room towards the bin. They go in – always a good sign” (257). Accentuated by the very word “ritually”, the scene shows a strong juxtaposition between the small gesture and the operation, something Henry has previously described as the culmination of cultural evolution that has just ended. It is also an interesting detail that the majority of these mostly irrelevant details occur at the start and at the end of the operation, as if they were the first and final gestures of the ritual.

The music and the usual banter are examples of performativity, but the operation offers a more distinct look at how surgery operates as a culturally built form of embodied action. The operation is described as a series of actions that follow each other almost automatically:

He sets down the brush and says quietly, ‘Local.’

Emily passes him the hypodermic she has prepared. Quickly he injects in several places under skin, along the line of the laceration and beyond. (250-1)



As the usual steps of an operation are well known and familiar through use, the need for communication is minimal and the actions receive an almost machine-like efficiency. The people seem to work in almost perfect unison which is implied to be a result of their training and years of experience. As such the surgical staff appears as almost epitomes of the kind of economy and efficiency of motions that Michel Foucault defines as the goals of the disciplining actions on a larger scale (137-8). This is apparent when, for example, “Rodney cleverly avoids crowding” or Emily sets a skin knife in Henry’s hand without asking (251). Their actions correspond with the idea of performativity as portrayed by Chambers and Carver, among others, as being a construction of identity through repetition of various small actions (37). Every member of the staff has their roles, their identities, in the theatre, which they perform with even their small actions made familiar by repetition. To use a common phrase, it is as if the staff operates as one body. While all this takes place in a small room closed from the rest of the world, it is a performance with clear norms and audience as those discussed by Schieffelin (195-8). Every member of the staff is expected to act in a certain way, and they work as each other’s mutual audience, even if the silent audience, the patient, bears the brunt of their possible failure.

The performance of the team, of course, consists of individual performances. Especial attention is paid to Henry’s movements which are described as having been trained by years of experience of how a surgery is efficiently and safely performed. As a human life is most commonly at stake, these movements require both physical and mental discipline. The work also requires endurance since operations require him to stay on his feet for extended periods of time: “On a rare day off he was two games up against Jay Strauss when they called [...] and they worked twelve hours at a stretch in their trainers and shorts under their greens” (21). These demanding procedures do not feel like a burden to Henry. In fact, he feels proud of his abilities and empowered by his work:

Operating never wearies him – once busy within the enclosed world of his firm, the theatre and its ordered procedures, and absorbed by the vivid foreshortening of the operating microscope as he follows a corridor to a desired site, he experiences a superhuman capacity, more like a craving, for work. (11)

He feels elated by his skills and ability to perform his job, the fruits of his disciplined body. As Arthur Frank states, the disciplined body perceives that the world judges it according to its performance (41). After performing his job, Henry feels like the world cannot judge him poorly.

However, as is portrayed in *Saturday*, this safe and empowering world is threatened by ageing. Henry is aware that his physical capacity which is required for performing surgeries is deteriorating slowly but surely: “The time will come when he does less operating, and more administration” (276). To Henry surgery has a clear performative aspect, he performs his identity through it. As Gade and Jerslev point out “becoming a subject today is a question of *doing* rather than *being*” (7; emphasis original). Similarly, surgery and being a surgeon is about doing rather than being. For Henry the change from operating to paperwork is a question of identity. Through ageing he will have to give up his sanctuary, the operation theatre, and move to other positions until finally retirement will remove him from the entire hospital. He will lose his disciplined enclosure. As Lakoff and Johnson claim, self-control “is being in one’s normal location” and for Henry that location to a great extent is the operation theatre (274). As Lakoff and Johnson also claim, loss of control is often experienced with fear (273). If ageing and the loss of control in themselves are scary, they will also lead to losing the special place of empowerment and an important site where to perform of his identity.

In *Saturday* Henry's role in the hospital does not end at the door to the operation theatre. His profession extends to the hallways of the hospital where he also is an authority figure and where he performs his identity in multiple ways, including the roles of a consultant surgeon and a man. While in the operation theatre he is certain of his role, in the hallways the competition for authority is more emphasized. Henry has had to claim his authority:

[I]nvariably in two decades, the moments have come around when he's been required to fight his corner, or explain, or placate in the face of a furious emotional upsurge. There's usually a lot at stake – for colleagues, questions of hierarchy and professional pride and wasted hospital resources [...]. (85)

The hospital has a hierarchical structure based on such factors as the position and seniority. While both of these are partly based on competence in one's work, they are subjective and there are always those willing to rise on the ladder of hierarchy. In addition, seniority and position do not go hand in hand. Jay Strauss, for example, can "pull rank" to overrule a younger surgeon's such as Rodney's decision, but not one by somebody in a more senior position:

This isn't the way an anaesthetist, even a consultant, usually speaks to a surgeon. Consequently, Strauss has an above average array of enemies. On certain committees, Perowne has protected his friend's broad back from the various collegiate daggers. (101)

As the novel shows, there is a clear competition for authority and a sense of pride among the staff of the hospital and especially among the surgeons. Henry compares his profession to that of his poet father-in-law: "But he understands how eminent poets, like senior consultants, live in a watchful, jealous world in which reputations are edgily tended and a man can be brought low by status anxiety" (130). For Henry his profession is struggle for

prestige that causes him mental turmoil. The authority is a part of his identity as a surgeon, but also a part of the performance of masculinity as will later be discussed in more detail.

Whether this competitive streak is a personality trait for those interested in surgery or something that helps succeed in the profession is not explained in *Saturday*. However, certain headstrongness is described as a requirement for being a surgeon: “[I]t’s not possible to be an unassertive brain surgeon” (21). As the surgeons mentioned in the novel are all male, this can be seen as a performance of masculinity. After all, as Robinson and Hockey mention, the notion of aggression has been, however mistakenly, associated with the masculine body (84). This is not a new theme in McEwan’s writing: Lynn Wells, for example, writes about “old models of aggression” including “masculine domination” being present in McEwan’s earlier novels (67). Baxter demonstrates this aggression in a more emphasised manner later in the novel, but Henry and his colleagues display it nevertheless in their own work environment and on sites connected to it.

While there is little evidence in the novel of gender differences affecting relationships among hospital staff, Henry certainly contemplates on his identity as a surgeon from a masculine point of view. While he is described on several occasions in the novel to be perfectly happy in his marriage, thoughts of how a surgeon should act, perform his masculine self, dominate his thinking:

By contemporary standards, by any standards, it’s perverse that he’s never tired of making love to Rosalind, never been seriously tempted by the opportunities that have drifted his through the generous logic of medical hierarchy. [...] He suspects there’s something numbed or deficient or timid in himself. Plenty of male friends sidle into adventures with younger woman [...] Perowne watches on with unease, fearing he lacks an element of masculine life force, and a bold and healthy appetite for experience. (39-40)

Perhaps it is just Henry's personal sphere of knowledge, but sexual adventures are in his mind carried out by the husbands and this kind of activity is connected directly with masculinity. In Henry's mind having multiple sex partners is a way to perform masculinity, and an area of this performativity that he himself does not perform well. Changing one's spouse to a younger woman is culturally seen as a part of the so-called mid-life crisis and, no matter whether "the crisis" is seen as a legitimate stage of life or not, it is clear that age is partially behind Henry's thinking:

[I]t also carries a reprimand, a reminder of buried dissatisfaction on his own life, of the missing element. [...] he's still young enough to yearn for the unpredictable and unrestrained, and old enough to know the chances are narrowing. Is he about to become that man, that modern fool of a certain age, who finds himself pausing by shop windows to stare in at the saxophones or the motorbikes, or driven to find himself a mistress of his daughter's age?  
(28)

Ageing and the threat it brings to the health of his body makes him consider such things as the number of sexual partners. This is connected to an ideal of the masculine body that is often presented in the media. According to Monaghan and Hardey, the media often portrays an ideal that "a fit body" is connected to both health and virility (345-6). Henry seems to buy into this ideal quite well. According to Butlerian performativity gender is lived through the body (Chambers and Carver 66). Henry sees sexual transgressions as a way to live and perform masculinity and sees himself as less masculine due to "his lack of exploratory vigour" (184). To phrase Gade and Jerslev, Henry feels the "need to perform in predictable ways, [conform] to certain cultural standards and stereotypes, certain cultural matrixes" (7). Perhaps, luckily for his marriage, Henry does not follow these stereotypes, but still feels that his masculinity is problematized.

Finding new sexual partners is, of course, a very body-oriented way to perform certain masculine ideals or stereotypes. While this action is not straightforwardly connected with authority in the hallways of the hospital, authority is performed, at least in Henry's mind, in other bodily ways on them. Like identity in general, it is performed through such things as gestures, appearance or posture (Schieffelin 195). Henry's – or the narrator's - description points out that Henry's performance is not without fault in these sectors either, his posture is described as "apologetic" and he presents himself with a slight "stoop" (20, 22). Henry's body does not speak of the assertiveness that he associates with surgeons. He can be seen to compensate for these lacks in posture with action: "On his rounds he hits the corridors with an impatient stride his retinue struggles to match. He's healthy more or less" (20). His stride demonstrates his authority as his staff has to react to his speed and expresses his health. He uses it to assert his status as a competent authoritative figure.

His stride is, however, only one small indication of the authority Henry credits himself due to his athleticism. He places much more emphasize on sports:

Most weeks he still runs in Regent's Park, through William Nesfield's restored gardens, past the Lion Tazza to Primrose Hill and back. And he still beats some of the younger medics at squash, centring his long reach on the 'T' at the centre of the court, from which he flaunts the lob shots which are his special pride. [...] Perowne runs a half-marathon for charity every year, and it's said, wrongly, that all those under him wanting advancement must run too. (21)

While the rumour of the requirement for running a marathon is unfounded, Henry certainly does not discourage it. He embraces his reputation in sports and uses it to perform both his authority and masculinity. Sports are, after all, connected with traditional masculinity

(Wellard 14). As Markula-Denison and Pringle point out, sports “reaffirm a seemingly practiced and respected form of masculinity,” and paraphrasing R.W. Connell they claim that “contemporary forms of hegemonic masculinity link exalted notions of manliness with toughness and competitiveness” (94, 96). While Henry acknowledges that he loses more games to his younger colleagues than he wins, he still takes pride in his ability to compete at least part of the time. As Ian Wellard states, “in sport the body is used [...] to present the opponent with signs of strength and power” (38). Henry’s ability to win even occasionally gives him the chance to express his power. In this novel, sport also acts as “the modern discipline” which “[helps] produce the modern gendered identities” (Markula-Denison and Pringle 100). It is used by Henry to both assert his control over his ageing body and perform his masculinity.

Like his stride, his lingering abilities on the field of sports are a sign to Henry that his competence has not tapered due to ageing. While the competitive role of sports is important, it has, of course, a goal too: to keep him fit and healthy. While there might be a slight irony present, he sees his body in a positive light: “[T]he muscles – the pecs, the abs – though modest, keep a reasonable definition, especially when the overhead lamp is off and light falls from the side. He is not done yet” (20). While there is a certain personal satisfaction in the aesthetic side of his body, the fitness is not simply a personal matter. The body of an individual is seen to reflect the profession as well. As Chris Shilling points out, in the modern workplace employees must present an “image of fitness associated with efficiency and productive capacity” (86). While in the sections discussed the image is mostly portrayed to colleagues, it is also associated with competence within the work place. Self-discipline has become part of the work ethic and, therefore, associated with success at work in the modern society (Shilling 87; Lupton, *Medicine* 33). Henry is

affected by these ideas, and, as a consequence, simply being a competent surgeon is not enough, he must also convey a successful bodily image.

While Perowne is proud of the way he has constructed an image of a fit person that is not overtly affected by ageing, he is aware of the changes in his body both aesthetically and in terms of fitness:

If he takes time after shower to scrutinise himself in the full-length bathroom mirror, he notes around his waist a first thickening, an almost sensual swelling below ribs. [...] But if an opponent is good enough [...] Henry is done for in twenty minutes. Leaning against the wall, he might unobtrusively check his own pulse and ask himself whether his 48-year-old frame can really sustain a rate of hundred and ninety? (20-21)

Throughout *Saturday* his attention to the details of his physique displays what Drew Leder refers to as the increased attention to the body due to the process of ageing (85). Indeed, Henry often focuses on what are often considered signs of ageing: “His head hair, though thinning, is still reddish brown. Only on his pubes are the first scattered coils of silver” (20). These examples of his contemplation of his body manage to gather quite a few of Helen Thomas’s list of the signs of ageing as it is manifested through “physical changes such as, changes in skin tone, wrinkles, hair colour, and the lessening of bodily strength and control which are closely linked to ideas of growing old” (108). His gladness that these signs are not yet clearly visible, combined with his intense desire to succeed in competitive sports, can be seen as expressions of Henry’s desire to contain the effects of ageing on his image. As Chris Shilling points out, “individuals sometimes find that their bodily limitations mean that they have to engage in a careful management of the impression they give off to those around them” (77). As Cheryl Laz states, “age is continually performed” even if, as Thomas adds, it is certainly a forced performance (506; 108). Henry cannot help



ageing, but he is determined to fight its effects on his identity and its many components such as authority at work and masculinity. Henry lives up to Laz's statement that "bodies shape but do not determine who we are or what we do or how we act our age" (518). Age is not merely a number but a culturally built conception, and as such "the image of ageing" can be manipulated to a point. However, Henry attempts to prove himself and the people around him that to a certain extent age is just a number.

This attempt to "down-perform" age is a part of the main sporting event of *Saturday*, the squash match between Henry and Jay. This section of nearly twenty pages that covers a 5-round contest is a typical example of the episodic nature found often in McEwan novels (Malcolm 18). Similar to, for example, those addressing the surgery at the end or the car crash, it positions Henry in a unique performative situation. It is set up, in a manner speaking, by the earlier description of ageing and its effect on Henry's ability to compete and his need to maintain the competitive aspects of his life and also by the crash and the first confrontation with Baxter that has just occurred. Henry is indeed reminded of these factors by his physical exhaustion and, in an almost stigmatizing way, by the bruise he has received in his encounter:

Perowne suddenly feels his own life as fragile and precious. His limbs appear to him as neglected old friends, absurdly long and breakable. Is he in mild shock? His heart will be all the more vulnerable after that punch. His chest still aches. (102)

Both incidents set Henry in a mood where he needs to prove something to himself. It seems an unlikely accident that his adversaries in this and the earlier encounter are described in similar terms, Baxter is described as having "build-up trapezoids [that suggests] time in the gym, compensating for his height perhaps" and Jay assures patients "by the sight of the sculpted muscles on his forearms" but is "only five foot eight" (88,

101, 108). Both represent to him more powerful physical specimens that he needs to prove his self-worth against.

These similarities, and the thoughts about ageing, make the match more just an ordinary Saturday morning game: “He’ll emancipate himself by beating Strauss” (108). Georg Simmel writes about sociability that “brings satisfactions derived from playful interaction that occurs for its own sake, outside the rationalized environs of work” (quoted in Shilling 115). In normal situations their weekly game might have exactly this function, but certainly not this time:

They’ve had this kind of rally before – desperate, mad, but also hilarious, as if the real contest is to see who will break down laughing first. But this is different. It’s humourless, and longer, and attritional, for hearts this age can’t race at above one hundred and eighty beats per minute for long, and soon someone will tire and fumble. (109)

While Henry is the character into whose thoughts the reader has access, it not reasonable to assume that for Jay this match is made significant by the similar situation, after all, both men are described as of fairly same age. To them this match is, among other things, about performing masculinity and age. Setting up to the game Henry is aware of the dangers of playing such a high intensity sport in his age, “he musn’t endanger his own life for a mere game”, but ignores it (102). As this game becomes something worth taking a risk for, and risk-taking appears as a part of the performance. Sarah Moore sites several studies which basically say the same thing: in accordance to hegemonic notions of masculinity, men see their bodies as vehicles for pleasure work or even risk-taking, but not as something connected with health awareness or concerns and as such do not often takes risks into consideration (107-8). While Henry displays quite a lot of awareness over his health, he

also takes risks with it. The game with Jay is one of the most direct depictions of risk-taking that matches these “hegemonic notions of masculinity”.

Henry, and possibly Jay too, are driven by the knowledge that they will one day have to give up the game (102, 275). Their match is made more desperate by this very fact as it is one of their last opportunities to perform their masculinities:

If a passer-by were to pause by the glass back wall to watch, she'd surely think these elderly players were once rated, and even now still have a little fire. She might also wonder if this is a grudge match, there's such straining desperation in the play. (113)<sup>3</sup>

Both players are following what Chris Shilling describes as the basic attribute of western sports: the primary function of sports is not to increase physical health but to offer opportunities for exhaustive competition (201). Their match is a performative event and as such contains the possibility of failure (Schieffelin 198). While there are no prizes involved, one of them loses and the other wins:

There's nothing at stake – they're not on the club's squash ladder. There's only irreducible urge to win. It's pure because no one's watching, no one cares, not their friends, their wives, their children. It isn't even enjoyable. It might be in retrospect – and only to the winner. (113)

While the earlier imagined audience never comes, this hardly matters in the urgency of their performances. The lack of audience does not diminish the test of masculinity this game becomes. They can be seen to work as audiences to each other but as far as identity is concerned the issue is personal and, to a certain extent, there is no need for spectators. As Judith Butler points out, “one is always ‘doing’ with or for another, even if the other is

---

<sup>3</sup> These lucid thoughts that Henry makes throughout the exacting game can be seen as what Drew Leder refers to as self-reflection induced by pain (75). The exhaustion can, interestingly enough, be seen as the reason why Henry is able to make such clear analysis of the game.

only imaginary” (*Undoing* 1). Performance is not only something we do when we are with another person, we carry our identities with our bodies whether alone or in company. Henry’s and Jay’s performances might be addressed to a certain audience but in the end they are performing for themselves: they are constructing their own masculine identities.

Henry’s and to a certain degree also Jay’s performance of ageing, masculinity and work identity are contrasted in *Saturday* with the brief memories of Henry’s mentor Mr Whaley. He is described as

a grand, shambling figure in three-piece pinstripe suit with a fob watch and a purple silk handkerchief poking from his top pocket. Perowne had often seen from a distance the distinctive pate gleaming in the sombre corridors.

Whaley’s booming theatrical voice was much parodied by the juniors. (41)

He is very much described as assertive, just like Henry sees as a desired characteristic for a surgeon. On the other hand, unlike Henry, he is a massive, not fitness-aware figure. He represent an older time when ideals were different. In his time perhaps, as Mike Hepworth and Michael Featherstone remark, “ageing male bodies tended not be associated with powerlessness and decay” as they often are in contemporary times (282). While Henry has certainly respected the elder physician’s experience, he does not expect the same from his juniors. Since Whaley’s era the cultural construction of ageing has changed, and Henry is susceptible to such constructions as the mid-life crisis which, according to Hepworth and Featherstone, became a known term in the 1970s (277-8). It is only recently that “[t]he years 45-60 [have begun to] produce a real sense of vulnerability in men and an awareness of health and other problems” such as that Henry is experiencing (Hepworth and Featherstone 292). Henry feels the effects of the new attention to the body that has turned it into a consumer product (Lupton, *Medicine* 37-8). While he is aware that ageing is a fact, he feels anxiety because it will frustrate his performance of his masculine ideal. As Rob

White states, “[t]he disjuncture between ideal masculine status, and actual lived experiences, may in itself constitute a major source of stress, anxiety, confusion and emotional angst for some men” (275). Henry appears to be one of those men: his anxiety over his authority, virility, and physical prowess on the field of sport are connected to the growing gap between his performances and the notions of masculine ideal he attempts to live up.

The purpose of western medicine, keeping the body from subsiding into chaos brought by illnesses, is achieved in *Saturday* at its most practical level in the operation theatre (Lupton 24). However, these performances of medical care, as I have suggested, are not only confined to the theatre but occur in other areas of the hospital. The doctor’s office plays a role in this respect. If we follow Cheryl Laz’s suggestion that performances occur both at the level of routines and that of the extraordinary, the surgery could be seen as the site of the more extraordinary medical performances and the office and the hallways of the hospital as sites of routines (507). This is not to say that the latter are less important. In fact, their role in the public performance of medical profession is paramount. While in the novel’s operation theatre the patient is portrayed as a mere object without an identity, the office and the ward offer a place for interaction between the doctor and the patients. In these instances Henry and the other medical personnel are not merely performing for each other and themselves, but they are performing to the world outside the hospital as represented by the clients that come in and out of its doors.

The doctor-patient interaction works as a certain kind of a performance. This performance, like any other performance, is to do with identity, but it concerns a clear function, the health of the patient, other issues affect the situation. As Deborah Lupton argues, these encounters are usually dominated by the doctor owing to their professional status as well as the idea that in order to “perform the healing function” the doctor needs to

have the authority and the social distance awarded by it (106, 111). The doctors are assumed to a certain extent to have the competence to heal because of their professional title and are thus awarded a special status in the encounters. However, when it comes to the actual encounter, the performance between the doctor and the patient, the usual rules of performance apply: the encounter becomes involves more than titles and positions: gestures, style, and other embodied matters are also relevant.

In *Saturday* the medical doctor's reputation has its effect, but as Henry reflects, the body is in a major role in establishing the doctor's authority:

Most people at their first consultation take a furtive look at the surgeon's hands in the hope of reassurance. Prospective patients look for delicacy, sensitivity, steadiness, perhaps unblemished pallor. On this basis, Henry Perowne loses a number of cases each year. Generally, he knows it's about to happen before the patient does: the downward glance repeated, the prepared questions beginning to falter, the overemphatic thanks during the retreat to the door. Other patients don't like what they see but are ignorant of their right to go elsewhere; some note hands, but are placated by the reputation, or don't give a damn [...]. (19)

The hands are, of course, considered the surgeon's main tools and as such their physical appearance is described to hold a great importance in establishing the surgeon's competence in the eyes of the prospective patients. Henry is aware that his hands do not always match the idea of those of a competent surgeon:

These hands are steady enough, but they are large [...] more suited to the circus ring, among the clowns and trapezists. [...] To a certain kind of patient this looks alien, even unwholesome: you might not want such hands, even gloved, tinkering with your brain. (19-20)

As surgeon's work is viewed as a delicate affair, such large and crude-looking hands do not offer assurance to patients who value such appearance as a sign of competence. Bryan Turner suggests that "success hinges crucially on the presentation of an acceptable image" (98). While this cannot be applied to the success of surgical procedures as such, many patients certainly make judgements on Henry's competence and there the success of operations he performs based on the image projected by his hands.

The hands are understandably noticed by most patients, but they are not the only physical the patients esteem in a doctor. Henry at least believes that Jay's physique has an effect on his success with the patients:

He works out for more than an hour each day, and looks like a wrestler. When he busies himself around his patients in the anaesthetic room, readying them for oblivion, they are reassured by the sight of the sculpted muscles in his forearms, the dense bulk of his neck and shoulder, and by the way he speaks to them – matter-of-fact, cheerful, without condescension. Anxious patients can believe this squat American will lay down his life to spare them pain. (100-1)

Jay's body projects an image of discipline that the patients associate with his competence as a worker. However, as the quotation shows, the muscles are not the only thing that impresses Jay's patients, it is also his manners that give an impression of confidence. It is not just the physical appearance that is functioning in the performance, but the style of this physique.

Doctors work to reassure the patients, and, as Deborah Lupton states, the patients have a need to trust the doctor (106-7). This performance is not directed only at the patients, but it always has an element of identity:

He [...] feels for his pulse. It's quite unnecessary [...]. He does it because he wants to. It was one of the first things he learned to do as a student. Simple, a matter of primal contact, reassuring to the patient – so long as it is done with unflinching authority. (262-3)

The doctor-patient relationship is a mutual performance. The doctor follows the guidelines learned during the medical training such as taking the pulse that most patients know to be part of the profession. When performed rightly, with the correct style, they reassure the patient of the doctor's competence. The patient might even be aware that what is performed are the socially constructed ideas of how the doctor should behave, but is comforted by them nevertheless:

‘Right. So doctor, what's the prognosis?’

‘Excellent. Your chances of a total recovery are 100 per cent.’

She shrugs herself deeper into the bed covers. ‘I love hearing you say that. Do it again.’

He obliges, making his voice as sonorous and authoritative as he can. (259)

While medical authority is based on the body, it is also based on what is said and how it is said. It is performed on every level of doctor-patient interaction. While taking care of health can be seen as a mundane everyday situation, the performativity embedded in the situations cannot be seen as a strictly everyday performance. It has elements of ritual, of aesthetic performance, and, indeed, can also be seen as an example of how these two classical types of performances, as Helen Thomas claims, are often hard to separate (23). Similarly, while the patients might experience the situation of prospective surgery as anything but everyday to Henry they may seem mundane:

Patients would be less happy to know that he's not always listening to them.

He's a dreamer sometimes. [...] He's adept at covering his tracks, continuing



to nod or frown or firmly close his mouth around a half-smile. When he comes to, seconds later, he never seems to have missed much. (20)

What this shows is that Henry is adept at performing in the appropriate manner even when he is not conscious of it. He has the ritual well grafted into his everyday profession.

Finally, the interaction between Henry and his patients takes place mostly in his own office. It can be seen as another Foucaultian space, a disciplined enclosure (Foucault 141-3). To Henry it is another place that helps him control the situations. However, the office can also be seen to have another role in the doctor-patient interaction, one that on the surface seems almost the opposite:

There's bound to be disappointment sometimes, and when it comes, the showdown with the relatives on his office, no one needs to calculate how to behave or what to say, no one feels watched. It pours out. [...] What is said then is tragic and sincere. (86)

The office works as a space where the rules can be forgotten. The performances and the norms driving them in other parts of the hospital are left aside. In Henry's office, emotions that would transgress the normative behaviour and disrupt the performances around them can be let out without disturbance. The office works in a Foucaultian way to "neutralize the inconveniences" (142)

As demonstrated in this section, in *Saturday* the hospital is a site for various forms of performance. From the operation theatre to the doctor's office, Henry is engaged in different performances that are all centred on the body. The body is his highly-conditioned instrument with which he performs operations and it is an important part of his authority with both other members of the medical staff and with patients. To Henry a significant part of his identity especially masculinity is based on his profession and the body is a major component in being a surgeon. While Henry is competent on his abilities

as a medical doctor, he is experiencing difficulties with how he performs his identity in relation to work. Ageing has caused him to question his authority, masculinity and the future of his abilities to perform surgeries. The deterioration of his body, while still relatively minor, has made him more aware of his body and as such made him question what he used to consider the basics of his identity. In the next subsection I will discuss how the body is present in the novel's events outside of the hospital both in the everyday occurrences and special events such as the encounters with Baxter.

### **3.2 Performances outside the Hospital**

In the previous section Henry's identity was discussed mostly within his work environment. However, there is no clear separation between Henry's work identity and the one he carries outside the hospital. This depiction of medical identity in *Saturday* is commented upon favourably by Deborah Lupton. According to Lupton, "McEwan is able to [...] demonstrate how his protagonist's medical identity extends into his everyday life, shaping his thoughts and his interactions with others" (54). Henry contemplates on how his work has affected himself and refers to his clinical detachment several times. Years of working as a surgeon with patients has affected his behaviour, which is expressed, for example, in the situation when he is having an argument with her daughter: "It doesn't help that he becomes calmer as she gowns more agitated, but that's his habit, professionally ingrained" (189). Henry feels that his profession has given him a strong control of feelings. He might have feelings, but he has mastered them: "Despite his leap of feelings, he looks calm as he takes a drink of champagne [...]" (190). However, while a connection to the medical career is made, the novel also links this with the society in general. As Robinson

and Hockey argue, within contemporary society a crucial ability is “to *manage* our emotions effectively, preventing them from becoming troublesome in our everyday lives” (142; emphasis original). Furthermore, this ability is considered especially important for men and “many men ‘perform’ masculinity to hide any inner turmoil they may be facing, from other people” (Robinson and Hockey 144). While it is reasonable to suggest that this “detachment” is connected to Henry’s profession, there are clear connections to the gender ideals as well. What he sees as a part of his work identity is not separate from his identity as a man or as a person living in the modern society.

Up to a point even the narration works to create an idea of Henry as a person who is somewhat detached from emotions and also events around him. Henry appears to be almost unrealistically observant and analytical as to the events around him. Even during the physical stress of the squash game, and when under the threat of violence from Baxter and his friends, Henry manages to find time for long periods of inner thoughts and analysis of the situation. Much of this analysis is spent in observing the body. This is, of course, constant in his work, but also outside of it: “[T]he pressures of the past week won’t release from the habits, the intellectual game of diagnosis” (91). Henry often perceives people in an objectifying way as in the case of the two nurses who pass before his house window:

In the lifeless cold, they pass through the night, hot little biological engines with bipedal skills suited for any terrain, endowed with innumerable branching neural networks sunk deep in a knob of bone casing, buried fibres, warm filaments with their invisible glow of consciousness – these engines devise their own tracks. (13)

While the mechanization of these nurses is particularly strong, throughout the novel Henry seems to assess people according to their bodies or their functions, but rarely really as individual people. Similar objectification can be read from brief encounters Henry has with

two “obese” people, a teenager “more seal than a human” and a patient who “wobbled unhelpfully on the [operation] table” (8, 108). Pirkko Markula-Denison and Richard Pringle comment that “the body is the most open to the normalising gaze through its relative content of fat and lean body mass” (61). Henry’s normalizing gaze gives quite a clear account of his idea of these people: they are objectified, even dehumanized, by their obesity.<sup>4</sup> Henry is also observant of the small gestures and styles that comprise performances, which is made apparent in his analysis of another person visible from his window:

At first sight they look like two girls in their late teens, slight and with pale delicate faces, and undressed for February. [...] Then Perowne decodes that the figure facing him is a boy. [...] Perowne is persuaded by the posture, the way the feet are planted well apart, the thickness of the wrist as he places a hand on the girl’s shoulder. (59)

This is almost a performative analysis of the gender of the person. However, as the car crash makes apparent, Henry is aware of performativity beyond this, perhaps unconscious analysis.

After the scrape with Baxter’s car, Henry quickly goes through a series of thoughts common in such situations such as the common slandering phrases used to describe the opposing party (82). Even as he gets out of the car he is aware that he will be part of an event that is affected by cultural conventions:

---

<sup>4</sup> It can be claimed that in this case the use of the term ‘obesity’ is clinical, more connected to Henry’s profession than his ideals. However, as Cohen, Perales and Steadman point out “even in clinical setting ‘obesity’ is often imbued with value judgements and biases that associate overweight not only with poorer health but also poorer character and lack of education” (154). The medical background does not make Henry’s assessment clinical and certainly the terms he use speak against it, although perhaps the teenager encounter could be alleviated by his aggression due to the squash match.

[I]t's impossible not to feel that play-acting is about to begin. [...] This, as people like to say, is urban drama. A century of movies and half a century of television have rendered the matter insincere. It is pure artifice. [...] [T]here are rules as elaborate as the *politesse* of the Versailles court that no set of genes can express. (86-7, emphasis original)

As mentioned, performances may happen even without awareness (Thomas 43). While the aftermath of the crash has unconscious elements, this is not a performance of that kind. While it is very mundane in its subject matter, it is also a special event that has been shaped by cultural discourses. While the reader is only aware of Henry thoughts, it is clear from the description that Baxter and his friends, Nigel and Nark, are equally aware of the norms affecting the event. Even if the event itself occurs quickly, no one rushes to the confrontation that is inevitable; both Henry and the group first set up the legitimacy of their position by surveying the damage to their vehicle standing somewhat apart: Henry thinks it is “best to go on looking busy” and “drops down closer to the car” to find signs of damage, while the group stop “to look at something in the road” which turns out to be the “shorn-off wing mirror turning it over the way one might a dead animal” (84-5). They prepare for the coming meeting by establishing the situation for themselves, but also make sure that the other party sees it as well; they both want to have a reason to claim authority.

While preparation is certainly part of the performance that occurs around the damaged cars, the true event starts when Henry and Baxter, the latter with his companions, come within a civil distance for a conversation. As suggested in Edwards L. Schieffelin's description of an everyday performative event, they start “establishing consensus on who they are and what their situation is about through voice, gesture, facial expression, bodily posture and action” (195). To Henry these actions seem almost, but not quite, predictable:

[N]othing can be predicted, but everything, as soon as it happens, will seem to fit.

‘Cigarette?’

Exactly so. This is how it’s bound to start.

In an old-fashioned gesture, the other driver offers the pack with a snap of the wrist [...]. (87)

There is an almost a feeling as if a movie is referenced in these first communications. However, even if the phrases are part of a cultural databank, they are used in a situation with a limitless possibility of options. While Schieffelin refers to the norms played out in performances, he also reminds that “performativity is located at the creative, *improvisatory* edge of practice in the moment it is carried out” and everything in it “is not consciously intended” (199; emphasis original). While both Henry and Baxter are aware of the norms usually associated with their situation, there are variables such as the identity of the other participant of which they do not have previous knowledge. With such gaps in their knowledge, they follow the norms until they feel strong enough to start changing the situation. To use the terms of Gade and Jerslev, they experience the common “need to perform in predictable and recognizable ways” (7).

Both parties appear to follow the norms as long as it suits their interest. There is a clear idea, at least in Henry’s mind, that both have an interest in this confrontation: “Here are guys, the strangers, whose self-respect is on the line. Someone is going to have to impose his will and win, and the other is going to give way” (86). Both have at the very least their honour at stake. As Bryan Turner states, “social actors are primarily motivated by self-regard and by the desire to maintain their ‘face’ at all cost” (97). For Henry this is simply keeping up his appearance in the situation, but for Baxter the situation works as an opportunity to create a reputation, help establish his ‘face;’ his image in front of his

companion, as will be discussed in detail later. More than Henry, he is looking for opportunities not only to maintain his face, but also to polish his image at Henry's expense.

While Henry is aware of the cultural norms of the situation, he approaches it, as often also other sectors of his life, from the point of view of his profession. When thinking about the consequence of the crash, his language and primary fear are tied to his role as a surgeon: "Henry, knowing a good deal about paperwork, can already sense the prolonged trauma of it. Far better to be one of many victims than the original sinner" (88-9). The strong role of the medical identity in his life influences the interaction:

He says, 'I am indeed sorry that you pulled out without looking.'

He surprises himself. This fussy, faintly archaic 'indeed' is not generally part of his lexicon. Deploying it entails decisions; he isn't going to pretend to the language of the street. He's standing on professional dignity. (89)

However, the juxtaposition he makes between himself and Baxter does not work to his favour. If a part of performance is, as Schieffelin claims, to establish common values and consensus of who the people in the performative situation are, then Henry's idea of keeping to his professional dignity and use of formulated language certainly sets him apart from Baxter, Nigel and Nark (195). Also, as he later reminisces, he brings the assertiveness of a surgeon to the situation:

His attitude was wrong from the start, insufficiently defensive; his manner may have seemed pompous, or disdainful. Provocative even [...] he should have relaxed, from a position of strength, instead of which he was indignant and combative (111-2)

Even Henry is aware that he has failed in his performance. Indeed, he has failed to perform both the language and the body appropriate for such situation, and has therefore failed in the areas of interaction in which the theories of performativity have classically been

interested. He has approached the situation too much as a medical professional and, as he does not have the authority provided by his title, doctor's apparel nor the proper environment, he fails. Henry, in other words, attempts to dictate the encounter from the position of his usually dominant masculine performance. However, as Catherine Rottenberg reminds, "the performative reiteration of gender ideals is always complicated by the existence of competing norms" (17). The ideal Henry is performing works in a hospital, but in the street it is confronted by a different ideal that of Baxter's.

During the beginning of the encounter Henry does not yet have an idea about to what kind of difficulties his performance failure will lead. As such he continues to assess the situation from a point of view that is at least reminiscent of a medical professional. He certainly looks at Baxter with an objectifying gaze:

The mouth is set bulbously, with the smoothly shaved shadow of a strong beard adding to the effect of a muzzle. The general simian air is compounded by sloping shoulders, and the sloping shoulders, and the built-up trapezoids suggest time in the gym, compensating for his height perhaps. (88)

If the nurses earlier were described in terms of their bodies as machines, on several occasions Baxter is, similar to the obese teenager, described using terms associated or directly linked with animals and especially apes. Henry classifies people several times according to the objectifying ways human bodies have been seen in the history of Western thought (for example, Grosz, *Volatile* 7). His description is linked to discourses of class and race, both which include a tendency to portray the Other as more primitive and therefore of lower status. In this instance, Henry's objectifying gaze can be seen as an attempt to boost his own confidence by down-playing his adversaries. In so doing he is positioning himself to a berth considered, at least by some, as a more prestigious one. While Michel Foucault's and Judith Butler's claims that power is exercised through exclusion and



devaluation refer more to larger questions than single events, Henry certainly builds his power in the situation through similar methods (Chambers and Carver 22). This can be seen in his initial diagnosis of Baxter's tremors: "The persistent tremor also draws Perowne's professional attention. Perhaps there's reassurance to be had in the unsteadiness of the grip" (87). Before he makes the connection between Baxter's hands and a chronic illness, he only sees the tremors as sign of weakness that reflects his dominance as he is able to control his less muscled body better.

Henry is correct in his diagnosis when he sees the tremors as Baxter's weakness, but does not quite understand its reason nor its significance for their encounter. The tremors are a sign of what is apparently Huntington's disease, a chronic illness that will lead to a physical and mental degeneration:

Between ten to twenty years to complete the course, from the first small alterations of character, tremors in the hands and face, emotional disturbance, including – most notably – sudden, uncontrollable alterations of mood, to the helpless jerky dance-like movements, intellectual dilapidation, memory failure, agnosia, apraxia, dementia, total loss of muscular control, rigidity sometimes, nightmarish hallucinations and a meaningless end. (93-4)

Baxter is faced with a disease that will affect the control of his own body on every level.

As such it is endangering his social position:

the loss of cognitive and other skills produces the danger of social unacceptability, unemployability and being labelled as less than human. Loss of bodily controls carries similar penalties of stigmatisation and ultimately physical exclusion. [...] Degrees of loss impair the capacity to be counted as a competent adult. (Featherstone and Hepworth 376-377)

In this case the effects are, of course, deeper than mere loss of status. Chronic illness is agreed by many scholars to have a deep set effect on identity as well (Lupton, *Medicine* 87; Nettleton and Watson 5). For Baxter, an assertive man with “sculpted” physique, the illness will result in a loss of many aspects of his life, including his companions:

Over the coming months and years the athetosis, those involuntary, uncontrolled movements [...] will overwhelm him, render him too absurd for the street. His kind of criminality is for the physically sound. At some point he'll find himself writhing and hallucinating on a bed [...] probably friendless [...]. (211)

The confrontation offers Baxter an opportunity to perform his masculinity perhaps for one of the last times.

As Henry finds out later when he confronts Baxter about the disease, he has not told Nigel or Nark about it: “This is his secret shame” (94). After all, the knowledge would lead, at least eventually, to his stigmatization in other people’s eyes. Baxter is also working according to a cultural norm. Arthur Frank states that “[w]hen adult bodies lose control, they are expected [...] at least to conceal the loss as effectively as possible” (33). Just like Henry with his attempts at remaining competitive in sports, Baxter tries to conceal his losses. Similar to Frank, Chris Shilling talks of “a careful managing of the impression [individuals who suffer from bodily limitations] give off to those around” (77). While neither man’s management is hard to define as careful, the basic idea remains. Baxter, and also Henry up to a point, endeavours to manage and conceal his condition through action and aggression. Inadvertently, to Baxter Henry appears as a perfect victim, a seemingly wealthy man with a haughty attitude who can be dominated in front of a suitable audience who are likely to spread his reputation. This is a performance where success or failure is determined by the relationship between them and the other participants in the situation

(Schieffelin 198). While Judith Butler's theory on performativity of gender does not accommodate such planning as Baxter is displaying, his behaviour is undoubtedly connected to performing masculinity. There is certainly "a kind of persistent impersonation that passes for real" in Baxter's aggressive behaviour (Butler, *Gender x*). The escalating confrontation is an attempt by Baxter to show his control and competence to use physical violence if nothing else. Violence with which Baxter threatens Henry can also be seen as the former's way of dealing with his illness. Arthur Frank writes about "the dominating body", a style of body image, who "displaces rage against contingency onto other people" (42). For a person used to being in control, illness seems like an outside force that needs to be blamed on outsiders as well. Indeed, when Baxter strikes a blow at Henry, he in a sense transports a part of his contingency to Henry:

[T]he blow [...] lands on his sternum with colossal force, so that it seems to him, and perhaps it really is the case, that there surges throughout his body a sharp ridge, a shock wave [...] a brief deadly chill that has a visual component of blinding, snowy whiteness. (92)

The blow makes even the over-analytical Henry briefly forget about his diagnosis and concentrate on his own body. From thinking about his body he moves to feeling his body.

Baxter's blow leads to a momentary shocked feeling for Henry, and it is about to be a precursor to a more thorough beating: "[H]onour is to be satisfied [...]. There's a sense among trio of a pause for breath, a steadying before business" (93). Henry uses this moment to finish his diagnosis and start to implement his status in to the situation:

'Your father had it. Now you've got it too.'

He has the impression of himself as a witch doctor delivering a curse. [...]

When Baxter speaks at last, his voice is different, cautious perhaps. 'You knew my father?' (94)

Whereas previously his medical identity had effect on his own behaviour, now he brings it into the general performance. By addressing the disease he turns Baxter from action to reflection and into a suitable territory of mind for him to start building up his authority as a doctor and uses phrases usually associated with a discourse used by a medical doctor in a meeting with a patient:

‘I’m a doctor.’

‘Like fuck you are, dressed like that.’

‘I’m a doctor. Has someone explained to you what’s going to happen? Do you want me to tell you what I think your problem might be?’ (94)

Using proper terminology he starts to build up his medical identity even though he lacks the other elements of the performance such as clothing or the proper space. This is a clear return to the notion of authoritative speech discussed earlier. As Jonathan Culler paraphrases Judith Butler, “it is *in* the repeated citation of norms, the application of rules, that the authority of a mode of speaking is generated” (159; emphasis original). Lacking an office or apparel, he entrusts his authority in these phrases associated with the profession of a medical doctor and the authority connected to it in relation to the patient. This discourse in itself is portrayed as overruling the site of the confrontation:

The moment of trashing is passing and Perowne senses the power passing to him. This fire escape recess is his consulting room. Its mean volume reflects back to him a voice regaining the full timbre of its authority. He says, ‘Are you seeing someone about it?’ (95)

Henry has managed to separate Baxter from his friends, create a feeling that this performance is done in the private between him and his patient, and erect his authority through the doctor-patient discourse and his own confident performance of the role of a medical doctor reflected in his authoritative voice: “[H]e’s accepted Perowne’s right to

interrogate. They've slipped into their roles and Perowne keeps going" (96). Whereas Henry was previously a tool for establishing and maintaining Baxter's reputation before decline, Henry now becomes a hope that this decline can be avoided (96). The discourse has changed Baxter's mindset from someone hiding his disease to someone who is ready to divulge it to a doctor in order to get treatment for it. In this sense, Baxter can be as a follower of the disciplined body ideal who according to Arthur Frank regard others "either as instrumental allies or obstacles" and "can make 'good patients' in terms of their medical compliance" (39, 41). While Baxter appears to be a person used to control, he is willing to accept Henry as an ally for holding on to that control.

By evoking his condition Henry makes Baxter think about his body instead of thinking with his body. According to Jonathan Watson, disease and illness embody a person, and Henry makes Baxter think about his illness (176). He manages to exchange their mutual roles. Where Baxter earlier was the actor and Henry the passive object, the roles are now reversed: "Baxter is not looking at him. He stands fidgeting with shoulder turned, like a sulky child waiting to be coaxed, unable to make the first move" (95-6). From the earlier aggressive performance of masculinity Baxter's role has changed almost completely to being instead of doing. Drew Leder writes about dys-appearance, an embodiment rising from the body not working properly, and how it appears under a doctor's examination (98). Quite intentionally Henry subjects Baxter to such an examination to gain the upper hand in the situation even if he is aware that he cannot offer a cure for the condition. When Baxter finally manages to break free from the medical performance, his audience has already deserted him:

Rightly, Baxter believes he's been cheated of a little violence and the exercise of a little power, and the more he considers it, the angrier he becomes. [...] From his position, [...] Perowne can already see that a bad

moment awaits Baxter. [...] The general has been indecisive, the troops are deserting, the humiliation is complete. (98)

Not only has Henry caused Baxter to face the unappealing facts of his life without offering any help, manipulated him, but also made him lose the opportunity to create a positive image of himself. In fact, Henry has made Baxter's situation worse by humiliating him in front of his own audience. Baxter has failed his performance of a tough guy as far as Nigel and Nark are concerned. While Henry manages to use this moment to slip away, there is a score left to settle as far as Baxter is concerned.

After the confrontation, Henry feels that he has abused his power when he used the medical discourse:

Did he, Henry Perowne, act unprofessionally, using his medical knowledge to undermine a man suffering from a neurodegenerative disorder? Yes. Did the threat of a beating excuse him? Yes, no, not entirely. [...] Henry, was obliged, or forced, to abuse his own power – but he allowed himself to be placed in that position. (111)

Henry knows he exploited professional competence by forcing Baxter into a performance of a doctor/patient relationship. After all, the doctor's authority in such situations is based on the assumption that relinquishing control is in the patient's best interest as it will help the doctor perform his profession (Lupton 106). However, as Henry merely established and used this authority to escape bodily harm with a clear assumption, later confirmed, that he cannot offer medical assistance, he violated his professional code. As demonstrated, being a surgeon and a doctor is an important part of Henry's identity and as such this becomes more than just a minor mistreatment of power, it becomes a question of his identity. It makes him question his competence which he values in highest degree, but also makes him

consider the status of his profession. This is expressed, for example, when he is looking at Baxter's exposed cranium during the operation:

No one else in the theatre knows the hopeless condition of this particular brain. [...] He sometimes touches a brain at the beginning of a tumour operation, testing consistency. What a wonderful fairy tale, how understandable and human it was, the dream of a healing touch. If it could simply be achieved with the caress of a forefinger, he'd do it now. But the limits of the art, of neurosurgery as it stands today, are plain enough: faced with these unknown codes, this dense and brilliant circuitry, he and his colleagues offer only brilliant plumbing. (255)

Henry is aware that the profession he has used his lifetime is not infallible, far from it. While his pride in his accomplishments is not based on false premises, his skills are based on incomplete knowledge, almost like educated guesses, instead of the pure certainty that Henry so much appreciates.

In addition to reflecting upon the connection to his work, Henry is also left feeling uncomfortable about the way in which he treated the car crash situation as seen in the sympathy he extends towards Baxter:

Strangely, for all the violence, he almost liked Baxter. That's to put it too strongly. He was intrigued by him, by his hopeless situation, and his refusal to give up. And there was real intelligence there, and dismay that he was living the wrong life. (111)

Identity can be seen to be constructed, among other things, through differentiation and identification (Richardson and Hockey 5-6, 8). During the confrontation Henry mainly focused on the former: he objectified Baxter, Nigel and Narc to develop the idea of his own dominance. However, after the conflict, he starts to identify with Baxter. The body

has a role in this identification as he contemplates his reasons for his own unwillingness not to press charges against Baxter even though he invaded Perowne family home:

Is this forgiveness? [...] Or is he the one seeking forgiveness? [...] Or it could be weakness – after a certain age, when the remaining years first take on their finite aspect, and you begin to feel for yourself the first chill, you watch a dying man with a colder, more brotherly interest. (278)

While Henry's thoughts are perhaps expressed quite poetically for a man who several times during the novel proclaims his distrust of literary techniques, they still express the effects of the day on his thinking. His own ageing, of which he feels more aware because of his confrontation, but also because of the match between him and Jay and the short visit to his mother's retirement home, has made him more conscious of his body and its decline. As Chris Shilling paraphrases Bryan Turner, "an understanding that we are all subject to illness and pain, disease and ultimately death allows us to realize the inevitability of interdependence as a key part of the human condition [...]" (204). The events make Henry alert to the similarities between his ageing and Baxter's condition: while Baxter's decline is certainly more debilitating and unexpected, and ageing is considered a certain fact in life, both are considered undesired elements of life. There are similarities in their effect on the two men's identities: both appreciate their disciplined bodies and control as well as aspire to be authorities within their respective fields. In the case of Henry, his body makes him feel connected to Baxter, whether he wants it or not. As Judith Butler expresses, the body makes us vulnerable to the other (Undoing 20-2). In McEwan's novel, it makes Henry feel compassion and connection to his adversary. His self-declared "emotional detachment", forged by his profession, does not protect him. As Deborah Lupton states, "even doctors who are trained to deal 'objectively' with the illness of others succumb to uncertainty and anxiety when it is their own bodies that are failing" (*Medicine* 98). His



profession aside, Henry is still an embodied human being connected to other people through his body.

When Baxter invades Henry's home, both characters have experienced disruption to their sense of self. Baxter's attempt to add to his reputation by his performance of a tough man of the street was ruined by Henry's performance of a medical meeting. Baxter's failure in his performance has left his authority damaged (Parker and Sedgwick 9) as his moment was denied and he was even further humiliated. As Theo remarks to his father Henry: "These street guys can be proud" (152). While there is almost a feel of Theo quoting a movie in this phrase, it is indeed a correct assessment as Baxter follows Henry to his home and threatens his family with a knife, simply to get even or cancel his humiliation:

Now, while he can still hold a knife, he has come to assert his dignity, and perhaps even shape the way he'll be remembered. *Yeah, that tall geezer with the Merc made a big fucking mistake when he trashed old Baxter's wing mirror.* The story of Baxter deserted by his men, defeated by a stranger who was able to walk away unscathed, all that will be forgotten. (211; emphasis original)

As mentioned earlier, illness can remove the usual social roles from an individual's life (Lupton, *Medicine* 85). Henry sees in Baxter the need to act before he is removed from the role he has built for himself. Cheryl Laz writes that "bodies have the capacity to surprise" through, for example, illness, and we are forced to tolerate and accommodate these "physical contingencies" (507). Clearly Baxter clearly is not prepared to simply tolerate his condition, but does his best to assert himself before his agency is too deeply affected by it. To rebuild his image, he is willing to undertake such drastic actions as holding an entire family ransom. Perhaps this is because of the earlier discussed idea that men are practically

encouraged to take risks, but there is also a sense of desperation in his attempt: “Baxter is a special case – a man who believes he has no future and is therefore free of consequences” (210). Bryan Turner re-phrases Edward Goffman in whose society “order exists in so far as social actors seek to avoid stigmatization and embarrassment in public gatherings” (97). This rule had some foothold in the beginning of Baxter’s and Henry’s initial meeting: when both are roughly on equal footing and stand in front of their damaged vehicles, the norms and rules of social conduct, the performance in such situation, are followed. However, when they change the rules it leads to Baxter’s embarrassment. For him there is nothing left to lose, no order set by the norms expect that of the strongest to follow.

When Henry sees Baxter for the first time since leaving the crash site, the roles change. Whereas Henry earlier manages to subdue Baxter with his medical authority, at least for a few moments, which leaves Baxter indecisive and passive, the Baxter who invades his home is in control and aggressive. It is as if Baxter has come to perform his ideal of hegemonic masculinity based on these very characteristics. When he is in control, his performance holds the improvisational edge that Edward Schieffelin claims to be at the heart of performativity (199). As Henry observes, “[h]e seems to be waiting to see what he himself will do next” and “it’s likely that he too is without a plan; his visit is an improvised performance” (212, 214). At this point Baxter is both wary to make mistakes and assess the situation as it progresses to keep it in his control and therefore submit Henry and his family to his will as efficiently as possible. He succeeds, and his threat leaves Henry helpless:

Careful to make all his movements unsurprising and slow, he kneels and pushes his phone towards Baxter. [...] Henry feels himself rocking on his feet in fear and indecision. [...] Henry’s self-cancelling thoughts drift and turn, impossible to marshal [...] his heart rate accelerates so swiftly that he feels giddy, weak unreliable. (208, 213)

In the passage Henry is left passive, unable to think even. He is left in a state opposite of the assertiveness that he expects from his profession and is also unable to control his emotions. As Deborah Lupton states, “emotional states bring the body into consciousness by the virtue of their sensual dimensions [...]” and as such share a “similarity with illness” (*Going* 95). Henry’s fear and anxiety make him more aware of his own body. While in the street Henry managed to make Baxter think about his body rather than with his body, by making him think of his illness, the roles are now reversed. If the body is used by men to assert agency, Baxter has taken away Henry’s agency in this situation (Robinson and Hockey 8) and taken Henry out of his “comfort zone”: “He’s only ever taken a knife to anaesthetised skin in a controlled and sterile environment.” (214). Even when Henry tries to reassert his control of the situation by reverting to his medical discourse and lying about a possible cure, Baxter uses his authority to stop him:

‘Since we’ve talked this morning I’ve been in touch with a colleague. There’s a new procedure from the states, coupled with a new drug, not on the market, but just arriving here for trials. [...] I can get you on the trial.’ [...]

‘You’re lying and you better shut up or watch my hand.’ And the hand bearing the knife moves nearer Rosalind’s throat.

But Perowne doesn’t stop. ‘I promise you I’m not. All the data’s upstairs in my study. I printed it out this afternoon and you can come up with me and...’

He’s cut off abruptly by Theo. ‘Stop it Dad! Stop talking. Fucking shut up or he’ll do it.’

And he’s right. Baxter has pushed the blade flat against the side of Rosalind’s neck. [...] The room is silent. (215-6)

Henry's performance of medical discourse does not have the desired effect. Baxter, as well as Henry, knows that the latter destroyed earlier the trust that is the basis of the doctor and patient relationship. It is almost a manifestation of "the disillusionment with scientific medicine" that, according to Deborah Lupton, characterizes "the western societies in the early 21<sup>st</sup> century" (*Medicine* xii). Even this part of Henry's authority is denied from him. As presented earlier, this image of an authoritative surgeon is the ideal of hegemonic masculinity Henry is striving for, but Baxter has neutralized it and now dominates Henry with his own aggressive and violent ideal. From a strict traditional view based on difference, Henry is emasculated.

In so doing Baxter forces Henry into a deeper than normal awareness of both his and his family's bodies: "Until now, Henry suddenly sees, he's been in a fog. Astonished, even cautious, but not properly, usefully frightened." and "All this beloved and vulnerable flesh." (213). Drew Leder talks of a feeling of "dys-appearance" (the reappearing, disconcerting consciousness of the body) "when subjected to a doctor's examination" (98). In similar vein, Deborah Lupton discusses that for patients hospitalization can result "in diminished status, as [...] their bodies subject to total control, and the boundaries of public and private space are dissolves" (*Medicine* 95). As Baxter has invaded Henry's home and forced Henry into compliance, passivity and loss of status, it is not far-fetched to think that Henry is subjected to a position normally reserved for his patients. His role in life is reversed: he is subjected to the unassertiveness of a compliant patient instead of the normal authoritative role of a medical doctor.

Meanwhile, Baxter is described as being in as much control as his condition offers and manages an even stronger image of control to most of the people present. This is, after all, a performance with an audience:

He humiliated Baxter in the street in front of his sidekicks and did so when he'd already guessed the condition. Naturally, Baxter is here to rescue his reputation in front of a witness. He must have talked Nigel around, or bribed him. The lad is a fool to make himself and accessory. (211)

It is not, of course, only Nigel who is acting as an audience, although he has an important role as the re-teller of tale, but also Henry's family and to a certain extent Henry in his passive state functions as audience to Baxter's masculine authority. Following Gade and Jerslev, this is an example of what they discuss as "becoming a subject" which "depends not only on being recognized and acknowledged but every bit as much on being *seen doing*" (7, emphasis original). For a most of the invasion, Baxter manages to portray an impression of control in an almost cocky fashion, for example, by showing his control of the environment:

'Nah, sorry,' Baxter says to her, as though he's as disappointed as anyone else. 'Someone might creep up on me.'

And he looks across his shoulder at Perowne and winks. (219-220)

This demonstration is made only stronger by the fact that the area that he controls is Henry's home. As also Henry sees, Baxter makes a point at maintaining his air of bodily control:

The glass is not stable in Baxter's hands, and when he turns to wink at Nigel, a quantity of gin is spilled. Perhaps it is a habit of concealing his condition that causes him to steady the glass against his lips and empty it in four smooth gulps. (212)

He makes a point of concealing from Nigel and the rest of his audience what he considers his weakness. There is a sense that he is already used to this maintenance of his bodily image: "Rosalind is shaking badly as Baxter leans over her shoulder and steadies his

fidgety hand with its blade upon her neck” (218). Baxter uses his environment to hide the effect in a manner that reminds of a person with a speech predicament not using certain words. He manages to conceal his tremors from everyone else but Henry in what could be called a form stylistics: his style of drinking could be associated with certain masculine toughness and bringing his knife to bear as a gesture of aggression instead of concealment, assertive instead of unassertive. Rob White claims that

[t]he cultural ideal of masculinity embodies a notion of manhood which discourages some forms of personal health care [...] while encouraging behaviour which is detrimental to individual and collective health (e.g. use of violence and aggression in personal relationships[]). (275)

Both the style of drinking and aggression are connected to a performance of a masculine ideal. In accordance with this ideal, Baxter does not wish to show his health problem and is willing to go to great lengths of aggression and violence, characteristics more suitable for his ideal, than to hide them.

Henry cannot find an answer to Baxter’s aggression. The situation is only allowed to move towards resolution by a poem that Baxter forces Daisy to recite: “Could it happen, is it within the bounds of the real, that a mere poem of Daisy’s could precipitate a mood swing?” (221). Henry is amazed by the change:

Baxter says eagerly, ‘How could you have thought of that? I mean, you just wrote it.’ And then he says it again, several times over. ‘You wrote it!’ [...]

Baxter finds nothing extraordinary in the transformation of his role, from lord of terror to amazed admirer. (223)

This elation that leads to Baxter’s interest in the cure being reawakened, Nigel deserting him, and Theo and Henry managing to push him down the stairs causing him a head trauma is put in doubt by Henry. To him it represents “the essence of a degenerating mind,

periodically to lose all sense of continuous self, and therefore any regard for what others think of your lack of continuity” (223-4). Baxter’s lack of care for his image, forgetting to perform, is considered by Henry to be directly caused by the disease. He does not even really consider that art alone might have affected Baxter, made him emotional and associative. As Deborah Lupton explains, both emotions and sickness are often associated with vulnerability, irrationality and losing of self-control (*Going* 96-7, *Medicine* 24). As a medical professional and a person who values emotional detachment as a part of his identity, Henry seems to embrace this interpretation of Baxter’s reaction. To a certain extent, he could indeed be right, since as Butler and Turner had stated that the body and illness leave us vulnerable to others, but perhaps partly his reaction rest on his ideal of hegemonic masculinity.

Although little harm comes to his family and he performs a successful operation in his sanctuary, the operation theatre, Henry is left uncertain and more aware of his body than usual: “He feels skinny and frail in his dressing gown, facing the morning that’s still dark, still part of yesterday” (275). This is in strong contrast with how he felt in the beginning of the novel: “He’s never done such a thing before, but he isn’t alarmed or even faintly surprised, for the movement is easy, and pleasurable in his limbs, and his back and legs feel unusually strong. He stands there, naked by the bed [...]” (3). An early morning, when he felt particularly physically able, has turned into a late night, when he feels more vulnerable than usual. Now standing alone by the same window where he observed the plane falling down nearly 24 hours earlier, he goes through his feelings about the past hours, for instance, seeing work the thing that separates the derelicts on the square from other people and feeling shaky due to Baxter or “the physical effects of tiredness” (272). The events of the day have made him deeply aware of the embodied aspects of his life. Even if the reader is more aware of this than he is, thanks to an observant narration,

Henry is aware of the many ways that the body and his identity is tied together and the vulnerability of his body because of interaction with other people, the social norms, and the biological fact of ageing. As he thinks, “Sunday doesn’t ring with the same promise and vigour as the day before” (273). *Saturday* comes to an end leaving him much in the same position as it begun, but not feeling nearly as trustful of the future.

As this section demonstrated, *Saturday* depicts how Henry’s identity is not divided between work and the rest of his existence. He continues to look at people through an objectifying gaze, has a deep awareness of the bodies around him and feels that his profession has left him detached from his emotions. However, these characteristics are also notions of a hegemonic masculine ideal that Henry uses to perform his identity through his body in the work environment. When Henry encounters Baxter, it is this very masculinity that becomes a part of the conflict both in the street and in Henry’s family home. For both men the conflicts present performances of identity and masculinity and they are shaped by both men’s enhanced awareness of their bodies because of their distinct yet in many ways similar maladies, illness and ageing. Henry certainly can see the similarity and is left reminded of his embodied nature at the end of the day.



#### 4. Conclusion

As this thesis has shown, the body is an important concept in the contemporary western culture. Because of the commercialization of the culture and other factors, the body has received a great deal of attention both in culture and cultural studies during the past decades. Since Ian McEwan is considered a writer who responds to contemporary topics, it is not a surprise that the body has an important role in his ninth novel *Saturday*. While the novel has many themes running through it, the body and its role in the identity of the two most central characters, Henry Perowne and Baxter, is undeniable.

Henry's profession plays an emphasized role in the novel, and his work environment is crucial to the depictions of the body. In a novel set partially in a hospital, Henry and his colleagues perform identity in various ways ranging from action in the operation theatre to dealings in the private offices. The surgeon's work is portrayed as a series of detailed and trained actions as well as consisting of embedded rituals. Henry's identity and authority as a consultant surgeon is built through his physical prowess among the staff and through his style and gestures with the patients. He also uses these same components to perform the notions of the hegemonic masculine ideal he desires to embody. However, the continuity of this performance is threatened by the physical facts of life related to his ageing.

Henry also carries his professional identity outside of the hospital: he is deeply aware of bodies, objectifies people according them, as well as describes himself as being emotionally detached because of his profession. However, these characteristics are also a part of the norms of the masculine ideal. Henry's ideal masculinity, which is already contested by his ageing, is also tested by his confrontation with Baxter and the ideals he represents. Baxter's performance of masculinity is more aggressive and violent, yet similar

in its ideas of control and authority. Similarly, Baxter's performance is threatened by an infliction of the body, the illness that is slowly taking away his ability to control the body. While the source is different, the stigma is similar to what Henry fears from his own ageing. Consequently, Henry feels sympathy for Baxter even though he presents a direct physical threat to both Henry and his family.

As I have suggested at the beginning of this thesis, the body pervades all aspects of the characters' identity. Henry and Baxter perform their identities through their bodies. The body is the vehicle they use to exercise their agencies. Indeed, the success or failure of these performances is linked to the functioning of the body. While there is a chance of failure in every performance, factors such as ageing or illness can significantly frustrate the performance of hegemonic ideals of masculinity. This failure can, for example, drive to desperate actions such as Baxter's invasion of Henry's family home or to a deeper understanding of human interaction as is possibly the case with Henry. The body means either a rupture from the society or attachment to it. The novel also demonstrates that one's awareness of the body changes not only during the life but may do even during a single day. This can be seen as a reflection of the current preoccupation with the body. In *Saturday*, the body does not work as a metaphor of society, although it might also have this additional function, but as a part of it.

This thesis offers a variety of prospects for further research. The novel itself is not emptied of research possibilities, for example, an examination of its female characters could offer additional insight into how the body is relevant in *Saturday*. Furthermore, there is a great amount of lot of critical writing concerning issues of the body, performativity, and gender which have not been discussed in this thesis. These constantly expanding fields could certainly offer more perspectives into several individual aspects of the novel. However, perhaps a more rewarding future route would be to broaden

the analysis to other novels. As noted, Ian McEwan's novels have not received much attention from the perspective explored in this thesis and studying them from such point of view would undoubtedly lead to a better understanding of this prolific writer's works. A further expansion into the field of literature would also be possible by comparing *Saturday* with other novels with similar themes or which were released during the same period. It is more than probable that a perspective bringing together the body, performativity and gender provides a suitable approach to many contemporary novels, but perhaps a more interesting direction would be to concentrate onto the more distinctive yet related areas discussed in this thesis such as the depiction of the medical profession, ageing, and disease. These are by no means the only options, but certainly demonstrate the possibilities available.

This thesis has demonstrated the importance of the body in Ian McEwan's *Saturday*. It also offers an opportunity for further reflection on the role of the body in our culture. As witnessed in the life of Henry Perowne, the body permeates all aspects of identity and is crucial in how these identities are performed. Skilled and thorough portrayals such as this can make us aware of how our bodies are central to our existence on all levels. They connect us to other people and as such can be seen as a source of vulnerability as was long thought in Western philosophy to be the case. However, the connection also makes us relate to other people, whether to joy or their suffering, and so the body is a source of our sympathetic emotions. Of course, the body works as a conduit through which we are affected by cultural norms and through which we perform them. An awareness of the body can therefore lead to an increased awareness of the social processes that surround us. The body is both cultural and personal, if these two can be even talked about separately, and as such should not be neglected, even if the norms advise us to do so.

## Bibliography

- Bentley, Nick. "Introduction. Mapping the Millennium. Themes and Trends in Contemporary British Fiction." In *British Fiction of the 1990s*. Ed. Nick Bentley. London: Routledge, 2005.
- Bradford, Richard. *The Novel Now: Contemporary British Fiction*. Oxford: Blackwell Publishing, 2007.
- Bradley, Arthur and Andrew Tate. *The New Atheist Novel: Fiction, Philosophy and Polemic After 9/11*. London: Continuum, 2010.
- Braidotti, Rosi. *Patterns of Dissonance: A Study of Women in Contemporary Philosophy*. Trans. Elizabeth Guild. Cambridge: Polity Press, 1991.
- Butler, Judith. *Bodies that Matter. On the Discursive Limits of "Sex"*. New York: Routledge, 1993.
- Butler, Judith. *Gender Trouble: Feminism, and the Subversion of Identity*. Tenth Edition. New York: Routledge, 1999/1990.
- Butler, Judith. *Undoing Gender*. New York: Routledge, 2004.
- Chambers, Samuel A. and Terrell Carver. *Judith Butler and Political Theory: Troubling Politics*. London: Routledge, 2008.
- Childs, Peter. *Contemporary Novelists: British Fiction Since 1970*. New York: Palgrave MacMillan, 2005.
- Childs, Peter. *The Fiction of Ian McEwan: A Reader's Guide to Essential Criticism*. Ed. Peter Childs. New York: Palgrave MacMillan, 2006.
- Cohen, Larry, Daniel P. Perales, and Catherine Steadman. "The O Word. Why the Focus on Obesity Is Harmful to Community Health." In *Californian Journal of Health Promotion*. 3:3 (2005): 154-161.

- Connell, R. W. *Gender*. Cambridge: Polity Press, 2002.
- Culler, Jonathan D. *The Literary in Theory*. Stanford: Stanford University Press, 2007.
- Cunningham-Burley, Sarah and Kathryn Backett-Milburn. "The Body, Health and Self in the Middle Years." In *The Body in Everyday Life*. Ed. Sarah Nettleton and Jonathan Watson. London: Routledge, 1998. 142-159.
- Detsi-Diamanti, Zoe, Katerina Kitsi-Mitakou, and Effie Yiannapoulou. "The Flesh Made Text Made Flesh: An Introduction." In *The Flesh Made Text Made Flesh: Cultural and Theoretical Returns to the Body*. Ed. Zoe Detsi-Diamanti, Katerina Kitsi-Mitakou and Effie Yiannapoulou. New York: Peter Lang, 2007. 1-10.
- Featherstone, Michael and Mike Hepworth. "The Mask of Ageing and the Postmodern Life Course." *The Body: Social Process and Cultural Theory*. Ed. Mike Featherstone, Mike Hepworth and Bryan S. Turner. London: Sage Publications, 1991. 371-389.
- Foucault, Michel. *Discipline and Punish. The Birth of the Prison*. (*Surveiller et punir. Naissance de la Prison*.) Trans. Alan Sheridan. London: Penguin Books, 1991/1975.
- Frank, Arthur. "The Body's Problems with Illness." In *The Body Reader: Essential Social and Cultural Readings*. Ed. Lisa Jean Moore and Mary Kosut. New York: New York University Press, 2010. 31-47.
- Gade, Rune and Anne Jerslev. "Introduction." *Performative Realism: Interdisciplinary Studies in Art and Media*. Ed. Rune Gade and Anne Jerslev. Copenhagen: Museum Tusulanum Press, 2005. 7-17.

- Groes, Sebastian. "Ian McEwan and the Modernist Consciousness of the City in *Saturday*." In *Ian McEwan: Contemporary Critical Perspectives*. Ed. Sebastian Groes. London: Continuum, 2005. 83-98.
- Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Indianapolis: Indiana University Press, 1994.
- Grosz, Elizabeth. *Time Travels: Feminism, Nature, Power*. London: Duke University Press, 2005.
- Head, Dominic. *Ian McEwan*. Manchester: Manchester University Press, 2007.
- Hepworth, Mike and Mike Featherstone. "The Male Menopause: Lay Accounts and the Cultural Reconstruction of Midlife." In *The Body in Everyday Life*. Ed. Sarah Nettleton and Jonathan Watson. London: Routledge, 1998. 276-301.
- James, David. *Modernist Futures: Innovation and Inheritance in the Contemporary Novel*. Cambridge: Cambridge University Press, 2012.
- Krasner, James. *Home Bodies. Tactile Experience in Domestic Space*. Columbus: Ohio State University Press, 2010.
- Lakoff, George and Mark Johnson. *Philosophy of the Flesh: The Embodied Mind and Its Challenge to Western Thought*. New York: Basic Books, 1999.
- Laz, Cheryl. "Age Embodied." *Journal of Ageing Studies* 17 (2003): 503-519.
- Leder, Drew. *The Absent Body*. Chicago: The University of Chicago Press, 1990.
- Lloyd, Moya. "Performativity, Parody, Politics." *Theory, Culture & Society* 16.2 (1999): 195-213.
- Lupton, Deborah. *Medicine as Culture. Illness, Disease and the Body*. 1994. 3<sup>rd</sup> ed. London: SAGE, 2012.
- Lupton, Deborah. "Going with the Flow: Some Central Discourses in Conceptualising and Articulating the Embodiment of Emotional States." In *The Body in Everyday*

- Life*. Ed. Sarah Nettleton and Jonathan Watson. London: Routledge, 1998. 82-99.
- Marcus, Laura. "Ian McEwan's Modernist Time. *Atonement* and *Saturday*." In *Ian McEwan: Contemporary Critical Perspectives*. Ed. Sebastian Groes. London: Continuum, 2005. 83-98.
- Markula-Denison, Pirkko and Richard Pringle. *Foucault, Sport and Exercise: Power, Knowledge and Transforming the Self*. London: Routledge, 2006.
- Malcolm, David. *Understanding Ian McEwan*. Columbia: University of South Carolina Press, 2002.
- McEwan, Ian. *Saturday*. Croydon: CPI Bookmarque, 2006.
- McNay, Lois. "Subject, Psyche and Agency. The Work of Judith Butler." *Theory, Culture & Society* 16.2 (1999): 175-193.
- Monaghan Lee F. and Micheal Hardey. "Body Sensibility. Vocabularies of the Discredited Male Body." *Critical Public Health* 19.3-4 (2009): 341-362.
- Moore, Jean and Mary Kosut. "Introduction". *The Body Reader*. Ed. Jean Moore and Mary Kosut. New York: New York University Press, 2010. 1-30.
- Moore, Sarah E.H. "Is the Healthy Body Gendered? Toward a Feminist Critique of the New Paradigm of Health." *Body & Society* 16 (2002): 95-118.
- Morrison, Jago. *Contemporary Fiction*. London: Routledge, 2003.
- Nettleton, Sarah and Jonathan Watson. "The Body in Everyday Life: An Introduction". In *The Body in Everyday Life*. Ed. Sarah Nettleton and Jonathan Watson. London: Routledge, 1998. 1-23.
- Nordin, Irene Gilsenan. "Introduction. Re-Mapping the Landscape. The Body as Agent of Political, Social and Spiritual Empowerment in Contemporary Irish Poetry."

- In *The Body and Desire in Contemporary Irish Poetry*. Ed. Irene Gilsonan Nordin. Dublin: Irish Academic Press, 2006. 1-18.
- Parker, Andrew and Eve Kosofsky Sedgwick. "Introduction. Performativity and Performance." In *Performativity and Performance*. Ed. Andrew Parker and Eve Kosofsky Sedgwick. New York: Routledge, 1995. 1-18.
- Richardson, John and Alison Shaw. "Introduction." *The Body in Qualitative Research*. Ed. John Richardson and Alison Shaw. Aldershot: Ashgate, 1998. 1-6.
- Robinson, Sally. *Marked Men. White Masculinity in Crisis*. New York: Columbia University Press, 2000.
- Robinson, Victoria and Jenny Hockey. *Masculinities in Transition*. Chippenham: Palgrave MacMillan, 2011.
- Rottenberg, Catherine. *Performing Americanness. Race, Class, and Gender in Modern African-American and Jewish-American Literature*. Lebanon: University Press of New England, 2008.
- Ryan, Kiernan. *Ian McEwan*. Exeter: BCP Wheaton ltd., 1994.
- Saarinen, Esa. *Länsimaisen filosofian historia huipulta huipulle Sokrateesta Marxiin*. Juva: WSOY, 1985.
- Schieffelin, Edward L.. "Problematizing performance". In *Ritual, Performance, Media*. Ed. F. Hughes-Freeland. 194 - 207. Web. 3 April 2014.
- Shilling, Chris. *The Body in Culture, Technology & Society*. London: Sage Publications, 2005.
- Silvani, Roman. *Political Bodies and the Body Politic in J.M. Coetzee's Novels*. Zürich: LIT VERLAG, 2011.
- Thomas, Helen. *The Body and Everyday Life*. London: Routledge, 2013.



- Trevenna, Joanne. "Gender as Performance: Questioning the 'Butlerification' of Angela Carter's Fiction." *Journal of Gender Studies*. 11.3 (2002): 267-276
- Turner, Bryan S.. *The Body & Society*. 3<sup>rd</sup> ed. London: Sage, 2008.
- Wells, Lynn. *Ian McEwan*. New York: Palgrave MacMillan, 2010.
- Wellard, Ian. *Sport, Masculinities and the Body*. London: Routledge, 2009.
- White, Rob. "Social and Political Aspects of Men's Health." *Health. An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. 6.3 (2002): 267-285.
- Von Wright, Georg Henrik. *Humanismi elämänasenteena. (Humanismen som livshållning.)* Trans. Anto Leikola. Keuruu: Otava, 1981/1978.
- Von Wright, Georg Henrik. *Tiede ja ihmisjärki. Suunnistusyritys. (Vetenskapen och förnuftet. Ett försök till orientering.)* Trans. Anto Leikola. Keuruu: Otava, 1987.

## **Finnish Summary**

Ruumis (the body) on noussut keskeiseen roolin länsimaisessa kulttuurissa. Sen näkyvyys mediassa on kasvanut ja siitä on tullut yhä keskeisempi osa ihmisten identiteettejä. Samanaikaisesti myös kiinnostus ruumista ja ruumiillisuutta kohtaan on kasvanut akateemisessa tutkimuksessa. Siinä missä se on historiallisesti ollut väheksytty osa ihmisyyttä länsimaisen filosofian perinteessä, muutamien viime vuosikymmenien aikana se on noussut yhdeksi ihmistieteiden keskeisimmistä käsitteistä. Ruumis näkyy joka kulttuurin osa-alueella ja kirjallisuus ei ole tässä poikkeus. Tässä työssä ruumista ja siihen liittyvää performatiivisuutta (performativity) käsitellään Ian McEwanin romaanissa *Saturday* (2005). Tutkimuksen kohteena on se, miten ruumis ja performatiivisuus esiintyy teoksessa ja kuinka keskeisessä osassa ne ovat teoksen hahmojen identiteetissä, keskittyen erityisesti maskuliinisuuteen. Tutkimuksen keskeinen väite on, että ruumis ja se, kuinka se toimii, on keskeisessä osassa hahmojen performoidessa identiteettiään.

Ian McEwan on menestynyt ja arvostettu kirjailija. *Saturday*, joka on hänen yhdeksäs romaaninsa, kertoo yhdestä päivästä kirurgi Henry Perownen elämässä. Kyseisenä lauantaina ihmiset ovat kerääntyneet Henryn kotikaupunkiin Lontooseen protestoimaan Irakin sotaan vastaan. Keski-ikäisen Henryn päivän merkittävin tapahtuma ei ole kuitenkaan tuo mielenosoitus, vaan hänen ajamansa kolari Baxter-nimisen miehen kanssa. Henry on lähellä joutua pahoinpidellyksi, mutta onnistuu välttämään tilanteen kiinnittämällä huomion itsestään Baxterin krooniseen sairauteen. Henry pakenee paikalta, mutta on tietämättään laittanut liikkeelle tapahtumaketjun, joka tulee vaikuttamaan hänen koko loppupäiväänsä. Illalla hänen perheensä ollessa pitkästä aikaa koolla hänen kotonaan, Baxter tulee vaatimaan menetettyä ylpeyttään takaisin. Baxter saadaan taltutettua, mutta tapahtumat jättävät jälkensä, eikä Henry voi mennä nukkumaan yhtä levollisena kuin hän

heräsi. Tutkielma keskittyykin erityisesti näiden kahden hahmon kanssakäymiseen, mutta myös Henryn työelämään. Nämä osa-alueet tarjoavat runsaan aineiston tutkielman lähtökohdille.

Tutkielman toisessa luvussa esitellään sen teoreettisena käsitteet, joista keskeisimmässä roolissa on, kuten mainittua, ruumis. Sitä on tutkittu erityisesti viime vuosikymmeninä monilta näkökulmilta, mutta tässä tutkimuksessa keskeinen lähestymistapa on Judith Butlerin 1990-luvun alkupuolella tunnetuksi tekemä performatiivisuus. Butlerin teokset *Gender Trouble* (1990) ja *Bodies that Matter* (1993) saivat runsaasti kiinnostusta julkaisunsa jälkeen ja niiden sisältämää ajattelua on jatkanut paitsi Butler itse myöhemmässä tuotannossaan myös lukuisat monet tutkijat. Butlerilaisen performatiivisuuden mukaan identiteetti performoidaan eli sitä toisinnetaan toiminnan kautta. Se rakentuu ruumiillisesti muun muassa eleiden, tyylien ja ulkonäön kautta. Näihin toimintoihin vaikuttavat kulttuurisesti määrittäneet rakenteet eli normit, jotka vaikuttavat käsityksiimme siitä, miten tulee toimia. Identiteetin performointi on siis aina suhteessa olemassa oleviin arvoihin, mutta toisaalta arvot pohjautuvat ideaaleihin, joita ei ole edes mahdollista performoida täydellisesti. Butler käytti teoriaansa erityisesti sukupuolen tarkasteluun ja tässä työssä se on myös keskeinen maskuliinisuuden tarkastelussa. Maskuliinisuutta käsitellään tarkastellen siihen yleisesti yhdistettäviä rakenteita, joissa esimerkiksi valtasuhteet nousevat esiin. Keskeinen käsite on R.W. Connellin kehittämä, mutta tässä tapauksessa muiden soveltamana mukaan otettu, hegemoninen maskuliinisuus (hegemonic masculinity), joka on yhteiskunnallisesti rakentunut hallitseva maskuliinisuuden ihanne, jota käytetään perustelemaan eriarvoisuutta niin suhteessa naisiin kuin myös miesten keskuudessa. Luvussa käsitellään myös muun muassa Drew Lederin teoksessaan *The Absent Body* (1990) esiin nostamaa ajatusta siitä, että tietoisuus ruumiista

vaihtelee ja on suurimmillaan kun asiat, kuten ikääntyminen (ageing) tai sairaus (illness), saavat meidät kiinnittämään ruumiiseen huomiota.

*Saturday*'n käsittely jakautuu kahteen analyysilukuun. Niistä ensimmäisessä keskeisessä osassa on Henryn ammatti, kirurgia, ja sen liitokset hänen identiteettiinsä. Romanissa kuvaillaan sairaalaa työympäristönä ja siinä toimimista monilta näkökannoilta, joissa kaikissa ruumiilla on oma osuutensa. Leikkaussalissa henkilökunta osoittaa omaa ruumiinhallintaansa toimien saumattomasti yhdessä. Heidän toimintansa on luettavissa tarkan koulutuksen ja kokemuksen muovaamaksi pienistä eleistä ja toiminnasta koostuvaksi performanssiksi, jossa on myös monia rituaalisia piirteitä. Sairaalan käytävillä henkilökunta Henryn kuvauksen perusteella käy omaa kamppailuaan auktoriteetista. Henry kuvauksen perusteella tässä kamppailussa on vahvassa osassa ruumis, jonka kyvykkyyttä todistetaan muun muassa erilaisissa urheilutilanteissa. Henryn performoi maskuliinista identiteettiään toisten lääkäreiden joukossa, mutta on koko ajan tietoinen omasta vanhenemisestaan ja sen mahdollisista tulevaisuuden vaikutuksista hänen asemalleen sairaalassa. Ruumis ja sen performointi on myös keskeisessä osassa potilas-lääkärisuhteessa, jossa lääkärin auktoriteetti perustuu vahvasti hänen ruumiinsa ja sen tyylin luomaan kuvaan hänen pätevyydestään.

Toisessa analyysiluvussa käsittelyssä on sairaalan ulkopuolelle sijoittuvat tapahtumat. Niistä käy ilmi, kuinka Henryn työ vaikuttaa hänen identiteettiinsä myös työpaikan ulkopuolella. Hänen tietoisuutensa toisten ruumiista on vahva myös sairaalan ulkopuolella ja hän suhtautuu niihin usein varsin esineellistään, objekteina (objectifying). Hän itse kiinnittää huomiota siihen, että vuosien kirurgina työskentely on saanut hänet irtautumaan tunteistaan (emotional detachment). Vaikka näillä tekijöillä on yhteys Henryn työhön, ne ovat sidoksissa myös hänen käsitykseensä maskuliinisuuden ihanteista: kaikkia niitä voidaan pitää osana tietynlaista kulttuurisesti hegemonista maskuliinisuuden mallia.

Henryn performoima malli joutuu koetukselle hänen kohdatessaan Baxterin, joka performoi fyysisempää ja väkivaltaisempaa ihannetta. Siinä missä Henry kokee vanhenemisen ongelmalliseksi oman mallinsa kanssa, Baxter kokee samanlaisia tuntemuksia häneen vaikuttavan kroonisen sairauden, joka tulee tuhoamaan hänen kykynsä hallita ruumistaan vähän kerrallaan, suhteen. Kumpikin mies pyrkii omilla osa-alueillaan kompensoimaan ja peittämään ruumiinsa tilaa pitääkseen yllä enemmän ihanteisiinsa sopivaa kuvaa itsestään.

Tutkielman päättävässä luvussa kootaan yhteen analyysini tuloksia ja jatkomahdollisuuksia. Siinä käy ilmi, että *Saturday*ssa ruumis nousee keskeiseen osaan identiteettien muodostamisessa. Kaikki teoksen hahmot, joita käsitellään tässä tutkielmassa, performoivat identiteettiään ruumiin kautta. Tämän performanssin onnistumiseen vaikuttaa keskeisesti ruumiin tila: Henryn kohdalla ikääntyminen ja Baxterin sairaus vaikeuttavat heidän performanssejaan. Vaikutus on erityisen vahva, koska keskeinen osa heidän performanssejaan ovat tietyt maskuliinisuuden ihanteet, joihin ei kuulu vahva tietoisuus ruumiista vaan joissa ruumiin kuuluu olla yksilön hallinnassa. Näin ollen heidän maskuliinisuuden performansseillaan on vahva epäonnistumisen uhka, joka ajaa Baxterin lopulta epätoivoiseen kotirauhanrikkomiseen kun taas Henryn kohdalla sen voi nähdä aiheuttavan hänessä sympatiaa Baxteria kohtaan. Ruumis tuleeekin teoksessa esiin sekä yhteisöllisiä siteitä luovana että rikkovana voimana. Toisaalta tarkasteltu päivä tuo esiin myös sen, kuinka tietoisuus ruumiista vaihtelee elämän aikana. Se vaihtelee sekä koko elämänkaaren aikana, kuten Henryn ikääntyminen tuo esiin, että yhden päivän tapahtumien aikana. Ruumis on osa jatkuvaa identiteetin performointia, joka on monilla tavoilla yhteyksissä paitsi yksilöön myös ympäröivään yhteiskuntaan. Teos tarjoaa mielenkiintoisen tarkasteltavan ruumiin ja performatiivisuuden kautta sekä tarjoaa myös lukuisia jatkotutkimusmahdollisuuksia. Tutkielmasta jo pelkästään pituuden vuoksi

poisrajatut naishahmot tarjoaisivat käsittelyllään lisää näkemyksiä teoksesta, mutta erityisen hedelmällisen jatkon tarjoaisi tutkielman kysymysten laajentaminen koskemaan suurempaa otosta teoksia. Ruumiin kysymykset ovat kuitenkin tärkeä osa nyky-yhteiskuntaa ja näin ollen varmasti myös keskeisiä lukuisissa muissa romaaneissa.