



Embodiment in Old Age *Cieleśność w okresie starości*

ABSTRACT

RESEARCH OBJECTIVE: This article presents embodiment in relation to four areas of human agency. The findings are part of a larger project on learning to be old.

THE PROBLEM AND RESEARCH METHODS: The main research problem is understanding how strategies, actions, and attitudes toward one's body differ among the study participants in various agency areas. The study is based on a constructivist paradigm and grounded theory methodology.

THE PROCESS OF ARGUMENTATION: Four fields of the agency have been presented on a continuum, where on one side, forces are pushing a person towards dependence, while on the other side, there is the individual's independence. These areas were identified during the analysis of empirical data and allow for a departure from judgmental approaches to aging, serving as model areas for the functioning of an older adult. These areas were used to reflect on the embodiment of older people. Finally, the embodiment category was placed within broader structures such as discourses, concepts, and theoretical knowledge about aging and getting old.

RESEARCH RESULTS: The findings indicate the multidimensional nature of the aging body. Different strategies, actions, and attitudes towards one's embodiment are activated depending on the individual's life situation and social position.

CONCLUSIONS, INNOVATIONS, AND RECOMMENDATIONS: Embodiment occupies a special place in learning to be old. It is one of the primary regulators of this process. As it turns out, self-identification is primarily related to the body. Furthermore, the findings of this study allow moving away from a narrow understanding of aging as physical deterioration and decay.

→ **KEYWORDS:** EMBODIMENT, BODY, AGENCY, OLDER ADULT, QUALITATIVE RESEARCH

STRESZCZENIE

CEL NAUKOWY: Celem artykułu jest ukazanie cielesności w odniesieniu do czterech obszarów sprawczości człowieka. Prezentowane wyniki są częścią większego projektu dotyczącego uczenia się bycia osobą starą.

PROBLEM I METODY BADAWCZE: Głównym problemem badawczym jest zrozumienie, jak różnicują się strategie, działania i postawy wobec własnej cielesności badanych osób w różnych obszarach sprawczości. Badania osadzone zostały w paradygmacie konstrukcjonistycznym i metodologii teorii ugruntowanej.

PROCES WYWODU: Przedstawiono cztery obszary sprawczości umieszczone na kontinuum, gdzie po jednej stronie znajdują się siły wpychające człowieka w zależność, a na drugim jego krańcu usytuowana jest niezależność jednostki. Obszary te wyłonione zostały w ramach prowadzonej analizy materiału empirycznego. Pozwalają one na oderwanie się od wartościujących ujęć starości i stanowią modelowe obszary funkcjonowania osoby starej. Obszary te posłużyły do przeprowadzenia systematycznego namysłu nad cielesnością osób starych. Na końcu kategoria cielesności wpisana została w szersze struktury, jakimi są dyskursy, koncepcje i teoretyczna wiedza o starości i starzeniu się.

WYNIKI ANALIZY NAUKOWEJ: Wyniki analizy wskazują na wielowymiarowość starzejącego się ciała. W zależności od biograficznej sytuacji jednostki, a także społecznego jej usytuowania uruchamiane są różne strategie, działania i postawy wobec własnej cielesności.

WNIOSKI, INNOWACJE, REKOMENDACJE: Cielesność zajmuje szczególne miejsce w procesie uczenia się bycia osobą starą. Jest jednym z podstawowych regulatorów tego procesu. Jak się okazuje, autoidentyfikacja w dużej mierze odnosi się do cielesności. Co więcej, przedstawione wyniki badań pozwalają na zerwanie z wąskim pojmowaniem starości jedynie w kategoriach cielesnej deterioracji i rozpadu.

→ **SŁOWA KLUCZOWE:** CIELESNOŚĆ, CIAŁO, SPRAWCZOŚĆ, CZŁOWIEK STARY, BADANIA JAKOŚCIOWE

Introduction

The article reports the findings of a study that is part of a larger project on learning how to become old. One of the subcategories that emerged during the analysis concerns embodiment. Embodiment is a category that contains both a component of the body as a typical physical object, and the body as a conscious subject that experiences itself. In other words, the body can be simultaneously observed and observing, experienced and experiencing, feeling and aware of sensations (Hetmański, 2021).

The article aims to show embodiment according to four areas of the agency. Specialized literature points out that embodiment is a source as well as an instrument of cognition (Kacperczyk, 2016). Depending on a person's general physical condition, health, or illness, strategies, actions, and attitudes toward one's body differ. These differences can be grasped by looking at embodiment across four analytical areas of the agency, which I write about later in the article.

Methodology

The research is rooted in a constructionist paradigm (Gubrium & Holstein, 2008) and grounded theory methodology (Charmaz, 2009). They assume that the researcher's work is informed by their previous knowledge and perspective, which influences the construction of research categories and theories. The data and the categories or theory are derivative of the researcher's decisions, the perspective he or she uses, his or her previous experiences, or his or her positioning in a given scientific discourse (Charmaz, 2006).

The following research question was posed: *How do the participants' strategies, actions, and attitudes toward their embodiment differ across different areas of agency?*

In order to collect the research material, the semi-structured interview technique was used (Adams, 2015). The study was conducted between 2017 and 2019 in Lodz and selected villages in the province of Lodz. Following the recommendations of the grounded theory methodology, systematic data analysis was conducted simultaneously during data collection (Charmaz, 2009; Konecki, 2000). The participants were informed about the purpose of the research and consented to record the interviews and their use in a scholarly publication. The empirical material consisted of 37 interviews with people over 70 (21 women and 16 men). The transcriptions were imported into NVivo11, and the analysis procedure was performed according to the steps of the grounded theory methodology. Subsequent cases were selected on the basis of current analytical findings, and this selection continued until theoretical saturation of the generated categories was reached.

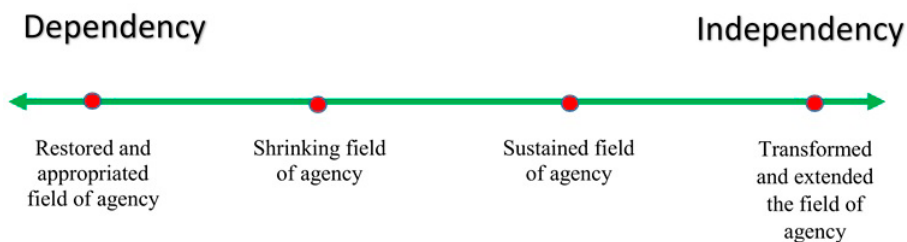
Embodiment across four areas of an elderly person's agency

There are a number of studies on the agency (Ahearn, 1999; Archer, 2013; Elder, 1994). This concept is understood in the context of the individual and refers to the ability/capacity to perform a given action, or a given thing, which implies having the power to influence (authority). In other words, what happened would not have happened if someone had not intervened (Giddens, 1984, p. 9). This is how human subjectivity, understood as a sense of control and influence over the environment, is manifested (Koralewicz & Ziółkowski, 1990).

In constructionist research, priority is placed on the subjects' meanings of their own lives and experiences. Therefore, there are some difficulties in looking at the empirical material obtained from the angle of the existing body of gerontological literature. The literature mentions normal aging, successful aging, pathological aging (Rowe & Kahn, 1987), beautiful aging (Szarota, 2013), and ugly aging (Dubas, 2008). The vast majority of these names are value-laden. Therefore, new categories appear in this article, which shows the processes that emerge from the data analysis differently. A number of topics focusing on the transience of human life and strongly linked to involuntary physical changes can be found in the interviewees' statements. The narrators are aware of the

adverse changes in their bodies in old age and the decline in vitality at the root of their ability to function. Therefore, they undertake various activities to transform, sustain, restore, or accept their agency. Their actions and activities involve not only the area of embodiment but also many other spheres directly unrelated to it. This process can be viewed as a continuum where forces push a person into dependence on one side and independence on the other (see Diagram 1). Both forces are associated with the individual's current and earlier decisions, their biography, their social standing and capital, their material resources, etc., with the important exception that the gradual descent into dependence is additionally conditioned by forces independent of the individual.

Diagram1. Four fields of human agency in old age



Source: own elaboration.

These include the universal law of body aging, the finality of human existence, and bodily demise. Hence, the late adulthood period is constant work of trying to take the best possible position on the continuum at any given time. Thus, considering the possibilities and scope of the individual's agency, it was necessary to find other terms that would not divide the subjects in an evaluative way and, secondly, would show the variety of their experiences within specific categories. Therefore, this article will refer to four areas of human agency in which embodiment is expressed differently.

Transformed and extended the field of agency

In the transformed and extended field of agency, an older adult, despite having crossed the conventional limit of old age,¹ enjoys relatively good health and vitality and engages in many new activities. He or she has a high degree of independence. Here, managing one's embodiment or subduing it is firmly documented. By owning one's body exclusively, a person becomes its creator and material. This manifest among young

¹ In gerontological studies, the most common threshold for old age is 65.

people through changes in appearance, like body adornment or plastic surgery. Such metamorphoses are encouraged by new technologies, among other things.

On the other hand, the body in old age does not so easily undergo modifications. An older adult, like younger generations, undertakes work on his or her body, which goes far beyond mere hygiene. The body is consciously reworked, improved, beautified, and controlled.

In this study, we recorded such practices of disciplining the body as watching what a person eats, seeking advice from a nutritionist, doing weight-loss exercises, improving one's fitness and figure, or going to the swimming pool or the gym. The participants also mentioned a whole range of beautification and age-masking activities. This includes makeup, Botox injections, hair dyes, tattooing eyebrows, visiting a beauty salon, and dressing fashionably. *I am young still. I'm as old as a fifty-year-old. If only judging by my clothes* (Łucja, 81).

In old age, there can be tension between an individual's appearance, embodiment, physiognomy, and functional capabilities, and the inner sense of self-identity and subjective experience of self (Featherstone & Hepworth, 1991). Therefore, an older person may strive to blur these differences, which will involve working on one's body and disciplining and transforming it. Their body is then subjected to various diets and fed with nutrients or supplements. An extreme example of transforming one's body is various types of plastic surgery, especially those without medical justification. In old age, this can mean a whole range of cosmetic procedures through which both women and men can improve their appearance. These include facelifts, wrinkle fillers, abdominal plastic surgery, botox or breast augmentation. Disciplining the body in old age can also be done by working out at the gym.

I started going to the gym there. I would go there to exercise and I did rather light exercises, because well, not all exercises can be done, but it suited me very much. I was going there for a whole year. And also I went to a nutritionist to lose weight. And then I started to feel and function quite differently (Katarzyna, 72).

In modern societies, the body falls under the sphere of power; specifically biopower disciplining embodiment by prescribing patterns of appearance and behavior, controlling births, forcing medical treatment, restricting or prohibiting abortion, and setting the age of sexual initiation, etc. (Foucault, 1998). The discourse of disciplining the body can be internalized. However, despite external pressures from relatives and friends of similar age, not everyone in the generation of older adults succumbs to this type of narrative.

Sustained field of agency

In the sustained field of agency, an individual may also have good health, or his or her health can be so satisfactory that he or she can rely on solutions and patterns of activity from earlier stages of life. Individuals in this agency field have a surplus of energy associated with retirement. They undertake activities to stay as fit as possible. Their goal

is a sense of continuity, i.e., keeping something, like fitness and health, to be disrupted. Therefore, they have a strong need to maintain their current fitness levels. This delays the process of physical aging. These activities are primarily preventive. They can be divided into those where the individual makes efforts on their own to maintain their fitness and where professional medical assistance is involved. In the first case, this can be walking, daily gymnastics, exercises to improve concentration, motor skills or memory, but this can also be healthy eating. *I used to go biking or walking in the woods with my friends, because I live close to it. I live [near – note M.M.] the forest (Anna, 74).*

The second group includes preventive measures requiring regular health monitoring, examinations, or periodic hospital visits. Here, the presence of specialists is required to confirm the current state of health of the subjects. Sometimes they issue a referral for a spa treatment, which is very popular among the participants. Some treat it as an essential part of rehabilitation after a procedure, such as orthopedic surgery, and others as part of a vacation trip to improve their health. *We go to the health spa every three, every two years, depending on if they let me. But I can't find out the information when I will get it, because this year I should get to the sanatorium, but whenever I go on the Internet, it says that there is no such enrollment (Lucjan, 74).*

Shrinking field of agency

In the shrinking field of agency, the individual begins to notice a deterioration of their overall physical condition and a loss of vitality. The main difference between the previously discussed fields is that it is challenging to identify spectacular changes associated with searching for new activities or returning to old passions. To a large extent, older adults' activities are determined by their daily rhythm of simple activities and tasks, such as shopping, preparing and eating meals, and passive leisure pursuits. The subjects commented on the processes that limit their ability to use their bodies as they did until recently. At first, this process is imperceptible. Deterioration occurs gradually, and it is difficult for the participants to identify a moment marking the peak of their physical capabilities. The physical aging process is asymptomatic for the individual up to a certain point. The worsening health and all that is associated with it is externalized in limited fitness and mobility, a decline in the quality of sleep, loss of good eyesight and hearing, rapid visual fatigue, the onset of pains, teeth falling out, prolonged reaction time to stimuli, the need for lengthy rest, the appearance of various physical ailments, bodily frailty, slowed movements, memory problems, difficulties in self-care activities, clumsiness, sluggishness, fainting, and numbness. Participants point to a general decline in physical and vital strength, cited as one factor contributing to the perception of oneself as an older adult. *There are times when I can't put my socks on because it hurts here, it hurts there (Franciszek, 70).*

The perception of deteriorating health and the awareness and observation of one's physical decline appears especially among the oldest people surveyed. They notice the

adverse changes in physical functioning over relatively short intervals (months, a year). These people have fresh memories of how they were doing until recently and realize that things are worse now. It is beginning to dawn on them that these changes are largely irreversible and affect all people in late adulthood. They begin to become aware that there is no possibility of improving their deteriorating health, as was the case at earlier stages of life. This is expressed in an attitude of "it doesn't get any better." Hence, they relativize and redefine what health in old age is. It is no longer the feeling of physical, mental and social well-being but primarily taking such a stance towards one's limitations that allows one to function relatively independently. Redefining what health is in old age allows them to lower the expectations associated with their daily functioning and also make one's capabilities more realistic. *Well, health you know when you're 85 years old, how can you expect health* (Albert, 85).

This can also keep older adults from becoming bitter about their various limitations and defining themselves in terms of inadequacy and lack. A relativized notion of health in old age can also be found among physician-geriatricians, which is expressed in the attitude that there is no cure for old age.

Restored and appropriated field of agency

In the restored and appropriated field of agency, the natural process of involuntary change becomes superimposed on diseases. This can be compared to overlapping layers giving different impressions of one's embodiment. In the first case, the individual is fully aware that he or she is in the restored field of agency, and this is due to the diseases that appeared before they entered late adulthood. The individual takes several measures to protect their health, improve their body, rehabilitate it, and rest. Often such people, while still of working age, experience physical ailments and illnesses that prevent them from working. One of the common steps then is to obtain a pension for total inability to work due to impairment of the body. Obtaining such legal certification allowed the participants to build their narrative around being a disability recipient or an ill person.

The first diseases may also appear long before the conventional boundary of old age is crossed, but are overlooked, which is why such people are active professionally until the legal retirement age. They may complain of reduced physical and mental performance, which they usually explain by the normal aging process or the many years of fatigue in their professional work. At the same time, these are the first symptoms of the disease. Only after the disease has progressed from a latent to an overt phase, which can last for a long time, does the person or those around him begin to understand that they are sick.

Another case is individuals who, after crossing the conventional threshold of old age, experience a decline in vitality and motor and mental performance that decreases with age, caused by universal developmental changes with the simultaneous appearance of various ailments and disease-causing conditions. This can make distinguishing

between the two processes difficult for an individual. When a disease that has not yet been diagnosed develops slowly, a person may experience two types of changes. The first first results from intentional activity, a deliberate way of creating a “self.” This leads the person to say, “I am doing something.” The second refers to internal body changes which are uncontrolled by the person and are most often expressed with the phrase “what is happening to me.” *My legs won't kneel, they won't do anything. This one in particular, nothing* (Helena, 79). It turns out that a person can lose control over his or her own body, which begins to have a life of its own. It does not submit to his or her will. Then a sense of alienation towards (part of) one's embodiment can appear, and anger towards the weakness of the body, which does not follow the owner's will.

Some participants adapt to their new reality after receiving a diagnosis of their illness and taking some remedies. A new state of normalcy emerges. *One gets used to it. So it has subsided, but I don't feel like going to the doctor anymore, because you know how these doctors are. And as I said I'm not going to go anymore. I'm not going to get treatment. Even if it gets worse* (Dorota, 77).

Participants also realize that diseases in old age are unlikely to go away and that they get worse, accompanied by a general decline in mobility. They know that things can get worse with each year, so they do not hold out much hope for improved health or better functioning in the future. They are aware that negative processes in old age accumulate, leading to dependence on others. They think about taking advantage of institutionalized help to avoid becoming a burden. *If I was infirm and could no longer manage on my own, well there are nursing homes, and I would decide to go to a retirement home so as not to become a burden on my children* (Wanda, 76).

The last case under consideration is that of people who, having exceeded the conventional limit of old age, suddenly become ill or suffer from noticeable changes caused by disease. This can include heart attack, stroke, high blood pressure, cataracts, diabetes, blindness, orthopedic ailments, cancer, heart disease, hypertension, Alzheimer's, Parkinson's, and complications from the flu or COVID-19.

Illness often becomes a caesura marking the transition from independence to dependence, and can be equated with the biographical onset of old age.

Narrators struggling with an ailing body complain of pains and physical limitations that force them to withdraw from many of their previous activities. This causes them to slow down their rhythm of life. The patterns of activities established until now become disrupted. Uncontrollable, the body becomes alien to them. Depression, lowered mood, problems with concentration and memory, and many other detrimental changes appear. This is often accompanied by fear of infirmity, dependence, and what will come next. *Moreover [this disease – note by M.M.] it bothers me, bothers me a little, because I can't write as much as I want to* (Aurelia, 84).

Depending on the type of illness, treatment, and resources the older adult has, the lost field of agency can be restored fully or only partially. In the first case, the person returns to their former life in one of the agency fields. In the second case, however, he or she loses some part of his or her independence.

Conclusions and recommendations

Embodiment in late adulthood can be viewed multi-dimensionally. The findings of this study make it possible to move away from a narrow understanding of old age only as a category associated with physical deterioration and bodily decay.

The embodiment of an older adult in the four analytical areas can be inscribed into much broader structures that constitute macroscopic depictions of old age. This provides the context for the social perception of old age. Discourses, concepts, and theoretical knowledge of old age and aging exemplify them. Their summary can be found in Table 1.

Table 1. A theoretical frame of reference for the four fields of agency

Fields of agency	Discourses/theories/concepts
Transformed and extended the field of agency	Neoliberalism; active aging theory; continuity theory; healthy aging; successful aging; productive aging; institutional support for older adults; anti-aging; medicalization of improvements
Sustained field of agency	
Shrinking field of agency	Disengagement theory; gerotranscendence theory; stereotypes about old age; normal aging
Restored and appropriated field of agency	Biomedicalism; theories of biological aging; care and treatment institutions; pathological aging; medicalization, competence theory

Source: own elaboration.

Firstly, the regime of youth demands that we look much younger than we are. The anti-aging industry, plastic surgery, and body adornment contribute to this. A person can also create his or her image in a virtual space. All these changes made to a person's embodiment (real and virtual) significantly impact on identity formation in old age. The anti-aging industry, new technologies, and plastic surgery have brought the aging body under external scrutiny. Delaying the aging process by interfering with one's corporeality and leading an active lifestyle means that the time of middle adulthood associated with productivity, well-being, and the ability to achieve life goals can be stretched far beyond late adulthood. In the case of a shrinking field of agency, we are dealing with a process of withdrawal of the individual from social life, which means a reduction in the number of social interactions with others, a reduction in the amount of interaction with those with whom contact is maintained, and a change in the style of interaction resulting from the social roles of the elderly (Cumming & Henry, 1961). This results from an awareness of the shortening life expectancy and the inevitability of death, and thus one's own existence ending. The cause is the frailty and slow decay of the body where catabolic processes prevail over anabolic ones. This is compounded by negative stereotypes about old age, which contribute significantly to the peripheral social position of seniors. An older adult's appearance, health, and general fitness contribute mainly to this.

In contrast, when it comes to a restored and recaptured field of agency, we are dealing with remedial biomedicalization, where old age is understood in terms of disease as a defect in an organ, or body part that can be repaired, replaced or cured. This includes endoprotheses, pacemakers, and treatment of lung disease, diabetes, stroke, epilepsy, osteoarthritis, obesity, Alzheimer's disease, and Parkinson's disease. Treatment is carried out in the separation of the mind from the patient's body resulting in an excessive focus on the patient's embodiment while ignoring other dimensions of that person's being. The psychological, spiritual, cultural, and social aspects are completely ignored. A person is reduced to his or her body, which disintegrates into a series of dysfunctional parts that can be repaired and replaced (Powell, 2006).

The above matrix and the areas of an older adult's agency open the door for further in-depth research not only on embodiment.

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