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Age embodied

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Abstract

In this essay, I argue that social scientists might usefully theorize age and embodiment as mutually constituting accomplishments. Material from interviews with 15 adults over 50 illustrates the utility of this theoretical framework and reveals four main dimensions of embodiment—activity, fitness, and health; energy; appearance; and ailments and illness—that respondents draw on as they consider what it means to be both embodied and aged (i.e., having an age). In addition, the interviews show how respondents make social comparisons and employ age-adjusted standards as they interpret their bodies, activities, and capabilities in relation to age.

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1. Introduction

My hair. My eyesight. My eyebrows and eyelashes. My gallbladder problem. My weight. My energy level. My legs. My wrinkles. My hearing. My stiff joints. My arthritis. These are among the things participants in a study refer to when asked to talk about age. Of course, these are not the only topics of conversation; respondents also describe their families and friends, their jobs and co-workers, their communities and civic activities, and their hobbies and interests. But the frequency with which respondents focus on bodies, body parts, and physical abilities and activities is striking.

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The apparent salience of the body in people's thinking about age would come as no surprise to those who adopt a naturalistic view in which age and aging are assumed to be fundamentally biological phenomena. Shilling (1993) describes naturalistic views as those that conceptualize the body as the presocial and biological basis on which the "superstructure" of self and society is founded. Naturalistic views "hold that the capabilities and constraints of human bodies define individuals and generate the social, political, and economic relations that characterize national and international patterns of living" (p. 41). The pervasive references respondents make to their bodies might be interpreted as evidence of the essential biological basis for age and aging and of the validity of a naturalistic perspective or, in Turner's (1992) terms, a "foundationalist" view.

There would seem to be little room for the polar opposite of this perspective: an "antifoundationalist" (Turner, 1992) or strong social constructionist view, which emphasizes the body as shaped, constrained, even invented by society. Some recent works in cultural and gender studies adopt this view in which the body figures prominently as a vehicle for representation, subjectivity, and politics.

[A]nti-foundationalist perspectives conceptualize the body as a discourse about the nature of social relations, or comprehend the body as a system of symbols, or seek to understand how bodily practices are metaphors for larger social structures, or they understand the body as a social construction of power and knowledge in society, or perceive the body as an effect of social discourse (p. 48).

The binaries reflected in these opening paragraphs—essentialism/constructivism, nature/culture, foundationalism/antifoundationalism, body/mind—provide a continuing problematic for sociologists. Nonetheless, the dominant goal among scholars currently articulating a sociological perspective on the body (Prout, 2000, Shilling, 1993; Turner, 1992; Williams & Bendelow, 1998) is to overcome these dualities and integrate "materialist" and "constructionist" views. They aim to understand and theorize the ways in which bodies are discursive—shaped, represented, and constructed—and simultaneously appreciate the phenomenological experience of humans as organic creatures with "bodies—in the more traditional sense of muscles, nerves, genes, and blood" (Moore, 1997, p. 1).

Turner (1992) and Williams and Bendelow (1998) have characterized the body in social theory as an "absent–presence."

As a consequence of this interest in the rational and non-rational nature of social action, sociological theory has effectively neglected the importance of the human body in understanding social action, and social interaction. The nature of human embodiment has, with some important exceptions, not been important in either social research or social theory... [T]he body has been curiously missing or absent from sociological thought" (Turner, 1992, p. 34; also Williams & Bendelow, 1998, pp. 9–10).

Turner (1992) contends that the body is absent even in subdisciplines, such as sociology of health and illness, where it would seem impossible to ignore (p. 34). A similar neglect of

the body seems to characterize theoretical work in the sociology of age/aging. This absence is all the more remarkable when one considers the proposition that the greying of the population is one factor contributing to the recent explosion of interest in the body (Williams & Bendelow, 1998, p. 16). It continues to puzzle me that sociologists interested in age and aging have rarely been explicit in addressing embodiment and its theoretical implications, and that theorists addressing embodiment have drawn in very limited ways from the literature on age/aging. For example, Williams and Bendelow (1998) point to work in six areas (feminist scholarship, queer theory, sociology of childhood, sociology of sport, sociology of health and illness, and technology) as contributing to a theory of the body and an embodied sociology (pp. 18–22). Only the sociology of childhood could be considered under the broad umbrella of age/aging. Other literatures on age, aging, and the life course are striking omissions.

This paper has three aims. First, I contribute to the development of a theoretical and sociological perspective on age, which recognizes age as a social construction and more specifically as an accomplishment. Second, within this framework, I offer evidence from interviews with 50-, 60-, and 70-something folks to examine how the corporeal body contributes to the accomplishment of age thus contribute to the development of an “embodied sociology” (Williams & Bendelow, 1998, p. 23). Finally, I corroborate the claims made by Prout (2000), Shilling (1993), Turner (1992), and others that sociologists can most fruitfully conceptualize bodies as material and corporeal **and** discursive and represented.

2. Age as accomplished

Age can be profitably understood as something that is accomplished or performed. This conception of age parallels the conception of gender developed by West and Zimmerman (1987) in *Doing Gender*. The idea of social statuses as accomplished has also been developed by West and Fenstermaker (1995) in relation to race and class and by Laz (1998) in relation to age. I focus here on the key insights of West and Zimmerman’s original essay.

West and Zimmerman (1987) argue that “gender is a routine, methodical, and recurring accomplishment” embedded in everyday interaction (p. 126). As such, gender is an “achieved property of situated conduct;” it emerges in social situations and is constituted in interaction. “Doing Gender”, they propose, “involves a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine ‘natures’” (p. 126). *Doing Gender* ultimately “consists of managing. . . occasions [of interaction] so that, whatever the particulars, the outcome is seen and seeable in context as gender-appropriate or, as the case may be, gender-*in*appropriate, that is *accountable*” (p. 135).

Seeing gender in this way—as an accomplishment—shifts attention “from matters internal to the individual and focuses on interactional and, ultimately, institutional arenas” (West & Zimmerman, 1987, p. 126). Put in another way, the concept of accomplishment lets us see gender—or other statuses—not as individual attributes or matters primarily internal to individuals. Instead, gender, as well as class, race, and age, are things we (individually

and collectively) work at making meaningful (in general and in particular) in interaction and in the context of institutions and social structures.

Like gender, age is something we do; it requires action and effort at individual, interactional, and institutional levels. Age is continually performed or accomplished. Both terms—perform and accomplish—are synonyms for “do” that stress action or effort as well as completion of prescribed or significant deeds or tasks; both call attention to agency, choice, and action. My preference is, following [West and Zimmerman \(1987\)](#), for the term “accomplished,” though perform is an acceptable synonym provided two problematic implications are bracketed. First, “to perform” implies the ability to stop performing, to just be, and related to this implies artificiality—the idea that there is a “real” and genuine person behind/inside the performer. The second problematic implication is that performances are usually or always deliberate and purposeful.

Let me address each of these. First, the idea that performances end and that a performance is distinct from a genuine self. Age, conceptualized as something we do, is not something we can stop doing. Even if we are not conscious of age, our actions and interactions constitute it as meaningful, even in contexts that may not appear to be age related. [West and Zimmerman \(1987\)](#) describe this “omnirelevance” in relation to gender; “any social encounter can be pressed into service in the interests of doing gender” (p. 138). The same, I contend, is true for age. West and Zimmerman argue that as long as sex category remains a criterion for social differentiation, we cannot avoid doing gender. Similarly, as long as age is a criterion for differentiation, we cannot avoid its performance. Age may not always be equally salient or meaningful in the same way in all situations, but it persists as part of the landscape of self, interaction, and institutions. Second, “perform” implies deliberateness or purposefulness. The accomplishment of age is not necessarily deliberate or purposeful; indeed, it is often subconscious or unintentional. The accomplishment of age is often mediated through mechanisms like competence, dependence, or maturity without awareness of the way these function as proxies for age (also [Gubrium, Holstein, & Buckholdt, 1994](#); [Hockey & James, 1993](#); [James, 2000](#); [Laz, 1998](#)).

I thus propose viewing age as an accomplishment or performance involving often routine, sometimes impressive but always ongoing, recurring social and collective work. Age is not simply shaped by social forces; it is constituted in interaction and gains its meaning in interaction and in the context of larger social forces. We all accomplish age; we perform our own age constantly, but we also give meaning to other ages and to age in general in our actions and interactions, our beliefs and words and feelings, and our social policies.

If the accomplishment of age is social and collective, then we need to attend to the social settings and contexts in which people “act their age” and to the variety of resources that individuals draw on, use, and/or transform in the process of accomplishment. Some of these resources are widely available—for example, the law, the media, and medical knowledge and practices.

Others are narrower in scope—community standards and beliefs, local culture, and kinship networks. Yet, another cluster of resources is highly personal and potentially idiosyncratic—interpersonal relationships, physical bodies, and biographies. As we “do age,” we draw on

this array of resources and make use of them in complex ways that are neither entirely random nor completely patterned or predictable.

3. Conceptualizing embodiment

Bodies are critical and highly personal and individualized resources that people make use of in accomplishing their own age and age in general. The phenomenology of the body matters; it matters to a theoretical understanding of age and embodiment and it certainly matters to respondents who told me in detail about hair, eyesight, internal organs, weight, energy, legs, wrinkles, hearing, and arthritis. Like age, embodiment can also be understood as achieved or accomplished as the result of ongoing, often routine, sometimes extraordinary, social and collective work. Contributors to Prout's (2000) *The Body, Childhood and Society* take the position that childhood and the body are mutually constituting accomplishments (see especially essays by Backett-Milburn, 2000; James, 2000; and Prout, 2000). Accomplishing embodiment involves drawing on a complex array of resources including lived experience, the testimony of others, popular culture, and medical knowledge.

To appropriate Marx (1978), we make our own bodies but do not make them just as we please; we do not make them under circumstances chosen by ourselves but under circumstances found, given, and transmitted from the past (p. 595). Bodies are made and remade, used, altered, and disciplined and as such are objects of practice. We play sports, have plastic surgery, control our movements, eat healthy foods. In addition to acting on our bodies, we also react to them. Connell (1995) asserts that the starting point for a sociological view of the body is to grant the body agency. Agency might be too strong a term since bodies are not rational actors, but bodies often seem willful when they behave in ways that occupants cannot predict or control.¹ Bodies have the capacity to act, to surprise us, to rebel—we get sick, experience unexpected sensual or sexual pleasure, or turn scarlet with embarrassment—and we must tolerate, withstand, or accommodate these physical contingencies. Connell names this idea of bodies sharing in social agency and generating and shaping courses of social conduct “body-reflexive practice” (p. 60). “[B]odies [are] both objects and agents of practice, and the practice itself form[s] the structures within which bodies are appropriated and defined” (p. 61). Significantly, “body-reflexive practices... are not internal to the individual. They involve social relations and symbolism; they may well involve large-scale social institutions” (p. 64). For example, choices regarding food and nutrition are one way individuals “make” their bodies. However, these choices are embedded in circumstances (e.g., culture, agribusiness, and inequality) beyond individual control. Nonetheless, in Connell's view, choices made by individuals in mostly patterned and predictable ways are what constitute these larger circumstances. He says, “Through body-reflexive practices, more

¹ In discussing menopause, one respondent says, “There's a lot of adjustments that go on during this time and I always thought it was psychological when people would say things. And it isn't. Your body does things that you can't control.”

than individual lives are formed: a social world is formed” (p. 64; see also [Backett-Milburn, 2000](#)). In short, interpretations of and responses to the body are situated in social relations, in interaction, and in the context of institutions and serve to construct and reconstruct those relations and institutions.

4. Age and embodiment

Analytically, one might choose to focus on the accomplishment of age or the accomplishment of embodiment, but in practice, the two are inseparably linked. Age and embodiment are mutually influential (though, not determining) accomplishments. How one “does” age has implications for corporeal experience. For example, a teen trying to present herself as mature and “grown-up” might adopt straight posture and an assertive stride. Similarly, a grandparent who leaves the vigorous recreation to the grandkids might find himself with reduced stamina and flexibility and extra pounds. Conversely, embodiment has implications for how one can accomplish age. Changes normally associated with the aging process can set limits on activities and self-presentation. What is true of children with respect to bodily change is equally true across the life course. “In the process of growing up, bodily changes create new possibilities. Children cannot control bodily changes, but through skillful handling can use them as flexible resources for translation into identity” ([Prout, 2000, p. 9](#)). As we accomplish age, we draw on the physical resources of the body, but our actions and choices simultaneously shape the corporeal resources available.

5. Methods

Anchoring the analysis of the accomplishment of age and embodiment are 15 semi-structured interviews I conducted in 1996. Respondents were drawn randomly from a university registration list of students born before 1945; at the time of the interviews, they ranged in age from 50 to 73 years.² Interviews lasted between 1 and 2.5 hours and were conducted in a variety of locations (university campus, respondent’s home, and respondent’s workplace). All were tape recorded and transcribed. The interviews included questions about family and interpersonal relationships, work history and current employment, and education, as well as questions that asked respondents to reflect on themselves as aged, on age awareness, on significant milestones in their lives, and on their experiences of time.

² By considering together respondents of different generations, I do not wish to ignore or minimize important cohort and generational differences. However, one purpose of this essay is to contribute to age studies by focusing on some processes and dynamics that are similar across age categories, cohorts, and generations. [Woodward \(1999\)](#) takes a similar approach. She positions her book, *Figuring Age*, as part of an emerging field of age studies that looks at the broad continuum of discourse on age itself, a system that includes infancy, childhood, adolescence, and young adulthood, as well as middle age and old age.

The research is not a formal exercise in grounded theory (Glaser & Strauss, 1967) but follows the grounded theory method in some important respects. First, one goal is to develop a theoretical framework and begin checking its utility; neither testing logically deduced hypotheses nor statistical verification are among the objectives.

Second, the process of research and its products has emerged from the data. I began interviewing with questions about age awareness but without any explicit questions about embodiment. Discussions of embodiment emerged unsolicited in the course of the earliest interviews. I was prepared in later interviews to ask explicit questions about the body, but never had to introduce the topic; respondents, without fail, talked about their bodies without prompting.

Third, consistent with grounded theory, I have tried to “make the codes fit the data, rather than forcing the data into the codes” (Charmaz, 1983, p. 112). I have tried to develop categories that are analytic—“sufficiently generalized to designate characteristics of concrete entities, not the entities themselves”—and sensitizing—“yield a meaningful picture abetted by apt illustrations that enable one to grasp the reference in terms of one’s own experience” (Glaser & Strauss, 1967, pp. 38–39). This involved reading and rereading interview transcripts, scrutinizing the data for words that respondents themselves used repeatedly, clustering and sorting, and lumping and splitting (Zerubavel, 1996) until I was satisfied with categories that were sufficiently distinctive and comprehensive. After developing categories, I engaged in more focused coding, rereading transcripts with a set of tentatively fixed categories, and applying them to all of the data to see if the codes “worked.”

Fourth, data collection and analysis phases of the research proceeded together. Respondents’ emphasis on embodiment spurred my reading on the topic; both my reading and the data from interviews altered my ability to listen for certain ideas and to read transcripts with a focus on embodiment.

One final, and perhaps obvious, point related to the interview data as well as the theoretical frame. The interviewer herself is embodied and aged and of course a participant in accomplishing age in a very particular arena—the social science interview. I cannot obscure or ignore the facts of my relative youth (40), my appearance (average height and weight, long hair without noticeable grey), or my able bodiedness (temperamental knees not withstanding). If age is accomplished, these factors inevitably, though not necessarily consciously, shape its accomplishment in an interview setting.

6. Findings: age and embodiment

I note above that the discussions of embodiment emerged as unsolicited in interviews. In my analysis of the transcripts, I was struck by the frequency with which respondents talked about themselves as embodied and by the tendency for this line of thinking to emerge without explicit direction or questioning from the interviewer. In the sections that follow, I discuss the multiple dimensions of embodiment and the use of social comparisons and age-adjusted expectations in relation to the accomplishment of embodied age.

6.1. *Dimensions of embodiment*

Not surprisingly, respondents who are 50-, 60-, and 70-something men and women from a variety of occupations and income groups talk about age and bodies in a variety of ways. Nonetheless, I identify four distinct but overlapping dimensions of embodiment including (1) activity, fitness, and health; (2) energy; (3) appearance; and (4) ailments and illness. A few respondents touched on all four dimensions of embodiment; many touched on two or more, and the dimensions sometimes overlapped. At the same time, most respondents—at least in the period when I interviewed them—treated one of the dimensions as more salient than the others. This was apparent as they returned to a single theme repeatedly and glossed over other dimensions, indicating that these were (again, at least at the time of the interview) relatively less significant concerns.

6.1.1. *Activity, fitness, and health*

Most of the respondents described themselves as being in good health. This is true even for those who suffer from chronic conditions (arthritis, carpal tunnel syndrome, or hearing loss) and despite the recurring problems that some respondents reported (gallbladder problems or digestive problems). The claim of “good health” seems to rest on efforts at regular exercise, the ability to engage in numerous and varied physical activities, and an interest in staying physically fit (if not actual fitness). This is consistent with [Backett-Milburn’s \(2000\)](#) middle-class respondents for whom “the healthy body was an active body. . . . The active body was not only essential for everyday social functioning, but it was also seen as both instrumental to and symbolic of effective and successful social functioning” (p. 91).

For Catherine and Rebecca, a focus on the body entails considerable physical activity. Catherine says that her emotional and psychological well-being is so closely tied to fitness that inactivity is intolerable. For Catherine (age 60), being physically fit involves a variety of regular activities.

Until I retired, I taught aerobics a couple of times a week and one of my commitments to myself was that I would work out every day once I was retired. And I do that. I cross country ski, I have a 10-mile bike route, I have, you know, a bunch of different things, a Nordic track; staying in shape is very important to me. I think a lot of that goes back to the fact that I had a long background in dance as a kid.

Rebecca (in her mid-60s) described age 50 as a significant milestone. In addition to a divorce and striking out on her own, she says,

I took up mountain climbing for one thing, seriously, at that time. And my daughter and I hiked every fall, for 7 or 8 miles in the area. I bought a tent and started tenting. . . . I just enjoy it tremendously. . . . I don’t anticipate not liking it, as long as I can get my tent set up. And I’ve taught my grandchildren to hike with me and camp with me and I’m looking forward to taking my little 5-month old great-grandson hiking

with me someday... I swim a lot and I keep very active, I believe very much in exercise, I exercise every day... [When I was working as a secretary in a law school] I always walked. I walked the streets around here for 22 years, every noon hour, I'd be practically the only one, occasionally, I'd get one of the younger staff members to walk with me. So I just took it a little bit further and put some daring into it, so to speak, some challenge.

For both women, activity is part of a lifelong pattern of activity. Before her retirement, Catherine worked as a school nurse and health educator. After describing some of her recent activities ("skated around the lake the other day"), she says,

My personal patterns have changed very little through the aging process and I guess I'm grateful that at 60 I have the amount of energy and capability of doing just about anything I want to physically. . . . You know, I haven't had to change my dietary patterns, I haven't had to do a lot of things that people who develop problems have to do as a result of the aging process. I know I have a fair amount of arthritis but it doesn't bother me or stop me. . . .

Rebecca describes her youth as the oldest of five siblings growing up on a farm.

I enjoyed walking. I had to walk 2 miles just to go to school. And then we had a river on the farm where I was brought up and once I learned to swim, my mother put me in charge of all my brothers and sisters plus the neighbor's children. And on a farm, you tend to get a bit of exercise and. . . I knew every inch of the 50 acres, [I] walked a lot. . . to sneak away from all of those kids occasionally.

For both Catherine and Rebecca, current activities and lifelong patterns of activity are part of a more general concern with physical fitness and health. Catherine says,

I'm somewhat of a health and fitness nut. . . . Once I became a professional in the health field, I certainly think in terms of health and fitness, but I'm not obsessed with health issues. [I eat] a very balanced diet, but I haven't cut out all red meat. I haven't gone to extremes. And at this point, I don't have a need to. I don't have problems with blood pressure, I don't have problems with cholesterol, so there really isn't a need for me to be. We live a healthy life style.

Rebecca echoes these ideas.

I think physical fitness is one of the most important things anyone can do for themselves, and it doesn't cost money. I really try to talk people into walking and watching out for their food intake. I can't digest fat because of the gallbladder problem, which is good for me, but I suppose that it stops me from eating them; but I never did particularly like that type of food. So I take, try to eat proper and I just can't stress enough how important exercise is for you.

As Rebecca's reference to her gallbladder problem and Catherine's remark on arthritis suggests fitness and health do not necessarily require the absence of disease. Catherine is, in addition, a breast cancer survivor.

For some respondents, paying closer attention to exercise, diet, and health has not been lifelong practices. Some have discovered new physical activities they enjoy. Though he has always been active, Oliver (age 67) describes his program of exercising, bike riding, mountain climbing, and stretching exercises that he began about 10 years earlier as a way to keep in shape and train for cross-country ski racing. For David, a chronological milestone—turning 50—was an incentive to try to change some of his habits. David confesses that he is a bit surprised that he does not notice his age more often since

I'm not a person who is engaged in running 6 miles a day. I do get some exercise, not enough. I do kind of watch my diet. I don't eat a lot of fatty and junky foods but I do eat some of that stuff. I am probably 25 pounds heavier than I should be at this stage in my life, but I don't feel like I'm. . . I don't feel any different today than when I was 18 or 19.

When he turned 50, David says he thought he should start paying more attention to his physical condition and, with self-deprecating humor, describes how he bought some exercise equipment.

Now I can't even remember what its called, I haven't ridden it in so long. . . one of those ski machines. Nordic track. Yeah. I have a Nordic track machine. My wife is always poking fun at me. She says that I could have got involved with the ballet for a lot less than I paid for that Nordic track machine. . . I'm wondering, in a way, why did I buy that?

For David, there is the sense, which he attributes to reading things in the mainstream press, that as he gets older he should take better care of his physical self. But, unlike Catherine, Rebecca, or Oliver, David has not yet made fitness and activity a significant part of his life.

I discuss this dimension—activity, fitness, and health—first and at greater length than I will other dimensions because all respondents talked about these topics. This is in part an artifact of my sample; all respondents were in sufficiently good health to register for at least one university course around the time I interviewed them. But the pervasiveness of talk about activities is not simply a methodological artifact. It reveals two significant things about age and its accomplishment. First, good health, fitness, and the ability to engage freely in a variety of activities are assumed of those in normative (not-too-young, not-too-old) age categories. In other words, "mature" able-bodied active adults are the normative age embodiment category; witness clothing catalogs, television shows, advertisements, etc. In the contemporary United States, individuals define themselves and are defined by others, consciously or not, in relation to the dominance of this category.

Second, talking about these issues is a mechanism by which respondents accomplish age and embodiment in interaction, as respondents talk about themselves and their bodies to a noticeably younger and ostensibly able-bodied person. The social science interview is pressed into service as participants "do age."

6.1.2. Energy

Several respondents assessed their stamina and their overall level of energy. While this dimension overlaps with the first, the focus is not on the quality or quantity of activities themselves, but rather on the speed and intensity with which the respondent engages in those activities. Isabel, a full-time manager and part-time student, illustrates the distinction.

I do try to exercise. You know, I do have a Nordic track although with school. . . [school] just takes up too much of my time. . . . And I get tired. You know. If I have to study all night and go to bed and get up early and work all day and go to school at night, I'm too tired sometimes to do those exercises, but I do [the Nordic] track.

Her emphasis is not on the quality or quantity of activities (which, in fact, are numerous and varied) but on her tiredness, her lack of energy, what she calls the change in stamina.

Peggy pointed to a decrease in energy in response to the question “Does age ever sneak up on you or surprise you?” She says, “The thing about age at the physical level is that I think I just do not have the kind of energy I used to have when I was younger. . . . I mean, there's a lot of physical things that just ah, just kind of slowing down I think. My energy.”

Carla echoes this.

I know I've slowed down a lot from when I was 20 or 25, and I had three children at 25. I do a lot of work in the house, you know. I paint and I also do outside painting. My husband does the top and I take care of all the bottom, and I just find it takes me a little longer to do the things I used to do in a day. I mean I could paint a room, I could take it apart, do the curtains, you know, do it from top to bottom and put it back together by night time. I can't do that anymore. So I find that I have slowed down.

“Slowing down” is a recurrent phrase. It is not, however, always negative. Peggy says, “I actually feel I kind of earned it, you know? I mean, like it's time to slow down.”

While they acknowledge slowing down, most respondents nonetheless describe themselves as more energetic than most people their age. Oliver is explicit in his comparison. “I think a lot of people tend to slow down and sit by the fire when they get old. . . . I personally don't like to do that. I like to keep moving.” Carla says, “I'm one of those people who just can't sit and do nothing. I hafta, you know, be active. . . .” Millie says of herself and the people she spends time with “we're all just hummin' all the time.”

Moreover, respondents claim that together, this level of energy and their relatively high activity levels are part of what keeps them healthy and feeling younger than their chronological age. Here again is Carla. “I just keep going, and it seems as though. . . . I can pretty much keep up with what I used to do or have done most of my life. . . . I'll still do a lot of things that I did before. I go roller-skating with my grandchildren. I can't find anyone [my age] to go roller-skating with.” Millie (age 52) describes herself as being in good health

but admits that if she followed doctor's orders and walked three times a week, her energy levels would be higher. Still, she says,

I'm physical. I wouldn't consider walking up the steps, I'd run. If there's a choice between an elevator and a set of stairs, I would take the stairs. So I mean in some senses, it's almost unconscious. In the end, I generally make myself exercise a little [by] parking in the back of the parking lot. I like it when I can do a couple of things at once, cuz there just isn't time to get everything done.

In sum, respondents may feel less energetic than their younger selves but usually consider themselves more energetic than their age peers and significantly more energetic than they themselves expect of someone their age. They view their myriad activities as both the cause and consequence of this energy.

6.1.3. *Appearance*

For some respondents, appearance is the principal dimension of embodiment. Anne (age 55) returned to this theme repeatedly. She admits to feeling shame and discomfort, and some anger and bitterness, at the changes in her appearance wrought by time. Anne admits to feeling old in the context of appearance. She says,

In a lot of ways, I look much older than a lot of women 55. I have sagging skin and some of that is due to a lot of sun damage. . . . And my legs, for example, that's a hereditary thing. Look, my thighs look older than women 65. . . . I mean there are just a lot of things, like this thing about not having any eyelashes and eyebrows, and there are a lot of women my age and older who have thick, just naturally thick eyebrows and thick eyelashes. . . . Yes, some of these physical things that have happened, I feel like I'm 75.

Anne is unusual among my respondents in that she seems deeply hurt by the changes in her appearance. When I asked her if she could identify the sources of those feelings, she pointed to her earlier career in show business in New York and Hollywood and to a movie.

The movie *A Streetcar Named Desire* with Vivian Leigh and Karl Malden and Marlon Brando. I saw it many times growing up. There is a famous scene where Karl Malden takes her by the hair and puts her under a bright light bulb and he says, "How old are you? My God, you're an old woman." And this is like a betrayal to him. She's old and she'd been presenting herself as an attractive woman. But because of the fact that she's old, that automatically made her unattractive and he rejected her horribly. . . . It had a tremendous impact on me. That men when they would find out that you're old would treat you like scum.

Anne is not especially gullible. In our interview, she makes numerous observations about the artificiality of Hollywood appearance. But her observations illustrate an important dimension of meaning. She knows that the ever-youthful appearance of celebrities depends on surgery, makeup techniques, air brushed photos, and lighting and camera angles. She

knows, in other words, that celebrities “show their age” just like everyone else. Despite this knowledge, Anne nonetheless feels permanently insecure about her own appearance. She looks wistful describing her earlier and, in her opinion, more youthful appearance; she is bitter in admitting that she cannot afford new crowns for her teeth or surgery for her sagging skin.

Other respondents are more comfortable with the changes in their appearance over time. Despite the fact that Millie has worked as a beautician for 30+ years, she is largely unconcerned with her own appearance. She colors her hair “because it demonstrates the fact that I’m not afraid of it,” and she wears it in a casual style because “it does not take a lot of time.” With respect to clothes, she says, “I’ve always worn dungarees; I like comfortable clothes. . . . I can remember working jobs in order to buy clothes. And now I run into Goodwill. I pick up whatever I need; I’m outta there. It’s not important.”

David is similarly unconcerned. “I’m a little sensitive about my hair loss, but not to the extent that I would go and be fitted with a rag. . . rug. . . whatever.” Helen says, “I do not fuss much. But that is me personally. I do not think that’s an age thing. I have never spent too much time putting on my makeup.” When asked if she thinks she looks her age, Helen replies, “Oh yes. I look in the mirror when we’re doing self-portraits [in drawing class], the truth will be known.” She points to some lines on her face and remarks on her weight but concludes, “It doesn’t bother me very much, and if it doesn’t bother me, it shouldn’t bother anybody else.”

6.1.4. *Ailments and illnesses*

In contemporary U.S. popular culture (and sadly in some scholarly and professional literature), old age is associated with decline and debilitation. Despite these cultural tendencies, respondents spent relatively little time discussing ailments, illnesses, and infirmities, though many acknowledged them. Oliver (age 67) reports that “things I notice most are. . . . I seem to have a gradually increasing list of minor things that seem to go wrong.” Indeed, Oliver wears two hearing aids and lip reads my questions during our interview. When asked when he notices his age, Bill (age 73) groans, “I get up in the morning stiff as a board, something like that. For myself, I notice when you do certain kinds of mobile activity that I used to do very easy as a young person. . . .”

Roberto has lived with a chronic digestive problem for 28 years. He describes being diagnosed.

I was in the Navy. I was, actually, I was sick while I was in the Navy and didn’t even know it. I was dragged out but was still physically fit enough to re-enlist, to stay in. Then I decided to get out for other reasons, after nine years. It was about a year. . . maybe two years after I got out that I really realized I was sick. They had diagnosed me and determined that I had been sick for many years. Even back in the service. . . . I was perhaps 26 years old. . . . I kinda felt. . . . I’m strong and young and whatever. I can make it through this.

Now, however, Roberto takes his disease much more seriously; it takes a toll on his energy and has left him unable to work for the past 7 years. Moreover, it now takes him longer to recover from surgery.

6.2. *Social comparisons*

Accomplishing age and embodiment involves drawing on an array of resources. I have so far focused on the highly individualized body as a resource. But respondents do not “naturally” draw conclusions about themselves as aged or embodied. They interpret and give meaning to even this most personalized resource. To do so, my respondents compared themselves to real and imagined others, as well as to their younger selves.

Comparisons to actual others were a prominent feature of my interview with Jan. At age 66, Jan has some health problems of her own (arthritis and chronic bowel problems), but in our interview, she spends much more of her time reflecting on the illnesses and health problems of others, including her parents, her neighbors (both 86), a 90-year-old woman for whom she prepared lunch and dinner everyday for a year, and her husband. Her husband suffered a major stroke in 1970 and has, since 1994, been in a nursing home. She says,

He was 27 days in intensive care and 37 in the hospital, and so since then I think, I guess it does something to a person, and probably age-wise. Of course, he immediately aged from 50 to you know, and he was not able to return to work. . . he was really just an old man after a short time.

Jan’s comparative approach in which she gauges her own physical health by comparing it with that of actual age peers (her husband) and elders (neighbors and parents) is common. Some respondents compared their appearances, energy levels, fitness, health, and illnesses to actual others (partners, siblings, or friends). Isabel, for example, supervises hospice teams and compares her own health with that of hospice patients, many of whom are only 2 or 3 years older than she. Millie says, “When I look at other people who share with me that they’re 52 years old (her age) and I look at them and they are old 52. And I think, whew. So it’s really about comparing.”

More often, respondents compared themselves to imagined others, usually a generalized other, a vague notion of “some people.” Anne says, “Physically, I’m very fit. I can usually out hike, out sports, dance, I can outdance people in their 20s.” Oliver says, “I guess I do a lot of comparison between myself and other people, but I notice some people tend to show their age more than others. . .” And Catherine reflects, “I think I do feel younger than many of my contemporaries in terms of those kinds of physical issues.”

A third source of comparison is their own younger selves. Irene claims, “I roller-skate as good as I did 20, 30 years ago.” Catherine contends, “I would say that I have at least as much energy, flexibility, and capability, endurance that I did in my late 20s [and] early 30s. . .”

7. **Conclusions: accomplishing embodied age**

Making comparisons involves complex cognitive processes of selection, perception, and interpretation and provides evidence for the idea of age and embodiment as things worked at, performed, or accomplished. These processes—this work—contributed to the respond-

ents' feelings about themselves as aged and as corporeal beings. Usually, their comparisons left them feeling "lucky." In two cases, the comparisons left the respondent feeling saddened.

The interview data confirm that embodiment is a crucial feature of the landscape of age. As a feature of landscape, however, embodiment is more like a stream—changeable, restless, and not wholly predictable—than a mountain with its appearance of fixedness and permanence. Embodiment sometimes goes unnoticed or unremarked; respondents talked of many other things besides bodies. At other times, embodiment is highly visible and salient. At best, they cooperate and we can at least temporarily take them for granted. At worst, our bodies do not do what we wish; they remind us of their presence. Respondents like Roberto, Catherine, and Helen describe how illness or injury made them more fully conscious of how profoundly they are embodied. They describe discovering or of being reminded of the ways psychic health or social opportunities are linked to physical selves.

But the ways that people use those reminders, the ways that they interpret the "fact" of illness or injury, and the strategies they implement as a result are highly varied and complex. For example, arthritis, a condition reported by several respondents, was described to me and acted upon by the respondents in quite different ways. For Bill, arthritis was the explanation for giving up gardening, boating, and a number of other activities. For Jan, arthritis had been severe in the past but now makes its presence known only occasionally; it does not interfere with normal activities. Catherine describes arthritis as "something my doctor says I have when he looks at my bone scans." This 65-year old woman said that she experiences no symptoms and, except for the evidence of the bone scans, would not know she had arthritis. This complexity is inevitable since corporeal "facts" never speak for themselves. Individuals experience and interpret these facts and act on them in concrete settings and in the context of highly varied biographies including education and training, work, and networks of interpersonal relations. Let me address each of these.

Embodied age is accomplished in concrete settings and interactions. The contrast between my respondents' talk about ailments and illnesses, and that described by [Furman \(1997\)](#) among participants in her study of beauty shop culture is instructive. In the beauty shop studied by Furman, frequented mostly by older Jewish women, ailments are common focus of conversation. Clients talked at length about their ailments and regularly shared intimate details of illnesses.

In contrast, my respondents mentioned ailments in passing but rarely dwelled on them. Instead, most emphasized on activities. It seems likely that my statuses as younger able-bodied stranger (in Simmel's formulation) and the framing of our conversation as interview limited the extent to which respondents could or would gripe about ailments.

Embodied age is accomplished in the context of biographies. Interview data reveal the extent to which the behaviors and practices through which embodied age is accomplished are consistent with earlier habits, ideas, and training. Near the end of our interview, Anne said, "Don't forget I come from a background in show business. . . that's so much a part of me that it hasn't left. . . placing so much importance on how I look. . . It's not really appropriate to my reality now [she is no longer in show business], but in Hollywood, it would [be] because it's your survival." Other respondents similarly had careers or training (four have degrees in

nursing, one runs a beauty shop from her home, two have done considerable farming) that made them especially attentive to health and fitness.

Respondents testify to their experiences of embodied age as both material and representational. Anne and David most eloquently express this. Both point to visible aspects of their bodies (hair, weight/size, and skin), voice their feelings about these corporeal parts, and reflect with ambivalence about the ways their feelings have been shaped by culture, media, and representation. Anne points to a pivotal movie and Hollywood glamour, David to the media more generally and to popularized medical information. Thinning hair, sagging skin, and “spare tires” are real to Anne and David, but they recognize their experiences of them are socially and discursively constructed.

Finally, age and embodiment are mutually constituted. Anne illustrates the way age and embodiment is constituted in reciprocal ways through body-reflexive practices (Connell, 1995, p. 64). Anne observes that her sagging skin is “due to a lot of sun damage [and] . . . when it’s done, it’s done.” As a younger woman, Anne’s view of a healthy and youthful woman—shaped by advertising, Hollywood, and popular culture—was someone who was tanned. Her practice of prolonged and unprotected exposure to the sun to tan her skin has had physical effects (“destroys the muscle tissue”) and the effect (sagging skin) now makes it very difficult for her to present herself as a healthy and youthful woman. Practices that enabled her to “do” age at an earlier period of time set limits on how she can accomplish age at this later period.

There is no denying embodiment. We are not the same—in corporeal terms—at 20 as at 5, nor at 60 as at 20. Bodies inevitably change over the life course. But if bodily change is in fact a flexible resource for translation into identity (Prout, 2000, p. 9), then what this means for who we are—our opportunities, interests, talents, and passions—is quite another question. Bodies are rarely irrelevant (this is the stuff of science fiction). Rather, bodies shape but do not determine who we are or what we do or how we act our age.

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