

**Unacknowledged distinctions:
Corporeality versus Embodiment in Later Life**

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Abstract

The focus upon the body in the social sciences has had a growing influence in recent years on ageing studies. Various terms have been used to explore the relationship between the body and society, of which ‘corporeality’ and ‘embodiment’ have taken pride of place. In this paper, we present the case for drawing a clear distinction between these two terms and the consequences that follow from it for the study of the body in social and cultural gerontology. Central to this distinction is the place of social agency. Corporeality, we suggest, refers to the role of the body as a set of structures whose identity and meaning is mediated by culture and society. Embodiment, in contrast, refers to the processes by which social actors realise distinction, identity and lifestyle through the medium of the body. Making this distinction sharpens the difference between studies that address self and others’ reactions to physical changes in bodily function attributable to ageing and/or age associated illness and impairment and studies that focus on the ‘performance’ of ageing and the contested realisations of identity and lifestyle in later life. While the latter primarily reflects the concerns of ‘third age’ studies the former addresses the concerns more directly associated with ‘fourth age’ studies.

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Introduction

Peter Öberg's paper on the absent body in social gerontology (Öberg, 1996) is the starting point for this special issue of the *Journal of Aging Studies*. It is generally taken to represent the beginning of a serious engagement between aging studies and what has been described as the 'somatic' turn in the humanities and social sciences (Tulle, 2015: 127). His paper is also important because of its concern with what Öberg identifies as the ontological dualism of mind and body that is reproduced within gerontology where the body is seen as potentially problematic while the mind is seen as a resource for the preservation of identity. As Öberg puts it: not only do we lack words and concepts to express the interaction between thought, body and society but "(w)hen the body, by way of exception, is included in social gerontology, the perspective is hierarchical" (Öberg, 1996: 704).

It is this concern with the 'absent' body which has been so influential, particularly in the developing field of cultural gerontology where much research has been undertaken to help rectify this absence (Clarke & Korotchenko, 2011). However, it also needs to be accepted that this dualism can be played out even in research which takes the somatic seriously. In particular, we would draw attention to the inter-changeable use of the terms 'corporeality' and 'embodiment' when bringing the body 'back in' to discussions of the lived experiences of growing old. Öberg himself wanted to use Goffman's distinction between 'personal' and 'social' identity (Öberg, 1996: 706) to allow individuals to accept the 'presence' of the body in individual accounts of the self, but this distinction we believe does not fully illuminate the differences between these two separate dimensions of being and having bodies. In this paper, we seek to show how making a distinction between the concepts of corporeality and embodiment not only clarifies some of the issues surrounding the somatic turn in ageing studies but also helps 'think through the ageing body differently'.

The distinction between corporeality and embodiment was a major feature of ‘*Ageing, Corporeality and Embodiment*’ a book which was mainly concerned with examining the “new” ageing and its realisation in and through the body (Gilleard & Higgs, 2013). The book draws on a reading of Donna Haraway’s distinction between the body as a social *actant* and the body as a vehicle of social *agency* (Haraway, 1997). Developing ideas already present in Actor Network Theory (Latour, 2005) she brought out two distinct ways in which society is reflected in, and reproduced by, the body. By describing the body as functioning at times as a social actant, she is referring to the relatively unmediated materiality of the body and its material actions and reactions that are socially realized without recourse to concepts of agency or “intent.” Describing the body as a social agent, in contrast, refers to its materiality as an inseparable element in the realisation of personal and social identity.

‘Corporeality’ can be seen to signify the body as a social actant, while ‘embodiment’ might better signify the body as a vehicle of social agency. Thus framed, *embodiment* encompasses all those actions performed by or on the body, ones that are inextricably oriented towards realising the social. They are subject to and made salient by the actions and interpretations of self and others and, in this sense, can be thought of as ‘epigenetic’ properties of the body, ones emerging from the complex engagement of the corporeal with the social. *Corporeality* on the other hand includes those aspects of the body that change over the course of the individual’s lifetime and which provide an important point of reference for all those practices and narratives that explicitly (or implicitly) are oriented toward the expression (or denial) of agedness. For many people, and for much of the time, other dimensions and relations of social life may make such corporeality a matter of minor social significance. At the same time, age’s ‘corporealisation’ – the emergence of bodily signs of ageing – may ‘break

through' as a challenge to our relatively disembodied concerns and projects; and it does so in circumstances not of our own choosing. Such corporealisation may lead in turn to attempts to re-embody these changes within an individual's life course, re-calibrating and revising previously disembodied concerns and projects in order to reconcile them to the new corporealities of later life.

The embodiment of ageing

Embodiment is inextricably contingent. Its practices and narratives are situated within both social and personal time frames and are manifested through bodily practices and performances. Performing or narrating age does not reproduce a universal 'meta-narrative' of ageing; nor do the various performances and narratives embodying age necessarily evolve along an intrinsic biological, developmental pathway. They are enacted in different ways, at different times, by different groups, and in differing settings as and when age becomes, or is made, personally and socially salient (Weiss and Lang, 2012). Going further than Öberg, who distinguished only between personal and social identity, we would argue that these processes of embodiment need to be further organised into those practices that are oriented towards the 'embodied identities' of *self* and those that are oriented toward the 'embodied practices' of *self-care*. Embodying identity refers to the use of the body or parts of the body to support or express a distinct identity whose social realization is presaged upon some aspect (or layer) of corporeal difference. This may appear, or can be treated as an identity of passive ascription, markers of a community of what Foucault has termed 'docile bodies' (Foucault 1977); but more often in contemporary society, it is realised through processes of active signification, achieved by what Foucault has described as the 'agonisms' of freedom, the struggles of individuals to negotiate and sustain a personal identity within the pull of existing social forces, practices, and relations (Foucault, 1982, 222-23).

In relation to age, such agonistic relations exist most acutely between the forces that ascribe or attribute an identity of agedness to individual bodies, and the desires of the individual to position him or herself against this ‘othering’ of his or her body; this appropriation and objectification of one’s agedness. Such struggles seek to determine the terms and conditions for the separation between an ‘I’ and a ‘them’- struggles to be free to choose the sort of self that a person presents to the world, part of the contemporary practices of freedom expressed through the ethic of ‘care for the self’, or, perhaps more lightly, as “strategic games between liberties” (Foucault, 1994: 19). Öberg argues that such practices lead to a denial of the body in old age as older people are encouraged to embrace an ‘ageless’, that is ‘disembodied’ self where not only does the body become subordinate and invisible but where: “the ‘self’ is allowed to dissociate itself from the person’s own corporeality” (Öberg, 1996: 708). This view of the role of the ‘reality’ of the older body is one that is commonplace in social gerontology and is one that underplays the significance of embodied practices in the contemporary world.

Embodied practices, we would argue, make salient particular identities or lifestyles at the same time as they ignore, deny, or mask others. They are realised among all age groups across a wide range of identities; from gender and race to able-bodiedness and sexual orientation. They reflect the kinds of body work that writers such as Bauman (Bauman, 1995; Bauman and Raud, 2015), Beck (2002) and Giddens (1991) consider constitute the modern self and that frame so many public and private ‘Self-Other’ relationships in an era that is both more individualised and more reflexive. Embodied practices in later life, and particularly those oriented around ‘self-care’, can serve to realize or repress, completely or selectively, particular embodied identities and their associated lifestyles or habitus (Clarke and Bennett

2015; Twigg 2007; Ward and Holland 2011). Although this idea of ‘embodied practices’ can be linked to Bourdieu’s concept of ‘embodied habitus’, the roots of such ideas can be traced further back to the work of Mauss and Merleau-Ponty and the concept of ‘body techniques’ that realize social phenomena in and through the body (Crossley, 2007). In and of themselves there is nothing inherently ‘postmodern’ about these embodied practices; but in the ‘cultural turn’ towards a more intensely ‘somatic’ society (what Hervé Juvin (2010) has called the ‘coming of the body’), many of the contemporary expressions or practices of embodiment have oriented themselves around contested identities and lifestyles. Many of these have in turn been mediated by the new social movements oriented around the positionalities of sexuality, gender and youth. Many of these counter-cultural movements have in turn been framed [WM1] and embodied by their commodification in the market. It is, we would argue, this particular combination of new social movements and lifestyle consumerism that distinguishes many of the contemporary practices of embodiment from the corporeal ethics and aesthetics of pre-modernity as well as the industrial disciplines of the body associated with the ‘first’ or classical modernity of the early to mid-twentieth century (Beck and Lau, 2005).

Embodied identities and embodied practices

The importance to ageing studies of a focus on embodied identity and embodied practices flows from an acknowledgement of the changes that have occurred to later life itself and which are not often foregrounded by those researching embodiment in age. As with Öberg’s concern with the drawbacks of Featherstone and Hepworth’s ‘mask of ageing’ approach (Hepworth and Featherstone, 1991), Simon Biggs (1997) has argued that such embodied practices can be seen as a denial of the individual’s ‘real’ embodiment. Where there is acceptance of the validity of different responses these are often presented not as ‘practices of

freedom' but as resistance to regulation and a further process of promoting a repressive ideal of successful ageing which alienates and isolates 'really' older people (Tulle-Winton 1999).

An alternative reading is that identity expressed through the body became a matter of renewed significance during the long sixties when gender and race, disability and sexuality formed new lines of antagonism, competing with, and, for some, replacing the previous 'disembodied' concerns of class, community and nation that had previously dominated social conflicts within Western society. This politicisation of skin colour, sex differences and sexual disposition as well as physical mobility merged with what has been termed the 'rebel sell' (Heath and Potter 2004) of 'counter-cultural' lifestyles. Embodying identity facilitated and helped develop consumerist practices of market segmentation that went beyond issues raised by the new social movements to a more generalised search for recognition (Fluck, 2013). Arguably it was as much 'youth' that was sold as any particular embodied identity – youthful identities, youthful lifestyles – and it was youth in particular that embraced the tropes of identity and individuality promoted by these new social movements.

As the 1960s ended, the marketing of identity became generalised across the life course; a generational marketing of both distinction and style (Gilleard and Higgs, 2011; Moschis, 2009). Style became a matter of 'embodying practices' as the body became a diffuse point of reference in realising not so much fixed identities as distinct and yet fluid lifestyles. As markets expanded the focus of selling lifestyles moved from clothes and cosmetics to the incorporation of a much wider variety of goods and services, creating an endless variety of designs-for-living, of techniques and diets for an attractive physique and methods for achieving an ever elusive fitness. What was once a youth culture now merged with the consumerist preoccupations of the middle aged (Carrigan & Szmigin, 1999; Shukla, 2008). In

addition a new moral imperative for health (Lupton 1995) saw aerobics, jogging, and the workout, target those who desired to maintain and mature their youthful life styles. The public virtue of exercise was not lost on the market; sportswear, footwear, gym memberships, motivational DVDs and videos as well as an unending range of equipment all helped to make a reality of the new embodied lifestyles. Lycra and trainers seemed to ‘embody’ activity, fitness, health not just in mid-life but for those growing yet older (O’Connor 2011). In this newer context, successful ageing equated with active ageing which in turn equated with healthy ageing. Again, while some critics might point out that such a development can be seen as a form of neo-liberal social control (Mendes, 2013), we would argue that its origins lie more in the extension of more individualised approaches to identity than they do in the overt structuring of the dependency or oppression of old age itself.

A wide range of meanings and motives can be discerned in the way embodied practices are oriented toward age, ageing and agedness, ranging from fashion and fitness to cosmetics and leisure, from ‘denying’ to ‘designing’ age (Garnham, 2013; Gilleard and Higgs, 2013). Age is no longer the peripheral social category that it once was for markets and the media (Goldstein, 1968). As Marshall and Rahman have noted, “the promotional and aspirational role of celebrity [is creating] a new pedagogy of the ageing self” one that has shifted its focus from “a trajectory of decline toward a vision ... full of possibilities” (Marshall and Rahman, 2014: 2). Practices that were once oriented toward the realisation of youthful distinction have been extended to all but the very last stages in the lifespan; furthermore, generational distinctions in fashion and music, leisure and lifestyle have become blurred through a process that has been described as the ‘ageing’ of ‘youth culture’ (Hodkinson, 2013). Embodied practices once targeting youth (e.g. make up, music, sports, fashion, etc.) are now marketed as ‘ageless’ methods of exercising agency, maintaining distinction and projecting identity.

Taking such an alternative approach to embodiment differs from much of the work that has followed in the wake of Peter Öberg's paper. However taking such an approach is necessary if we are to fully engage fully with the presence of the body in the study of ageing. This is equally true as it relates to the other dimension of contemporary later life, specifically the 'social imaginary' of what is increasingly termed the fourth age.

The corporeality of age

If embodiment can be viewed as a set of narratives and practices whereby the body serves as a vehicle of agency and identity, including especially those processes framed by a resistance, rejection or re-imagination of traditional/modern ideas of age and ageing, beneath such third age conceits can be found another 'repressed' narrative of 'real old', 'bad old' agedness (Degnen, 2007). Many writers are reluctant to separate out these two contrasting aspects of later life, fearful that if they do it will contribute to the 'dividing practices' operating to marginalise old age (Grenier 2007). In such 'real' old age the body plays an altogether different role; one that is much less serviceable for the social and cultural distinctions of later life that the majority of older citizens living in a second modernity wish to embody. In contrast to the embodiment of ageing, its corporealisation can be said to act as a boundary or barrier to what might otherwise appear as an almost limitless transformation. This might be thought of as old age as the ultimate endgame.

Corporeality can be used to represent this other side of ageing through what has been called 'the fourth age imaginary' (Gilleard and Higgs, 2010; Higgs and Gilleard, 2015). Within this formulation there are a number of different ways that the corporeality of the body can be represented, each serving to dissociate the subjective sense of self as agent from the objective experience of one's body as something apart, something external that compromises the

agentic, desiring self. These are not unfamiliar tropes within ageing studies. First there is the idea of the body as ‘non-self’ – acting at best as a potential barrier to realising one’s ‘true’ self, and at worse as a prison incarcerating self and soul. Such viewpoints disown some or all aspects of the body as failing adequately to represent that which is most real and true about one’s own self. Featherstone and Hepworth for example used this approach in their ‘mask of ageing approach’ where they saw the self progressively becoming a prisoner of an ageing body, one which can no longer physically express its ‘true’ identity. It has of course a much longer history, both in classical philosophy and in medieval scholasticism (Reynolds, 1999). A second aspect of corporeality represents the body as a ‘lesser’ or ‘bad’ self, because it embodies the baser aspects of one’s self, an identity that is less human and less social. This is the body that the philosopher Harry Frankfurt has called ‘the wanton’ - a desiring body incapable of reflexivity and second order motivation, without being capable of wanting or not wanting to have (or to express) those wants that it expresses (Frankfurt, 1971). A third perspective represents the body not so much as a lesser self or as a cage imprisoning the self, but as a ‘betrayal’ or ‘traitor’ to the self or soul. Öberg has employed this idea of ‘bodily betrayals’ to show how episodes such as chronic illness betray the confidence that individuals had in their bodies and how such experiences of betrayal can lead to feelings of confusion, shock and anger at the body’s perceived ‘failure’. In what follows, we shall explore in a little more detail each of these three aspects of corporeality and their various confrontations with the subjective world of selves-as-agents.

Corporeality 1– bodies as ‘other’ [WM3]

The bio-medical fields of neurology and psychiatry provide useful examples of the more extreme ‘dissociations’ that can occur between the inner ‘experiencing’ self and its outer ‘corporeal’ shell. Examples range from the anosagnosias (or the lack of insight) that may

follow stroke through to phantom limb pain, night terrors and hysterical paralyses. Such ‘abnormal’ experiences highlight the potential for bodies to appear alien; to be controlled by processes outside normal understanding or experienced agency. Other so-called ‘normal’ bodily changes such as those associated with puberty, pregnancy, menopause or ageing alter the shape size and function of our bodies in ways that happen to us rather than through ways that are realised by us. There are innumerable embodied practices that then seek to restore, repair or re-model such predictable breaks between self and body; from pregnancy fashion wear to facial hair plucking, from shaving to HRT and hair transplants. Individuals bring to their later life experiences of earlier habitus that continue to serve them well in reconciling each person to their (changing) bodies. Internal psychological changes also help to maintain a consonance between changing bodies and changing selves enabling, in Ricoeur’s terms, the ‘*ipse*’ or ego to manage the problems of ‘*idem*’ or identity (Ricoeur, 1992).

At what point, if at all, does these embodied practice of resistance and reconciliation break down? The range of embodied practices that emphasise reconciling changing bodies to the sense of self-sameness has expanded significantly in consumer culture, increasingly favouring active forms of embodiment over passive ones of adaptation. For Öberg and for Biggs, this lack of adaption is problematic. But at some point people do forego dieting, dyeing their hair, plucking their facial hairs and jogging – though the point of ‘acquiescence’ may be growing later as our lifespans expand (Higgs and Jones, 2009). Illnesses, particularly those associated with major cognitive impairment, intervene more dramatically in peoples’ lives. A classical clinical example of this moment is that of the aged person who no longer recognising themselves in the mirror, addresses their mirror’s reflection as if another person. More commonplace are the moments of surprise when individuals catch themselves out, viewing the ageing/middle aged looking person in the mirror on the street as not themselves,

but as a stranger passing by. This illusion lasts until the person re-adjusts their perception and recognises the stranger as themselves.

Corporeality II – bodies as bad selves.

When Harry Frankfurt pointed out that persons or selves are more than identities or sets of mental competencies, but are most importantly agents with second order volitions that can want (or not want) the wants experienced by individuals, he was drawing attention to an important duality in the agency and subjectivity of individuals; one that serves both to fragment and to unify the idea of the self (Frankfurt, 1971). Even when individuals feel ownership of their bodies, it is also the case that they can reject or resist some aspects of their selves that is nevertheless located within, and owned as, a part of their body. Individuals may feel a strong desire to eat, yet refrain from eating; to urinate, yet refrain from urinating, to have sex, yet refrain from having sex. Part of such restraint was considered by Norbert Elias as part of what he described as ‘the civilising process’, the growth of manners ‘making the modern *man [sic]*’ as it were re[*WM4*]-fashioning our second natures (Elias, 1978).

Many religious traditions have contributed to this distinction between a ‘good self’ and a ‘bad self’ where the bodily aspects of self-hood tend to be labelled part of the latter. An established tradition in the early Christian church, for example, saw agedness as a strength – a source of spiritual virtue – because the weakening of the body with age meant that it was easier for the good self to vanquish the sin that came from within (Burrow, 1986: 151). In the classical Greek and Roman world and through much of the medieval period, it was thought that with age came wisdom gleaned from adversity (Gilleard 2009). Those who manifested this wisdom of age in advance of their chronological years were singled out for particular praise as ‘*puer*’ / ‘*puella*’ *senex* - aged youth (Burrow 1986: 95). In contrast, those who

insisted upon acting younger than their age, by following their urges and expressing, in particular, their sexuality, were ridiculed as puerile – either childish old men or in the case of old women – as *vetula*, the sexually uninhibited ‘cougars’ of the classical and medieval world (Burrow 1986: 154-6; Pratt 2007).

Times change: sexual activity in later life is now viewed as an important component of healthy ageing (Gott 2004; Elders 2010). Impotence and incontinence have become allied failures. Other aspects of age, however, continue to serve as illustrations of the more undesirable aspects of the bad or dirty body, those that are usually associated with poor impulse control and which, rightly or wrongly, are often represented, in the psychiatry of old age, as ‘challenging behaviours’. Instead of ‘uncomely coupling’ (Langland, cited in Burrow 1986: 157), aggression, incontinence and inappropriate eating have come to symbolise the ‘uncivilised’ aspects of age, as incorporated within the diagnosis of Alzheimer’s disease, which has come to represent now all that is most antithetical to a ‘good old age’ (Gilleard and Higgs 2000).

Corporeality III Bodies as betrayers

The third aspect of corporeality that confronts the desiring subject of later life concerns the body as a traitor or betrayer of the self. As in the other two perspectives, this view of corporeality is not confined exclusively to age. For some young people their bodies can be a persistent source of shame and humiliation, undermining the development of a strong sense of self, of agency and identity. Social phobias for example bedevil many people’s lives – fears of blushing, shaking, stuttering or trembling in front of others which are taken as signs betraying the inner ‘fearfulness’ of the subject. Dysmorphobias similarly represent a preoccupation with some bodily feature that renders us flawed, imperfections that betray all

attempts to get on in the world; that displays in bodily form our individual, social ‘weakness’.

The body as traitor is a common aspect of shame in later life. McKee and Gott introduced the concept of ‘the body drop’ that they suggest serves as a potential point of transition between the third age and the fourth age (McKee and Gott 2002: 85). Events such as a fall, an episode of incontinence or of erectile dysfunction are examples of such ‘body drops’.

These authors point to the humiliation felt by older people who see such episodes as symbolic of their own, age associated ‘failings’ to maintain themselves as embodied, agentic subjects.

In the process of development individuals experience growing control over their bodies and through their bodies of the world, including the social world. The expanding competencies of infants and young children to perform an increasing range of tasks valued as signs of autonomy, independence and eventually adulthood may be more or less socially organised, but the direction of progress is hard-wired, from less to more control, a direction that can be witnessed as much in young children with severe learning disabilities as in the ‘gifted’ child. With age come new bodily competencies some of which peak early and others which do so later. Despite accidents and injuries interrupting this progression, there is a general expectation that failures or slip ups will be overcome or compensated for by new alternative skill sets that help move the control of an individual’s own body toward its use in controlling others’ bodies. The parent, the sports coach, the choir master, the team leader, the film director etc. are examples of individuals making such transitions. This direction of travel, this maturing of skill is typically associated with acquiring more not less power with age.

Losing control of one’s more youthful, skilful body as an athlete, dancer or footballer may be compensated for by ex-athletes, ex-footballers, ex-dancers becoming coaches or trainers.

Such arenas of distinct skill can be exchanged upwards, with no social or economic loss and

often a notable gain in ‘capital’. Losing control of one’s body as a normal adult by becoming unable to perform what gerontologists call the ‘activities of daily living’ represents a more thorough betrayal, with less options available in nature or society to have individual power and status restored. Note that there may be less, but not that there are no options.

Throughout the medieval and early modern periods of European history the Doges of Venice would be appointed late in life. Techniques had to be devised to ensure their ability to continue to ascend to the podium and make their various proclamations despite their corporeal weakness (Lewin 2008: 307-8). Such infirmity among their non-elite audiences, on the other hand, meant the impotence of age, pauperdom and possible confinement in the poorhouse.

While society and the family have long offered protection against such betrayals – the care afforded the aged and the widowed is constrained by circumstance. Up until the Second World War, aged widowers would more often retain their position as heads of household while the aged widow would more likely move in with her adult children; serving as much as being served by them (Ruggles, 2007). According to Cowgill and Holmes’ modernization theory, the power and status of older people increased with the development of agriculture and declined with industrialisation as the power of landholding declined while that of labour power increased (Cowgill and Holmes 1972). As Western economies have moved toward a post-industrial form of production, much physical labour power has been replaced by mental labour. Brain power has become of greater value and its loss of greater significance. While third age cultures have supported a variety of embodied practices aimed at preventing or reducing the likelihood of overt corporeal betrayal, fear of the fourth age has become more cerebral – of losing one’s place in society by losing one’s mind. Embodied selves remain

vulnerable. Alzheimer's and the brain form new sites of betrayal (Williams, Higgs and Katz 2012).

Conclusions

Peter Öberg's 1996 paper drew researchers' attention to the 'absent body' in social gerontology, however a re-reading of it also shows that the re-insertion of the body into ageing studies can also be problematic, particularly if his original argument is not extended. Rather than focus upon the mind-body dualism that is the core of his concerns, we have argued that the critical distinction in exploring how the body and the social are connected needs to be through the concepts of 'embodiment' and 'corporeality'. Embodiment we have argued includes both narratives and practices of the body that express identity and realise lifestyles that, to varying degrees, reject resist or reimagine earlier, older views of later life. Within ageing, embodiment is most frequently realised within the cultural fields of the third age. Corporeality, by contrast, represents the body as something that is reacted to – the objectivity of the person rather than his or her subjectivity. It is realised through processes that are largely inaccessible to, but which can be masked or magnified by, the practices of 'embodiment'. Though corporeality shapes the contours of the third age, it is expressed most completely within the imaginary of the fourth age.

Many aspects of the cultures of the third age rely upon embodiment as both identity and lifestyle, and as habitus and field. They privilege the agency and subjectivity of embodiment, particularly as it reflects recognition and distinction. Here, the body is valorised within the discourses of choice, autonomy, self-expression and pleasure as a vehicle for personal and social agency. Since Öberg's 1996 paper many studies have appeared within this broad framework of embodiment – illustrated by such as those by Fileborn et al. (2015),

Isopahkala-Bouret (2015), Phoenix and Orr (2014), Marshall and Katz (2012), Twigg and Majima (2014), Tulle (2007), Ward and Holland (2011) to name just a few.

The social imaginary of the fourth age, in distinction, draws heavily upon the relatively unmediated corporeal dimension of age and ageing. Öberg, like many working in the field, rejects this distinction, treating the submerged aspects of the corporeal as part of a relatively undifferentiated embodiment. This we think is mistaken given the way that it implicitly sets up yet another dualism, that between the acceptance of ageing decline and its transcendence. Such a position has, we believe, limited the approach of those taking the somatic turn in ageing studies. As in Öberg's paper there has too often been an implicit resistance to engaging with the 'cultures of ageing' when these seem to endorse anti-ageing discourses or techniques. On occasion this has led to a position of 'anti-anti-ageing' (Vincent 2009) where a return to notions of an acceptance of decline unto death is seen to be a more integrated position than that of seeking to stave off the signs and stigma of the ageing body. By separating out embodiment and corporeality we are able to go beyond this simple dichotomy and show how both terms form complementary yet distinct frameworks in understanding the ever present body in gerontology. Rather than seek to simplify such distinctions as examples of 'Cartesian dualism' we would argue that they help avoid the reductionism implied by their being but one way of understanding the relationship between the body, society and ageing. The various ways in which the body figures both in the cultures of the third age and in the imaginary of the fourth age demands that we investigate the subtle differences between and within the frameworks of embodiment and corporeality. Exploring the experiences, narratives and representations of the ageing body through such a conceptual framework demands more thought but, we would suggest, may prove more illuminating than simply making the 'absent' present.

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