The document below may be protected by U.S. Copyright Law.

Copyright Compliance Notice

The copyright law of the United States (Title 17, United States Code) governs the reproduction and distribution of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to reproduce materials. One of these conditions is that the reproduction not be "used for any purpose other than private study, scholarship, or research." Any person who copies or re-distributes this material in any way inconsistent with Title 17 and its "fair use" provisions may be liable for copyright infringement.

This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law.

Learn about Copyright at http://libraryguides.missouri.edu/copyright

If you have any questions or concerns, please contact

Interlibrary Loan

elisi@missouri.edu | (573) 882.1101 | http://library.missouri.edu/services/requestill/

Submit another Interlibrary Loan request at https://ill.mul.missouri.edu

Browse our FAQ http://library.missouri.edu/services/requestill/faq/
CHAPTER SEVEN
THE EVERYDAY VISIBILITY
OF THE AGING BODY
Jaber F. Gubrium and James A. Holstein

It has been a decade since Chris Shilling (1993) alerted us to the "absent presence" of the body in social theory. It has been longer still since Bryan Turner (1984) made the body a primary concern in his discussion of contemporary social life. Until recently, Shilling notes, social theorists had conceptualized the self, identity, and other social forms without explicit reference to the material body. For the most part, the body was simply taken for granted as a background feature of life. As Turner (1992) and others have noted, classical sociology traditionally adopted a disembodied view of its subject matter, providing little or no basis for understanding how social organization related to the somatic groundings of experience.

Many commentators have since heeded these admonitions. The body currently stands center stage in feminist, postmodern, postcolonial, discursive, and critical theoretical discussions of the self and experience. This has made the body more visible than ever as a sociological phenomenon. At the same time, however, other critics such as Hallam, Hockey, and Howarth (1999), believe that the body is currently being located too prominently in the conceptual scheme of things. They ask whether social theory is now overextending the place of the body in experience. In this view, while the body should be acknowledged as a significant social entity, its presence in life cannot be taken for granted. Rather, as Schilling reminds us, the body is an unfinished experiential entity. Its presence is always subject to socially organized interpretation.

Shilling (1993) argues that "the body is most profitably conceptualized as an unfinished biological and social phenomenon which is transformed, within certain limits, as a result of its entry into, and participation in, society."
JABER F. GUBRIM AND JAMES A. HOLSTEIN

(p. 12, emphasis added). This chapter addresses the body in terms of Shilling's reference to both "unfinished" business and "certain limits." On the one hand, the body is an interpreted object of meaning-making actions and, as such, is a continuous project of everyday life. On the other hand, the body also is a concrete set of intrusions into life, an obdurate presence that must be accounted for, placing limits on the free play of meaning-making actions. If the body and its meaning are constructed through the interpretive ebb and flow of everyday experience, it also is a material condition within that same process.

This chapter is concerned, in particular, with the everyday visibility of the aging body. The aging body is continuously unfinished business; it is never simply open to view as patently old and decrepit, remarkably youth-ful, or resilient despite its shortcomings. This stance is contrary to that held by many gerontologists, who tend to view the body in static terms. Even in the later years of life, there are countless interpretive lenses between the body and the eyes of its beholders. Everyday contingencies shape interpretations and meanings, bringing the aging body to light in highly variegated ways. At the same time, the body's physical, material intrusions into life are matters individuals take into consideration as the body enters into experience under its own momentum.

To start, we discuss the visibility of the aging body in relation to two perspectives: the objective body with its intrusive, obdurate presence, and the more variable—even ephemeral—yet ubiquitous everyday body of lived experience. After briefly outlining the perspectives, we turn to the practical management of the presence and meaning of the aging body, considering how visibility can be empirically restricted, almost to the point of elimination or separation from everyday consideration. Still, if this is true in fact, it is too extreme to be the foundation of a more general analytic framework. Accordingly, we attempt to reestablish limits on interpretations of the body that acknowledge its material presence as well as the circumstances that influence interpretation. Ultimately, we conclude that the objective and interpreted bodies are inextricably intertwined in the practice of everyday life.

The Objective Body and the Everyday Body

From one perspective, the body is an object that imposes itself on life. Whether young or old, this is an objective body—a material entity with a physical presence that cannot be totally ignored. It is quite different from the mind, the self, and the emotions, for example, we take them to be more or less hidden behind or inside the body and only represented by gestures and other somatic activities. In contrast, the objective body is "there" for all to behold. It can be observed, evaluated, and responded to, as one might engage other physical entities.

Herbert Blumer (1969) often refers to the natural and evident features of life as "obdurate" realities. The body as a physical entity falls into this category. It is a relatively constant and concrete presence in experience. Distinguishing features of the body are taken as definite, tangible evidence of its status as an object in the world. In this context, the associations and meanings attached to the body are as objectively present as is the body itself. Important characteristics such as gender, age, and race are confidently read from bodily composition, configuration, suppleness, and pigmentation, among many other apparently "unmistakable" signs. Such characteristics form the foundation for the attributed personhood that is necessary for everyday interaction (see, for example, Kessler and McKenna 1978).

The objective body is appraised for a wide array of qualities. As Michel Foucault (1988) and, more recently, Nikolas Rose (1998) argue, an assessment industry has emerged to evaluate the array. Much of this focuses on the body. From infancy to old age, the body is systematically examined, tested, and probed for an endless variety of traits and skills that are believed to lie within. Intelligence, functional ability, locus of control, and memory are only a few of the characteristics that the objective body presents to us.

The everyday body is different (see Nettleton and Watson 1998). This is the body that is taken to be there in practice. It is a material entity suffused with meaning. It is the body that is there because people take it into account when organizing their thoughts, feelings, and actions. In this sense, it is a subjective body. Strictly speaking, this is the body-for-us, the body-for-me, or the body-for-them, depending on who takes it into consideration in responding to themselves and others. It is also the body-on-this-occasion and the body-in-these-circumstances, the result of situational variability in its meaning. It is a hyphenated body because its presence in experience and its salient characteristics depend on what beholders construe them to be.

In contrast to the objective body, the "thereness" of the everyday body cannot be taken for granted. When individuals engage in face-to-face
interaction, they cannot assume that their bodies are attended to in a particular way, if at all. Indeed, they might attend to each other as colleagues or competitors, clever or dim-witted, or pleasant or obnoxious, among a broad range of social and personal categories that frame the subjectivities of life separate from the body. In a given interaction, the body may have little or no relevance in its own right as an object of experience. It may be a virtually unnoticed surface of signs for other considerations.

On occasion, the body itself becomes an object of pointed attention. Its material presence is a central concern for those involved. There are times, for instance, when a person’s intellectual, spiritual, or emotional qualities can distinctly influence others’ perception of that person’s physical body. One can be viscerally repulsed by the mere sight of a “despicable” acquaintance, even though he may be conventionally “enhanced” as the attractiveness of the subject behind (or inside) the body is applied to the surface of signs the body presents to us. The practical consequence is that beauty—or its opposite—is in the eye of the beholder.

The physical body sometimes becomes a commanding presence in the beholders’ interest in life. It is relatively common, for example, for a physical body to be so robust or beautiful (by cultural standards) that it becomes the focus of attention at every turn. Bodybuilders and super models are viewed almost exclusively in somatic terms, which are objectified to the extreme. Interaction commonly proceeds with an orientation to, if not a preoccupation with, bodily attributes. Beauty and physical appearance may overwhelm the presence of more personal, distinguishing traits because a surface of physical signs becomes significant in its own right. The same could be said of the physically deformed or disfigured. In casual encounters, a focus on the unsightliness of the body may profoundly shape (or preclude) interaction. Pretty (or repulsive) faces can be more important than the people and stories behind them.

It is in this sense that the everyday body is unfinished business. While it is a material entity, its presence in life cannot be assumed. Physical states or characteristics are continually subject to definition and evaluation. The body’s material presence in the social world is not constant. Individuals are not just bodies to each other, although there are times and places where this may seem quintessentially so.

THE EVERYDAY VISIBILITY OF THE AGING BODY

Yet not just anything goes. While the presence of the body is subject to the contingencies of interpretive practice, the body’s materiality sits adjacent to what and who we are. Here Shilling’s qualification “within certain limits” comes into play. The practice of everyday life finishes off the body, just as the body presents itself—at times precipitously—as a surface of signs for interpretation. Which one of these is underscored unfolds empirically in the practice of everyday life. Living in a nursing home, for example, is a circumstance that continuously features decrepit bodies. It puts the visibility of the body in a particular light—often the spotlight, so to speak—setting certain conditions for its defining practices. In other circumstances, the body may not come into awareness at all, being a marginal presence to participants’ concerns.

Managing the Body’s Visibility

The aging body is perhaps more likely than other bodies to be viewed as objectively visible; the physical ravages of the later years bring bodily concerns to the fore more than at any other time of life. But lived experience can temper its material intrusions. Both the aging body’s objective presence and its meaningful visibility can be socially managed. Sarah Matthews’ (1979) study of self-identity among older women shows how these women actively influence the everyday visibility of their bodies. Matthews argues that aging and being old are subjectively discerned. The visibility of the aging body is not simply a fact of the everyday landscape of the later years. It is a consequence, rather, of the presentation of self, both the social and the physical.

In introducing her research, Matthews turns directly to the priority of the social over the biological meaning of age for the women she interviewed:

The research...stands as a challenge to the notion of the “naturalness” of old as a social category defined in biology. By putting aside taken-for-granted assumptions about old age, the social worlds of old widows in American society can be seen not as dictated by physical and mental decline but as shaped by social and historical forces. The information for this research are social actors defined as old by the society in which they live and forced to deal with the social meaning of their chronological age. (P. 20–21)
Matthews goes on to describe an "everyday-life" perspective (p. 21), setting the stage for presenting her empirical material. She observed and did in-depth interviews with elderly respondents who attended a local senior center and others who lived in a housing project for older persons, extending this to interviewing and participant observation in the surrounding community. Many of Matthews' leading questions centered on the aging body: How do these older women experience others' reactions to their physical presence? How do they respond to the reactions? The answers to these questions tellingly show how unfinished the aging body is in practice.

One of Matthews' arguments is that others' reactions to older women are significantly related to how well acquainted they are with them. In interview after interview, the women refer to how old they feel in new surroundings, in interacting with strangers, or in public settings where "all everyone seems to see is an old woman." In contrast, the women say that, among friends and in familiar surroundings, others see the person behind physical appearances. For these older women, the aging body is visible as a first set of clues that indicates who they are in situations where nothing else is known about them.

In meeting someone for the first time or when they are out in public, the women have a distinct sense of being viewed as old. The mere appearance of their bodies would seem to suggest to others they are, in fact, aged. Two respondents poignantly recount incidents that go to the significant part of the matter. Passing a group of children on the way to the grocery store, one woman recounts:

I grinned at them because I like children, and one of them looked up and said, "You're ugly, ugly." And I said, "Well, so are you." And one of them was going to hit me with a stick. . . . I was surprised to death. I must have had a long face because I didn't feel very good and it takes all of me to get there and all of me to get back. (P. 79)

Another woman reports the reactions she occasionally receives from other drivers, who figure that, as an old woman, she should not be on the road:

There have been a few occasions with younger people. Well, when I say younger I don't mean in the middle twenties, I mean in the teens. I had the feeling they were saying, "The poor old soul," especially when I used to drive a car. They had the attitude, the look on their face, "What the devil are you doing in a car? You belong home in a rocking chair." (P. 79)

Not just young strangers use the aging body as an initial set of identities. Older people themselves also use the body to assign identities to each other. The "newcomers" who had moved to the settings in which Matthews did her research, for example, were commonly viewed as old. In contrast, "residents" who had become familiar faces were known to others in more biographical-specific terms. Their bodies were less visible as a result. Residents were likely to be known as, say, "John the successful lawyer's mother," "the woman who has always been active in politics," or "the woman whose husband left her and for good reason" (p. 97). The aging body, in other words, is what initially is on display for newcomers in these settings. It is all that is available to categorize them, according to Matthews:

The resident has a reputation; the newcomer is not so lucky. She arrives on the scene already old. Her move to the setting was probably precipitated by a negatively evaluated status passage. Recent retirement, either for herself or her husband, widowhood, or decreased physical capacity are the most likely explanations. . . . The most salient characteristic of newcomers, then, is their oldness and their imputed, and often accepted, devalued status as no longer independent, financially, emotionally, or physically. (P. 97–98)

At first blush, it would seem that the objective body is paramount in assigning identity in these circumstances. These old women, however, do not respond passively to others and their social situations. They actively manage their bodies' social visibility by reducing the number of situations in which they are likely to encounter individuals unfamiliar to them. They literally avoid situations where their aging bodies might be the only salient signs of identity. In support of this, these women suppress other evidence of being old, such as not telling their age and cosmetically trying to appear younger than they are. These efforts work to control their bodies' intrusions into everyday life. The aim is to reduce the salience and significance of their physical presence for designating who and what they are to others.

None of the women Matthews studied believed they were old, even while their bodies sometimes led others to view them that way. Indeed, as
JABER F. GUBRIUM AND JAMES A. HOLSTEIN

Matthews (1979) explains, "Each old person considers herself to be just an ordinary person and forgets whenever possible that she has the trappings of oldness. But when she must attend to the trappings, she explains that she is not what she seems" (p. 76). Some actually express surprise when they view themselves in a mirror, seeing striking evidence of what they could be were it not for their self-management:

I don't feel like I'm seventy-two. I'm surprised when I look in the mirror. I went down to get my hair cut the other day and I'm always surprised when I look down and see all that gray hair, because I don't feel gray-headed. (P. 76)

For these older women, unmitigated physical appearance can vividly present who they could be, were it not for the way they manage their bodies' visibility. For them, it is evident that the aging body is continuously unfinished business. While there are times and places when their objective bodies give them away, so to speak, there are other times and places when this is not so. For these women, the aging body's visibility is "occasioned." It is a complex, hyphenated reality, visible-sometimes but not at other times, visible-for-some, but not-visible-for-others. As Cooley (1902/1964) pointed out decades ago, the self is like a reflection in a social looking glass. An actual physical mirror can make this point abundantly obvious (see Furman 1997). But the women Matthews studied are not trapped in such mirrors. What is reflected are older people in the process of managing the visibility of their aging bodies, not simply aging bodies per se.

Rendering the Body Invisible

If Matthews teaches us how the body's sheer visibility can be managed, Sharon Kaufman (1986) shows us how the body can be rendered all but invisible in everyday life. Kaufman refuses to frame the life stories she hears in her research as the narratives of old people. Her goal, as she puts it, is "to study aging through the expression of individual humanity" (p. 6). Kaufman asks why preclude people's own sense of themselves by defining them from the start in terms of chronological age or the bodily ravages of late life? As Kaufman explains, "The old Americans I studied do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age" (p. 6). This, in effect, brackets age and the body as orienting frameworks for guiding and responding to what is said in the interviews. Methodologically, Kaufman does not assume that age and the body are objective parameters of the lives she studies. Instead, the meaning of the aging body and its consequential visibility are treated as empirical questions. Kaufman thus works against gerontology’s inclination to orient to the aging experience in terms of indisputable facts of embodiment.

The results are remarkable. While her respondents, who are seventy to ninety-seven years of age, do speak of their chronological ages, their appearances, and the travails of longevity, these seem unimportant to them in the narrative scheme of things. As the respondents tell their stories, it is evident that they resist both somatic and chronological framings of their lives. Conventional wisdom, for example, would suggest that these respondents might anchor their life narratives in significant generational experiences, such as having lived through the Great Depression and World War II. Kaufman, however, finds that these historical events and chronological signposts are consigned to the narrative background, just like the respondents' aging bodies. While most of them lived through the Great Depression and World War II and do refer to these events, they do not figure as major themes in their stories. Instead, the respondents construct who and what they are in terms of their own making.

Themes of the respondents’ own making highlight these life narratives, superseding both the body and history. Many themes center on personal values. Three of the people Kaufman interviews provide graphic examples: Millie, who is eighty years old and had been living in a nursing home before Kaufman met her, constructs her life story around the significance of affective ties. Kaufman explains that most of the conversations she had with Millie over the course of the eight months she interviewed her focused on Millie's interpersonal likes and dislikes, especially who she was attracted to, cared for, or loved. Millie uses the word "attach" repeatedly in her narrative: "I grew attached to him and he to me," "I am so attached to her," "We developed an attachment to one another" (p. 33). "Love," too, is a significant part of Millie's vocabulary and, of course, her life story.

While affective ties provide the central meaning for Millie's narrative, it also features themes related to her marriages, her success at
work, her social status, and her self-determination. But even as an eighty-year-old woman, Millie's body is virtually invisible in her commentary. Its absence is noteworthy, given the widespread presumption that the aging body is a central presence in old age. Even though she spent time in a nursing home, this did not lead her to thematicize ailments. Her stint in the nursing facility is conveyed, instead, as a challenge to her self-determination. Challenges posed by her bodily condition are subsumed under the more general assault on her sense of who she was and wanted to be. Millie's narrative features someone who has successfully defended herself against the onslaughts posed by the aging body, hospitalization, and nursing care. Kaufman notes that Millie resolutely resists all efforts to impose a compromised aging body on her daily routine and sense of herself:

Millie has also assumed control over the daily rounds in the facility, a difficult thing to do as many observers of large institutions have noticed. One morning I arrived at the Home at 10:30 to discover that Millie was not in the lounge area, the place I usually found her at that time. She had changed rooms the day before and was now located on another floor. She said to me: "I've been crying. The system is all changed. Upstairs they got me dressed so early. Here they come much later. I can't stand staying down here so long. It's like a morgue." Within two days of this incident, she managed to get written orders from her doctor stating that she was to be dressed and upstairs by 9:30 so she could participate in the exercise class that took place then. (p. 46-47)

Two other respondents, Ben and Stella, assemble their life stories that highlight different themes. Ben, who is seventy-four years old, presents his life as a battle between his sober, responsible side and his carefree, romantic side. The theme crops up repeatedly as he talks of his past, his present, and the years ahead. At one point, this describes himself looking into the mirror and seeing his father, who, he explains, was "a very serious," "no-nonsense guy." Ben adds that this is also the kind of image of himself that he (Ben) conveys to the world, even though, he points out, "I don't feel that way. I feel carefree and happy... and I could easily slide or slip into a romantic adventure" (p. 48). Other themes of Ben's narrative center on his need for financial security and his religion.

THE EVERYDAY VISIBILITY OF THE AGING BODY

Interestingly enough, when Ben looks into the mirror, he does not see his aging body, an aged face, or gray hair. Rather, he sees himself in relation to the two character types that thematize who he is as a person. He does not even contrast who he really is behind an aged body—a contrast that has been featured as the "mask of aging" (Featherstone and Hepworth 1991). The image of a corporeal mask covering the real self does not apply to him. Rather, the dichotomous self he has always felt he was, even into old age, is center stage. Ben's aging body simply is not visible in his story.

Stella was born in 1897 in the rural South. An important theme of her story centers on her need for achievement. According to Stella, "I don't look back at all. I only look forward to what I'm going to do next." Even her past is something she competes with, not something she looks back on or longs for. A second theme relates to the first—her aesthetic sense and desire for perfection. Stella links both themes with a need for relationships that, she explains, prompt her to create new roles for herself. The theme of striving for perfection connects with the two most important people in her life, her late mother and her deceased daughter. Stella describes everything they did as beautiful and perfect. Asked to portray her mother, Stella explains:

She was a creative person, and so pretty! And a perfectionist in everything. Things had to be done just right. And she would never get tired, just going all the time. [Now describing her daughter] She was so talented in art. I couldn't imagine where she got it from. I never had to criticize her for anything. (p. 66-67)

Stella's daughter died at the age of 14. As Kaufman explains, "[It was] a tragic event which had a profound effect on the development of Stella's identity. The child is frozen in Stella's memory on the brink of maturation and promise. There is only perfection to remember" (p. 67). Here again, while Stella is elderly and speaks of her daughter's death, she does not use the aesthetic and perfection themes as the bases of comparison with whom she has now become in old age. Old age is at most a background feature of whom she is now as a person. Once more, the aging body is transparent in the life story. Despite having what Matthews calls the physical "trappings" of oldness, Millie, Ben, and Stella virtually render their
Denying the Aging Body

While some aging bodies are all but transparent, the "obvious" presence of such bodies for others is denied. This is a significant feature of perceptions of the aging body by some caregivers of the elderly. Jaber Gubrium's (1986, 1992) study of the everyday experience of caring for Alzheimer's disease (AD) sufferers illustrates this poignantly. The data Gubrium draws from interviews with caregivers and participant observation in caregiver support groups show that even for so-called vegetables, selfhood can be preserved when bodily evidence suggests that there is virtually nothing left of the person behind the disease. While the term "vegetable" is repugnant, it is nonetheless a common way of referring to those whose diseases have progressed to the point where existence is merely vegetative.

Because such individuals appear to just breathe, eat, and eliminate, and barely respond to external stimuli, they are sometimes said to be "empty shells," the barren result of a "disease that dims bright minds." Of course, not all AD sufferers become vegetative and, indeed, some may seem surprisingly physically fit despite their cognitive impairments. Still, for some sufferers who become vegetative—whose minds not only have failed, but whose postures in some cases have regressed to near-fetal positions—a "hidden" self or mind can be socially preserved through the interpretive efforts of their caregivers and significant others.

With remarkable resolve, some of the AD caregivers who Gubrium studied actively worked to sustain a semblance of self in an otherwise vegetative loved one. They accomplished this through a combination of existential doubt about the death of the self, belief in the sufferer's personhood, and selective attention to what they took to be bodily signs of continued presence in life. Such caregivers could be quite determined in their "self-preserving" efforts, which was evident in discussions about the persistent existence of minds under the circumstances.

An exchange between two support group participants, Jack, a sufferer's spouse, and Sara, another caregiver, is illustrative. Note how, in the following heart-wrenching exchange, Sara casts existential doubt on care-

giver Jack's ruminations about his wife's "living death." When Jack wonders what to think about his wife's very demented condition, Sara raises the distinct possibility that a mind really exists behind what the body hides. Even AD's infamous neurological markers—amyloid plaques and neurofibrillar tangles—are challenged as evidence of the dementia and loss of personhood that lies behind them:

Jack: That's why I'm looking for a nursing home for her. I loved her dearly but she's just not Mary anymore. No matter how hard I try, I can't get myself to believe that she's there anymore. I know how that can keep you going, but there comes a point where all the evidence points the other way. Even at those times (which is not very often) when she's momentarily lucid, I just know that's not her speaking to me but some knee-jerk reaction. You just can't let that sort of thing get your hopes up because then you won't be able to make the kind of decision that's best for everyone all around. You know what I mean?

Sara: Well, I know what you've gone through, and I admire your courage, Jack. But you can't be too sure. How do you really know that what Mary says at times is not one of those few times she's been able to really reach out to you? You don't really know for sure, do you? You don't really know if those little plaques and tangles are in there, do you? I hate to make it hard on you, Jack, but I face the same thing day in and day out with Richard [her husband]. Can I ever finally close him out of my life and say, "Well, it's done. It's over. He's gone"? How do I really know that the poor man isn't hidden somewhere, behind all that confusion, trying to reach out and say, "I love you, Sara"? [She weeps]

Certain physiological evidence—words spoken in putatively "lucid" moments—is read as a positive marker of self. At the same time, neurological signs that all is lost are denied—"You don't even know if those little plaques and tangles are in there"—as Sara defies physical evidence to sustain what she "knows" still exists inside.

In another group meeting, Sara casts direct aspersions on the significance of the aging body for the existence of the self. Her response suggests that what is somatically evident or otherwise in place need not be existentially conclusive. In the process, she virtually tells Rita—a group participant whose husband is very demented—that the body is only a visible
indicator of a mind if one treats it as such, placing the responsibility for being minded on those who have a choice in preserving it:

Rita: I just don’t know what to think or feel. It’s like he’s not even there anymore, and it distresses me something awful. He doesn’t know me. He thinks I’m a strange woman in the house. He shouts and tries to slap me away from him. It’s not like him at all. Most of the time he makes sounds but they sound more like an animal than a person. Do you think he has a mind left? I wish I could just get in there into his head and see what’s going on. Sometimes I get so upset that I just pound on him and yell at him to come out to me. Am I being stupid? I feel that if I don’t do something quick to get at him that he’ll be taken away from me altogether.

Sara: We all have gone through it. I know the feeling. Like you just know in your heart of hearts that he’s in there and that if you let go, that’s it. So you keep on trying and trying and trying. You’ve got to keep the faith, that it’s him and just work at him, ‘cause if you don’t . . . well, I’m afraid we’ve lost them. That’s Alzheimer’s. It’s up to the ones who care because they can’t do for themselves.

For readers who are clinically oriented, these beliefs and actions might seem to be a form of psychological denial. But a clinical view is not the only way to interpret such exchanges. These conversations are also part of the mundane philosophical considerations of everyday life. At times, we all wonder about our selves and the selves of others. In the process, we make decisions and act on what we convince ourselves is “real” or relevant to our own and others’ lives. We continually make judgments about existence and the operating status of our minds, thoughts, and feelings. As Mead (1934) instructed us long ago, selves and minds arise out of, and are part of, social interaction. They are social objects, in effect, and as such can be separated from what in this case is the aging body. As Sara would seem to argue, we are morally implicated in the continued existence of others’ minds and selves: “If you let go, that’s it.”

This has two possible ramifications for the objectively visible body. First, bodily signs do not necessarily tell us what lies within. Second, if we abandon our social responsibility for constructing and preserving selves and minds, the presence of a physical body can be of little practical im-

portance to us. Such practices of denying the aging body, paying attention instead to what the body cannot discern, renders visibility insignificant in its related everyday affairs.

Certain Limits

As variable and constructed as the body’s visibility might seem to be, we do well to remember Shilling’s words of caution: while the body is unfinished business and is transformed in society, its visibility unfolds within certain limits. Kaufman’s respondents, Millie, Ben, and Stella, for example, were relatively healthy, even if they were aged into their eighties. Their lives were not enmeshed in incapacitating illnesses, physical breakdowns, or dementia. Likewise, the older women Matthews interviewed were in fair health and had relatively sound bodies and minds. They were not forced by frailty to be sedentary; they could control their whereabouts and encounters with others. The interpretive work these individuals undertook to manage the visibility of their aging bodies was made possible in part because their bodies cooperated in their interpretive ventures. Their bodies were serviceable—if unobtrusive—resources for constructing and managing the selves these older people worked to promote. Had their “obdurate” bodies been more recalcitrant—had they limited mobility, compromised communication skills, or required more than a modicum of special care—their visibility would have been far more difficult to manage. (See, for example, Pollner and McDonald-Wickler, 1985, for an instance where the objective conditions of the body seem to work harder against interpretation.)

Indeed, the aging body can intrude deeply into everyday life. It can try the interpretive fortitude and bodily transparency of the most insistent caregiver and most resistant old people. Still, such intrusions do not impose meaning on their own terms. Neither the subjective contours of embodiment nor the objective status of the body determines the other. There is a dynamic interplay between the two in practice. If the visibility of certain bodies is strictly limited for all practical purposes—such as among the friends and acquaintances of Matthews’ respondents—this does not mean that these women fail to take their bodies into account on other occasions. The sudden company of strangers or the aches and pains of getting about on foot during the day are occasional reminders that the objective body
is a reality that more or less makes itself present in life. If the body seems starkly visible—as if we were insisting on being the center of attention—it does not mean that its presence will necessarily engulf the lives of those concerned twenty-four hours a day. The visibility of the glaringly aging body is constructed in relation to, not separate from, the practice of everyday life. Certain limits may come in the form of trenchant intrusions, but these do not abrogate interpretive practice.

Kathy Charmaz's (1991) research on the experience of serious chronic illness nicely illustrates this point. Charmaz asks how those who suffer from illnesses such as cancer, lupus erythematosus, multiple sclerosis, arthritis, and cardiovascular disease construct their lives in relation to illness. Rather than assuming that such illnesses set objective limits on meaning-making, Charmaz takes her point of departure from the illnesses' everyday experience.

From in-depth interviews conducted over a number of years with 110 individuals, most of whom are older adults, Charmaz quickly learns that chronic illness affects the self in a way that acute illness does not. This is a difference in kind, not just degree. Assuming that one recovers from an acute illness, the illness runs its course fairly quickly and those affected return to their “normal” lives, once again taking their now relatively transparent bodies for granted. In contrast, those suffering from serious chronic illness live in relation to their illnesses for long periods. This results in life reconstructions that shift with the persistent—if fluctuating—pains and inconveniences posed by the illnesses. The visibility and meaning of the body alternate in the process.

Charmaz's interviews show that individuals can construct their illnesses in distinctly different fashions. Their definitions of their illness experience are affected by their place in the trajectory of the illness, as well as by the problems of daily living posed by specific symptoms. The visibility of a chronic illness sufferer's body moves into and out of view in the course of related experiences. Charmaz focuses on three types of response—chronic illness as life interruption, chronic illness as intrusive to life, and life as immersed in illness. As she takes us through her material and we hear respondents describe themselves, we learn that these are different ways of experiencing chronic illness; they are not each characteristic of particular individuals. The same individual may at times construct his or her illness as merely intrusive in his or her life and, at other times, construct life as immersed in the illness.

Respondents frame this in terms of “good days” and “bad days.” On bad days, one may become immersed in one's illness, with the resulting pathological implications for one's identity. These are days when the aging body is felt to be most visible, the objective chronicity of which seems to predominate. On good days, one's illness may be experienced as having been a passing interruption in life. The individual is otherwise mostly engaged in the normal rhythms of daily living. On these days, the aging body recedes into the background of experience to become experientially invisible. The overall effect is that we are witness to subjects who not only construct the meaning of chronic illness, but who do so in relation to their bodies' fluctuating symptomatological presence in life. These subjects are not experimental robots, continuously caught in the subjective pathologies of their bodies. Instead, they take account of the changing experiential contours of chronic illness in discerning who and what they are as sufferers.

Charmaz explains that "each way of experiencing and defining illness has different implications for self and for meanings of time" (p. ix). Repeatedly, the respondents couple statements about the ups and downs of their illness with thoughts about themselves, how their lives have changed, and what this means to them in the immediate scheme of things. Serious chronic illness and its daily vicissitudes are not just another series of embodied assaults on one's being, Charmaz explains, but make for complex and continuing changes in who one is as a person. Chronic illnesses, in other words, are more than sicknesses; their fluctuations provide the bases for repeatedly redesigning the selves their sufferers live by. To use Arthur Frank's (1995) telling language, these are identities that are “wounded” with little to hope for on bad days and, for the same individuals, identities that resiliently spring forth in fine health and promising futures on good days.

All this might easily have been missed had Charmaz oriented to her respondents' selves as having physical limits placed on them by their bodies. The underlying lesson here is that we shortchange our understanding of everyday life when we allow the objective body to interpretively overshadow a view to its subjective understanding. Equally instructive, especially for the discipline of gerontology, is the lesson that the experience of the aging body is occasioned and not fixed by a particular stage or condition of life (see Holstein and Gubrium 2000a, 2000b, 2002). At the
same time, it is apparent that the objective body does intrude, materially challenging the interpretive acumen of its subjects. The everyday visibility of the body in chronic illness is limited in practice by both the body's fluctuating infirmity and the meanings constructed in relation to this fluctuation.

As important as they are, the aging body's objective fluctuations are not the only limits on its unfinished business. Limits also derive from the variety of institutions that influence the interpretation of bodies. Institutions of all kinds—from nursing homes to caregiver support groups and spiritual fellowships—provide established and localized ways of viewing the bodies presented within them (Gubrium and Holstein forthcoming). Nursing homes, for example, are settings in which the body comes into view as sick and close to death. While, of course, not all residents in such facilities are physically incapacitated, nor are they all terminally ill, it is nonetheless an environment where talk and action unfolds with these conditions discursively foregrounded (Gubrium and Holstein 2001b).

Again, this is not to suggest that such limits determine how the body is viewed or considered in these settings. Rather, these are conditions taken into account in the practice of making bodies meaningful. In listening to nursing home residents speak about their lives, it is evident that they construct who and what they are in relation to the "conditions of possibility" (Foucault 1979) for bodies typified in nursing facilities, not to mention the specific objective conditions of these bodies themselves. At the same time, residents supply biographical particulars of their own to specify the related interpretive interplay (Gubrium 1993, [1975] 1997). The visibility of the body is thus a confluence of personal, physical, situational, and institutional factors that are interpretively sorted in practice. While aging bodies in nursing facilities are typically made visible in terms of frailty, sickness, and death, there is not a standard interpretive template for highlighting the body. Indeed, there is considerable variation in the bodily images that emerge. And, interestingly enough, they are not always formal institutional images, nor are they necessarily somber and expresing.

In the following conversation, two wheelchair-bound African American nursing home residents discuss the vegetative identity of a fellow resident. The fellow resident, Miss Casey, is a known vegetable, partly because of the location of her bed in the nursing facility, where the "bags

of bones" are placed. Note how Muriel and Ruby, the wheelchair-bound residents, humorously use Miss Casey's vegetative status to construct the visibility of their bodies in nursing home terms but incorporating biographical particulars of their own in the process:

Muriel: Don't know how you stand it, girl. Why you go over there, down there by those rooms? I saw you lookin' in there.

Ruby: What you mean? I was just passin'. That Miss Casey, the one just over yonder, couple doors over there? Oh my, she is a bag of bones. Oh, weel! She's just in there in bed and she's on her back. You be hardly knowin' she's alive. They got her hooked up to all kinds of stuff. Her mouth's hangin' open, like that. [Imitates Miss Casey] Oh, weel!

Muriel: That one's a vegetable. Sweet Jesus, I don't know why they keep 'em alive. What good are they? The bags of bones they have in the place, it gives me the chills when I see 'em. I don't know how you can stand it, Ruby. Why do you look there, girl?

Ruby: Who you talkin' to?

Muriel: You, girl. [Chiding Ruby] You thinkin' of bein' one of them there vegetables? You look like you gottin' pretty skinny. I'll get me one of those pills that knock me dead before I get like that!

Ruby: I'm no vegetable! Look at you, girl. That nappy hair look like of' dried up corn silk. You better watch out, in a place like this here I can see you in one of those beds down there, like ol' Miss Casey. I be comin' down that hall and look in there and there you is, mouth open like this [imitates Miss Casey], like an ol' dried up melon, oozin' and brutin'.

Muriel: Now look at you, Ruby. You already a bag of bones. You all skin and bones! You no vegetable, you a skeleton!

Ruby: Oh, weel! What you talkin' about, girl? You got no behind!

Muriel: I'm leavin' this ol' place tomorrow. This here is borntown. Ain't gonna be one of them vegetables like you Ruby. You gonna look at 'em so much, you gonna be one of 'em. [Laughing] You turnin' green already!

As the women banter and laugh about the bags of bones, Muriel describes how chilling it is to wheel past the vegetables, asserting that she would take a suicide pill before she would let herself come to that. Joking with each other, their own bodies come alive as a complex surface of related signs that take on meaning within their institutional context. The residents use and embellish what they know about their neighbor "Miss
CASEY F. GUBRIUM AND JAMES A. HOLSTEIN

Casey" to concretely describe what they themselves could become. With wit and sarcasm, the women present their bodies and selves, discursively constructing them and, in the process, bringing them into view out of both biographically relevant and institutionally significant linkages. Using recognizable terms, they indicate who and what they themselves could become "in a place like this here." If these women humorously construct the visibility of their own bodies, they do so in relation to the nursing home's vernacular of embodiment. Shilling's certain limits are in place, of course, as they mediate the unfinished business of this segment of these residents' everyday lives.

Conclusion

Following Shilling's suggestion, we have approached the visibility of the aging body by drawing on contrasting objective and everyday perspectives. An everyday perspective brought the aging body into view as unfinished interpretive business. From this angle, we looked on the aging body as a project of interpretive practice. Rather than taking for granted that the aging body was an objective entity with a constant presence in experience, we explored the varied ways that the body is both highlighted and recedes from attention in everyday life. From the management of its visibility to its displacement by more significant concerns, the visibility of the aging body is articulated in relation to the competing circumstances and priorities at hand. This perspective ultimately suggests that the aging body, even in frailty, is not a constant presence in life, but, rather, is an object of experience that is continuously subject to meaning-making action.

The objective perspective emphasizes the aging body's independent "effects" on experience. But in the context of everyday life, a better word would be "invasion." The latter suggests that while the objective body may shape experience, it does not determine it. The body is a presence that is taken into account when assigning meaning to the lives of aging persons. From daily fluctuations in the status of serious chronic illness to the body-conscious environments of nursing homes, the aging body intrudes and insists on its attendant visibility. This body has no essential meaning; its insistence is only a demand for meaning. It leaves open to interpretation the many ways that beholders can take it into account. Both certain limits and unfinished business are implicated in the process.

THE EVERYDAY VISIBILITY OF THE AGING BODY

The visibility of the aging body, in practice, is a product of the constant interplay between obdurate, objective features of the body and the meaning-making activities and circumstances in which the body is encountered and interpreted. Documenting its resulting social organization gives us further insight into the body as a gerontological object. Emphasizing everyday interpretive practice permits us to treat the visibility of the aging body as an ongoing interactional project that is subject to the working intrusions of embodiment—two aspects of the body that are continuously intertwined. Aging, as a result, is disentangled from the body per se and inserted into the interpretive contingencies of being old.

This view has distinctive research implications. To start, it is important to resist the urge to assign independent priority to either the objective or the fully subjective body. Second, it is imperative that the ordinary, everyday contours of the aging body take center stage in orienting to questions of visibility. This means focusing on how the body presents itself to, and is understood by, all concerned—both those whose bodies are the topic of interest and those who attend to these bodies. Third, we do well to document the practical interplay between the aging body as an interpretive project and the aging body as an obdurate intrusion. The empirical outcome will be portraits and understandings of bodily visibility grounded in the broad everyday experiences of embodiment.

References

Blumer, H.

Charmaz, K.

Cooley, C. H.

Featherstone, M., and M. Hepworth
JABER F. GUBRIUM AND JAMES A. HOLSTEIN

Foucault, M.

Frank, A. W.

Furman, F. K.

Gubrium, J. F.

Gubrium, J. F.

Gubrium, J. F.

Hallam, E. J., Hockley, and G. Howarth

Holstein, J. A., and J. F. Gubrium
2000a Constructing the Life Course. Lanham, Md.: AltaMira Press.

Hofman, S. R.

THE EVERYDAY VISIBILITY OF THE AGING BODY

Kessler, S. I., and W. McKenna

Matthews, S.

Mead, G. H.

Nettleton, S., and J. Watson, eds.

Pollner, M., and L. McDonald-Wilder

Rose, N.

Shilling, C.

Turner, B. S.

Turner, B. S.