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MASK AND SHAME OF AGEING

Introduction

The concept of ageing as a mask is extremely pronounced and heuristically fruitful when we reflect on the social importance of body image, the perception of body, and the sense of identity. This is a very dynamic concept, because the cultural symbol of a mask is full of semantic wealth that creates metaphors and reveals an inspiring catalog of figures of thought. A mask functions as a cover, a stigma or a privilege; it manifests identity or its loss; a mask of disease and suffering — masked faces; a mask of transgression, etc. Due to symbolic interaction and the theatricality of social life, we use the symbol of a mask as a notion, though this notion sets traps, as it imposes its own meanings with a strong axiological tone: a mask — falsity, hypocrisy, affectation; dropping a mask — authenticity, truth, being natural. Therefore, this “metaphorical loop” tempts to raise trivial issues such as the following statements: “we all wear masks,” “our authentic “I” is hidden beneath our bodies” etc.

The starting point for the discussion is the concept developed by M. Featherstone and M. Hepworth [1999]. According to these authors, a mask of old age expresses the tension between experiencing the aging body and the inner sense of identity. It should be, however, noted that the ageing body was not something that sociology was able to come to grips with easily. According to B.S. Turner, ageing, in the physiological and socio-cultural perspective, belongs to gerontology, geriatrics, and, often in the context of social stratification, to sociology [1995, 250; 2008, 35].

Therefore, both the phenomenological and the aesthetic-phenomenological approach to the body and old age seem to be

essential in sociology since the body becomes an image and a place of images experienced in the culture of media, in the contemporary culture of pictoriality, where perception and visibility constitute fundamental tools on which we build social relations. Such a perspective is all the more necessary if we interpret the aging body as a mask.

B. S. Turner has formulated a critical opinion on self-reflection, which undertakes the issue of self-regulation, self-awareness, self-reflection, and identity in the context of U. Beck's [1986] and A. Giddens's [1991] thought on intimacy: "it has very little or nothing to say about the aging body, the image of body and the tension between the inside/outside aging body and the reflexive self" [Turner in 1995, 259]. This is certainly true, but the concepts of U. Beck from "Risikogesellschaft" [1986] and of A. Giddens from "Modernity and Self-Identity" [1991] offer tools and main literary traits to discuss the problem of experiencing aging body and its social significance. U. Beck explained why we had become naked bodies in the labor market as a result of the discontinuation of historical continuum and as a consequence of the process of individualization. However, A. Giddens explained how people make this body, without clothes and attributes of tradition, an existential project, a biographical narrative, a premise of our identity.

The concept of body as a mask, and, most of all, the concept of aging body as a mask, primarily refers to the way of experiencing the body with regard to our identity. Experiencing the body as a mask results from the relation between body image in the context of its appearance and condition, as well as of our sense of identity, which has been built on experiencing own body to the full (physical component of identity). This perspective has been exemplified by M. Featherstone and M. Hepworth:

"the image of the mask alerts us to the possibility that a distance or tension exists between the external appearance of the face and body and their functional capacities, and the internal or subjective sense or experience of personal identity which is likely to become more prominent in our consciousness as we grow older" [Featherstone, Hepworth 1999, 382].

This tension has both social sources (lost visibility and reduced social significance, also in terms of being exposed to social prejudices

and discrimination) and subjective sources (a lack of body acceptance, no consent to restrictions or a loss of certain physical abilities). Just as the identity of a young person is embodied in his or her body image and physical condition, so an aging body influences the sense of one's identity and is also a source of a developing distance towards one's own body. As the image of an ageing body and its reduced activity are not subjected to spirituality, they are not regarded as our physicality in the sense of identity. B. S. Turner recognized this phenomenon of human intentionality with great sensitivity when he wrote: "the crucial sociological issue in aging process is the contradictory relationship between the subjective sense of inner youthfulness and an exterior process of biological aging", and by adding: "it constitutes the core of personal tragedy" [Turner 1995, 261]. In its most severe form this conflict expresses itself in the belief that I am different for other people than I subjectively feel: I am perceived as a different person, not as the one shaped by own biography, knowledge and experience.

A frame of such a conflict is *infrahumanization*, *i.e.* when unique human qualities, especially subtle and sophisticated emotions, are denied to outgroups [Cortes et. al., 2005]. Subtle emotions like awkwardness, grief, fear, sadness, embarrassment, unease etc., due to the fact that they are less intensive and, at the same time, less visible in their expression, are denied to social outgroups. *Infrahumanization* of the elderly means that this group is not only denied such emotions, but also social needs, which, in the process of socialization, have been given to them, such as the need for physical intimacy, closeness, affection etc. Because of *infrahumanization*, the elderly cannot decide about their own lives, they are not respected, and their social activities are limited. Moreover, subjective expectations of own aging body that cannot be fulfilled and that include both physical and mental activities and appearance, evoke the sense of duality: "I am at the same time the same, yet a different person". Intentions do not correspond with the condition of the ageing body and the way of experiencing it. The experience of the body that results from limited activities or changes in appearance is not accepted and evokes negative, burdensome emotions.

Body Image — Its Appearance and Abilities

The concept of the body as a mask, which, after all, is the image of body, implies reflecting over the pictoriality of contemporary culture.

Such culture is an area of body images: “Within consumer culture, advertisements, the popular press, television and motion pictures, provide a proliferation of stylised images of the body” [Featherstone 1999, 170]. Body in its pictoriality is not only a subject of perception, but also, according to E. Goffman [1959], a tool that allows an individual to achieve particular aims. It is, according to M. Merleau-Ponty, a “vehicle of being in the world” [2003, 94], and to Featherstone: “the body is a vehicle of pleasure and self-expression. Images of the body beautiful, openly sexual and associated with hedonism, leisure and display, emphasizes the importance of appearance and the »look«” [1999, 170]. This area of images includes body representations in media (external body image) with a suggested, symbolic way of experiencing it. The above image is confronted with the internal body image, *i.e.* with a set of intentional states that are related to body, whose dominating content is present, but also expected, ability of body to act. External (symbolic) and internal (intentional) images are a subject of reflection:

“The *body image* consists of a complex set of intentional states — perceptions, mental representations, beliefs, and attitudes — in which the intentional object of such states is one’s own body. Thus the body image involves a reflective intentionality. Three modalities of this reflective intentionality are often distinguished in studies involving body image:

1. The subject’s *perceptual* experience of his/her own body;
2. The subject’s *conceptual* understanding (including mythical and/or scientific knowledge) of body in general; and
3. The subject’s *emotional* attitude toward his/her body” [Gallagher, Cole 2001, 134].

An individual looks into images, makes, displays, and manages them — and then body becomes a home for such images [Belting 2011]. The reality of body image created by the media proves that it is possible to satisfy the need of turning the body into the image of the symbolic presentation. Then, the body becomes a medium “through which messages about identity are transmitted” [Benson 1997, 123]. Such a medium, which embodies desires, expectations and needs, acts as a projection screen. Therefore, intentionality materializes itself in this dual medium, becomes visible, and turns into the external image of “I” [Barański 2015, 39].

Due to the medialization of the body, its appearance (external image) interpenetrates with its condition (internal image). Consequently, these images act as equivalents of a wished for corporeality, whose potential includes physical abilities, including motor skills, as well as mental, cognitive, emotional and social abilities that are limited by aging. Therefore, we should restore such a potential with therapies or regimes that discipline the body, because only then we can control the body's activities and abilities, and treat it as a source of pleasure and well-being. Therefore, this concept is not just "about the image of young, healthy, beautiful, efficient and attractive body, but also about the experience of own body in its actions and abilities as young, smooth, attractive, healthy" [Barański 2015, 44].

Mask of Ageing

A mask, thus, functions as an external image of an aging body (as an image and as a social representation of old age in the media), and does not allow the internal body image to materialize: "This »mask of aging« position, as it how become know, holds that the aging body becomes a cage from a younger self-identity cannot escape" [Biggs 2004, 52]. Such a thought has been followed by numerous interpretations and recollections of the concept of ageing as a mask. B. Bythewey and J. Johnson [2005] reported that M. Featherstone and M. Hepworth [1999] distinguished the concept of ageing as a mask into one that hides and masks a persistent, young "I" from the statement that the elderly who want, thanks to cosmetic, nourishing treatments and outfits, to mask the process of aging. Moreover, M. Featherstone and M. Hepworth argued that the elderly camouflage themselves as a result of ageism, which requires hiding internal states, motives, feelings, attitudes and beliefs. The authors also recognized the deficit of language, which does not allow older people to express their own personal experiences that differ from stereotypical statements. Because of ageism, which is a social pressure, the elderly cannot present their wealth of experience and multi-dimensional personalities. Moreover, we hide ourselves beneath masks, and our masked facial expressions create a peculiar facade of old age: without a smile, with creases that make people look alike, without any grimace of feelings or desires, as if there was no life

underneath the mask. This image of ageing is confronted images of body that are culturally dominant.

The pictoriality of culture becomes a compulsion that cannot evaded. Images are a collective representation of human physicality, its symbolic representation that codes perception, inhabits consciousness and forces aesthetic and physiological standards in all aspects of everyday life. In this normative space we constantly confront own image and the body with bodies of other people, bodies from the media: at work, at university, in school, on vacations, in clothing stores, when watching TV, etc. Our everyday life is the mirror chamber, where our bodies are displayed and masked. This normative area forces us to manage the social image of our own body, which is based on numerous abilities (attitudes, techniques and knowledge), and thanks to them we can create methods of modifying body. One of those methods is rejuvenation, a multi-dimensional and intensive practice of disciplining the body (both medical and pharmacological), adorning and strengthening it so as to keep it young, healthy, efficient and sexually attractive.

By doing all these activities we ensure ourselves pleasure that results from experiencing our own body, the lack of pain, unlimited efficiency and satisfaction that comes from the way we perceive our own bodies and how other people perceive it. Then, primarily due to the medicalization of the body and cosmetic surgery, “the body is no longer a »natural given«, but more a phenomenon of the options and choices” [Shilling 2012 5]. Pop-culture confirms this belief: “we are constantly told that we can »choose« our own bodies” [Bordo 2001, 46], and even that we should do so, because “bodies can be healthy and beautiful” [Leist 2003, 212]. Rejuvenation is an attempt to shorten the distance between ourselves and our aging bodies, and although calculated to achieve a long-lasting success, it may be also the source of disappointment and extended emotional conflict. This confirms, however, that even an aging body is a project, it has its own optional states, and still remains a basis for building a biographical identity. However, it is vital to remember that “the main difference between traditional and today’s measures of decorating the body lies in the fact that we customize and diversify techniques of invasive self-creation” [Herrmann 2006, 71]. A desire to possess a “transformed”, new body that results from self-creation, proves that there is a gap between the

“I” and the body, the axiological pressure that requires from us an aesthetic and moral evaluation and a self-evaluation of the body, of its shape and abilities. After all, the body may be bad: “The bad body is fat, slack, uncared for; it demonstrates a lazy and undisciplined self” [Benson 1997, 123]. Moreover, it can be ugly when it gets old, with signs of senility, being unkempt, shapeless, diseased, unsanitary, but it is supposed to demonstrate our “exhausted” “I” with no desires, feelings, motivation — *i.e.* disappearing “I” where deficits of body would correspond with deficits of identity. However, this is not true since the aging of body is accompanied with disembodied of aging self. The appearance of such a parallel results from the fact that the elderly control their own emotions and abilities based on their considerable life experience in a different way. The fact that they calculate actions, attitudes and behaviors results from the fact that they reach different life goals than younger people, which was described by B. Baltes and M. Baltes as the model of selective optimization with compensation [1993: 21–22].

If physical components of identity consolidate in our youth and maturity, *i.e.* in the period when body reaches its full potential, the process of aging indicates the loss of such potential and, in the context of body image: a loss of aesthetic qualities that account for its young image. Body becomes distorted, damaged, and it loses its individual features, particularly those that compose its physical identity. Featherstone claimed that ageing is accompanied by “reduction of the symbolic capital of the body” [1995, 234], which means that we have lost aesthetic qualities and their social meaning that indicate identity in our own eyes and in the eyes of others. This loss, which results from the contradiction between the image of own ageing body and the sense of our identity, makes us perceive body in terms of its appearance and abilities as an iron mask, holding our trapped, youthful “I”.

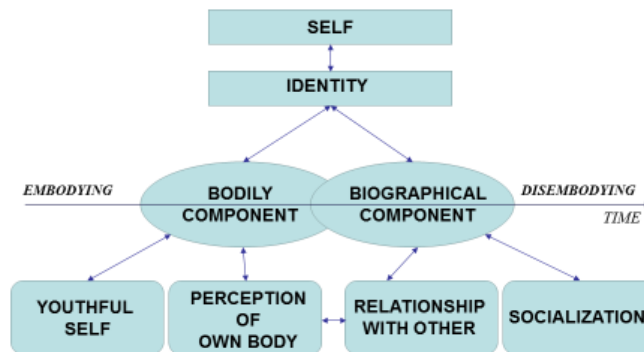


Fig. 1. Identity and its components in time

This contradiction comes from socio-historical processes that weakened or even damaged social bonds, a symbol of the high social status of older people characteristic for pre-modern society when older age was associated with desired life experience. According to O. Marquard [1987], breaking with that tradition has devaluated such experience [U. Beck 1986] and undermined the social position of older people who, in a modern society driven by accelerated progress and radical technological changes, became carriers of unnecessary, dated experience. What is left for aging people are only their aging bodies. People counteract this not only by rejuvenating their bodies, but also by failing to grow up. Then, adults, like children, express themselves, have childish gestures, behaviors, fashion, ways of spending time [Meyrowitz 1984, 372], but at the same time they create ever higher expectations to the aging body.

However, experiencing the “I” is invariable. The “I” is actual, neither old nor young, only internal states and physical abilities can change. The “I” does not age, but it only creates itself in the process of socialization. The body ages, its abilities become limited or deteriorated; what is changed, however, is a sense of social identity, a biographical component of identity based on biographical scenarios corresponding with stages of socialization. It is from this, and not from our body ailments, that we learn about our own old age. When all the stages of socialization are already over, we get the feeling that nothing awaits us in the future.

Therefore, if people of advanced age wish to take off the mask of old age, i.e. social and biological signs of aging, they can do so only by hiding such a mask: by rejuvenating their bodies or by strengthening their bodies' abilities (or by restoring them if they have been lost), through cosmetics, clothing, plastic surgery, therapies, pharmacology, reforming body, diets. People do so, because the aim of these measures is, according to B. Bytheway, "to present an image to others that is compatible with our continuing sense of who we are, that is the same persons as when younger" [2011, 97]. Thus, these activities prevent losing own identity in the eyes of the others, but embellishment itself duplicates, or even multiplies identities: "We both are as we appear and are not as we appear, that is, we are masks" [Desmond 1990, 78]. Beauty products or plastic surgeries are images that we "put on" faces, they are "the mask to the masked self" [Bytheway 2011, 97].

It is relevant for the concept of masquerade to emphasize the expression of authenticity that confirms a permanent sense of identity by taking into account social fluidity of body image. Sensing own authenticity is associated with "what we really feel and want as compared is what we are told is the right way to age well as women and as men" [Biggs 2004, 54]. In this sense, a masquerade is not only related to camouflage, but, as a dynamic model of the relationship between body and "I", it constitutes a link between inner and outer process of aging [Biggs 2003], between the way we feel our own body (including our own expectations of it) and the perception of body by others, between the depth of body experience and the social surface of its presence, and: "it becomes a tactical maneuver used to negotiate the contradictions between social ageism and increased personal integration. Masking becomes a bridge between inner psychological and external social logic" [Biggs 2004, 53]. A mask or masks of ageing result from the fact that we manage own identity in particular social relations. Due to the process of individualization, an aging individual also refers to reflection and to calculation, and becomes "a manager of own subjectivity, a manipulator of own inner life" [Schulze 2000, 40]. The mask does not clearly refer to the falsehood and to the lack of authenticity: "A mask may *express* rather than hide the truth. The mask *itself* may be one of multiple truths" [Woodward 1991, 148].

However, if we experience our own aging body as a mask, it only means that the external image of our body does not correspond with

the sense of our identity. This contradiction of sensing the invariable “I” and our changing body imposes an interpretation of our old body and its limited abilities as an unwanted image of corporeality. This image is the mask we want, but from which we cannot escape.

Mask and Shame

The mask of ageing is an imposed portrait that covers the body. This body, however, is young, already absent — or, better to say — already invisible since its image has been blurred, changed, and transformed. We remember this body as its abilities, a memory of its intentional states, but, at the same time, we confront it with limited activities and physiological dysfunctions attributed to the aging body. The notion of reflective intentionality wishes to materialize the internal body image that belongs to the sense of identity, to reveal it as the subject of our perception and the perception of others. This explains the masquerade, a game of social symbols, which, since not securely related to aging body, is perishable, which deepens the sense of nudity: old age exposes, strips us naked in a symbolic sense, because we have lost a “symbolic capital”. Psychophysical symptoms of old age symbolize such a loss, so we distance ourselves from our bodies; that is when a separation between “I” and body is evoked. Therefore, we reject the body's weaknesses and we keep in mind our body at its best (our youthful “I”). Consequently, we become discouraged and disillusioned with our body, as if it was only exposing our painful weaknesses and making them socially visible. When we experience disappointment with own body, we get the impression that, recalling Zygmunt Krasiński's thought, “the soul has left my body and joined my head” [Krasiński 1858, 28]. By disturbing the organic functions of the body, we limit its abilities [Leist 2003] and we acknowledge the presence of *Körper*, which, when we age, violates the social body image and reduces it to its biological functions. Therefore, disembodiment is our reaction to aging (to disease, disability, pain), a retreat from experiencing shame that results from displaying the unsocialized nature of the body.

The symbolic nudity represents old age (a mask symbolizes the loss of young body), which, through correlates like language, attitudes, and behaviors, limits activities of the elderly, their social expression,

even their clothes [Twigg 2007]. This symbolic exposure evokes a feeling of shame toward others and towards ourselves. The more severe it is, the more chronic it becomes and the more evident is the gap between the sense of identity and aging body. Symbolic nudity has its own perceptual dimension as it is not only wrinkles, gray hair, skin discolorations, excess body fat, sharper facial features, lost body shape, but also aches and pains, disabilities and failures that become a mask where the “I”, which cannot escape and socially manifest itself, gets stuck.

Zygmunt Krasiński, a Polish romantic poet, associated body shame with the primeval expression of self-consciousness as being aware of body:

shame is the first mark, a feature, a stigma of the disintegration of the Adam’s “I” into body and soul — the first moment of separation in ourselves — a fight — antagonism that has continued ever since [Krasiński 1860, 130].

Therefore, shame expresses the separation between the body and the “I”; it is a sign that our identity and experiencing aging body are separated. Therefore, shame expresses the separation between the body and the “I”, a division into our identity and the experience of our aging body: “If we did not feel the same as our body, we would not be ashamed — but if we did not feel different from our bodies, we would not have anything to be ashamed of” [Krasiński 1860, 130]. The sense of body unfamiliarity is evoked by the separation brought by ageing. This, in turn, provokes body alienation, which is perceived as a threat, restriction, enslavement, and closure. It all promotes a belief that the body escapes the civilizational norms and reveals its natural, almost inhuman nature. As a symbol of deficits and as the image of aesthetic ugliness, the body is the source of embarrassing fear that we are going to be socially degraded and marginalized, we will lose love and respect [Elias 2000]. The answer to this is to experience shame “that one has lost status and is devalued as an object to others, and this can meld into sense of one’s own identity as, for example, flawed, worthless, unattractive” [McKee, Gott 2002, 76].

Shame is “accessible to reflection. In addition, its structure is intentional; it is a shameful apprehension *of* something and this something is *me*” [Sartre in 1992, 301]. This is a shame toward those

who portray my body in their own eyes, who evaluate it and give this portrait negative value, who denounce my body's weaknesses and deficiencies, who expose me in the symbolic nudity. "I am ashamed of myself as I appear to the Other [Sartre 1992, 302], so I must acknowledge my physical portrait: "Shame is by nature *recognition*. I recognize that I *am* as the Other sees me" [Sartre in 1992, 302]. Therefore, I do not confront myself with this portrait, but with other images of young, efficient and attractive bodies; images that encode perception of others who look at my body and experience it. In order to understand shame, we must see in it something entirely different and essential *i.e.* shame not only "touches", but it actually "hurts". The perception of others implies that we are only the ageing bodies that other see, bodies that are invisible in their symbolic nudity; literally not worth looking at.

By experiencing shame we relate to our own "I" and its physical dimension. Namely, we recognize our own symbolic nudity and its social significance; we emotionally experience this nudity in a constant confrontation with social norms and our own, strained by socially approved body images, sense of identity. "Shame is one of the quintessential human emotions. It affects all our feelings about ourselves, and all our dealings with others" [Levis 1995, 1]. This is when we realize that aging body represents a "pathological", "deviant" image of "I", whereas "I" hidden under the mask of old age is quite "normal" [Schroeter 2009, 170].

The disintegration of the Adam's "I" means that we look at ourselves and at our bodies like in the mirror. This is where the identity and the duality of "I", as well as the sense of self in time, are created. At the same time, by referring to "I", we express ourselves (external image) and we spiritualize our physicality (internal image). Then, we disintegrate into *Körper* and *Leib*, *i.e.* into spatial and experienced body. Body shame, *i.e.* a negative relation to own body, deepens the gap between *Körper* and *Leib* when our aging appearance and organic dysfunctions, limiting our activities and defining the way of sensing body, are in conflict with a physical component of our identity. This conflict expresses the impoverishment of the body's "symbolic capital": *Körper* is naked, whereas "I" is enriched with life experience and enduring youthful self-identity.

Shame and Compensation

Since shame “always provokes change and transformation” [Dolezal 2015, 1] we use three main types of attitudes and measures to compensate discomfort and embarrassment that result from experiencing shame. In the first type we restore elements of the “symbolic capital” (rejuvenation; the medicalization of old age, i.e. “treating” old age); in the second one we withdraw from social relations for fear of humiliation, whereas negative emotions associated with shame become deeper; in the third type we suppress, with the help of pharmaceuticals, negative emotions that arise from the sense of loss. These compensations indicate that the body does not meet the expectations of intentionally formulated and imposed social, aesthetic, emotional, physical, and physiological norms. In order to counteract the sense of old age (*i.e.* “nothing is waiting for me”), we compensate the loss of youth by multiplying life scenarios, *i.e.* through multiple lives. Multiple lives is an ability to participate in a number of one’s own life scenarios: with another partner and in another family, in a different social, ethnic, occupational environment, in different segments of consumption, sharing values that differ from the previous ones, by radically transforming our lifestyles. Multiple lives is a manipulation by which we compensate our biographical events [Barański 2013] *i.e.* a subjective sense of the passage of time so as to avoid social signs of old age.

Losing social significance, our mental and cognitive abilities, and full control over our own body is an unjust and unfair deficit to our own existence. Due to the process of aging our vitality is reduced or lost, but this, however, can be balanced, or, at least, reversed, only if we control own body or experience it in a certain way. According to the philosophical and anthropological thought of O. Marquard, we are *homo compensators* since we compensate own shortcomings and physical shortages that occur in the process of aging [2001]. If we do it effectively, we experience a zest for life, a feeling of control and of authenticity, and even if we get older, our bodies are still a subject of an existential project. As a consequence, we want to eliminate everything negative *i.e.* discomfort, pain, disability, illness, as well as symptoms of aging itself — whatever we think causes discomfort or embarrassment. These compensations of losing the “symbolic capital” are risky; they do not always bring expected results, and can even provoke results

contrary to the intended ones. These compensations are a garment that covers the symbolic nudity of the ageing body, or they at least suppress the feeling of nudity.

Conclusions

Because they lose their social roles, the elderly must rely on what is a key element in postmodern identity, namely, their own bodies, which age, become ill, disabled, and ugly. Thus, the ageing body today symbolizes a loss, which more acutely than ever determines the experience of losing control over one's own body, its condition and appearance. Accordingly, we experience the body as a mask that not only conceals our "I" but also prevents it from expressing itself in a culture where the body symbolizes spirituality. The mask results from the fact that we confront our internal body image with our "I", and that we resist the youth imposed on our bodies. At the same time, a mask expresses a more or less successful attempt to hide the process of aging.

Images of youth are projected on our bodies and, due to all these disciplining practices, beauty treatments and medical interventions, our bodies eventually surrender. Even though our determination to rejuvenate the body may sometimes turn into an obsession, it is not to be considered only as a curse of modernity but a means of compensating for the lost social bonds and devaluated experience, *i.e.* the symbolic nudity of our aging bodies.

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ABSTRACT

MASK AND SHAME OF AGEING

The concept of ageing as a mask refers to, according to M. Featherstone and M. Hepworth, the tension between the identity and experiencing one's own, aging body. There is a growing disparity between the body and "I" in the elderly, which results from the fact that they lose "symbolic capital" and do not accept their own bodies with their mental and physical limitations. Old age exposes and becomes a symbolic nudity, a source of shame in the culture full of images of beautiful, young, physically fit and sexually attractive bodies. We compensate shame and the loss of the symbolic vestment by rejuvenating our bodies and suppressing negative emotions.

Old age has become painful, because people live longer than ever before. To justify all treatments aimed at prolonging life, contemporary culture has taken for granted the idea of Hufelad from 1897: "Long life has always been the main desire and goal of humanity" [1905, 6]. Now, when we embark on prolonging life, we face the problems of recognizing the sense of identity and its social expression in the process of extended ageing, the relationship between our identity and our aging body, which is still an existential project.

KEYWORDS: ageing, image of body, mask, shame, compensation, sociology of body

SŁOWA KLUCZOWE: starzenie się, obraz ciała, maska, wstyd, kompensacja, socjologia ciała