

AGEING AND BODY CAPITAL

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BODY OR CORPOREAL CAPITAL IN LATER LIFE

The social divisions within later life overshadow its salience as 'old age'

These divisions reflect the echoes of earlier inequalities compounded by new sources of inequality

What resources or types of capital determine one's social location in later life?

Body capital represents one such source

TWO FRAMEWORKS FOR EXPLORING BODY CAPITAL

- Human capital theory (Becker)
- Forms of capital theory (Bourdieu)

HEALTH AND HUMAN CAPITAL THEORY

1950s economists at University of Chicago framed human capital as a strictly economic concept

It is a form of capital because it is a source of future earnings, future satisfactions or both. It is human because it is an integral part of man (sic) (Schultz 1972)

Ignored equally by classical economics and Marxian economists, variance in human capital accounts for variance both in the productivity and earnings from what otherwise is treated as undifferentiated labour

But human capital is imbedded in the person investing, is therefore limited and eventually can yield only diminishing returns

HEALTH CAPITAL THEORY - I

- Becker's work focused on training and education as 'investments', translating the 'costs' of investment (years of education = years of not earning) with their lifetime returns (graduates earn more, and get more further training, leading to a progressive growth in earnings)
- Michael Grossman developed a model that focused upon health and the optimal investment in increasing longevity
- Stock of health an asset that tends to decline over time, whose rate of depreciation is influenced by the expenditure of health via work and leisure activities and the access and quality of medical care to repair health shocks
- Old age is a time of spending down health capital but also offers limited scope for repair – so why spend a lot on that – it's wasteful ...while early in working life the returns are greater
- Early version of the 'age as leveller' hypothesis

HEALTH CAPITAL THEORY - II

- Case and Deaton (2006: 188)

“people have three kinds of capital: health capital in the form of the health of their bodies, human capital in the form of education and physical or financial capital in the form of assets. The first of these is more equally distributed across people than the other two...

...they are to some extent substitutable in generating earnings as well as in generating utility from earnings...

...so people who have less human and financial capital have little choice but to rely more heavily on their health capital”

FORMS OF CAPITAL - I

- “from the very beginning...human capital [theory] despite its humanistic connotations did not move beyond economism” (Bourdieu 1986: 48)
- Bourdieu argued that the individualist approach of human capital theory ignored the cultural and social contexts that rendered human capital socially contingent
- He proposed the existence of ‘forms’ of capital, each providing a context and constraint on their yields whether framed as social distinction, social standing or social well-being
- Financial cultural and social capitals were all contributors to human capital
- Health seen as something determined, by other divisions, not a determining source of division
- The social gradient of health, etc.

FORMS OF CAPITAL - II

- While health capital has languished within the fields of economics, more generalised notions of bodily capital have evolved from Bourdieu
- The first example is Loic Wacquant's work on boxers, their 'bodily capital' and their 'bodily labour' (Wacquant, 1995)
- The second is Michael's use of 'sexual capital' whereby sexual partner and practice choices are seen as investments in (or disinvestment in) healthy sex or sexual health (Michael, 2001)
- A third is Christine Hakim's writing on 'erotic capital' and what she described as the increasing returns from attractiveness, beauty, self presentation, expressive sexuality, social skills and interpersonal vivacity (Hakim, 2010)
- A fourth is Mears' notion of 'embodied cultural capital' and the deliberate cultivation of attitude, look and style among salespersons (Mears, 2014)

CORPOREALITY AND EMBODIMENT

- Mears' concept of 'embodied corporeal capital' raises the question of how best to delineate body capital
- Gilleard and Higgs have sought to distinguish 'embodiment' from 'corporeality'
- The former indicates agency and the performance, both habitual and deliberate, of roles and lifestyles through the body
- The latter indicates the facticity of the body, shorn of all its dress and demeanour – its status as product not performance

HOW DOES BODY CAPITAL OPERATE IN LATER LIFE ?

- While embodiment forms a central feature in the expression and social realisation of third age cultures, the corporeality of age acts more as a threat – like the old threat of ending up a pauper
- The dimensions of that threat are the dimensions of inequality
 - Ugly versus attractive
 - Slow and sluggish versus quick and lively
 - Fit and hearty versus frail and feeble
 - Still desiring versus undesirable

CORPOREAL CLASSES AND CORPOREAL INEQUALITIES

- One's status in later life as fit versus frail has implications for social exclusion, the realisation of autonomy, choice and pleasure
- While social gradient may operate, their key period of influence is in health during working life, not in later life
- Age not income is the key factor influencing frailty, feebleness immobility and impairment
- While other social divisions mediate this impact, this inequality, they are less determinant than agedness
- If as Grossman assumed, the returns on investment in health diminish with age, there is even less incentive for poorer people to 'spend' their resources on 'health promotion' than richer people since the former have so little discretionary spending power to waste on achieving 'distinction'
- If on the other hand the consumption of health care and its related cosmeceutical and nutraceutical products had any significant impact on repairing spent bodily capital, then that might be a different kettle of fish

CONCLUDING REMARKS

- Old age has shifted from its status as a category to a social location we designate as 'later life'
- Simplistic notions of class and inequality do not help much to unravel the complex relations of later life
- Differentiation and distinction do not map so easily onto its social location but both corporeality and embodiment play their part
- Contingencies and intersections play a role in locating the opportunities and restrictions experienced by older people.
- This also includes the restrictions of corporeality
- The social individualisation of later life does not negate the existence of structuring influences operating within it
- But age and ageing make a difference to how we understand social divisions.
- Later life can no longer be ignored as was the case when old age was a marginal category of analysis and restricting its boundaries to one pole of inequality is obviously unsatisfactory
- However it is equally unsatisfactory to ignore the role of age's corporeal presence within society as a divide between and within the life course

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