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Children's Bodies and Construction of Parental Adequacy. A Qualitative Study of the Daily Hygiene Practices of Mothers and Fathers in Italy

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Children's Bodies and Construction of Parental Adequacy. A Qualitative Study of the Daily Hygiene Practices of Mothers and Fathers in Italy

Francesca Zaltron *

Abstract: Meanings attributed to the categories of “dirty” and “clean” allow us to understand some of the content that typify today’s representations of appropriate parenting, put into practice by new forms of control and daily care of children’s body (Christensen, 2000; Lupton, 2012; Murcott, 1993). The control of the infant’s body and the construction of parental adequacy will be discussed through the presentation of the results of a study about the daily hygiene practices of mothers and fathers with 2–5 year old children in the city of Padua (Veneto region, Italy). We will cast light on how “expert” (especially medical and pedagogical) knowledge gives shape to modern hygiene techniques through which children’s bodies are represented and managed, knowledge that parents trust in order to perform their duties in a socially appropriate way. We will equally emphasise the sometimes contradictory nature of these sets of “expert” knowledge that convey messages with conflicting representations of the body/child subject: sometimes “vulnerable” and in need of protection, sometimes “unique” and entitled to free self-expression. The most significant outcome produced by this uneven plurality of orientations is the uncertainty that characterises today’s care and more general parental responsibilities.

Keywords: child, body, parental adequacy, hygiene practice

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Introduction

Today, the meanings we attribute to parenting relationships are inscribed within the specific changes affecting family ties in modern Western societies. One of the peculiarities of these changes concerns the increasing importance given to the notion of “parenting” (Furedi, 2002; Bastard, 2006; Martin, 2005; Lee et al., 2014), a neologism that expresses the appearance of a brand new phenomenon on the social scene. Now more than ever, the practices related to feeding, hygiene, putting to sleep, game, and the content and ways of transmitting rules to children are becoming increasingly the focus of public interventions and debates. They are the subject of precise advice and prescriptions by experts (doctors, psychologists, pedagogues, jurists), although not always in agreement with each other. Therefore, parenting concerns something much more complex than what parents do to raise their children. Rather, it involves a set of skills, abilities, knowledge and rules elaborated in particular by expert culture; a set that today constitutes the expectations of how parents should raise their children in a socially appropriate way (Faircloth, Murray, 2015; Lee, 2014).

This paper analyses the relationship between expert knowledge and the construction of parental adequacy in relation to a specific daily care practice: toilet-training. This is an emblematic practice to grasp the relevance through which expert knowledge, especially medical and pedagogical one, has been shaping the caring practices and hygiene techniques of the infant body, the very representation of children's bodies, and the content of the parenting tasks addressed to them. By the analysis of the testimonies of mothers and fathers about daily hygiene practices, it will be discussed how such knowledge shapes the meanings and normative standards to which parents relate in order to carry out their care tasks in a socially appropriate way. The heterogeneous and sometimes contradictory nature of messages transmitted by this knowledge will be also discussed, as they make the content itself of parental adequacy uncertain.

The notion of parenting: considerations about the concept of appropriate parenting behaviour

Several structural and cultural factors have contributed to the emergence of the concept of parenting, as they are strictly related to economic and socio-demographic changes. For the purposes of this paper we will

highlight two factors that are most directly connected to the transformation and the centrality of parenting relationships today.

The first factor refers to the pluralisation of family forms that has been generated by the progressive weakening of the institution of marriage (Thery, 1993), a phenomenon that has been fostered by the growing process of individualisation in our modern societies (Bauman, 2004; Beck & Beck-Gernsheim, 1996; Giddens, 1995). One of the possible outcomes of this process is the greater fragility of couple relationships: alongside the centrality of loving feelings, partners build their ties according to choices and strategies that are increasingly based on the principle of individual autonomy. They pursue the socially legitimised goal of a complete realisation of the self (Favretto, 2006) and the construction of their personal biography. On the one hand, such relations are characterised by a trend towards negotiation, based on intimacy, trust and greater symmetry between the partners (Giddens, 1995). On the other hand, the choices and strategies of individual personalities and the desire for mutual support, free from external constraints, make them more fragile. The possibility of breaking up is inscribed in their very genesis (Beck-Gernsheim, 1996). The progressive weakening of couples is matched by a gradual strengthening of parental relationships, as if children symbolise an unbreakable emotional continuity against the fragility of their parents' relationship (Beck-Gernsheim, 1996; Ronfani & Bosisio, 2015).

The progressive weakening of the institution of marriage seems to be balanced by the institutionalisation of the parent-child relationship (Bastard, 2006), which becomes a sort of foundational principle of family ties and their stability. In fact, now more than ever, the decision to become a parent is combined with the concepts of desire and project, the result of a deliberate and deeply felt choice (Naldini, 2015).

The second factor is the recognition of the child as an individual having special needs related to growth. This recognition is based on that "discovery of childhood" dating back to the end of the 17th century (Aries, 1981), whose consolidation on the social scene was fostered by medical, pedagogical, psychological and juridical knowledge (Alanen, 1988; James & James, 2004; James, Jenks, & Prout, 2002; Turmel, 2013). The representations of childhood conveyed by this knowledge have been changing according to the structural changes in life contexts of children themselves. Nevertheless, it is possible to detect two prevailing representations, whose presence is visible even nowadays. Their presence can be found in the messages conveyed by expert knowledge, but also in public debate and interventions referring to children's needs and to the

adequate way adults can meet them. On the one hand, a representation of the child as a subject with his or her own individuality, rights, uniqueness, potentials, skills, and agency capabilities (Corsaro, 2003; James, Jenks, & Prout, 2002; de Singly, 2003). On the other hand, a representation of the child as being in need of protection, vulnerable, “naturally” incompetent because of biological immaturity and, for this reason, dependent on adults’ knowledge and behaviour (James & James, 2004; Prout, 2000). The simultaneous presence of these two representations – a child endowed with agency but at the same time vulnerable, incompetent and dependent – has progressively developed the idea and the social requirement that adults – especially mothers and fathers – must possess specific competences to guarantee that their children could grow up properly and consistently with what is proposed by expert knowledge itself. As Furedi reminds us:

[...] The belief that children require special care and attention evolved alongside the conviction that what adults did mattered to their development. These sentiments gained strength and began to influence public opinion in the nineteenth century. The work of mothering and fathering was now endowed with profound importance. It became defined as a distinct skill that could assure the development of character traits necessary for a successful life [...] Once children are seen as the responsibility of a mother and a father rather than of a larger community the modern view of parenting acquires salience (Furedi, 2002, p. 106).

In our contemporary societies, this concept of parenting is increasingly intended as “intensive parenting” (Faircloth, 2014), a term derived from “intensive motherhood” coined by Hays (1996). The characteristics of this model are based on a representation of highly child-centred parenting, founded and led by expert knowledge to the detriment of knowledge transmitted by previous generations, that is called upon to mobilise a substantial commitment of time, money, and emotional resources. This is obviously a “normative standard” that is daily translated into different forms and meanings depending on the context of the constraints and resources that families’ experience. Nevertheless, it is a widespread and socially legitimated standard because it rests on the greater influence of “expert knowledge” to define the central core of childhood representations and needs, as well as parenthood that is called upon to fulfill them in a socially appropriate manner (Bastard, 2006; Ehrich, 2003; Faircloth, 2014; Lee, 2014). The content of parental adequacy (i.e., the set of meanings and normative that knowledge parents refer to daily in order to put together their own care practices) is founded on this “normative standard” that refers

to parenting. A standard through which mothers and fathers self-evaluate and are evaluated as “good parents” (Martin, 2014). From this it follows that the task of adequately raising children is less and less generational or social responsibility and more and more a task that is in the hands of parents who take sole responsibility for the “success” or “failure” of the child’s development as a future adult subject and a member of society (Bastard, 2006; Donzelot, 1977; Furedi, 2002).

Finally, the content of parental adequacy highlights the progressive privatisation of feelings of affection and the individualisation of responsibilities in our societies. They also underline the work of normalisation of experts who - although sometimes contradicting each other (Furedi, 2002) - communicate tips and advice, rather than imposing their knowledge, and provide the elements to compose the script, or the cultural ideal, through which parents negotiate their daily practices. Among these, hygiene practices also help to build the representation of an “adequate child” and become the mirror and the measure by which we self-evaluate and are evaluated as “good” parents.

Changes in the meaning of dirty and clean: a question of health

In order to analyse the ways in which the categories of dirty and clean currently contribute to the definition of some of cores of appropriate parenting representation, we must refer to a particular historical moment in our Western societies. This was the period when the meanings related to dirt and cleanliness and the practices and techniques to control and regulate bodily humours converged in the categories of health and disease, reshaping the boundaries between inside and outside, private and public, pure and impure, and producing new categories of hierarchical social order.

We refer to the moment in Western history that, by the middle of the 18th century had witnessed the consolidation of two distinct but intertwined processes. The first process refers to the establishment of “individualising medicine” (Foucault, 1976a, 1998), that was less nosographic and limited to the single patient and his or her body, became the place where the expert carried out medical practices based on research and the interpretation of bodily signs as symptoms of illness. The second process concerns the conceptualisation of disease and health as issues requiring public interventions, expressed through the organisation of policies and powers able to watch over population health and take measures to maintain and improve it (Foucault, 1976a, 1998).

Private medicine and social medicine are parts of the same process that resulted in the creation of this *noso-policy* (Foucault 1976b) that saw the state intervene, together with religious groups, charitable associations and other expressions of “expert knowledge” (Foucault, 1976a; Pierret, 1986; Vigarello, 1988). The imperative of health as a general objective was unprecedented and it was implemented through a structured system of rules, institutions, technologies, knowledge, and discourses used to regulate and control the human body and the social body. In this regard, Foucault talks about the emergence of a “medical police” (Foucault, 1976a) since health became the object of surveillance, analysis, and the transformation of society through the reorganisation of public and private spaces and the discipline of bodies and their confinement in places where “diseases” could be monitored. The new function of power in the 18th century reflected the organisation of society as a place of well-being, good health, and longevity (Foucault, 1976a).

In this reformulating the relationship between individuals and the state according to the logic of the “medical police” - which Foucault would define as bio-power techniques in his later works (2001) - change the representations of dirt and cleanliness. They progressively drifted away from knowledge related to “good manners and public appearance rules” (Elias, 1998; Vigarello, 1988) and became an expression of appropriate or inappropriate behaviour that exposed the individual body and the social body to the invisible creep of disease. The fight against dirt became a matter of public health and took on the connotations of an educational and moral imperative (Cosmacini, 2011; Vigarello, 1988) through a prolific development of new knowledge and hygienic, medical, epidemiological, and pedagogical discourses. Such forms of knowledge produced discourses on health as a state of “normality” (Foucault, 1998) and governed people in the incorporation of these prescriptions, as well as the individual and social costs of the failure to fulfil them. It was an educational imperative characterised by moral qualities in which knowledge was combined with a network of heterogeneous elements including regulations, institutions, administrative apparatus, and laws, what Foucault described as “disciplinary mechanisms” (Foucault 1976b).

These were expressions of power that produced “regimes of truth” and social practices related to the concepts of adequacy or inadequacy, normal and deviant, healthy and pathological. They were in fact knowledge and disciplinary technologies that incorporated “normalising judgements” that qualified or disqualified individuals as appropriate or inappropriate members of the social order.

Disciplinary mechanisms related to the fight against dirt as a matter of public health involved the entire population, but families, and in particular, the parent-child relationship was a major target. In the late 18th century, and especially in the 19th century, family relationships were therefore characterised by new nursing and care-giving obligations based on the incorporation of rules, techniques, standards, and knowledge aimed at maintaining the health of children: “Since the end of the eighteenth century a healthy and clean body, a purified, cleansed and airy room, a medically optimal distribution of individuals, places, tools [...] have been some of the moral laws of families” (Foucault, 1976a, p.15).

The translation of dirt and clean into the categories of health and disease is evident. It is especially evident how families, or rather parental relationships, became one of the main targets of the great medical enterprise that transformed them in one of the first key locations for the medicalisation of individuals and everyday life (Bronzini, 2013; Murphy, 2003). Since that moment in history the cleaning of the individual and the child within the family has been considered one of the social sites for the “management of the body” and, through such management, the content of appropriate or inappropriate parenting has been defined.

The research: objectives, methods and sample

The data presented in the following paragraphs are based on a pilot study conducted in the city of Padua (Veneto). The aim of the research was to analyze and compare the meanings that mothers and fathers with small children (2 to 5 years) give to their educational duties, daily care practices, and parental responsibilities. In the reconstruction of the meanings attributed to parental mandates, we also paid attention to the identification of the set of knowledge that mothers and fathers consider most appropriate in guiding their care and care giving practices. We wanted to understand what social agencies and what kind of knowledge contribute to the definition and construction of representations of parental responsibility and parental adequacy.

In the present article, which explores the representations of parental adequacy through the analysis of daily hygiene practices, we refer to the

testimonies of 14 Italian couples¹. We selected families using purposive sampling. In reference to the objectives of the work, several variables were chosen for the construction of the sample. First of all, the gender in order to understand the division of family labour between mothers and fathers, but also to analyze the ways in which hygiene practices may change the meanings when they concern the bodies of boys or girls. The possession of medium-high qualifications because the increase of cultural capital expands the knowledge that parents can rely on and that impacts on changing choices, criteria, and expectations relating to child care². The inclusion of both partners in the labour market to test the different “gender contracts” (Bastard, 2006; Bimbi, La Mendola, 1999) is negotiated between the partners according to more or less symmetric division of family labour. The attendance of children at a child care setting, such as a crèche or kindergarten, because school concerns the conciliation measures between home and work, but it is also an expression of the requirement for education and growth that families deem to be appropriate for the development of their children.

The meanings attributed to parental responsibility and adequacies have been explored through the reconstruction of daily care practices aimed at children. The concept of “practice” enables us to gather the subjective meaning of the repetition of daily life actions within different social contexts. Practices are made of a composite set of elements concerning the reasons for, and the ways in which activities are performed, a set of cultural conventions, expectations, and social constructions of meanings that shape actions; but they also include the material aspects of daily life, as well as the many implicit or explicit competencies related to embedded knowledge (Maller, 2015). The concept of practice is based on a dual trend: a performative trend that allows us to observe everyday actions when

¹In the original study design we planned to involve 26 sets of parents, 14 Italian and 12 Moroccan, who had resided in the city of Padua for at least five years. The research was based on three questions: 1) the pervasiveness of the process of individualization in family ties and, particularly, the content of parental adequacy; 2) whether and how parenting relationships change when this process intersects the changes brought about by the migratory phenomenon; 3) whether and to what extent these changes produce a deficit in the maintenance of family ties. This article focuses exclusively on Italian couples, leaving to further publications the analysis of the intersection of the individualisation of family ties, parental adequacy, and the changes produced by migration.

²This variable served also the possibility of comparing the knowledge and experience of Italian and Moroccan parents. Especially for women, the spread of education is one of the phenomena that has made a more symmetrical division of the family labour possible.

practices are actually fulfilled, and individuals are committed to adapting and inventing responses to the contexts of their own life (De Certeau, 2001); and a more “stable” trend referring to a set of elements that establishes actions but can change over the course of time (Maller, 2015).

In our research, care practices focus on feeding, hygiene, and sleep. They are certainly not exhaustive of the complexity of relationships within the family but contain a plurality of intertwining dimensions for the representations of adequate parenting: care, intimacy, affection, games, discipline of the child’s body, among the others. Moreover, in these areas the will of the child and the adult meet and/or collide on a daily basis: as do the wills of the mother and father, resulting from a separate division and organisation of tasks, spaces and times that face family life and relations in the wider contexts of life.

From a methodological perspective we chose to use semi-structured interviews, administered separately to mothers and fathers, through which we collected everyday narratives related to the above-mentioned care practices. The contact with parents was mediated by crèche and primary school teachers, to whom the research had been previously presented. The interviews took place at the parents' home, after a previous contact where the researcher introduced herself and negotiated with the interviewees the times and the ways to define the setting in which the interviews would be conducted. All the interviews were tape-recorded and verbatim transcribed in order to respect the specific expressions through which the parents had told and returned the meaning of their daily experiences.

This article will only discuss practices relating to daily hygiene that, specifically, have predicted narratives about the morning washing routine, the evening bath, practices for teaching how to control one’s bowels, and broader representations related to dirt and to getting dirty.

Dirt as a source of contamination and the parental adequacy as a “cordon sanitaire”

From fathers’ and mothers’ narratives of daily washing practices a diverse universe of representations emerged concerning the meanings attributed to dirt and cleaning, children’s corporeality, children’s skills in the management of their bodies, and, finally, the set of practices and knowledge that parents consider to be most appropriate for the task of keeping their children “clean” and making them autonomous in self-management.

As Douglas stated (1993), the representations related to dirt are closely linked to representations of the body, the substances it produces, and the management of its orifices. The way in which these substances - and the orifices that produce them - are handled every day, describes the broader cultural categories through which every society marks the social and symbolic boundaries between pure/impure, inside/outside, safe/unsafe. Such boundaries are not unique to the representation and management of what the body produces; they also refer to the dangers of the context in which an individual lives.

The representations that emerged from the narratives refer to the ambivalent relationship between an infant's body as something to be protected from harmful substances in the outside world and the monitoring of an infant's body because of self-produced contaminants.

In the former case, both boys and girls are represented as "vulnerable" subjects (Christensen, 2000; Lupton, 2012), unable to protect themselves from the dangers in the world, that is, the dirt:

For example, when we are out and we are around and they touch all the cars, it makes me sick, because then they put their hands in their mouth and they are dirty, who knows what they put in their mouths (mother, 43 years old, 2 sons: 9 and 4 years old).

I warned them they mustn't touch public toilets, because they are dirty and there's a lot of people. So they are terrified, as I always say: "Take out your willie, have a wee, but don't touch around because it's dirty". In that case I have to pay attention, at home they go to the loo by themselves. I'm obsessed with diseases and they know they cannot touch anywhere; even when we go to visit a friend, they ask, "Mommy, can I touch it?" (mother, 39 years old, 2 sons: 7 and 4 years old).

I pay attention to their hands especially, to wash their hands, because they touch everything and you never know what's out there. I pay attention, but you cannot protect yourself from everything. (And how do you explain this?). I say, "now, we wash our hands and we count up to 10 or 20, depending on how dirty they are, and we look at all the dirt coming down and even the dirt under our nails. We wash our hands until there's no dirt left" (mother, 43 years old, 1 daughter: 2 years old).

For example, as for washing, he would never wash himself and struggles; but sooner or later he must have a bath, also because of the problem in schools, head lice or maybe other things. So you have to be careful with

hygiene. It will be difficult to make him understand he has to wash himself (father, 36 years old, 1 son: 5 years old).

So if they are in a park, playing in the grass, if we see that the park is well kept, clean, we don't mind. But we don't want them to play in the street, absolutely not, forget it, we carry them away bodily. At home we let them do more, there are fewer problems, we tell them maybe to be careful, but we can't force them to be flawless (father, 35 years old, 2 daughters: 4 and 1.5 years old).

In the words of these parents, dirt is found outside of the child's body and home; this allows us to outline some meanings linked to a major separation that children learn early in the course of family relationships: outer space is a source of danger, as opposed to inner space that is a place of protection, be it one's own body or one's home. The dangers that derive from dirt lie in what it contains, but you cannot see, that is, germs, bacteria, and microbes. This echoes the hygiene alarm that, since the scientific discoveries of Pasteur around the end of the 19th century, has consolidated the connection between cleanliness and health (Vigarello, 1988), the centrality of medical knowledge to deal with such menaces (immunisation, sterilisation of bodies, objects, environments), and a representation of childhood that is shaped by science (Turmel, 2013).

In this work of protecting the child's body, parenting tasks translate into a sort of "cordon sanitaire" that adults extend around the body/child subject (Murcott, 1993). It is a task mainly undertaken by mothers, which shows a division of family care practices marked by the asymmetry of tasks. This asymmetry is observable from both the lack of fathers' testimonies and from their use of the first person plural ("we"), demonstrating a shared rather than an individual responsibility. In fact, as suggested by Lupton (2012), the representation of the child's body as "vulnerable" and "precious", combined with today's concept of the "good mother", incorporates the assumption that mothers have to carry out this work of care and surveillance. This assumption is explained by a set of widespread and socially legitimate representations that are based on a supposed female "naturalness" for care work, as well as the existence of an "instinct" that makes mothers "naturally" better suited than fathers for carrying out these tasks (Christensen, 2000; Lupton, 2011; Mayall, 1996).

The "cordon sanitaire" presents a concrete and symbolic meaning. Its concrete meaning can be observed in the practices implemented, include cleaning rooms, sterilising objects (especially when children are younger), and by monitoring children's behaviour by allowing or prohibiting actions

considered to be dangerous to their health. A set of actions discipline the body and children's behaviours and provides children with cognitive and symbolic structures to differentiate what is a source of peril from what can be considered safe. Yet, this "cordon sanitaire" is also symbolic because the language and meanings mothers and fathers use to engender a socially appropriate sense to their parental role refer to constructs and language related to the biomedical paradigm.

Dirt is a source of disease because of what it conceals and it is an example of the above-mentioned medicalisation of everyday life, whose direct actors - according to different representations and tasks - are mothers, fathers and children.

In the latter case, the representation found in the narratives of the mothers and fathers refers to the idea of the infant's body as a source of contamination from the substances that it produces and, for this reason, it requires the presence of an adult who is able to supervise and protect:

If she has to pee (during the evening bath), she calls me and she has it out, not in the tub. I taught her to do so because she always drinks a lot of water in the tub. At the beginning, when I realised that she weed in the water, I made her pee before putting her into the tub and then I said: "Remember, if you feel you have to pee, don't do it in the tub because the water must remain clean. Call me and I'll take you out" (mother, 42 years old, 1 daughter: 2.5 years old).

We still bathe her, but during the day she washes her hands and face by herself. We believe we still have to help her because she's not able to wash herself properly yet, especially the private parts, it is better they are always clean. For her, the bath is fun and not a way to wash herself thoroughly (father, 43 years old, 1 daughter: 2 years old).

In this case we can observe another form of discipline of the young body with respect to the "social" need to put meanings attributed to the substances our body produces in the "right" order as faeces, urine, vomit, and mucus are considered contaminants in our contemporary societies (Douglas, 1993; Vigarello, 1988) and therefore have to be treated, recognised, and placed in socially suitable spaces, intimate spaces far from the public gaze.

The child's body - in particular, it being "porous" (Shildrick, 1997) in respect of the definition of the boundaries between inside and outside - challenges these adult social rules through the way in which children represent their body and bodily experiences with the world around them

(Prout, 2000). Christensen (2000) draws a distinction between the representation of the “incarnate” body proposed by children and the “somatic” body of the adult, a difference that sets a distinction between the body as a subject and the body as an object, from which follows a different representation of the body and related experience.

The adult’s objectification of the child’s body takes place through the classification of its parts, its different functions, the meaning that must be attributed to them, and how to treat the substances it produces. This happens through aids, notions and tools that draw on scientific and medical knowledge (Christensen, 2000; Turmel, 2013). All this gives children another map and geography of their bodies and another representation of their bodily experiences, which establishes a distance from their perspective based on the “incarnate” body as “a unit of past, present and future simultaneously experienced from inside and outside [...]. The perspective of incarnate body lacks boundaries in both time and space and is permeable to the world” (Frankenberg, 1990, p. 358).

In the specific case of socially infecting substances, the objectification of the body proposed by adults (for example through the connotation of some parts as private) corresponds to a hierarchisation between more or less “dangerous” parts, more or less dirty areas, and parts and substances that must be separated and/or hidden. As a consequence of the child’s immaturity the work of civilising the child’s body, and the child himself/herself, is carried out by parents (Elias, 1998; Lupton, 2012; Prout, 2000).

Dirt and clean as playful experiences

The representations of dirt as a source of danger and disease are diluted to zero in other paternal and maternal narratives where there is no longer a representation of the child as a “vulnerable” subject, but rather that of an individual entitled to self-expression, exploration, the demonstration of potential and, as a consequence, also entitled to get dirty:

Because it’s important they play, experience, touch, manipulate the sand, we have to let them play [...] (mother, 39 years old, 1 daughter: 2.5 years old; 1 son: 1.5 years old).

The child must have fun first rather than be careful to avoid staining her clothes. I always consider that my child is only two years old, so I cannot

expect her not to get dirty. I will ask her to pay more attention when she's 10 (mother, 42 years old, 1 daughter: 2.5 years old).

Because first of all I think that getting dirty is good for children in the sense that I would like my daughter not to be afraid of the dirt, I mean sand and earth. I think that it is also important from an evolutionary point of view to learn to get dirty, to tolerate being dirty. And I respect the game though; the child must have fun first rather than be careful not to get dirty (mother, 35 years old, 1 daughter: 2 years old).

If they are playing, they can get dirty, no problem. They can do what they want, then we put them directly into the tub. They are children, they have the right to get dirty (father, 47 years old, 2 daughter: 4 and 2 years old).

Paying attention not to get dirty intentionally. If they are playing it's OK, but if they just jump into a puddle intentionally, I get angry (father, 41 years old, 2 sons: 9 and 4 years old).

In these statements we observe the centrality of the playful dimension that adults refer to in order to define and understand children's actions. Playing is not only what children usually do, but also what they are encouraged to do. In fact, in our Western societies we also build and differentiate between the status of children and adult through the opposition "play-work" (James, Jenks, & Prout, 2000; Thorne, 1993). Through such opposition we define expectations, norms, behaviours, ideas, and bodily discipline that allows us to distinguish - through porous borders and variables - different moments of the life course. Age is one of the fundamental variables, as we use it to socially define the path of "maturation" that marks the growth to adulthood (Diasio, 2015). And as age changes, also the meaning assigned to the game changes: from a practice that ontologically defines the condition of a child, to a more residual practice - defined "free time" or "leisure time" - during the course of growth towards adulthood. Therefore, it is through playful activities that the child is entitled to explore, translate and perform his or her relations with the surrounding world; and in so doing, to test and to learn the content of his or her own individuality that blends with those of his or her autonomy (de Singly, 2009). Playing suggests a need, a "right" in the words of some of the parents we interviewed. Its contents, spaces, times, and relationships are the result of the mix of practices, institutions, common sense knowledge, but above all "expert" knowledge - particularly psychological and educational knowledge - through which the child's

growth path is normalised. Play is a need that becomes a kind of educational imperative through which we define some of parents' duties and their adequacy (Alanen, 1988; de Singly, 1996; James & James, 2004; James, Jenks, & Prout, 2000). With reference to the parents' testimonies, we can observe how the recreational dimension changes the meanings of dirt, and how it allows for external environment dangers to be eased, invisible threats carried by the dirt. Body discipline assumes other meanings that are different from those that affect the contrasts between dirty and clean in terms of healthy and pathological. Playing seems to allow for the suspension or postponement of the implementation of some rules: you can get dirty, "jump into mud", not be disgusted by dirt, touch, and manipulate external objects (sand, earth). The game, as Bateson has suggested (1996), becomes a meta-communicative frame for action that enables people to separate and distinguish certain types of actions and their surrounding spaces from other types of more "serious" or more "dangerous" actions and living spaces. The recognised need for children to get dirty, to create disorder, to avoid taking care of objects or to ignore environmental dangers just because they are "playing" highlights the ambiguous and contradictory nature of "expert knowledge" for hygiene practices and the discipline of the child's body. As a source of contamination, dirt, which echoes interpretive frames from the biomedical paradigm, is opposed to the dirt that is found in more psychological and pedagogical interpretative frames as a playful experience for exploring and learning about the world. These different representations are distinct ways of interpreting childhood: the "vulnerable" child to be protected and the "unique and original" child to be supported (de Singly, 2003). Each refers to a parental mandate based on the promotion of childhood well-being that should be realised through the difficult balance between the exercise of adult educational duties, including the right to protection, and promotion of the child's autonomy. This "expert knowledge" is a set of normative rules providing "templates" for child development, interpretations of the body and corporeality, as well as the responsibility and adequacy parents feel (more or less explicitly) they have to deal with. Yet, this knowledge is also a cultural resource as it becomes a reference for discovering, guiding, and, in some cases, delegating the growth path (Morgan, 1996). In this regard, the practices for teaching children how to control their bowels is illustrative, practices that are significant for the incorporation of the rules for the management of one's body:

I'm fighting with my Mom for this, she put me on the potty when I was a

year and a half, my daughter please leave her alone, even if she waits until she's two and a half, it's OK. Indeed, I'm not in such a hurry, because I know they do it in kindergarten, I really want her to learn in kindergarten, a little more like a game (mother, 43 years old, 1 daughter: 2 years old).

I do not long for her to learn, in the sense that I wish she were quite serene about these things. I don't want her to be a rigid and obsessive baby, for all these psychological aspects and because I have to follow her. It's challenging for parents to remove the diaper, in the sense that we must always be ready and above all always present. It's something that I would do myself, but if they do it at the crèche is fine with me (mother, 42 years old, 1 daughter: 2.5).

Almost all parents made explicit reference to the pedagogical knowledge in describing the ways they face and manage this step. This allows us to understand how other agencies of socialisation - primarily the educational institutions - intervene in organising and guiding children's growth calendars (sphincter control "must" be learnt in kindergarten). This practical and theoretical knowledge affects not only the child's growth and development, but also directs the contents of tasks and family responsibilities. It is also trustful knowledge because it enjoys greater legitimacy than knowledge transmitted by parents, which in some cases is replaced, whereas in other cases it is integrated. The generational transmission of body control strategies imposes a form of "duty" for children to internalise time and adequate space to adjust to their needs. In contrast, the educational institution conveys the habit through playful activities, since playing with children is considered one of the best instrument to perform appropriate parental care.

The management of the child's body: parental adequacy is a gender issue

The management of the child's body through hygiene practices takes shape within the division of family labour, that again highlights how the management and daily organisation of knowledge and experiences related to cleaning and discipline are attributed mainly to mothers. We will specifically analyse two events: the first concerns morning washing practices before going to school; the second refers to the construction of feelings of shame. Morning cleaning is the administration of a body that has to be publicly displayed, and whose preparation must follow well-

established times and procedures. There are no differences among the families: hygiene always entails cleaning what is more exposed and visible to the eyes of others (hands, ears, face, teeth) and what is most intimate and symbolically contaminant because of the odours it produces (bottom and genitals). All the orifices are kept under control, and through daily repetition children embody the meanings of order and the criteria for being cleaned:

When she gets up, I don't bathe her. I wash her face, a fight there too because sometimes she wants and sometimes she doesn't. I change her diaper and wash her bottom, and then I dress her. Very fast, before eating (mother, 43 years old, 1 daughter: 2 years old).

We get up, we wash, and my daughter wants to wash herself, but washes so like cats So in the end I go and help her ... Sometimes she tells me: "Look, I did well", but then I look at her for a moment and see if I have to intervene or not (mother, 46 years old, 1 son: 8 years old; 1 daughter: 5 years old).

I wash her, to be faster, because there is not much time: we brush our teeth, we wash well, our arms and face, and the same for personal hygiene (mother, 39 years old, 1 daughter: 2.5 years old; 1 son: 1.5 years old).

There are children whose ears are disgusting I insist: "your ears, your ears, your nails, your nails, go and wash your bottom". In fact, my son every day, every night, even in the morning, asks me: "Mom, what do I have to wash?" (mother, 39 years old, 2 sons: 7 and 4 years old).

Within this specific practice, meanings attributed to cleaning refer primarily to the child's body as a vehicle of the "decorum" of the family (Elias, 1998) — the external, visible boundaries of the infant's body have to be monitored, and then shown within the institutional space of the school (crèche or kindergarten) or during informal relations with other members of the family. Parental adequacy, expressed through the parts of the child's body that need to be clean (no visible or smelly bodily fluids) is "shown" (Finch, 2007) in the public arena, and it is also through exposure to other people's eyes that parents receive confirmation of their adequacy.

Moreover, the narratives highlight two distinct but interwoven aspects. The first one concerns the difficult process entailed in combining family and work. This casts light on the contextual nature of parental adequacy whose concrete results always correspond to a work of mediation - carried out by mothers and fathers - between parenting "normative standards" and

the resources and structural constraints that characterise everyday family life contexts.

The second aspect highlights an element we have already mentioned here, namely the lack of fathers' narratives related to hygiene practices. Even in the case of morning hygiene practices, the management of the body, its cleanliness, and the choice of clothing are all handled almost exclusively by mothers. This implies that in the course of these hygiene practices, children incorporate two forms of learning: one referring to the hierarchy of body parts, another concerning the division of family labour. First, children incorporate a map of the body that is made up of hierarchies between visible and non-visible parts, the former definitely clean and fragrant, and the latter necessarily free from unpleasant odours. Second, children learn that a difference exists in the management of care tasks between mothers and fathers that attest to the centrality of gender in structuring family relations whose contents vary according to the "gender contracts" between the couple.

As for the parents we interviewed, we could find different gender contracts: some are more symmetrical and based on a greater negotiation of tasks; others are more traditionally asymmetric in which care work is in the hands and minds of women. Also in the case of a more symmetric division of labour in the family, we observed that the distribution of tasks referred to the practices of hygiene involves especially the mothers. This happens not so much with regard to the different work tasks of the two partners (although they both work), but rather with regard to the construction of feelings of decency in the relationship between adults' bodies and children's bodies, as we shall see shortly. The relevance of these feelings, which mark a boundary between adult male bodies and child bodies, especially if girls', causes the fathers to try to escape those tasks in which the involvement with their children's bodies and the humours they produce is greater.

As we shall see, morning cleaning and other hygienic practices provide children with cognitive and symbolic instruments to interpret not only the differences and hierarchies between the different parts of the body, but also the hierarchies and differences in the "family body" that are structured mainly through the meanings attributed to being male or female.

The second occurrence involves the construction of feelings of shame, by which we understand that the meanings attributed to intimacy, nudity, and "dangerous" contacts between adults and children's bodies are strongly marked by the representations related to gender and age:

When my husband and I go to the bathroom we close the door. We had to teach him by saying “no darling, when daddy is in the bathroom the door must remain closed” (mother, 39 years old, 1 daughter: 2,5 years old; 1 son: 1,5 years old).

I have no problem staying with them, except changing diapers, for example I'm ill-at-ease with Cristina (daughter) because she is a girl. For the rest I've got problem except for that kind of hygiene like wiping his bottom (father, 35 years old, 1 daughter: 4 years old; 1 son: 1.5 years old).

I'll tell you, we wash in the shower and I feel uncomfortable because the shower box is small and she's growing up, we're both naked, and I am more embarrassed than her (referring to the fact that the daughter gets to see her father's genitals) ... [later added] ... again, if she's got redness on her “down there” (vagina) or anything like that and we have to put Hoffman paste on it, I prefer my wife to do this, because maybe, you know, ... I mean her bidet, you know, touching my daughter because there is a practical sense for some things, clean her, dry her hair, bathe her for hygiene purpose rather than for other things, but, for example, to put the cream on that point there, use my fingers there, I don't really feel like doing so ... I prefer Giovanna (mother) to do this (father, 50 years old, 1 son: 8 years old; 1 daughter: 5 years old).

Two dimensions emerge from the interviews with parents for the definition of the meanings of shame: one concerns the organisation of domestic space and its rules of use, the other suggests how relations with the maternal or paternal body are built and how they differ according to gender. In the first testimony we can observe how children learn which places are more suitable for some bodily manifestations through the regulation of the space, but also how they learn to understand that the same space can build impenetrable boundaries in relation to age. Space and bodies are mutually defined, but the recognition of the sexual nature of the body changes the rules for the use of space (Ardener, 1981), giving the adult space a private dimension and the child space a public one, constantly subjected to adult eyes (Thorne, 1993). From the second testimony we understand that the sexualisation of adults is principally concerned with the paternal body, whereas the child's and the mother's bodies have sexually “neutral” representations. The child's body is represented as “innocent” and sexless because of its young age; it can be touched, watched, supervised, and rarely needs to be treated in an intimate or private space in accordance with rules from that differ from those that apply to the need to hide the adult body in private spaces (James, Jenks, & Prout, 2002). The latter is

understood and culturally defined as the body of a mother, whose female sexual connotations are recognised only in procreation (Knibielher & Fouquet, 1977; Matthews & Grieco, 1991). This representation of an asexual mother and a sexual father helps us to understand the processes through which the feeling of shame is more present in the relationship between fathers and children. In the mother-child relationship sexuality is obscured: the mother is contained in a body that is the emblem of her reproductive function, children are contained in bodies that do not legitimise the language of sexuality and, yet, it is possible to cross the borders of each body intimacy with certain forms of “inter-embodiment” (Lupton, 2012). The sexual body of the father reflects an image of different and more “dangerous” relationships between adults and children. Thus, in the representation of adult and child corporeality, bodily relationships between mothers and children are exempt from the dangers of sexual language, whereas relationships between fathers and children require meta-communicative frames that are able to attenuate their symbolic danger. The first meta-communicative frame is based on the concept of the game (Bateson, 1996), which shifts the danger of contact to the imaginative dimension of a “make-believe” touch; the second is represented by the concept of “care” that allows for taking action and interpreting bodily relations as forms of fulfilment of a need: care as a service (“there is a practical sense for some things”), authorising the possibility of breaking certain bodily taboos. When the contacts become too “dangerous” the body of asexual mothers intervenes by restoring the correct distance.

Conclusions

The current data lead us to some final considerations about the relationship between expert knowledge and the construction of parental adequacy content. From the many suggestions emerging from the analysis of everyday hygiene practices, we will be focusing on some aspects allowing us to discuss thoroughly the meanings of responsibilities that today mothers and fathers are called to take on in the difficult task of taking care of and raising their children.

The first relates to the very notion of parenthood in terms of the responsibilities for care and upbringing. This is a notion that recalls a shared responsibility of maternal and paternal duties, based on the symmetry of relations that seems to shape not only couple relationships (Giddens, 1995) but also parenting relations in the division of family care

labour. The importance given to sharing and the symmetry of tasks tends to result in the “neutralization of gender differences” (Bastard, 2006) since both partners are required to be equally competent in the expression and management of affection and the educational dimension, as well as more general daily care practices.

The importance ascribed to sharing and symmetry of care tasks tends to neutralise gender differences (Bastard, 2006). The messages conveyed by expert culture, but also by public interventions on parental relationships (think of legal interventions), consider and require both partners to be equally competent in the affective, educational field, as well as in the management of daily care practices. In keeping with an extensive critical literature on this “blind gender” connotation of the concept of parenting (Bastard, 2006; Dermott, 2008; Faircloth, 2014) the data specifically presented here shows a division of family labour that is far from being symmetrical. In the analysis of daily hygiene practices such non-symmetry can assume different nuances according to the “gender contracts” established between partners; but it is also due to the intersection of different representations related to adult and child bodies and care work.

The first two representations are deeply rooted in our cultural contexts and relate to the concepts of the “vulnerability” of the child body/subject and the “good mother” (within which mothers are considered to be “naturally” suited to care tasks). The second two representations refer to the sexualisation of maternal and paternal bodies. Maternal bodies are perceived as “sexless” because they are culturally restricted to the pre-eminence of the reproductive function, which allows mothers to neutrally manipulate children’s “innocent” bodies. The paternal bodies are recognised as sexual bodies and, as such, are potentially “dangerous” when touching the bodies of children, whose private parts in particular lose their “innocence” and assume all the connotations of sexual organs.

The second aspect concerns, more generally, the concept of parental responsibility that is enclosed within the regulatory model of intensive parenting, a reference also for the parents we met. One of the elements characterising this model is that the realisation of the concept of responsibility is strongly influenced by a variety of expert knowledge, which often conveys contradictory tips and advice (Faircloth, 2014; Furedi, 2002; Lee, 2014). The most significant outcome produced by this plurality of orientations is the uncertainty that characterises the content of parental responsibility. This occurs for at least two reasons.

One reason lies in the lack of homogeneity conveyed by such knowledge messages, a factor that generate confusion. Despite enjoying

greater social legitimacy than common-sense knowledge, these messages result in indeterminacy - if not inconsistency - in respect of the definition of appropriate parenting as “responsible” parenting and in the ways of translating such responsibility into daily care practices.

During our analysis we saw how such daily hygiene practices are based on a collection of contradictory representations of children and child corporeal: the “vulnerable” body/subject and the “unique” body/subject that is entitled to free self-expression. In the former case, the representations concern hygiene practices for monitoring and disciplining children’s bodies that must be protected from the dangers of the outside world, namely dirt as a possible source of disease, with a clear reference to the biomedical paradigm. In the second case, by contrast, more permissive hygiene practices are implemented to allow for the exploration and manipulation of the environment, where dirt loses its dangerous connotations and becomes a playful experience; the importance of which is based on psycho-pedagogical knowledge. A further reason lies in the fact that the contents of this concept of parental responsibility do not depend on one’s free will, on which a parent can base his or her choice.

Without developing any legal-philosophical insights, we want to emphasise, however, how parental responsibility is now founded on a paradox that characterises our modern societies. On the one hand, we emphasise the promotion and respect of individual autonomy, which is also present in the freedom of parental choices. On the other hand, there are pervasive forms of social control, deriving primarily from expert knowledge, which guide these same parenting choices and are accepted by subjects as adequate forms of their social action. Within this paradox we find the explanation of one of the mechanisms through which the concept of bio-power, as expressed by Foucault (2001) takes place.

Despite the uncertainty that governs the ways in which this responsibility takes form in daily care practices, we can detect a sort of constant, a red thread that connects the different experiences of the hygiene practices presented in the course of this work: the increased pervasiveness of the adults’ point of view in giving meaning to the body and the experience of children’s corporeality. In fact - although sometimes included in the experiential and communicative framework of the game - children’s experiences of a “personified” body are tempered by adults’ body discipline that transforms these bodies into “somatic” bodies, and children into gradually civilised individuals.

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