

Aging and the Body: A Review*

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Abstract

In this article, we examine the existing sociocultural research and theory concerned with the aging body. In particular, we review the body image and embodiment literatures and discuss what is known about how older adults perceive and experience their aging bodies. We analyse how body image is shaped by age, culture, ethnicity, gender, health status, sexual preference, and social class. Additionally, we critically elucidate the embodiment literature as it pertains to illness experiences, sexuality, the everyday management of the aging body, appearance work, and embodied identity. By outlining the key findings, theoretical debates, and substantive discrepancies within the body image and embodiment research and theory, we identify gaps in the literature and forecast future, much-needed avenues of investigation.

Keywords

aging; body image; body work; appearance work; embodiment; gender; identity; sexuality; biographical disruption

It is in and through our bodies that we most immediately experience the social and physical realities of growing older. Whether it is the development of wrinkles, grey hair, or age spots, the onset of health conditions such as arthritis, osteoporosis, or prostate cancer, or the sting of ageism in our social interactions, all of our experiences of aging are invariably embodied. Despite the centrality of corporeality to everyday life, scholars have noted that until recently the body was either missing completely (Turner, 1984) or an absent presence (Oberg, 1996; Shilling, 1993; Williams & Bendelow, 1998), from sociocultural theory and research, including scholarship in social gerontology. Since the 1980s, there has been “a veritable explosion of interest” (Williams & Bendelow, 1998, p. 1) in the topic among social science researchers, and especially as a result of the publishing of *The Body and Society* (Turner, 1984), *The Body: Social Process and Cultural Theory* (Featherstone, Hepworth, & Turner, 1991), *Disciplining Old Age: The Formation of Gerontological Knowledge* (Katz, 1996), and *The Body and Social Theory* (Shilling, 1993).

The purpose of this article is threefold: (a) to review extant sociocultural theorizing and research concerning the aging body, (b) to identify gaps in the literature, and (c) to forecast

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future, much-needed avenues of investigation. To this end, we will outline and discuss the key findings, theoretical debates, and substantive discrepancies from two broad areas of research: body image and embodiment. While the first, *body image*, focuses attention on how older adults perceive and feel about their bodies, the second, *embodiment*, is concerned with experiences in and through the body. Collectively, this research affords us a more nuanced view of the body in later life by drawing attention to corporeality in relation to appearance, daily life, gender norms, health and illness, the intersectionality of age, gender, and culture, and sexuality. We define older adults as individuals aged 65 and older, thereby excluding discussion of issues such as menopause in this review, although we include multi-age studies with a broader chronological definition of later life.

Body Image in Later Life

Defined as “a person’s perceptions, thoughts and feelings about his or her body” (Grogan, 2008, p. 3) as well as the investments that someone makes in personal appearance (Cash, Ancis, & Strachan, 1997; Muth & Cash, 1997; Striegel-Moore & Franko, 2002), body image has been the focus of a wealth of research. To date, the bulk of this literature has tended to centre on young and middle-aged women, with little regard for men’s or older women’s body images. It is perhaps not surprising that younger women’s body image has been more extensively explored, given the privileging of youthfulness in extant definitions of physical attractiveness (Bordo, 2003; Calasanti & Slevin, 2001). Another reason for that exploration is the centrality of appearance to women’s social currency and socialization (Bartky, 1998; Bordo, 2003; Jeffreys, 2005; Rodin, Silberstein, & Striegel-Moore, 1984; Wolf, 1991). As well, greater media attention focuses on young women’s bodies and body work practices relative to young men’s or older individuals’ self-image (Cortese, 2004; Gallagher & Pecot-Hebert, 2007 ; Grogan, 2008).

The body images of older men and women, however, have begun to receive some, albeit still relatively limited, scholarly attention. We will review the available literature pertaining to older men’s and women’s attitudes towards and feelings about their aging bodies as well as the influence of masculinity and femininity norms and ageist ideals of physical attractiveness on their respective body images. To this end, we will situate older adults’ body image in a sociocultural context that equates young, slim, healthy, toned, and wrinkle-free appearances with physical attractiveness and sexual desirability while simultaneously recasting old and old-looking bodies, especially aged female bodies, as unappealing, asexual, and even unworthy of notice (Calasanti & King, 2005; Furman, 1997; Hurd Clarke, 2010; Slevin, 2008, 2010).

Older Men’s Body Image

The majority of the research concerning male body image has focused on younger rather than older men, although a few studies have included older men in their mixed-gender or multi-age samples (Franzoi & Koehler, 1998; Halliwell & Dittmar, 2003; Homan & Boyatzis, 2009; Hurd Clarke, Griffin, & the PACC Research Team, 2008; Kaminski & Hayslip, 2006; McMullin & Cairney, 2004; Reboussin et al., 2000). Collectively, this research suggests that body dissatisfaction is not uncommon among men, particularly

younger men, who frequently express displeasure with their body weights, sizes, and musculature (Furnham, Badmin, & Sneade, 2002; Hatoum & Belle, 2004; Hoyt & Kogan, 2001 ; Labre, 2005 ; Mishkind, Rodin, Silberstein, & Striegel-Moore, 1986; Paxton & Phythian, 1999).

As cultural standards have shifted to privilege an increasingly muscular male physique (Leit, Pope, & Gray, 2001; Pope, Olivardia, Gruber, & Borowiecki, 1999), men are becoming ever more concerned with attaining a culturally sanctioned slim, yet well-toned, athletic figure (Furnham et al., 2002; Hatoum & Belle, 2004; Hoyt & Kogan, 2001 ; Labre, 2005 ; Mishkind et al., 1986 ; Ridgeway & Tylka, 2005). The degree of achievement of idealized muscularity underscores men's levels of body satisfaction, particularly in relation to stomachs, pectoral muscles, and abdomens (Grogan, 2008; Hatoum & Belle, 2004; Hoyt & Kogan, 2001; Labre, 2005; Ridgeway & Tylka, 2005). Thus, Tiggemann, Martins, and Kirkbride (2007) contended that muscularity has become a "normative discontent" (Rodin et al., 1984) for men, just as weight dissatisfaction is for women.

This is not to suggest that men are unconcerned about their body weight, just that the focus of their displeasure has more to do with the achievement of idealized masculinity and, therefore, with muscularity rather than weight loss. Several studies have found that, unlike younger women, men are equally as likely to express a desire to gain weight as they are to want to lose weight (Furnham, et al., 2002; Hatoum & Belle, 2004; Neighbors & Sobal, 2007). For instance, Furnham and colleagues (2002) found that the younger men in their study wished to increase the size of their upper body and decrease their lower body size in order to better approximate the muscular, V-shaped ideal. Interestingly, these researchers also noted that these bodily proportions could be attained by means of a rigorous exercise and weight training routine, and not solely by dieting.

Indeed, research suggests that men largely reject dieting as an acceptable means of achieving an idealized male body and consider it to be a feminine behavior (de Souza & Ciclitira, 2005; Gough, 2007; Grogan, 2008; Grogan & Richards, 2002; O'Brien, Hunt, & Hart, 2009). That said, negative discourses of overweight are prevalent among men, especially younger men, as fatness is frequently equated with values that contrast with hegemonic masculinity, such as lack of control and weakness (Grogan & Richards, 2002). Men who engage in weight loss efforts often conceive of themselves as dieting for more legitimate reasons than women (de Souza & Ciclitira, 2005), and adopt diets that (ostensibly) promote health rather than weight loss, and are thus deemed to be more male-appropriate (Grogan, 2008).

Research that has included older men reveals that they differ from their female counterparts in some interesting ways. For instance, numerous studies have shown that older men express less concern about their appearances and the age-related changes in their bodies and, compared to older women, have higher self-esteem in later life (Demarest & Allen, 2000; Ferraro et al., 2008; McMullin & Cairney, 2004; Oberg & Tornstam, 1999; Pliner, Chaiken, & Flett, 1990; Tiggemann, 1992). A smaller number of studies have found that older men are more likely than older women to experience a decrease in their self-esteem and feelings of attractiveness as they age (Baker & Gringart, 2009; Paxton & Phythian, 1999), a finding

that led Baker and Gringart (2009) to hypothesize that older men are just as susceptible to cultural pressure to maintain a youthful appearance. At the same time, Paxton and Phythian (1999) observed that older men tended to place less value on their appearance as they aged. It is possible that physical decline, and the onset of disfiguring and disabling chronic conditions in later life, play a bigger role than age-related changes in appearance in older men's negative feelings about their bodies (Hurd Clarke et al., 2008; Kaminski & Hayslip, 2006). Kaminski and Hayslip (2006) contended that declines in functioning may affect men in a particularly negative manner, as strength, independence, and able-bodiedness are closely linked to masculine identity, and, therefore, male self-esteem. Shifting gender and societal roles, decreased social support, and changes in socioeconomic status may also affect older men's self-esteem evaluations in later life (Baker & Gringart, 2009).

Much has been made of the double standard of aging whereby older men are thought to have more appearance options and able to be considered distinguished, if not sexy, in advanced age (Sontag, 1997). In contrast, definitions of beauty for women are linked only to youthfulness, and therefore, as they age, older women face social oblivion (Calasanti & Slevin, 2001; Cruikshank, 2003; Halliwell & Dittmar, 2003). McPherson (1990) thus argued that the aging process "enhances a man but progressively destroys a woman" (p. 243). Empirical research, which has examined both younger individuals' perceptions of older people and older people's self-perceptions, has produced mixed results regarding this phenomenon. Several studies have provided some support for the double-standard-of-aging theory, including the research by Deutsch, Zalenski, and Clark (1986) of younger people's evaluations of images of elderly people. This research found that while individuals' evaluations of men's masculinity remained consistent throughout the lifespan, women were judged to be less feminine and attractive as their ages increased (Deutsch et al., 1986). Similarly, in their research with individuals aged 22 to 62, which included an examination of older men's self-perceptions, Halliwell and Dittmar (2003) indicated that even though older men were profoundly displeased with the loss of physical capabilities, they viewed appearance changes in a neutral or even positive manner.

While Berman, O'Nan, and Floyd (1981) found no evidence of the double standard of aging in individuals' private evaluations, when placed in mixed- and same-sex groups, men and women tended to voice judgments that were more in keeping with social norms that denigrated aging women's appearances. Men in particular were more likely to deem older women to be less attractive than older men, especially when they responded publicly in all-male groups. On the other hand, Wilcox (1997) and Oberg and Tornstam (1999) found no evidence of the double standard of aging in the self-perceptions of younger and older men and women. Oberg and Tornstam concluded that there did not appear to be a simple and direct relationship between ageist images of older people, and older women in particular, and the way elderly individuals perceived their bodies. Krekula (2007) has further argued that the double standard of aging thesis fails to account for other "physical dimensions of aging ... such as personal development and self confidence" (p. 165), and so may not fully account for older adults' self-perceptions.

Although little research has explored older gay men's attitudes towards their bodies, research on their younger counterparts has revealed that, compared to heterosexual men, gay

men reported greater feelings of body dissatisfaction (Beren, Hayden, Wilfley, & Grilo, 1996; French, Story, Remafedi, Resnick, & Blum, 1996 ; Lakkis, Ricciardelli, & Williams, 1999; Levesque & Vichesky, 2006; Morrison, Morrison, & Sager, 2004 ; Peplau et al., 2009). Relative to younger heterosexual males, young gay men were less likely to have a positive body image and to perceive themselves to be at a desirable weight (French et al., 1996; Levesque & Vichesky, 2006). Gay men have also been found to be more likely to diet and to engage in bingeing and purging behaviours (French et al., 1996; Lakkis et al., 1999), as well as to aspire to a more muscular physique (Tiggemann et al., 2007).

Some authors have hypothesized that these differences may be attributed to the importance of appearance and heightened body consciousness within gay culture (Drummond, 2006; French et al., 1996; Lakkis et al., 1999; Morrison et al., 2004), and the significance of muscularity as a sign of health in a community that has dealt with the impact of HIV/AIDS (Levesque & Vichesky, 1996). Whereas Drummond (2006) and Halkitis, Green, and Wilton (2004) found that older gay males became more dissatisfied with their overall appearance as they aged, their study participants were seropositive for HIV, making it difficult to differentiate between the effects of aging versus HIV status on the men's body image perceptions. Finally, although the majority of the literature has reported distinct differences between heterosexual and gay men's body image perceptions (Filiault & Drummond, 2009), some studies have suggested that an increase in body dissatisfaction among men in general has contributed to fewer differences among men of differing sexual orientations, as both groups of men continue to aspire to and pursue increasingly thin and muscular body ideals (Morrison et al., 2004; Tiggemann et al., 2007).

Very few studies have provided thorough analyses of the intersection of gender, age, and ethnicity and the effects of culture and ethnicity on older men's body ideals and body image. Research on younger African-American men has indicated that Black men tend to be more satisfied with their bodies than White men, and that they prefer a larger body size (Aruguete, Nickleberry, & Yates, 2004; Miller et al., 2000). Likewise, Reboussin et al. (2000) and Cachelin, Rebeck, Chung, and Pelayo (2002) reported that older African-American men tended to be more satisfied with their bodies than the individuals of European descent in their study. Reboussin et al. (2000) concluded that like their female counterparts, African-American men may be more accepting of heavier figures, which in turn may lead to greater body satisfaction. In contrast, Cachelin and colleagues (2002), whose study found that men and women's preferences for larger physiques increased with their body mass index, suggested that African-American individuals' tendency to be overweight may be related to their acceptance of larger bodies.

Older Women's Body Image

Whereas the research concerning older men's body image has been limited, decidedly more investigation has examined how older women perceive and experience their appearances. In addition to the aforementioned research and theorizing concerning the double standard of aging, studies that have examined older women's body image reveal that, like their younger counterparts, many older women tend to be dissatisfied with their appearances as they continue to express the same levels of discontent found in young and middle-aged women

(Bedford & Johnson, 2005; Grippio & Hill, 2008; Lewis & Cachelin, 2001; Slevin, 2006, 2010; Stevens & Tiggemann, 1998; Tiggemann, 2004; Tiggemann & Lynch, 2001). Body dissatisfaction has been found to be especially prevalent among older women from higher social class backgrounds (Dumas, Laberge, & Straka, 2005; Grogan, 2008; McLaren & Kuh, 2004b). The study by Oberg and Tornstam (1999) has been a notable exception to the general tendency for research to find body dissatisfaction to be ubiquitous among older (as well as younger) women, as their participants reported increased body satisfaction with age. Similarly, while participants in Krekula's (2007) study expressed dissatisfaction with their aged-looking appearances, they also experienced their bodies as a source of pleasure, particularly in relation to exercise and sexuality, as well as a basis of pride as they made "embodied identity claim[s]" (p. 166) through their clothing and ability to remain independent.

There is some debate about whether or not appearance continues to hold the same level of influence on older women's sense of identity and self-esteem. Research has suggested that the means by which older women evaluate their bodies shifts from appearance to physical function (Franzoi & Koehler, 1998; Reboussin et al., 2000). Tiggemann (2004) summarized this literature in this way: "In simple terms, with age women's bodies deteriorate, they remain equally dissatisfied, but it matters less to them" (p. 35). Providing context for this shift in older women's evaluative mechanisms, Hurd (2000) found that even as they expressed displeasure with their aging appearances, the women in her study suggested that the onset of health issues and a concomitant loss of functional abilities led to a re-evaluation of their personal priorities whereby looks became less salient. Dumas and colleagues (2005) reported that both affluent and working-class women became less invested in their appearances in later life, attributing the shift to the changing expectations of significant others as well as the decreased focus on one's outer façade in leisure and volunteer pursuits, presumably as compared to employment milieus.

Even in the face of changing priorities, appearance has continued to be an important issue for older women (Baker & Gringart, 2009; Oberg & Tornstam, 1999; Slevin, 2010). Bedford and Johnson (2005) found that the women in their study continued to feel strong social and internal pressure to attend to their appearances, particularly in relation to their weight "perhaps in order to avoid disapproval" (p. 52). Whereas men emphasize muscularity as the key source of their body image dissatisfaction, weight is a thorny matter for women of all ages. Like their younger counterparts, older women usually identify their weight as a central aspect of their body dissatisfaction (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998; Bedford & Johnson, 2005; Furman, 1997; Hurd, 2000; McLaren & Kuh, 2004a; Slevin, 2006, 2010; Tiggemann & Lynch, 2001; Tunaley, Walsh, & Nicolson, 1999; Winterich, 2007). Moreover, older women often describe past and ongoing efforts to alter or maintain their weight through restrictive diets and/or exercise regimens (Bedford & Johnson, 2005; Hurd Clarke, 2002a; Johnston, Reilly, & Kremer, 2004; Slevin, 2010).

That said, some interesting differences emerge between younger and older women. Even though women tend to gain weight as they age (Chrisler & Ghiz, 1993; Koert & Daniluk, 2010; Rodin et al., 1984), Franzoi and Koehler (1998) found that older women (mean age: 74) were less dissatisfied with their weight than were the younger women (mean age: 19) in

their sample. Tunaley and colleagues (1999) found that the predominantly working class women of European descent in their study considered weight gain to be normative and inevitable in later life and argued that advanced age was a stage of life in which one had earned the right to eat what one wanted, regardless of the physical consequences. Likewise, Lewis and Cachelin (2001) found that while they expressed the same level of dissatisfaction with their weights as middle-aged women, older women were less motivated to diet or to engage in other behaviours designed to reduce their weight.

At the same time, some research suggests that older women resist the thin ideals currently in vogue and prefer more curvaceous bodies similar to those that were valorized in their youth (Hurd Clarke, 2002b). Interestingly, Bessenoff and Del Priore (2007) found that even though they were not well-represented, older women in the media, specifically those featured in 11 women's magazines, also tended to be heavier. The authors speculated that having larger body ideals portrayed for older women in the media would lead to more positive social comparisons than if older women were comparing themselves to younger, thinner models. In this way, stability in women's body dissatisfaction over the life course even in the face of increasing weight is explained by shifting body ideals and normative expectations.

While we are unaware of similar studies with older African-American women, the research with their younger counterparts reveals that they, too, reject the extremes of thinness embodied in the hegemonic beauty ideal (Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Molloy & Herzberger, 1998; Overstreet, Quinn, & Agocha, 2010). They also tend to be less concerned about dieting and thinness (Harris, Walters, & Waschull, 1991), and they prefer to be slightly overweight rather than slightly underweight (Hesse-Biber et al., 2004; Molloy & Herzberger, 1998). Therefore, it is unsurprising that older African-American women generally express much higher body satisfaction than older women of European descent (Reboussin et al., 2000).

The research suggests that acculturation may also play a role in older women's attitudes towards their bodies and their weight. For example, although there have been no body image studies with older Asian women, the research with their younger counterparts indicates that acculturation leads to more positive body attitudes among Chinese immigrants (Sussman, Truong, & Lim, 2007). Similarly, Dunkel, Davidson, and Qurashi (2010) found that older Muslim women living in the United States felt less compelled to achieve the Western ideal of thin beauty than did their younger Muslim female counterparts. Additionally, Kishinevsky's (2004) study of Russian-American mother-daughter-grandmother triads revealed that the middle-aged mothers reported more negative feelings about weight gain than their mothers. Although the mothers engaged in often-severe dieting practices in order to maintain a slim figure that better approximated the North American body ideal, the grandmothers in the study felt that they could retire from feminine beauty work in their old age and dedicate their lives to their families as per Russian custom (Kishinevsky, 2004).

The research concerning lesbian women's appearance satisfaction and attitudes towards their weight has produced conflicting results. Some studies with younger individuals have found that lesbian women are less dissatisfied with their appearances than heterosexual women (Bergeron & Senn, 1998; Herzog, Newman, Yeh, & Warshaw, 1992; Siever, 1994). Thus,

some researchers maintain that alternative beauty standards within the lesbian community serve to buffer lesbian women from the negative influences of conventional beauty ideals (Bergeron & Senn, 1998; Pitman, 2000; Taub, 2003; Winterich, 2007). However, other research indicates that body image dissatisfaction among lesbian women is comparable to that of heterosexual women (Beren et al., 1996; Brand, Rothblum, & Solomon, 1992; Cogan, 1999; Kelly, 2007; Peplau et al., 2009; Slevin, 2006; Striegel-Moore, Tucker, & Hsu, 1990). This latter group of researchers have contended that sexual preference is less determinative of body image dissatisfaction than gender and gender socialization. The limited research with older lesbian women has also resulted in contradictory findings. Winterich (2007), for example, found that even though eight of the 11 lesbian older women in her sample wanted to lose weight, their sense of identity was not as tightly linked to their appearances as the heterosexual older women she interviewed. In contrast, all nine lesbian women in another study (Slevin, 2006) were deeply dissatisfied with their weight and expressed a sense of obligation to discipline their unruly, overweight bodies in order to mitigate aspersions of their moral character.

A number of studies have, in addition to weight, explored older women's feelings about several markers of physical aging, namely grey hair and wrinkles, and how these influence body image. Halliwell and Dittmar (2003) found that all of the women in their study considered aging to be detrimental to their physical appearances. With respect to the limited research on grey hair, the literature indicates that the majority of women perceive grey hair to be an unsettling and unattractive indicator of advanced age, social devaluation, and asexuality (Fairhurst, 1998; Furman, 1997; Gilleard & Higgs, 2000; Hurd Clarke, 2010; Hurd Clarke & Korotchenko, 2010; Symonds & Holland, 2008; Weitz, 2004; Winterich, 2007). That said, some studies (Furman, 1997; Hurd Clarke & Korotchenko, 2010) have also revealed that older women consider naturally white hair to be aesthetically pleasing, or at least an acceptable alternative to naturally coloured hair. Similarly, Winterich (2007) found that lesbians and women of colour were more accepting of grey hair than white, heterosexual, middle-class women.

Very little research exists on older women's perceptions of their bodily and facial wrinkles. Certainly, an increasing number of studies have suggested that older women are becoming ever more amenable to facelifts and the use of non-surgical cosmetic procedures to obfuscate the signs of aging (Hurd Clarke, 2010; Hurd Clarke & Griffin, 2007, 2008; Hurd Clarke, Repta, & Griffin, 2007; Muise & Desmarais, 2010; Slevin, 2006, 2010). In a study specifically exploring the meanings attributed to wrinkles, Hurd Clarke (2002b) found that older women interviewed in 1998 were evenly split between those who viewed wrinkles negatively and those who considered their facial creases to be "badges of honour" (p. 429). In contrast, 10 years later, Hurd Clarke (2010) found that women's perceptions of their wrinkles mirrored available cosmetic procedures such that those wrinkles that could be altered through Botox injections or injectable fillers were viewed pejoratively and assigned negative emotions while those wrinkles around the eyes that were not yet treatable through aesthetic medicine were evaluated more positively. Notably, similar studies have not yet been conducted with lesbian women or women from a variety of cultural backgrounds.

Embodiment in Later Life

Our experiences in and through our aging bodies are best understood in terms of the concept of embodiment. Originating from the work of Merleau-Ponty (1962) and Strauss (1963) and their conceptualization of the “lived body” (Lash, 1991; Leder, 1984), embodiment has been defined as follows: “There is an obvious and prominent fact about human beings: They have bodies and they are bodies. More lucidly, human beings are embodied, just as they are enserved” (Turner, 1984, p. 1). Rather than fragmenting the body into discrete parts (Featherstone & Turner, 1995) or adhering to Cartesian notions of mind-body dualism, the concept of embodiment leads to the consideration of the body as both subject and object (Crossley, 1995; Merleau-Ponty, 1962). In the following discussions, we examine embodiment in later-life literature, with particular attention to illness experiences, sexuality, the everyday management of the aging body, appearance work, and embodied identity. We define appearance work as the use of clothing, cosmetics, dieting, exercise, hair care and other similar practices to maintain or alter one’s appearance.

Embodied Experiences of Illness in Later Life

The majority of the embodiment research with older adults has focussed on illness experiences and has centred on the finding that the body “remains largely unproblematic and taken for granted” (Williams, 1996, p. 24) until individuals face a loss of health and/or declining functional abilities, which serve to bring the physical reality of the body to the forefront of their awareness. Bury (1982) has famously contended that illness often results in a “biographical disruption” (p. 167) whereby “the structures of everyday life and the forms of knowledge which underpin them are disrupted” (p. 169). Specifically, Bury found that rheumatoid arthritis sufferers, aged 24 to 64, experienced disruptions to their “taken-for-granted assumptions and behaviours” (p. 169) as well as to their self-concepts and personal biographies as a result of their disabling symptoms. Building on Bury’s findings and theorizing, researchers have explored how individuals face and negotiate biographical disruption as a result of a wide range of illnesses. These include the following: (a) arthritis (Gibbs, 2008; Sanders, Donovan, & Dieppe, 2002); (b) cancer (Hubbard, Kidd, & Kearney, 2010; Mathieson & Stam, 1995; Reeve, Lloyd-Williams, Payne, & Dowrick, 2010; Roberts & Clarke, 2009); (c) HIV/AIDS (Thorpe, 2009); (d) osteoporosis (Wilkins, 2001); (e) multiple sclerosis (Green, Todd, & Pevalin, 2007); (f) Parkinson’s disease (Gisquet, 2008; Stanley-Hermanns & Engebretson, 2010); and (g) stroke (Becker, 1993; Pound, Gompertz, & Ebrahim, 1998).

Although research initially attended to the experience of illness in later life as a gender-neutral phenomenon (Charmaz, 1994), in recent years a number of studies have investigated how the experience of biographical disruption as a result of poor health is mediated by gender norms. The research concerning masculinity and embodied health reveals that men tend to be ill with more serious and life-threatening diseases, and have a greater likelihood of dying from these illnesses than women (Charmaz, 1994). The centrality of power, independence, and control to masculine identity, and the erosion of masculine roles, practices, and characteristics throughout the illness process create distinctive identity

dilemmas for men with chronic conditions (Cameron & Bernardes, 1998; Charmaz, 1994; Gray, Fitch, Fergus, Mykhalovskiy, & Church, 2002).

Additionally, hegemonic masculinity may play a role in the aetiology of chronic illness and contribute to men's underutilization of health care resources (Cameron & Bernardes, 1998). Several studies have suggested that chronic illness may be more disruptive to middle-aged men than older men because the former more poignantly experience a challenge to their masculine identity and the prospect of aging when they are confronted with chronic illness and disability (Charmaz, 1994; Gibbs, 2008; Gray et al., 2002). Thus, older men tend to express less concern about the social stigma of illness, as they often frame the changes in their bodies as natural, rather than as a threat to their masculinity, strength, or ability to cope (Gibbs, 2008). In contrast, referring specifically to older men with prostate cancer, Oliffe (2009) and Cameron and Bernardes (1998) have suggested that rather than adhering solely to the rigid concept of hegemonic masculinity, older men negotiate new forms of masculinity as they experience and recover from chronic illness.

Several empirical studies have problematized the conceptualization of illness as universally disruptive, and have contended that due to the gradual aging of the body, older adults may experience chronic illness in terms of what Faircloth, Boylstein, Rittman, Young, and Gubrium (2004) referred to as "biographical flow" (p. 242). Indeed, Faircloth and colleagues (2004) argued that "instead of disrupting a biography, an illness ... can be integrated with various social contingencies in constructing a biography that continues to flow across time and space" (p. 256). For example, in their interviews with older men and women with osteoarthritis, Sanders and colleagues (2002) noted that, unlike the younger participants in the Bury (1982) study, many of their elderly study participants perceived arthritis to be an inevitable part of aging and a predictable result of their personal and occupational biographies. Likewise, there have been a number of studies which have found that older adults tend to attribute their symptoms and the resultant consequences of sickness to normal, age-related wear and tear in order to normalize their experiences of ill health (Gignac et al., 2006; Hubbard et al., 2010; Husser & Roberto, 2009). Finally, Williams (2000) observed that the idea of chronic illness as the cause of biographical disruption can be complemented by the notion of biographical disruption as the genesis of illness and disability. Thus, significant biographical ruptures such as emotional trauma may play a role in the development of poor physical and mental health.

The normalization of illness may also be governed by gendered social roles. In their study of older women's cancer narratives, Sinding and Wiernikowski (2008) found that many of their participants, who had previously provided care for their ailing husbands and parents, diminished their own illness-related concerns as they compared their sickness narratives to those of their loved ones. Similarly, female participants in the study by Sanders and colleagues (2002) frequently made social comparisons to their peers in order to portray their own illness experiences as seemingly non-disruptive by comparison. Due to their prior experiences of marginalizing social roles and pre-existing health conditions and disability, several of the female participants in another study (Sinding and Wiernikowski, 2008) did not view chronic illness as a disruptive event, but rather described it as biographically continuous with their previous hardship-filled histories. Sinding and Wiernikowski

concluded that older women presented their illness in such terms because their discourses of health were likely framed by cultural, gendered, and generational ideas about appropriate social and emotional responses to adversity. Thus, the women refrained from complaining about their illnesses, engaged in “self-care talk” (p. 403) that demonstrated their attentiveness to their health, and adopted a positive stance towards the unpleasant consequences of their chronic conditions. In this way, the women endeavoured to diminish the perceived severity of their health issues in light of social norms within which illness as well as susceptibility to illness are regarded as personal flaws.

Investigators have examined the influence of sexual preference on the embodiment of illness in later life. Although some research has examined the mental and sexual health of lesbians, gay men, and bisexual people, the chronic illness experiences of lesbian, gay, bisexual, and transgendered people have been mostly neglected, with the exception of HIV/AIDS in gay and bisexual men and breast cancer in lesbian and bisexual women (Jowett & Peel, 2009). Lipton (2004) has argued that there is a need to acknowledge and study non-HIV illnesses in the gay community, suggesting that it is also important to contextualize gay people’s illness experiences within the historical significance of the HIV epidemic. Lipton also contended that chronic illness has been normalized as a part of life in the gay community through the lens of HIV/AIDS. However, Lipton further noted that even as the phenomenon of HIV/AIDS has created a greater awareness of illness and a strong social support network within the gay community, men with non-HIV related chronic illnesses may be denied access to these resources and services.

In their survey of middle-aged and older gay, lesbian, and bisexual people with chronic conditions that included, but were not limited to, arthritis, diabetes, and chronic fatigue syndrome, Jowett and Peel (2009) found that some participants, whose illnesses could not be framed as “gay and lesbian health issues”, felt excluded and invisible within the gay community. Jowett and Peel also found that many felt out of place in mainly heterosexual support group environments, and expressed a perceived need to affiliate with people who were more like themselves. Whereas many aspects of the experience of ill health, such as pain and fatigue, may be similar among heterosexual, gay, and lesbian people, other challenges remain unique, including social isolation, lack of familial support, and the compounding effect of homophobia (Axtell, 1999; Hanjorgiris, Rath, & O’Neill, 2004; Walden, 2009).

Sexuality and the Aging Body

In addition to the focus on health issues in later life, there has been some embodiment research and theorizing that has explored older men and women’s experiences of sexuality, although the focus has predominantly been on heterosexual individuals. Despite the stereotype of the asexual older adult (Walz, 2002), research has indicated that individuals in later life, especially those who are partnered, value sex and consider it to be an important part of their lives (Gott & Hinchliff, 2003). Seeking to explicate the values and behaviours associated with sexuality, other research has focussed on rates of sexual activity and perceptions of sexual satisfaction. This literature has revealed that the frequency of sexual

intercourse and passionate love often declines in later life as a result of the loss of novelty or the onset of health issues (Connidis, 2006; Kontula & Haavio-Mannila, 2009).

Research has also documented, however, that while later life may be associated with decreased rates of sexual activity, there is not a concomitant loss of sexual desire (Kontula & Haavio-Mannila, 2009). Additionally, older men and women report feeling as happy in their relationships as do younger people, as the role and importance of sexual activity are often redefined in later life, particularly in the face of health issues (Gott & Hinchliffe, 2003; Kontula & Haavio-Mannila, 2009). Although women frequently express less sexual satisfaction than men at older age, Carpenter, Nathanson, and Kim (2006) suggested that it is likely that generational differences between the baby boomers and World War II cohorts, rather than age, underlie this difference. That said, Hinchliffe, Gott, and Wylie (2009) found that older women experienced the loss of sexual desire as a threat to their sense of femininity and womanhood.

A few studies have examined the meanings of sexuality to older adults. Researchers have theorized and explored the relationships between sexuality, masculinity, impotence, and Viagra and other erectile dysfunction medications and treatments in consumer culture (Mamo & Fishman, 2001; Marshall, 2008; Marshall & Katz, 2002). Despite the centrality of sexual virility to cultural discourses of masculinity (Calasanti & King, 2005), the research that has explored older men's responses to sexual difficulties in later life has found that men and their partners tend to downplay the importance of a normative, medicalized definition of a functional erection, as well as the necessity for penetrative intercourse to a satisfying sexual relationship (Gott & Hinchliff, 2003; Potts, Grace, Gavey, & Vares, 2004). Articulating a wide range of sexual experiences and understandings of the use of Viagra, these men challenged the notion of "normal" masculinity and what it meant to "be a man" in relation to erectile function (Potts et al., 2004). Similarly, the research has indicated that older women also redefine sexuality in later life, inasmuch as they emphasize companionship, cuddling, and affection rather than sexual intercourse (Hinchliff & Gott, 2008; Hurd Clarke, 2006).

Everyday Management of the Aging Body

In addition to investigation into the embodiment of illness and the experience of sexuality, research has explored the aging body as it is experienced and managed in everyday life. Encompassing a broad and fledgling spectrum of topics, this area of research investigates many taken-for-granted aspects of daily corporeality, such as sleep and bathing. For example, Hislop and Arber (2003, 2006) have investigated how women (age range: 40 to 70 and older) managed their sleep and sleep disruptions, and how they negotiated physiological changes associated with aging as well as institutional structures such as retirement. Similarly, Twigg (2007) has pioneered research into how the aging body is cared for by others. Specifically, Twigg explored how the naked, older, disabled body is handled, cleaned, and managed as she eloquently described the numerous ways in which the aging body is perceived and experienced with ambivalence.

More research is needed in similar areas to find out how older adults themselves experience the intimate care of their bodies at the hands of others. Indeed, the majority of the research

has continued to conceptualize and explore caregiving from the perspective of those who provide the care. Given that the majority of formal and informal caregivers are female, it would be important to examine how older men experience having their bodies managed by female others. Additionally, research on the management of the body that attends to sexual preference and cultural diversity would broaden our understanding of the embodied experience of growing older.

Appearance Work and the Aging Body

Although no research to date has addressed older men's experiences of appearance work, other than the aforementioned body image research focused on their attitudes towards dieting and exercise to achieve idealized muscularity, a growing body of research has investigated how older women attend to their aging bodies through various forms of beauty work. Baker and Gringart (2009) have noted that although women become more concerned about their health and the physical functioning of their bodies as they age, they also engage in increasing efforts at appearance work in an effort to counteract the effects of physical aging. Indeed, appearance is an important dimension of embodiment and a means by which age is "accomplished or performed" (Laz, 2003, p. 505) similar to the way that West and Zimmerman (1987) suggested that individuals achieve gender. Moreover, appearances are central to the way in which older women experience ageism (Calasanti & Slevin, 2001; Furman, 1997; Hurd Clarke, 2010; Hurd Clarke & Griffin, 2008; Laws, 1995). For example, women are more likely than men to suffer age discrimination in the workplace as a result of their appearances (Duncan & Loretto, 2004; Walker, Grant, Meadows, & Cook, 2007). Women try to appear as youthful as possible, therefore, in order to defend against age stereotyping (Itzin & Phillipson, 1995). To that end, older women engage in a variety of forms of beauty work, including (a) dyeing their hair (Furman, 1997; Hurd Clarke & Korotchenko, 2010; Symonds & Holland, 2008; Weitz, 2004); (b) dieting and exercising (Coupland, 2009; Hurd, 2000; Hurd Clarke, 2002a; Slevin, 2010); (c) sun tanning (Hurd Clarke & Korotchenko, 2010); (d) using make-up (Dellinger & Williams, 1997; Gallagher & Pecot-Hebert, 2007; Hurd Clarke & Bundon, 2009; Paulson & Willig, 2008); (e) engaging with fashion (Fairhurst, 1998; Hurd Clarke & Griffin, 2008; Hurd Clarke, Griffin, & Maliha, 2009; Korotchenko & Hurd Clarke, 2010; Twigg, 2007); and (f) purchasing surgical and non-surgical cosmetic surgery (Brooks, 2010; Hurd Clarke & Griffin, 2008; Kinnunen, 2010; Slevin, 2010).

Age and Embodied Identity

One of the most interesting, and hotly debated, aspects of the aging body has to do with the perceived tensions and discrepancies between one's chronological and felt ages and the sociocultural implications of these divergences. On the one hand, there has been theorizing and research concerning the aging body as a mask that "conceals the essential identity of the person beneath" (Featherstone & Hepworth, 1991, p. 379). On the other, Kaufman (1986) has coined the term "ageless self", stating that "when old people talk about themselves, they express a sense of self that is ageless – an identity that maintains continuity despite the physical and social changes that come with old age" (p. 7).

Numerous studies have documented the phenomenon whereby older adults assert that their chronological ages deviate from their youthful felt identities and ages (see, for example, Barrett, 2003, 2005; Cremin, 1992; Hurd, 1999; Kleinspehn-Ammerlahn, Kotter-Gruhn, & Smith, 2008; Oberg & Tornstam, 2001; Rozario & Derienzis, 2009). Cremin (1992) found that her study participants distinguished between “feeling old” and “being old” from the perspectives of older adults and their adult children. Additionally, some studies have documented the distancing processes that older adults often use to distinguish between themselves and those they deem “old” (Hurd, 1999; Jones, 2006; Lund & Engelsrud, 2008; Rozario & Derienzis, 2009). For instance, in a study of members of a seniors centre (Hurd, 1999), the “not old” were defined as those individuals who were socially engaged and in good health, and who thereby defied ageist stereotypes. Notably, the research indicates that although most older adults feel 10 to 20 years younger than their actual ages (Cleaver & Muller, 2002; Oberg & Tornstam, 2001), poorer health leads to the tendency to feel older than one’s chronological age (Barrett, 2003 ; Hubley & Russell, 2009).

At the same time, a number of sociocultural theorists have called for a more critical examination of the implications of the findings pertaining to subjective identity in later life. Andrews (1999) has stated that the concept of “‘agelessness’ is itself a form of ageism, depriving the old of one of their most hard-earned resources: their age” (p. 301). Andrews (1999) went on to eloquently observe that cultural discourses construct and distinguish between good and bad forms of old age in terms of one’s ability to remain youthful, at the very least, in terms of how an individual feels on the inside. By separating the body from the self, she contended that the aging process leads to “increasing conflict between two camps: on the one side, our corpus, which drags us inevitably into our dreaded old age, and on the other, our spirit, which remains forever young” (p. 301). Building on the work of Andrews (1999), Calasanti and Slevin (2001) urged researchers to move beyond the reporting of older adults’ internalized ageism, evidenced by their embracement of a sense of agelessness or the perceptions of their bodies as masks of their true identities. Calasanti and Slevin put it this way:

This does not mean that we should not listen to the words of the old and place them at the center of our analysis. Instead, we need to go one step further: To situate these words by exposing the cultural contexts that shape them. (p. 185)

As the myriad of anti-aging health treatments continues to grow and cosmetic beauty procedures become increasingly accepted, if not expected, it will become ever more important to critically reflect on and challenge ageist discourses and the cultural bifurcation of the body from the self (Calasanti & Slevin, 2001; Hurd Clarke, 2010).

Conclusions

In this article, we have reviewed the sociocultural research concerning the aging body, with particular emphasis on body image and embodiment. Our choice of these two disparate yet intrinsically linked substantive areas reflects our belief that there is a strong need to capture both the perceptions and the experiences of the aging body from the perspective of older men and women. Acknowledging that our review has been necessarily truncated, we have

sought to highlight what is known, what is debated or contested, and what remains to be investigated.

To summarize, although the body image research focused on older women has continued to increase in scope and depth, the studies that have examined older men are sorely limited. Moreover, no studies have focused exclusively on older men, as the research on their body image has been conducted either via mixed-gender or multi-age study designs. Even more important, there has been insufficient attention to issues of diversity, because the majority of the studies have been focused on heterosexual, middle-class individuals of European descent.

The methodology of many of the body image studies which make comparisons between younger and older adults or that purport to investigate changes over time warrants further comment. Much of the research concerning age effects in body image has employed a cross-sectional design. Consequently, Tiggemann (2004) has rightly pointed out that “they have investigated age differences, rather than age changes” (p. 36). As such, although some of the conclusions that might be derived from this research can be attributed to emergent individual variations, other conclusions could be the result of cohort differences. To better explore the ways in which individual attitudes emerge over the life course, longitudinal research concerning body image in later life is much needed.

Although the research concerning later life embodiment has provided rich insights into what it is like to live in and through a body that is diseased and failing, other areas of research remain much ignored. For example, few studies have analyzed the interplay of femininity norms and older women’s experiences of illness, and none have investigated older men’s concern with and alteration of their appearances. The existing sexuality research, while illuminating an important aspect of growing older, is similarly limited. With a few exceptions – and like the research on body image – the embodiment literature has been deficient in fully uncovering the nuances of diversity and the ways that intersectionality informs older adults’ embodied experiences. As well, there is an urgent need to research how older adults experience the management of their bodies at the hands of various others, including formal and informal caregivers and health care professionals. Finally, it would also be useful to research age and cohort effects as they pertain to various aspects of embodiment in later life.

In closing, the body is central to our experience of growing older and is no longer absent or invisible within the social gerontology literature. As we reflect on the 25th anniversary of the Butterworths special edition and how the aging body has come to the fore in recent decades, we are struck by the astonishing rate at which research on body image and embodiment in later life has developed and broadened, if not revolutionized, our understanding of what it means to be old in today’s society.

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