The body is inescapable. This is amply illustrated when we age. It seems obvious to state that becoming and being old has a physical component. However, how we describe this component, the importance we attribute to it to explain other aspects of ageing, brings the bodily aspect of ageing into a different realm, that of the social and the cultural. It also makes bodily ageing amenable to critical analysis and theorising.

This chapter will show how theorising embodiment can provide us with the means to question assumptions about what becoming and being old might look and feel like, offering alternative perspectives and more satisfying, more humane ways of envisaging later life. This will be accomplished in four key steps. In the first step the key debates and conceptual developments that are constitutive of the sociology of the body, what has been referred to as the turn to the body in sociology, will be outlined. These will, in the second step, provide the springboard from which to consider the theoretical tools that have brought ageing and old bodies into visibility. In the third step, the chapter will show how these tools have led to the identification and examination of questions of identity and the lived experiences of becoming and being old. In the fourth step, the chapter will offer a reflection on the extent to which these developments enable us to rethink and re-imagine the social positioning of the old.

Invisible bodies

Bodies have long been avoided as objects of sociological inquiry (Shilling 2007). Until the 1980s, bodies were seen as biological entities left to psychology and biology. This served to assert the distinctive identity and legitimacy of sociology as the study of capitalism and industrial society, social order and social interaction. The focus was on finding regularities and laws in the social world, as manifested in rational action.

Underpinning this strict division of intellectual labour was a particular epistemological basis to knowledge in Western society: Descartes’ or Cartesian dualism. Descartes, whose work arose out of the European Enlightenment, sought to establish human ontology, proposing that our mind and body were two different substances that fulfilled different functions and operated almost independently of each other for the purpose of apprehending the world and finding our place in it. He gave greater value to the mind, the body being mainly a shell to house it,
machine-like and devoid of intelligence. This position had the following implications: it prioritised cognition over physical or emotional aspects of lives; and it created a binary opposition, between mind and body. This binary opposition has had a long-term impact on what knowledge about bodies has developed. In turn, this has had implications for how individuals and populations are controlled, issues to which we will return once we outline how the sociology of the body has developed out of a critique of Cartesian dualism.

The turn to the body in sociology

Since the 1980s there has been a somatic turn (Turner 2008), that is, a turn to the body (Cregan 2006), in sociology. As Shilling (2007) showed, this refocusing of sociological enquiry resulted from a rediscovery of the body in the writings and concerns of key sociological theorists, such as Marx, Weber and Durkheim. It was understood that industrial production, urbanisation, the rise of modern science and bureaucracy affected bodies by reshaping them, transforming social relations and emotional responses. However there was no direct or explicit engagement with the body as a target of sociological enquiry in its own right. Therefore the bodily dimension of social and individual life remained undeveloped. The body was, Shilling (2003) argued, ‘an absent presence’, reflecting our cultural ambivalence towards bodies.

The rediscovery of the body was a watershed in sociology and it led to an explosion of interest in body issues. This was facilitated by several factors, notably a growing critique of Cartesian dualism and more widely of the reliance in Western thought on binaries (Scott and Morgan 1993). Shilling (2007) identifies other key factors (some cultural, others analytical): the rise of consumer culture; the concern with healthy living; the rise of second wave feminism; technological advances focused specifically on changing or correcting the materiality and functionality of bodies; an interest in the self, identity and the making of the modern subject; a shift of approach from social order to the regulation of populations; and the discovery of individual lived experience and agency.

Two epistemological/theoretical challenges to Cartesian dualism that came to inform and constitute the new sociology of the body were social construction perspectives and phenomenology. Each yielded very specific sets of research questions. Before we turn to a brief review of these positions, a note on the concept of embodiment is warranted.

The term embodiment captures the complex and dynamic nature of bodies, as objects and subjects, as the ‘foundation of the conscious mind’, ‘generative of social relations and human knowledge’ (Shilling 2012: xii), and therefore as social and cultural. It also denotes the dynamic relationship we develop with our bodies: we have bodies but we also are bodies. Finally, embodiment enables us to problematise the relationship between body matters and identity.

The social construction perspective was inspired by Berger and Luckmann’s (1967) seminal book in which they posited that there was no objective reality and knowledge outside social systems. Reality was made visible in social interactions and became institutionalised when there was widespread acceptance of its truth. Language and symbols therefore play a crucial role, because they are the means by which reality is articulated and shared. One illustration of the way a critical social construction analysis operates is in feminist scholarship. In Volatile Bodies, Grosz (1994) showed that women are constructed first and foremost in terms of their bodies: women are controlled by their emotions and their biology, which renders their bodies unruly and dangerous. Feminine embodiment stands in opposition to controlled, dependable, strong masculine embodiment, ruled by mindfulness and rationality. Women’s embodiment is understood within a binary frame. The binary therefore produces the truth of women’s bodies.

Social construction approaches to embodiment have been critiqued. Turner (2008: 251) argues that some aspects of human bodies, such as impairment, ageing or death, are ‘less socially
constructed than others’ because biological ageing and death cannot be arrested. Here Turner perhaps confounds social construction with the total mastery of physiological manipulation. For Gilleard and Higgs (2000) this type of critique is a red herring. Indeed, the strength of a social construction approach is that it focuses on the cultural conditions in which bodies are understood, managed and ultimately experienced. Nevertheless, Williams and Bendelow (2002) have drawn attention to how social construction analyses leave the materiality and lived experience of bodies undocumented. Attending to this dimension of experience requires the adoption of a phenomenological stance.

Phenomenological understandings of bodies have been influenced by a critic of Cartesian dualism, the French philosopher Maurice Merleau-Ponty (1942, 1945). Merleau-Ponty proposed that we inhabit our bodies and that over time we develop a symbiotic and synthetic relationship with them. Indeed in the course of our lives we incorporate habits that become meaningful automatisms, the manifestations of practical mastery, and render our actions pre-reflective. Phenomenology shifts the focus away from cognition as the sole condition for meaningful agency and turns instead towards experience as embodied and bodies as ‘knowing’ (Latimer and Shillmeier 2009). Taking a phenomenological stance thus enables investigations of lived experiences of bodies, foregrounding social actors.

Both positions have been useful to the development of new perspectives in old age. This is particularly so as body matters are at the heart of ageing as experience but also as the target of social and cultural practices. The chapter now turns to the discovery of the salience of body matters in later life.

The body in ageing

Peter Öberg (1996) drew attention to the paradoxical situation that until the publication of his paper the body had been largely excluded as an explicit focus of investigation and theorisation in studies of ageing, despite widespread understandings of ageing as having a bodily dimension. The discursive underpinnings for how we represent and understand bodily ageing had been left unexplored. Öberg’s essay resonated, and theoretical debates about embodiment have since taken place, transforming ageing studies, and also contributing to the further development of the sociology of the body. We can therefore turn to these theoretical developments and the insights they have bequeathed about ageing and embodiment.

Although Michel Foucault made no specific reference to old age and ageing in his work, his conceptual apparatus has proven useful in showing how, since the nineteenth century, old age and old bodies have been constructed—primarily as biological entities. Stephen Katz (1996, 1997) identified the birth of clinical medicine as a key threshold in the modern construction of old age and ageing. Firstly, bodily ageing represented ‘a crisis of thought’ in this new medicine because its biological characteristics disrupted a neat distinction, which clinical mapping was endeavouring to establish, between health and disease. Biological ageing was both normal and pathological (Tulle-Winton 2000). Secondly, clinical medicine turned the problems of ageing into sets of ‘universal dilemmas’ (Katz 2000: 137–8), homogenising experience. Thirdly, these problems were explained by the construction of ageing as inevitable decline. Fourthly, the emergence of this new medicine created a network of experts (physicians) who appropriated ageing bodies (Katz 1996). Biomedicine therefore provided the main discourse within which ageing bodies were apprehended. Within this discourse, ageing bodies became largely passive bodies, the victims of their decline as well as a problem and a burden.

Symbolically, declining bodies are disruptive bodies that contravene cultural norms, in particular the trend towards greater bodily control, that is, the control of function. To understand how
this has arisen, we turn to Elias and the civilising process. Norbert Elias has examined changes in how we relate to and act with our bodies. His work shows that we cannot take for granted the value system that is attached to normative embodiment. In what Elias (1978) refers to as the ‘civilising process’, taking place over the *longue durée* of historical time, we in the West have shifted towards the adoption of the codes of bodily engagement originating in Court society, manifested in greater self-restraint of emotional and physical urges and increased reflexivity, corresponding to the greater privatisation and individualisation of social life. Over time, spitting, smells, bodily functions, the display of nakedness, etc. have become subjected to codes of behaviour demanding greater regulation. The failure to obey these codes can attract sanctions, for instance physical marginalisation and the denial of agency.

As we enter old age, bodily changes take place that escape our control, for example incontinence. They contravene the civilising process, evoking disgust and making us liable to sanctions, both physical and symbolic. In the *Loneliness of the Dying* (1985) Elias showed that the penalty to be paid by the dying for not being able to rein in the terminal incontinence of their physiology was impersonal, and largely inhumane, treatment. Julia Lawton’s (1998) ethnographic study showed that dying in hospices was a symbolic way of sequestering bodies perceived as ‘unbounded’ and therefore dirty, thus reinforcing the construction of living bodies as bounded and hygienic. These practices of sequestration are applied, by experts, to the bodies of very old people. They point to the negative status of bodily ageing. There is also evidence that ageing embodiment is subjected to other modalities of regulation.

Biopower is a concept first used by Foucault (1982: 208) to capture the centrality of the body in the control of modern populations, that is, how human beings are regulated, ‘made subjects’. Older people are subjected to biopower in a variety of ways. Gilleard and Higgs (2000, 2013) have drawn attention to the emergence and consolidation of new norms of bodily ageing facilitated by consumption. Tulle (2008a) has focused on the reconstruction of biological ageing into two processes: primary (referring to the built-in senescence of all organic and inorganic organisms) and secondary (referring to the decrements arising out of ‘lifestyle’ factors, such as inactivity, poor diet, smoking—in sum, risky behaviours largely attributed to poor decision-making). This has opened the way for an understanding of ageing bodies as malleable, and whose declining tendencies can and should be intervened into, rather than fatalistically accepted. Pickard (2013) identifies neoliberalism in late capitalism as having transformed the ideological landscape in which these norms have emerged. Although population ageing is still viewed largely as a burden on Western economies, the solution to minimise this is now placed in the hands of older people themselves. Active ageing, mostly understood as economically productive ageing (Boudiny 2013), the adoption of healthy lifestyles, and the prizing of ageless appearance (via fitness, clothing, cosmetic management) is the new goal that older people should actively pursue. It denotes the adoption of an instrumental orientation toward bodies (Tulle 2008b) as part of ageing. Katz (2000) argues that these new expectations operate as ‘behavior management’ (p 135).

So far we have outlined the discursive, ideological, symbolic and cultural conditions that have yielded specific kinds of bodies: medicalised bodies, of decline initially and, more recently, more malleable ones, unbounded bodies and regulated bodies. Now we turn to the implications of these conditions for identity.

**Aged identities**

Public representations of older bodies are largely stereotypical and negative and they reflect back images in which older people might not wish to recognise themselves (Blaikie 1999).
How older people respond to such negative constructions has been theorised by Featherstone and Hepworth (1991) as the Mask of Ageing thesis. This thesis encapsulates how ageing social actors attempt to salvage their reputation—that is, their cultural worth—in the face of the negative social constructions associated with decline. Articulated by the widely used trope of affirming that they don’t feel old, even amongst people who have experienced age-related illnesses (see for instance Tulle and Dorrer 2012), ageing actors conceive of their visibly old bodies as a mask that covers an ageless, and thus more valuable, self. The elision of the body in favour of an ageless self finds expression in what Gilleard and Higgs (2000) have referred to as the negotiation of Third Age identities. The Third Age denotes the emergence of an affluent and physically well cohort of older people who via consumption gained access to new independence and cultural presence (Laslett 1991). It provides opportunities for reclaiming a valuable sense of identity in which physical ageing is not given primacy. Andrews (1999) has critiqued the Mask of Ageing thesis—or rather what it reflects as a new cultural norm—arguing that it has encouraged a rejection of ‘agedness’ and adoption of agelessness as the way to maintain meaningful identity. The status of bodily ageing therefore remains pivotal. Indeed the body must eventually show its age, a harbinger of what Gilleard and Higgs (2000) call the Fourth Age, the age of extreme agedness and disability.

**Lived experiences of bodily ageing**

To recover the complexity, variability and perhaps richness of being old and very old, we must therefore consider phenomenological insights. Taking such a perspective enables us to explore how people experience the materiality of their bodies in specific and practical situations. Laz (1998, 2003) has argued that older women’s physicality is not ‘natural’ but learnt: women are *enculturated* into physical feebleness. Men’s bodies also change. They undergo physiological changes, becoming soft, shapeless and leaky, which transgress traditional masculine norms (Calasanti and King, 2007).

A phenomenological approach therefore enables us to understand intimate embodied action as cultural, mediated by external factors, such as gender expectations, not as pre-social or somehow ‘natural’. It also enables a challenge to stereotypes about extreme experiences of ageing, in particular the extent to which we can continue acting meaningfully when cognitive function is impaired.

A good illustration is that provided by Pia Kontos (2004) who, with the concept of ‘body intentionality’, showed that people affected by Alzheimer’s disease can continue to have meaningful agency. Agency arises precisely because our actions and their extant intentions have been laid deeply into us during our lifelong apprenticeships. Doing something therefore need not necessarily be a conscious decision because the urge has been laid down over time through repetition with intention, so that action and intention become integrated.

Listening carefully to the lived experience of the fleshiness of ageing bodies gives us the opportunity to make visible experiences that hitherto have been hidden. As we can see, lives are experienced in particular structural conditions that render phenomenological experiences socially meaningful. This gives rise to two related issues. The first is prompted by Shilling (2005) himself and his claim that the sociology of the body should be able to capture bodies as generators of social change. The second issue is how we know that significant social change has taken place.

**Ageing, embodiment and social change**

In ageing studies, the concern with ageing embodiment as a vector of social change is beginning to be addressed. Indeed, what is emerging from an embodied ageing studies is that ageing
social actors try to resist the loss of symbolic capital that accompanies the erosion of what Pierre Bourdieu (1978) called physical capital. Hurd (1999) has examined how older women tried to maintain their status in a seniors’ centre, drawing attention to the emphasis on self-disciplining and appearance management (not to appear old) that they engaged in. In other work with her collaborator, she has noted that older women’s bodily strategies to respond to ageism in fact represented a reaffirmation of the salience of age as a contributor to negative symbolic capital (Hurd Clarke and Griffin 2007). Perhaps more optimistically, Sandberg (2013) used Grosz’ (1994) concept of ‘open materiality’ to bring to light how older men reported finding pleasure in their ‘sagging’ bodies, a position completely at odds with dominant constructions of masculine sexuality. The work of Twigg (2007, 2012) on dress in later life or Tulle’s (2008b) on physical activity is a direct questioning of the extent to which specific modalities of bodily engagement challenge what Twigg (2007) called the age order. The very old, for instance, are hampered in their ability to offer resistance to it.

Thus the work reviewed so far is a reminder that bodies carry within themselves messages about social location. Gender as well as class (and ethnicity) are inscribed in and on bodies. The theoretical insights of Bourdieu (1978, 1984) can be harnessed to evaluate the extent to which particular orientations to ageing bodies do represent evidence of significant social and cultural change. The concepts of habitus and capital offer some promise. We inherit our orientations to our bodies from our habitus, which is from our class position. The term habitus relates to the set of habits we acquire from our parents and our social surroundings and, crucially, the social patterning of these habits. Habits are the externalisation of class-based bodily practices, and this patterning can be conceptualised as body schema. Other manifestations of our habitus are our physical and cognitive dispositions and aspirations.

The concept of capital brings into focus the competition for distinction that takes place between class groups and explains how the elite use different types of capital to reproduce their social advantage. Bourdieu (1984) identifies four types of capital—economic, cultural, material and symbolic—the possession and mastery of which is consistent with habitus and with class position. There is a fifth—physical capital (Bourdieu 1978)—which relates to the possession of socially and culturally valued bodily attributes that could confer distinction (for instance, not looking old, or being in good health). Whilst a privileged habitus might confer greater physical capital—in the form of fitness or a youthful appearance and the ability to pay for its maintenance through surgery and other ‘anti-ageing’ interventions—the concern, both social and individual, with bodily ageing and the erosion of symbolic capital that it presages cuts across class. Thus, via bodily ageing, age itself could arguably be conceptualised as a source of habitus, defined as incorporated age awareness and the corresponding disposition to engage in strategies designed to maintain or enhance physical capital (Tulle 2008b), in line with wider economic, social, political and symbolic norms.

A traditional critique of Bourdieu’s work is that it describes ‘social reproduction’ at the expense of social change and that it focuses largely on class. Whilst this critique has merit, gender has been successfully incorporated into his conceptual apparatus (Laberge 1995). His work can also help us evaluate critically modalities of embodiment that, without critical scrutiny, might wrongly be perceived as liberating.

**Conclusion**

The turn to bodies in sociology and ageing studies reflects the tremendous social and cultural transformations that have taken place in Western societies. These have affected how old age has been problematised, with a particular focus on its embodiment. What has animated the
reflections presented in this chapter is the persistent tension between recognising the specificities of bodily ageing and not using these to normalise decline narratives. Addressing ageing embodiment is about recognising difference as well as complexity, but also problematising agelessness as a viable solution to bodily ageing. We have also hinted at the role of binaries in producing knowledge about ageing bodies that is generally oppressive. At the same time we have to bring comfort to many whose bodies are a source of pain and distress (Frank 2012) and we have to address social and cultural inequalities. Our role as cultural gerontologists is to map out ageing experiences and embodiment, the better to interrogate them for their potential to restore symbolic capital to all of us as we become old.

References