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**THE BODY IMAGE AND EMBODIED EXPERIENCE OF OLDER WOMEN:
THE CONSTRUCTION AND NEGOTIATION OF THE MEANINGS OF AGING
AND IDENTITY IN LATER LIFE**

by

LAURA C. HURD, M.S.W.

A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfilment of the Requirements

For the Degree

Doctor of Philosophy

McMaster University

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THE BODY IMAGE AND EMBODIED EXPERIENCE OF OLDER WOMEN

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Later Life**

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ABSTRACT

This study examines older women's perceptions of and experiences in their aging bodies within the context of a society that places strong emphasis on youth and beauty. Using the concepts of body image and embodied experience, the theoretical framework of the study is symbolic interactionism which combines insights from an analysis of sexism and ageism. The study is based on data derived from semi-structured interviews with women ranging in age from 61 to 92 years. Addressing a gap in the sociological and gerontological literature, my research satisfies the need to add age to the female body image equation given today's beauty ideal, the 'double standard' of aging (Sontag, 1972) and the physical realities of later life which combine to disadvantage older women in their efforts to achieve and maintain physical attractiveness relative to existing standards of beauty.

My findings reveal that older women have internalized the norms that equate youthfulness and thinness with physical beauty to the detriment of their sense of perceived attractiveness and self-worth. However, the women indicate a preference for a heavier weight ideal for older women and favour a wider range of beauty and body ideals exemplified by the media stars of their day. My findings suggest that older women become less concerned with physical attractiveness after the loss of their husbands and given the realities of declining health in later life. The women assert that health and inner beauty are of more importance and value to them than physical attractiveness, something they contend that they were more concerned about in their youth. Finally, my

research yields insights into the inner turmoil and pain that older women experience as they negotiate the realities of ageism, the mandate to stifle complaints about aging and the desire to be seen as who they really are on the 'inside'.

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**For Joyce Hurd, Carol Wood and Wilson Wood
and in memory of Oscar Hurd (October 27, 1903 - October 7, 1982).**

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CHAPTER ONE

INTRODUCTION

To date, there has been little research concerning how older women assess and experience their aging bodies relative to the loss of perceived physical attractiveness and the decline of functional abilities. Indeed, little is known about how older women negotiate the aging process in their daily lives in terms of its effects on their perceptions of and experiences in their bodies and the relationship between their sense of their bodies and their identities. Since today's beauty ideal is that of a youthful, toned, thin body (Bordo, 1993; Brown and Jasper, 1993; Davis and Cowles, 1991; Dionne, Davis, Fox and Gurevich, 1995; Kilbourne, 1994; Rodin, 1992; Seid, 1989, 1994) and given the 'double standard' of aging by which physical signs of advanced age are more harshly judged in women than in men (Sontag, 1972), older women are especially disadvantaged in their struggles to achieve and maintain the existing cultural standards of physical beauty. In light of the social devaluation of old age, women and bodily fragility, the impact of the physical changes that accompany aging on an older woman's sense of self and well-being requires further investigation. There has been extensive research on younger and middle-aged women's body images and body management attitudes and behaviours. Dionne et al (1995) have stated that "poor body image has become so entrenched in the feminine gender-role in our society that it is considered 'normative'" (p. 277). Seid (1989) argues that contemporary women are 'obsessed' in their "quest for a fit, fat-free body" (p. 3). Nevertheless, the body

image of older women has been largely ignored in the literature. While health researchers have been criticized for generalizing findings from studies on older men to older women, there seems to be little compunction over making assumptions and predictions about older women's body image based on research largely done on younger women. Pliner, Chaiken and Flett (1990) note that the majority of the research done on body image issues amongst men and women has relied on "respondents within a very narrow age range" (p. 264), typically high school and university students, and has been quantitative in nature. Beausoleil (1994) points out that much of what has been written about women's beauty and beauty practices is largely feminist analyses of the oppression of women through dominant images of the female body and feminine image or comprised of "speculations about the psychological effects of ideal images on women; it does not account for women's lived relations to these images" (p. 34). Fennell (1994) contends that few ethnographic accounts of older adults have attempted "to show how individuals of varying ages grapple with utilizing cultural stereotypes about the aging process in their everyday worlds. Nor do they discuss the human body as symbolic of the aging process" (p. 155). Beausoleil (1994) argues that the "study of women's beauty and appearance needs to be refined to account for women's agency and their complex relations to ideal images" (p. 35).

Given the potential impact of maturation and period effects (Bengtson, Cutler, Mangen and Marshall, 1985), it is vital that research is conducted on the unique issues confronted by older women in terms of their body images and embodied experiences. By exploring the lived realities of women in later life, much can be learned about how socially constructed meanings and gender inequalities regarding attractiveness shape and influence a woman's

experience of her body over the course of her life-time. It cannot be assumed that the current obsession with thinness and fitness will have negative, or for that matter, positive, effects on women as they age. Rather, research is needed to examine how socially constructed norms and values learned earlier in life remain constant or are altered as individuals age. There is a dearth of research on the lived realities of older women and the meanings they themselves attribute to their daily existence and to the aging process itself. The existing gerontological research and literature have been predominantly comprised of quantitative studies which examine health, caregiving, intergenerational relations and economic issues. Similarly, where the aging and aged body does enter into the gerontological research and literature, it tends to be presented as an impaired phenomenon in need of functional management and medical intervention. Exploring the embodied selves of older women and focussing on the body as situated in the context of everyday life, this study addresses a number of gaps in the existing research and literature.

FOCUS OF THE DISSERTATION

Employing a symbolic interactionist approach which is informed by an analysis of systemic ageism as well as by feminist theory, the study examines how older women actively negotiate cultural stereotypes of beauty in relation to their bodies and how they experience and negotiate the physical changes that accompany aging in the context of their lived realities. Although I draw on some of the pertinent literature within the field, this study is not the sociology of the body. Rather, I am focussing on the meanings that older women give to their bodies within the context of their lived realities.

The research originated out of concerns that older women and how they experience and assess their aging bodies have been largely ignored in the literature and that feminist theorists and researchers have tended to omit older women in their work. Utilizing the concepts of body image and embodied experience as well as qualitative methods, I explore the thoughts and feelings that older women attribute to the appearance and function of their aging and aged bodies as well as to the impact of the same on their sense of identity. The data were collected through 96 hours of semi-structured interviews with 22 women, ranging in age from 61 to 92 years of age.

The study explores the following research questions:

- (1) How do older women describe their own aging bodies as well as the bodies of other older women?
- (2) How important is physical attractiveness to older women and has this changed since their youth? If it has changed, what has replaced a focus or emphasis on beauty?
- (3) How do older women relate to cultural standards of beauty and how do they negotiate their own loss of physical attractiveness relative to these standards?
- (4) How do older women define 'beauty'?
- (5) How do older women feel about their weight and do they subscribe to the belief that body size and shape are the result of personal effort or lack thereof?
- (6) How do older women experience living in an aging body and how do these experiences influence and shape their sense of identity?

ORGANIZATION OF THE DISSERTATION

The study is organized into seven chapters. Following this introductory

chapter, Chapter Two elucidates the theoretical framework employed in the conducting of the research and provides a critical review of the pertinent literature. Chapter Three describes the research methodology.

Chapters Four, Five and Six delineate the findings of the research. While Chapter Four explores the tensions and contradictions in the thoughts and feelings that the women in my study attribute to their aging bodies, Chapter Five examines how an emphasis on health and inner beauty mediates women's dissatisfaction with their bodies. Chapter Six integrates the findings of the two previous chapters and explores the impact of older women's feelings regarding their body images and embodied experiences on their sense of identity.

Chapter Seven discusses the findings as an integrated whole and explores the theoretical, methodological and substantive implications of the research. Suggestions are made for future research.

SUMMARY OF THE MAJOR FINDINGS

The findings of this study indicate that older women's body image and embodied experience are intertwined with a multitude of tensions and conflicts surrounding women's thoughts, feelings and experiences in their aging and aged bodies. Similar to younger women, the older women in this study are dissatisfied with their body shapes, sizes and weights. The women seem to have internalized the existing cultural standards of beauty that equate physical attractiveness with youthfulness, thinness, physical fitness and healthiness. Moreover, weight is a major stumbling block for the majority of women in my study and most of the women indicate that they would like to lose weight. The need to lose weight is couched in terms of the health benefits rather than the

appearance benefits of having a slimmer figure. The women contend that their 'weight problems' are the result of a lack of self-discipline rather than due to the natural tendency of women to gain weight in later life. At the same time, the women indicate that they prefer the range of beauty ideals embodied in the movie stars of their youth and tend to favour a more voluptuous female figure than current weight ideals allow. Indeed, the women state that older women should weigh 'a little bit more' and suggest an alternative and heavier body and beauty ideal for older women.

Despite their dissatisfaction with their own and other older women's bodies, the women in my study do not express an all-encompassing negativity or depression regarding their lives. Rather, it appears that aging brings with it the reorganization of a woman's priorities and values. Many of the women argue that health and inner beauty are more important to them than physical attractiveness. The loss of health serves to put the loss of beauty into perspective as older women confront the realities of declining health and functional abilities that accompany aging. Similarly, the women maintain that with age they have come to realize that what a person is like on the 'inside' is more important than their physical appearance. The women argue that a concern with beauty and attractiveness is related to the 'mating game' of youth and contend that they have become less focussed on their physical exteriors as life experiences and the loss of sexual partners have changed their perspectives and priorities.

Finally, the loss of perceived attractiveness as well as physical abilities combine to generate a sense among many of the women that their true selves are masked and/or imprisoned by their aging bodies. Some of the women lament the fact that the younger generations cannot see through the masks of

their bodies and tend to view them only as 'old ladies'. As a result, some of the women suggest that beauty rituals and aids such as make-up and hair dye serve to make their true selves more visible in the masks and prisons of their aged bodies.

In summary, my study explores how older women create meanings out of the loss of physical beauty and function. Exercising agency as they confront and negotiate the realities of physical losses within an ageist and appearance-oriented culture, the women resist the negative stereotypes associated with aged bodies and suggest that who one is and what health one has are what are most important in life.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Elucidating the theoretical framework underpinning the study, this chapter critically reviews the existing research concerned with older women's perceptions of and experiences in their aging bodies. The literature pertaining to older women's body image and embodied experiences is both scarce and diverse in focus. Much of what has been written has been predominantly focussed on the experiences of adolescent and middle-aged women while the voices of older women have been largely ignored and rendered silent. While it is erroneous to assume that the experiences of older women are identical to their younger counterparts, important insights can be derived from the existing literature concerning body image, beauty norms, socialization, age and gender stereotypes and sexuality. What follows is a discussion and evaluation of the applicability of this research to the lives of older women as they experience and negotiate the physical changes in their bodies and construct their sense of identity over the life course. The chapter is subdivided into the following three sections: the first section consists of a delineation of the over-arching theoretical framework, the definition of key terms and the literature that has examined the wider backdrop of women's experiences; the second section examines the social context in which older women negotiate the changes in their physical realities; and, finally, the third section explores older women's resistance to the dominant images of aging and gender.

THEORETICAL FRAMEWORK

Predominantly informed by symbolic interactionism, this study also integrates the former with feminist theory and an analysis of systemic ageism such that I focus on the construction and negotiation of meanings within a gendered and ageist social world. I have situated a symbolic interactionist perspective on meaning, identity and the self within a feminist analysis of the oppressive cultural meanings and norms concerning older women and their bodies and the resultant tensions, power distributions and generation of conflicts in women's everyday lives.

The underlying assumptions of symbolic interactionism are best summarized by Blumer (1969) who emphasizes the importance of emergent meanings in the construction of behaviour, reality and the self. Blumer (1969) states:

The first premise is that human beings act toward things on the basis of the meanings that the things have for them...The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters (p. 2).

Blumer (1969) highlights the constructive and interpretative nature of the social world and contends that "the meanings that things have for human beings are central in their own right" (p. 3). Thus, the unit of analysis in symbolic interactionism is the meanings which are constructed and interpreted in and through interaction (Blumer, 1969; Bogdan and Taylor, 1984; Fine and

Kleinman, 1983; Shibutani, 1961). Viewing the world as a social construction which arises out of shared meanings, symbolic interactionists allow for human agency within the confines of an emergent social structure.

Symbolic interactionism offers important contributions in the study of aging. The attention to actor agency generates an approach to the individual which counters the overly deterministic models suggested by functionalist and Marxist perspectives. Emphasizing "a person that is active and intentional" (Ryff, 1986, p. 44), symbolic interactionism underscores the fact that individuals construct their realities and meanings and thereby "exercise control over their lives" (Ryff, 1986, p. 44). As Ryff (1986) contends, symbolic interactionism places primary emphasis on the subjective actor and maintains that the meaning that actions have must initially be examined at the level of the individual and from there, the meaning of social relationships and social structures will follow. Symbolic interactionism's attention to meanings, process, interaction and emergence draws attention to the everyday, lived realities and experiences of individuals and the ways in which the social world is constructed, negotiated and interpreted. The perspective is grounded in the subjective experience of individuals as symbolic interactionists assert that "human conduct must be understood from the point of view of the person" (Ryff, 1986, p. 46). Blumer (1969) contends that failure to do so may lead to 'subjectivism' of the 'objective observer' who, in distancing him- or herself from the social world, "is likely to fill in the process of interpretation with his own surmises in place of catching the process as it occurs in the experience of the acting unit" (p. 188). Consequently, I would suggest that symbolic interactionism's emphasis on the ability of the individual to construct, negotiate and interpret reality offers a fruitful approach to investigating social life, one that

allows for the incorporation of change and human agency. The approach is potentially liberating to both the researcher and the researched in that it accentuates the need to understand the individual's experiences and interpretations rather than attempting to force an agenda and a set of hypotheses onto the lived realities of those individuals being studied.

Nevertheless, it is problematic to assume that meanings are constructed and negotiated in a power-free environment. Indeed, symbolic interactionism pays little attention to social inequalities, the gendered distribution of power and resources and the constraints of social structure. While symbolic interactionism suggests that behaviour is constrained by the shared group meanings and the 'me' or the 'generalized other' (Mead, 1934), there is little recognition of the realities of power differentials within society. Symbolic interactionism does not examine or take into account the gendered distribution of power and resources that underscore the lived realities of older women or the ways in which certain shared group meanings dominate and oppress older women. In order to more fully grasp and elucidate the socially constructed meanings that shape and constrain the embodied experiences of older women, it is important to situate these meanings in reference to the ways in which social structure oppresses women and their relationships with their bodies. As a result, symbolic interactionism must be viewed through the lens of feminist theory which offers important insights into the nature and implications of the gendered distribution of power as well as the ways in which socially constructed norms and meanings are themselves gendered and potentially oppressive.

While the umbrella of feminist theory encompasses a diverse range of perspectives, feminist theories have some basic premises in common which warrant elaboration and which are an important, if not crucial, addition to a

symbolic interactionist approach to later life. Although they identify different social sources of women's oppression, feminist theories suggest that women are oppressed both systematically and structurally (Stanley and Wise, 1983b) and argue that "women's oppression isn't inevitable, but that it can and must be changed" (Stanley and Wise, 1983b, p. 52). Stanley and Wise (1983) state that "the essence of feminism lies in its re-evaluation of 'the personal' and its insistence on the location of 'politics' and 'revolution' *within* the minutiae of the everyday" (p. 200) (*italics in original*). In other words, feminism strives to uncover and challenge the ways in which women's lived realities are ignored, constrained and riddled with inequalities stemming from sexist assumptions and socially constructed norms regarding the lives, roles, behaviours and values ascribed differentially to men and women.

Feminists argue that women's voices, experiences and realities as well as the gendered nature of the social world (Stewart, 1994) have been ignored and rendered invisible in patriarchal "science and scholarship" (Du Bois, 1983, p. 108). Smith (1987) states that women have been excluded from and silenced within "the practices of power" (p. 4) of the "relations of ruling" (p. 3). Speaking of the need for 'research for women' as opposed to 'research on women' (Bowles and Klein, 1983), Du Bois (1983) asserts the following:

Even when it has been women who have been studied...the perspective and the modes of study have remained masculine, those of the dominant culture - with all its myths and beliefs and prescriptions about who women are, who and what women should be; and with all its apparent inability or unwillingness to listen to women say what we really experience, what we really see, who we really are...The androcentric perspective in social science has rendered women not only unknown, but virtually *unknowable* (pp. 106-107) (*italics in original*).

Constructed as "the Other" (Smith, 1987, p. 7; Stanley and Wise, 1983b), women have been denied the means of participating in the creation of "forms of thought relevant or adequate to express their own experience or to define and raise social consciousness about their situation and concerns" (Smith, 1987, p. 18). Smith (1987) contends that:

Being excluded, as women have been, from the making of ideology, of knowledge, and of culture means that our experience, our interests, our ways of knowing the world have not been represented in the organization of our ruling nor in the systematically developed knowledge that has entered into it (pp. 17-18).

In contrast to patriarchal research, Stewart (1994) asserts that feminist approaches foster "a sensitivity to the ways in which gendered features of our world are taken for granted and therefore invisible and an awareness that this invisibility serves those with more power and resources and not those with less" (p. 11), specifically older women. Stewart (1994) argues that it is imperative that feminist research explores and understands "the ways in which particular power relationships women experience are gendered, as well as the ways in which the relationships in which gender may seem primary are also complex power struggles" (p. 25). Stewart (1994) urges researchers to employ seven feminist strategies which focus on and enhance the study of women's lives, namely:

look for what's been left out, analyze your own role or position, identify agency in the context of social constraint, use the concept of gender as an analytic tool, treat gender as defining power relationships and being constructed by them, explore other aspects of social position (such as race, class, and sexuality), and

avoid the search for a unified self (p. 12).

My study adds and explores age as a defining feature of 'social position' identified by Stewart (1994) in the above quotation. Stewart (1994) contends that the seven above-listed strategies enable researchers to "render women's lives with respect for their agency, their complexity, and the constraints under which they operat[e]" (p. 31).

Smith (1987) advocates a sociology which maintains the subject and the subjectivity of women by developing "a sociology from the standpoint of women" (p. 74) which strives to "make available to anyone a knowledge of the social organization and a determination of his or her directly experienced, everyday world" (p. 89) and embeds the everyday experience within the broader social relations. The aim of sociology, according to Smith (1987), is to "explicate the actual social processes and practices organizing people's everyday experience from a standpoint in the everyday world" (p. 151) through the adherence to "a sociology that does not transform people into objects, but preserves their presence as subjects" (p. 151). Stanley and Wise (1983) maintain that

[f]eminism insists that women should define and interpret our own experiences, and that we need to re-define and re-name what other people (men, experts) have previously defined and named for us. And so, feminism argues that 'the personal', lived experience, is intensely political and immensely important politically (p. 194).

For the purposes of this research, the use of a feminist framework entails focussing on and giving voice to the unique lived realities and difficulties confronted by women as they age and as they construct, negotiate and interpret

the meanings they give to their aging bodies. Until recently, feminist theory has largely ignored the experiences of older women (Arber and Ginn, 1991, 1991b; Furman, 1997; Lewis and Butler, 1984; McMullin, 1995; Peace, 1986; Woodward, 1999) and therefore there is little research or theorizing in this area. I subscribe to Klein's (1983) definition of feminism which is as follows:

'Feminist' for me implies assuming a perspective in which women's experiences, ideas and needs (different and differing as they may be) are valid in their own right, and androcentricity - man-as-the-norm - stops being the only recognized frame of reference for human beings (p. 89).

Thus, the experiences of older women will be explored through their own stories, opinions, reflections and voices and will be contextualized in and examined from the point of view of ageism and sexism and the power structures which shape, define and constrain older women and their bodies as they age. The use of symbolic interactionism and feminism to investigate an older woman's experience and interpretation of her body will facilitate the exploration of identity, meaning construction and lived reality within a social context that devalues older women and denies them access to power, resources and social currency. Moreover, the research will give voice to the experiences, ideas and opinions of older women from the 'standpoint' of women.

Body Image Defined

Having identified the theoretical lens through which the literature will be discussed and critiqued, it is necessary to define my terms. Slade (1994) asserts that the concept of 'body image' was first used by Schilder in 1935 to

refer to "the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves" (cited in Slade, 1994, p. 497).

Over time, the definition of body image has been expanded and further refined. Myers and Biocca (1992) suggest that "body image is a mental construction... [which] is unstable and responsive to social cues" (p. 116). Cash, Ancis and Strachan (1997) maintain that

[b]ody image is a multidimensional self-attitude toward one's body, particularly its size, shape, and aesthetics...Body image refers to persons' evaluations and affective experiences regarding their physical attributes, as well as their investments in appearance as a domain for self-evaluation (p. 433).

Commenting on the emergent nature of body image and the interplay between the social context and the physical realities of aging, Chnsler and Ghiz (1993) note the following:

Although body image does not alter from day to day, it should not be considered 'fixed' or 'static'...It develops throughout life as a result of sensory and behavioral experience, physical appearance, somatic changes, societal norms, and the reactions of other people (p. 68).

The concept of body image can be subdivided into a number of different components. Slade (1994) states that body image includes both the way we perceive our bodies, or "a 'perceptual component'" (p. 497), and our feelings about the same, or "an 'attitudinal component'" (p. 497). Slade (1994) asserts that body image is a "loose mental representation of the body" (p. 500) which is influenced by the individual's personal history, attitudes and feelings regarding body weight and shape, cultural norms, social values and psychological and

biological factors. Cash (1994) argues that body-image attitudes are comprised of three facets, namely, evaluation, affect and investment. Whereas "[b]ody-image evaluation refers to satisfaction-dissatisfaction with one's physical attributes, as well as evaluative thoughts and beliefs about one's appearance" (Muth and Cash, 1997, p. 1438), the concept of 'body-image affect' pertains to "discrete emotional experiences that these self-evaluations may elicit in specific situational contexts" (Muth and Cash, 1997, p. 1438). Body-image investment refers to "the extent of attentional self-focus on one's appearance, its importance or schematicity vis-à-vis one's sense of self, and behaviors involving the management or enhancement of appearance" (Muth and Cash, 1997, pp. 1438-1439). Thus, Muth and Cash (1997) differentiate between how one rates the various aspects of one's body, how one feels about one's body and what one does to manage and change one's body.

Similarly, there are a number of factors and issues which shape and constrain the body image of women. Myers and Biocca (1992) contend that a woman's body image derives from her sense and negotiation of "the following reference models: (a) socially represented ideal body, (b) her internalized ideal body, (c) her present body image, and (d) her objective body shape" (p. 116). In this way, body image is emergent as the individual perpetually negotiates and interprets the interrelationships between the four reference models. Cash et al (1997) state that "[b]ody-image evaluations and emotions derive in part from self-perceived discrepancies from internalized physical ideals" (p. 433). Therefore, a woman's body image is the product of the interaction of her perception of her body, including her body size, shape and weight, and existing cultural ideals of beauty and attractiveness. As will be discussed later in this chapter, the construction and negotiation of a woman's perception and

experience of her own body occurs within a context in which women's bodies are the focus of ongoing and relentless regulation, scrutiny and surveillance.

Embodied Experience Defined

A term arising out of the work of Merleau-Ponty (1962) and Strauss (1963) and their conceptualization of the 'lived body' (Lash, 1991; Leder, 1984; Young, 1990), embodied experience refers to our experiences within and through our bodies. Turner (1984) states the following:

There is an obvious and prominent fact about human beings: they have bodies and they are bodies. More lucidly, human beings are embodied, just as they are enselved (p. 1).

Nettleton and Watson (1998) assert that embodied experience or the lived body refers to "the body as it is experienced by human beings, who both *have* and *are* bodies...from the point of view of 'the agents who partake of them'" (pp. 2-3) (italics in original). Noting that our degree of conscious awareness and perception of our bodies, or body image, varies from moment to moment depending on our activities and social context, Nettleton and Watson (1998) assert that in all of our actions, from thinking to sleeping to playing, we 'use' our bodies and, therefore, it can be said that all aspects of our lives are embodied. Body image and embodied experience are intricately related and mutually influential. Thus, any sociological analysis of how older women feel about their aging bodies as well as what their experiences are within their bodies must examine both body image and embodied experience.

'Gendered Ageism'

Having delineated the overarching theoretical framework of the study and defined the key terms, we turn now to an examination of the application of the theoretical framework to the context in which women age. Older women's body image and embodied experience are intricately linked to and constrained by ageist and sexist stereotypes. Ageist stereotypes involve the depiction of later life "as a period beset with psychological, social, financial and physical problems" (Wearing, 1995, p. 267) such that the aged are collectively stereotyped as being "isolated, withdrawn, lacking energy and initiative...[and] as frail, disease prone, poor and sexually uninterested" (Wearing, 1995, p. 267). Ageist stereotypes foster and legitimate the differentiation, if not the segregation, of the young from the old such that they enable "us to see old people as 'different' from those of us who are younger...[and to] avoid the personal reality of human aging and death" (Lewis and Butler, 1984, pp. 199-200). Ageism serves to marginalize and dehumanize the elderly, to render their heterogeneity invisible and to socially construct them not "as social actors, but instead as passive and needy" (Matthews, 1986, p. 236). Ageist stereotypes facilitate the construction of "a culture that discards old people" (Siegal, 1992, p. 55) through the establishment and reinforcement of "the cultural ideals of youth, activity and independence, which are seen as characteristic of the 'normal' human condition" (Hennessy, 1989, p. 40). Old age thereby becomes both "a social problem" (Arber and Ginn, 1991b, p. 263; Lee, 1998) and an 'abnormal', undesirable condition which is to be fought against at all cost for, as Secunda (1984) states, "we are judged not on the basis of how old we are but on how young we are not" (p. 2).

Elderly women are subject to discrimination on two fronts by virtue of their simultaneous membership in the categories of 'old' and 'female'. Arber and Ginn (1991) state that "[a]geist stereotypes about elderly people abound, but stereotypes of elderly women are particularly negative and demeaning" (p. 1). Ginn and Arber (1995) use the term "gendered ageism" (p. 7) to note that "[e]lderly women have been doubly devalued by combined ageism and sexism" (1991, p. 178). McPherson (1990) contends that "[a]s a result of this process of gender stratification, wherein women are less socially valued than men, it has been suggested that there is a double standard of aging" (p. 243). According to Sontag's (1972) 'double standard', changes in a woman's physical appearance as she ages are frequently reviled whereas similar changes in men tend to be revered. Sontag (1972) asserts that

[i]n a man's face lines are taken to be signs of character. They indicate emotional strength, maturity - qualities far more esteemed in men than in women....But lines of aging, any scar, even a small birthmark on a woman's face are always regarded as unfortunate blemishes...A woman's face is prized so far as it remains unchanged (p. 35).

Lee (1998) states that "while older men may be perceived as wiser, more distinguished, or at least more experienced, cultural stereotypes of ageing for women focus on loss of attractiveness, loss of a valued social role, and a descent into triviality" (p. 142). Moreover, Lee (1998) notes that women are considered to be old and to have lost their beauty at a much younger chronological age than their male counterparts.

Examining the possible explanations for the double standard of aging, Pliner et al (1990) cite Sorell and Nowak (1981) who

have suggested that traditional social sex-role expectations may interact with age and gender to affect attractiveness judgments. Specifically, the male at midlife is often at the peak of success, and signs of aging may be seen as evidence of his years of socially valued gender-role related experience. In contrast, for women in midlife the traditional role fulfillment of motherhood is nearly over, and signs of aging may symbolize lack of social usefulness (p. 264).

Of course, it is important to acknowledge that men, too, are concerned with the physical effects and losses which accompany aging. Nevertheless, as a result of "the premium that society places on women's attractiveness" (Moen, 1996, p. 180), the physical changes that correspond with later life have more severe consequences for older women in terms of their social value and status. McPherson (1990) contends that the aging process "enhances a man but progressively destroys a woman" (p. 243). In contrast to the older man, a woman's social value is largely influenced by her perceived sexual attractiveness and by the degree to which her appearance is youthful (Bury, 1995). Nishio and Lank (1987) argue that "[i]n the 'natural order,' woman is valued in terms of her physical appearance relative to man's appreciation of beauty" (p. 230).

Elaborating on the effects of ageist stereotypes, Healey (1993) states that "the basic assumption underlying ageism...[is] that youth is good, desirable, and beautiful; old age is bad, repulsive and ugly" (p. 48). Interestingly, Sorell and Nowak (1981) (cited in Pliner et al, 1990) found that the stereotypes associated with old age correspond with those related to physical appearance. Similarly, Nowak, Karuza and Namikas (1976) (cited in Pliner et al, 1990) report that the attributes that are used to describe unattractive individuals are equivalent to those used to describe older adults. The "politics of beauty" (Healey, 1993, p.

48) dictate that "there are two standards of attractiveness for men - the adolescent youth and the distinguished older man - but only one for women - the adolescent, young woman" (Gee and Kimball, 1987, p. 99). Existing cultural ideals of beauty and womanhood as well as the physical realities of aging may therefore lead many women to "fear aging itself as a loss of attractiveness and femininity" (Rodeheaver, 1992, p. 102).

Gendered Embodiment

In addition to systemic ageism, an older woman's perception and experience of her body is shaped and constrained by socially constructed values and meanings concerning female attractiveness and standards of physical beauty. Much of the existing literature on women's body image suggests that appearance orientation is central to the socially constructed female role and identity. Mishkind, Rodin, Silberstein and Striegel-Moore (1986) state that "the pursuit of and preoccupation with beauty are central features of the female sex-role stereotype" (p. 545).¹ Rodin, Silberstein and Striegel-Moore (1984) point out that "[f]or centuries, beauty has been considered a feminine attribute, and its pursuit a feminine responsibility" (p. 275). Franzoi (1995) asserts that women are socialized to perceive the body "as an object of discrete parts that others aesthetically evaluate" (p. 417) while men are socialized to conceptualize the body "as a dynamic process where function is of greater consequence than beauty" (p. 417).² Franzoi (1995) maintains the following:

For females, the tendency to focus on the body-as-object results in a great deal of attention to individual body parts...whereas males' tendency to focus on the body-as-process results in a more holistic body perspective (p. 418).

Siever (1994) suggests that

men are likely to evaluate their bodies in terms of effectiveness... [while] women evaluate their bodies primarily in terms of appearance... Thus, whereas heterosexual men are most likely to view their bodies as tools with which to compete with each other through strength and athletic prowess, heterosexual women are more likely to view their bodies as objects of aesthetic evaluation (p. 257).

In her ethnographic research of the meanings of aging in a small town in the southern United States, Fennell (1994) similarly found that there were differences in the way that men and women defined and experienced their bodies. Whereas the women "learned to think of their bodies as attracting the sexual interests of men and the admiration of other women...[the] men tended to see their bodies as energetic, competitive sources of control over others, both men and women" (Fennell, 1994, p. 163). Franzoi (1995) contends that

[t]his tendency for females to view bodies as objects of others' attention is likely due to the greater cultural scrutiny of the female form... Starting at a very young age, from the Barbie dolls and toy makeup cases girls are encouraged to play with, to the close attention to clothing fashion and other bodily adornments, females are taught that their body-as-object is a significant factor in how others will judge their overall value... In contrast, young males are typically trained for a world of action... where the ability of the body to adeptly move through physical space is stressed more than how it looks as a stationary object (pp. 418-419).

Commenting on the importance of physical beauty in a woman's sense of identity and self-esteem, Rodin et al (1984) note that her sense of her own attractiveness "figures prominently into a woman's feelings of self-worth" (p. 274). Thus, emphasis on physical appearance and attractiveness are central aspects and behaviours of the feminine role, identity and social experience.

There is some debate as to whether the emphasis on the body as object is as strong in later life as it is in a woman's earlier years. One might expect that with declining health and physical abilities, an older woman might value physical function over attractiveness. Conversely, the loss of health and the resultant medical intervention may serve to enhance the concept of the body as object whereby the body as sexual object is replaced by the body as an object for functional management and medical surveillance. Noting that only 36 of their 639 respondents were over the age of 60 and hence that the sample of older respondents is small, Pliner et al (1990) found in their research that while females place more emphasis on appearance than do their male counterparts, the importance of appearance decreases with age. Pliner et al (1990) state that females reported "significantly lower appearance self-esteem than males" (p. 270) right across the life-span. Rodin et al (1984) assert the following:

If being thin and attractive figures more prominently in a woman's life than in a man's, we would expect the effects of the aging process on appearance in general and its tendency to promote weight gain in particular to be more of a problem for women than for men. Indeed, in a current longitudinal study of elderly people, we have found that the second greatest personal concern expressed by women in the sample, following memory loss, was change in body weight. Weight concerns were not expressed by men in the sample (pp. 273-274).

Furman (1997) found in her ethnographic research of beauty shop culture that most of the women she interviewed were concerned about, if not troubled by, "the loss of youth, slenderness, wrinkle-free faces, and natural hair colour" (p. 173). Although aforementioned studies provide important insights and Furman (1997) notes that appearance is an important factor in a women's sense of self-esteem, there has been relatively little research exploring the degree to which women value and emphasize appearance in later life.

The socialization of females and the internalization of notions of femininity can also be linked to gender roles. Examining the relationship between social roles and male/female body image differences, Brown and Jasper (1993) argue the following:

Historically, women's social value has been inseparable from their bodies. Their social role has been identified with and expressed through their bodies: in bearing children, in satisfying men's sexual needs, and in the labour of caring for men's and children's emotional and physical needs (p. 18).

Pliner et al (1990) cite Bar-Tal and Saxe (1976) in their discussion of the linkages between gender, appearance and self-esteem:

Traditionally, women's occupation is to provide a male partner with affection, to be sexually responsive and to take care of the house and children, while males are expected to be providers. And appearance is assumed to be more relevant to the former role than to the latter (p. 270).

Therefore, women's traditional reproductive and domestic roles as well as the ways in which they have been socially valued and devalued have been intricately linked to their physical selves. Contemporary society's ideal body for

women corresponds with an ideal feminine role or stereotype in which the "perfect all-round woman is expected to perform the contradictory roles of the nurturing and caring mother; the soft, sexy, and giving wife; and the sexually independent, competitive, and ambitious, career woman" (Brown and Jasper, 1993, p. 28). Obviously, this ideal female role is not reflective of the role to which many of today's older women were socialized, particularly in regards to the career orientation amongst today's younger generations of women.

Nevertheless, the importance of female attractiveness has been a constant over time. Brown and Jasper (1993) state that "[b]ecause the way women's bodies look bears greatly on how other people relate to them and is directly connected with women's economic value in society, women learn that looking good is a form of currency in the world" (p. 19). Since women have traditionally lacked access to income or possessions, "beauty has been a central asset that has helped a woman to gain access to a man's resources" (Rodin et al, 1984, p. 273). Socialized "to be insecure bodies, constantly monitoring themselves for signs of imperfection, constantly engaged in physical 'improvement'" (Bordo, 1993, p. 57), women are therefore taught "how to *see* bodies" (Bordo, 1993, p. 57) (*italics in original*) such that they learn how to evaluate themselves and others as well as how to police their own bodies in an ongoing struggle to achieve an elusive, if not impossible, beauty ideal.

Featherstone (1982) accounts for the emphasis on body management and appearance in terms of the rise of consumer culture as an adjunct and necessary reality of capitalism. Featherstone (1982) asserts the following:

Consumer culture latches onto the prevalent self-preservationist conception of the body, which encourages the individual to adopt

instrumental strategies to combat deterioration and decay (applauded, too, by state bureaucracies who seek to reduce health costs by educating the public against bodily neglect) and combines it with the notion that the body is a vehicle of pleasure and self-expression. Images of the body beautiful, openly sexual and associated with hedonism, leisure and display, emphasise the importance of appearance and the 'look' (p. 18).

Resulting in a climate of "surveillance and display" (Featherstone, 1982, p. 19), consumer culture "create[s] a world in which individuals are made to become emotionally vulnerable, constantly monitoring themselves for bodily imperfections which [can] no longer be regarded as natural" (Featherstone, 1982, p. 20). Moreover, consumer culture relies on the "idealised images of youth, health, fitness and beauty" (Featherstone, 1982, pp. 21-22) and the assumptions that "'natural' bodily deterioration and the bodily betrayals that accompany aging...[are] signs of moral laxitude" (Featherstone, 1982, p. 22) to create, maintain and augment self-surveillance and the accompanying consumption needs within society. Featherstone (1982) argues that consumer culture "needs to stimulate the fear of the decay and incapacities accompanying old age and death to jolt individuals out of complacency and persuade them to consume body maintenance strategies" (p. 26).

The Body and the Self in Old Age

Within the context of a society that emphasizes youthfulness, attractiveness and physical fitness, one's perception and experience of one's body are intricately linked to one's sense of identity. Breytspreek (1984) contends that there is an "intimate connection between self and body" (p. 107).

Chrisler and Ghiz (1993) state that

[b]ody image is an important part of our self-concept and, as such, provides a basis for our identity. It acts as a standard that influences not only the way we think of ourselves, but also our ability to perform various activities and the goals we set for the future (p. 68).

Fallon (1990) maintains that "[t]he body is experienced as a reflection of the self" (p. 80). Rodin (1992) asserts the following:

Of all the ways we experience ourselves, none is so primal as the sense of our own bodies. Our body image is at the very core of our identity. Our feelings about our bodies are woven into practically every aspect of our behavior. Our bodies shape our identity because they are the form and substance of our persona to the outside world (p. 60).

Thus, body image and embodied experience are defining features of identity.

While identity is a complex concept that is difficult to define, important insights can be derived from the work of several key theorists within symbolic interactionism. Mead (1934) suggests that there is a mutually influential relationship between the body and the self. Mead (1934) also distinguishes between the 'biologic individual' or instincts and the physical body itself and the 'socially self-conscious individual' or self and states that "they are not on separate planes, but play back and forth into each other, and constitute, under most conditions, an experience which appears to be cut by no lines of cleavage" (p. 347). In this way, Mead (1934) acknowledges the emergent influence of the body on one's sense of identity and accounts for changes in the self in terms of the ongoing processual relationship between the 'I' and the 'me'

as well as between the 'biologic individual' and the 'socially self-conscious individual'.

Glaser and Strauss (1971) suggest that as individuals move through the life-course they enter and leave numerous statuses. These changes in status may or may not be inevitable, desirable, scheduled, voluntary or controllable. Marshall (1980) points out that aging "is a status passage unlike any other" since it is inevitable and given that there is no exit from the status other than through death. Status passages have profound implications on the individual's identity and Glaser and Strauss (1971) assert that "[m]oving on from one transitional status to another may...generate an identity crisis for a passagee who does not wish to move" (p. 29). Indeed, the 'undesirable' and 'uncontrollable' status passages that result from the aging process, such as the transition from being middle-aged to old-aged with the corresponding changes in body shape, appearance, weight and level of health may culminate in an identity crisis. For example, Chrisler and Ghiz (1993) point out that

aging does change women's physical appearance....[T]he body's basal metabolic rate slows down with age, and is accompanied by a decrease in lean body tissue and an increase in fat...Women tend to gain weight at each of the major reproductive milestones: menarche, pregnancy, and menopause...Furthermore, weight may become redistributed during menopause, resulting in larger breasts and waist and increased fat on the upper back...To put it simply, women should expect to change shape as they get older (p. 69).³

Given the importance of weight, size and shape to a woman's perception of her body, the physical changes that accompany aging may be a source of personal angst and dissatisfaction as well as of negative social evaluations. Pearlman

(1993) asserts that

the more a woman has relied upon her youthful looks, based her identity on her physical/sexual attractiveness, and rooted her sense of self and self-esteem in her appearance, the greater her vulnerability to changes in her physical self - and the greater the loss and assault upon self-esteem (p. 5).

Strauss (1959) argues that one's identity is transformed through critical incidents "or turning points in the onward movement of personal careers" (p. 93) as well as the spontaneous and forced assignment of statuses by the self and others. The relationship between turning points, the physical body and significant others has been explored by Charmaz (1994) who argues that individuals who have been diagnosed with a chronic illness or have suffered a significant loss in health status may experience an undermining of their sense of identity and may often "persist in subscribing to notions that their old self is their real and true self" (p. 229). Therefore, the individual's sense of self or identity "lags behind experience and the possible images of self formed by that experience" (p. 228). Charmaz (1994) asserts that

[m]any ill people unknowingly assume a set of beliefs about themselves and project future selves without taking changes caused by disease into account. Here, they assume that their future self will be much like their past self (p. 229).

Individuals may create 'fictional identities' in order to "maintain identity and continuity in their lives" (Charmaz, 1994, p. 230). However, 'turning points' occur when the individual is confronted with the realities of a changed self and a changed body with concomitant implications for his or her identity. Charmaz

(1994) states that the individual's taken-for-granted "notions of self and of personal identity" (p. 227) may be rendered untenable "in the face of new demands and new exigencies" (p. 227) and the individual will be forced to make "discoveries of self" (p. 227).

The relationship between the body and identity can also be discussed in terms of the concepts of continuity and authenticity. The notion of continuity has been the focus of a significant amount of research in the sociology of aging and has been paralleled by 'continuity theory' research in the field of gerontology (Atchley, 1971, 1972, 1989). Symbolic interactionists have explored the ways in which individuals interpret, construct and shape self-meanings in order to maintain a sense of continuity over the lifespan. Discussing the work of Rosenberg (1979), Breyspraak (1984) contends that "as people go about the business of expanding, modifying, and negotiating their self-conceptions" (p. 82), they are motivated by the need to achieve a sense of self-consistency in the face of the inevitability of change and conflict. Thus, people "often selectively perceive information so as to maintain what appears to them to be consistency, although it is the *perception* of consistency that is most important here" (Breyspraak, 1984, p. 82) (*italics in original*). Kaufman (1986) has explored the self-meanings that give individuals a sense of continuity across the life cycle. Kaufman (1986) states that the elderly "do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age" (p. 6). Critiquing what she perceives as the over-emphasis on change within symbolic interactionism, Kaufman (1986) argues that "when old people talk about themselves, they express a sense of self that is ageless - an identity that maintains continuity despite the physical and social changes that come with old age" (p. 7). In other words, although one's identity and sense of self are neither

unified nor unfluctuating, the individual has a deep-seated need to generate a sense of self that is consistent and harmonious across the life cycle.

The construction of a sense of continuity is linked to the concept of authenticity. Authenticity is handled by symbolic interactionism in terms of the differentiation between the 'real' self and the 'false self' as well as the strategies employed by the individual in the presentation of the self. It is in terms of authenticity that the distinction between the self and one's identities becomes most apparent. The notion of a 'real' self can be linked to Mead's (1934) concept of the 'I', the idea that each individual is imbued with a unique spark of individuality. Strauss (1959) speaks of "the 'essential self'" (p. 33) which he states is the "core of personality" (p. 91). Individuals construct masks which are "present[ed] to the world and its citizens" (p. 9) based on what they see "in the mirrors of [the] judgements" (p. 9) of others. Building on Cooley's (1972) concept of the 'looking-glass self', Strauss (1959) suggests that individuals hide their 'real' selves behind masks in order to protect themselves. Individuals may attempt to prevent others from recognizing their 'essential selves' by concealing, suppressing or manipulating their "identifying signs of status" (Strauss, 1959, p. 83). Strauss (1959) maintains that individuals use the constructed masks or "situational identities" (p. 48) which they attribute to themselves and to others in order to define situations. Assumed to remain fundamentally constant throughout one's lifetime, although some variation is inevitable, the 'essential self', according to Strauss (1959), develops in childhood and is the raw material from which the constantly changing masks are formulated over the life course.

While Strauss (1959) was largely referring to a behavioural self, the distinction between the mask and the 'essential' self may also be linked to the

separation of the self from the body. Miyamoto (1970) asserts that "[b]ody and self are not the same thing, as Mead argued, but body images play a part in self images" (p. 278). In later life, the convergence of self and body may be ruptured or challenged as the individual's socially constructed sense of identity or inner self may no longer be reflected in what he or she sees in the mirror. However, many older adults distinguish between their bodies and their sense of self such that "[c]hanges in outward physical appearance are seen as separate from the self, which is considered to be more enduring" (Featherstone and Hepworth, 1989, p. 150). In reference to the elderly, Strauss' (1959) concept of the 'mask' may be interpreted as the aging process and the aged or 'diseased' body. Breyspraak (1984) asserts that the

relationship between self and body is potentially disrupted in the aging process. Aging almost inevitably brings a series of physical insults to the body - both to its functioning and to its perceived attractiveness (p. 107).

Perhaps the most illuminating illustration of the relationship between the body and the self in old age is found in Gubrium's (1986) research on individuals with Alzheimer's Disease residing in a nursing home. Examining the social construction of 'normal' aging as a 'disease' process, Gubrium (1986) asserts that staff and family members view Alzheimer's Disease as the imprisonment of their loved ones in their own bodies. Although they may appear unchanged, the 'real' people are concealed behind the mask of the disease and are prevented from expressing themselves to those around them. Therefore, the mask is forced upon the individual by the disease rather than having been constructed by the inhabitant of the body.

Some theorists reject the notion of an 'essential self'. Goffman (1959) argues that identity or self is a theatrical product or social construction and suggests that the presentation of self may involve an attempt to manage 'discrediting' or 'discreditable' stigma (1963) such as physical defects or flaws and/or "blemishes of individual character" (p. 4). Clearly, the physical and social realities of aging and of being labelled 'old' are potentially stigmatizing and may result in what Goffman (1963) refers to as a 'spoiled identity'. Since the loss of youth and the physical changes that accompany aging are impossible to hide or prevent, old age and old bodies are socially defined as "abominations" and "imperfections" (p. 4) which lead to fear, animosity and role-distancing by others. Matthews (1979) argues that although "oldness spoils identity" (p. 65),

[o]ld age is not a social category with a simple definition or an obvious membership. It is a social category with negative connotations, but, because of the ambiguity surrounding membership, to whom negative attributes may be imputed is unclear. Oldness is a stigma, but a weak one, so that the second phase of the moral career of a stigmatized person, that is, the learning that s/he 'possesses a particular stigma and, this time in detail, the consequences of possessing it' (Goffman, 1963: 32), may be avoided, or at least softened (pp. 68-69).

Therefore, Goffman (1963) and Matthews (1979) highlight the frictions and ambivalence in the relationship between the body and the self in later life.

Clearly, the feminist emphasis on conflict, power and the impossibility of establishing or maintaining a unified self (Stewart, 1994) differs from symbolic interactionism's emphasis on process and emergence as well as on the search for consistency and authenticity. While the former theoretical perspective

conceives of the self in terms of struggle, ambivalence and tension, the latter takes a less conflictual approach to the development and maintenance of the self. Although I acknowledge that there are differences between the two perspectives and discrepancies between their underlying assumptions, I argue that the two approaches to the study of self and identity both contribute to illuminating the exploration of older women's body image and embodied experience. I would suggest that the concept of an emerging and socially constructed self is better understood when situated in the context of social constraints and power differentials. Moreover, a socially constructed sense of self-consistency or authenticity is not identical to the actual existence of a constant or 'true' self. Rather the former is the product of negotiated interaction that individuals construct and use to bring a sense of meaning to their lives.

WOMEN'S EMBODIED JOURNEY INTO OLD AGE

Having outlined the broader conceptual framework of the study, I will now focus on the social context in which older women negotiate changes and tensions in their physical realities.

Changing Cultural Ideals of Beauty

To begin with, there have been changes in the cultural ideals of physical attractiveness over time which shape and constrain the perceptions and experiences of older women. Many scholars, for example Bordo (1993), Brown and Jasper (1993), Hesse-Biber (1996) and Seid (1994), have stated that the socially ideal body has been becoming increasingly thin since the rise of

industrialization in the 19th century and particularly since the 1960's. Davis and Cowles (1991) state that "[t]he cultural standard of female sexual attractiveness is now of a slimmer woman than at any time since the 1930s" (p. 34). Seid (1989) asserts that

[t]he concept of beauty has a long, complex and variegated history but today the fashion industry and advertisers have decreed that slim and fit are beautiful and that fat and flabby are worse than ugly: They are hideous. And mere slenderness is not enough. Our ideal women, from dancers and Olympic athletes, to professional beauties like fashion models and Miss Americas, to the socially celebrated like the Princess of Wales, are women whose thin bodies appear to have not an ounce of subcutaneous flab. And these celebrities of beauty keep getting thinner (p. 15).

Bordo (1993) contends that "[a]s slenderness has consistently been visually glamorized, and as the ideal has grown thinner and thinner, bodies that a decade ago were considered slender have now come to seem fleshy" (p. 57). Dionne et al (1995) assert that there has been an "increasing preference for the ideal male body type to be mesomorphic and for the female to be thin and fragile" (p. 277). However, Bordo (1993) suggests that "[s]imply to be slim is not enough - the flesh must not 'wiggle'" (p. 191). Brown and Jasper (1993) note that "today's ideal female body is very low in body fat and muscular, and tends to have tight abdominal muscles, thighs toned by many hours in the gym exhibited in Spandex outfits cut high on the hip, discernible biceps, and large yet perky breasts" (p. 28). Brown and Jasper (1993) state that the contemporary exemplary body for women "expresses both the strength and the sexiness consistent with the 'super-woman' ideal...and convey[s] through the body the contradictions women face in their lives today" (p. 28).

It is well-documented in the literature that the "prevailing cultural ideal of thinness" (Lamb, Jackson, Cassiday and Priest, 1993, p. 345) is largely the product of gender socialization and media messages (Garner, Garfinkel, Schwartz and Thompson, 1980; Henderson-King and Henderson-King, 1997; Myers and Biocca, 1992; Silverstein, Perdue, Peterson and Kelly, 1986) which suggest that "beauty, success, and health...and an image of being in control...[are] synonymous with the socially ideal body" (Myers and Biocca, 1992) and that "the perfect body is attainable by anyone" (Rodin, 1992, p. 58) given willpower and the 'right' amount of exercise, diet, beauty aids and other 'investments' (Bordo, 1993; Hesse-Biber, 1996; Rodin, 1992; Seid, 1989, 1994). Bordo (1993) states that "we are constantly told that we can 'choose' our own bodies" (p. 247) and Seid (1989) asserts that beauty has "become a matter of character" (p. 217). Rodin (1992) suggests that most women "have accepted at face value the message we have continually been exposed to: that beauty and physical perfection are merely a matter of personal effort and that failure to attain those goals is the result of not doing enough" (p. 59).

As a result of socialization and existing standards of beauty, women are particularly preoccupied with fat, diet and being slender (Bordo, 1993). Indeed, Rodin et al (1984) refer to women's focus on and dissatisfaction with their weight as a 'normative discontent' and note that "chronic dieting has become a way of life" (p. 267) for many women. Chaiken and Pliner (1987) found that their male and female respondents considered women who ate smaller amounts of food to be "significantly more feminine" (p. 172) than women who ate larger meals and suggest that "women may be motivated to restrict their food intake and to maintain a low body weight in order to enhance their own self-identities as females" (p. 173). Pliner et al (1990) found in their research

with individuals ranging in age from 10 to 79 years that eating, body weight and physical appearance are a greater concern for females than for males and that women have lower self-esteem with relation to their appearances than their male counterparts. Abell and Richards (1996) state that a "woman's feelings about her weight may be a particularly crucial aspect of her body image" (p. 692). Reviewing the literature on women and weight issues, Pliner et al (1990) contend that "[w]omen are more likely than men to diet (Polivy and Herman, 1983), to express dissatisfaction about their bodies (Fallon and Rozin, 1985), to report self-consciousness about weight (Waldrop, 1980), to seek medical advice for overweight (Waldron, 1983), and to suffer from the eating disorders anorexia nervosa and bulimia (Garfinkel and Garner, 1982)" (p. 263). Pliner et al (1990) maintain that the prevailing "'thinness is attractive' equation is more true for women than for men...[as well as] more important for women" (p. 263). Henderson-King and Henderson-King (1997) state that women "generally express a desire to lose weight, even when they are not overweight and do not perceive themselves to be overweight" (p. 400).⁴ Brown and Jasper (1993) argue that "[e]ating has become a major area of conflict for women as they are expected to provide physical sustenance and nurturance to others but must deny themselves food, or police their own eating in order to maintain the right body shape" (p. 19). Charles and Kerr (1986) state that

[t]he concentration on self which the dominant image of slimness and sexual attractiveness involves does not rest easily with ideologies of maternity and maternal love and most women experience a profound contradiction between these two aspects of femininity. They spend their lives struggling to remain slim and therefore attractive... by denying themselves food, while at the same time they have to be perfect mothers, going through one or

more pregnancies, which 'plays havoc' with their figures, and having to feed their children, their husbands and themselves in a way that is nutritionally and socially satisfying. These conflicting ideologies are materialised in the contradictory and problematic relationship that women have towards food (p. 539).

However, Seid (1989) and Rodin et al (1984) note that while the socially prescribed 'ideal weights' have become lower over time, the average weights of men and women have actually increased. Seid (1989) states that

None of us - even the genuinely slim - can escape the advancing paranoia because no limit has been set on desirable slenderness...No one warns that being too thin may have its hazards, save in the extreme case of anorexics. The inescapable conclusion is that the leaner you are, the better your health and your chances of escaping disease. So even the lean have reasons to be leaner (p. 12).

Kilbourne (1994) contends that the "ideal body type today...is unattainable by most women, even if they starve themselves" (p. 396). Speaking of the American population, Kilbourne (1994) suggests that "[o]nly the thinnest 5% of women in a normal weight distribution approximate this ideal, which thus excludes 95% of American women" (p. 396).⁵ Nevertheless, many women in contemporary society have internalized and accepted the social ideals of beauty and continually strive to 'better' themselves to the detriment of their self-acceptance and their evaluations of themselves and their bodies. Pliner et al (1990) suggest that the inability of most women to achieve impossible beauty ideals leads to low self-esteem and low appearance-esteem. Hesse-Biber (1996) states that "[m]ost women accept society's standards of beauty as 'the way things are', even though these standards may undermine self-image, self-

esteem, or physical well-being" (p. 14).

As well as becoming thinner, the ideal female body has become progressively more youthful. Describing changes in fashion and fashion ideals over time, Seid (1989) asserts that by the 1960's "[w]hat emerged was a philosophy in which youth was all, and thinness guaranteed youth" (p. 143). Seid (1989) states that "[t]hinness and youthfulness became identical notions in the popular imagination" (p. 145). Moreover, Seid (1989) argues that our contemporary obsession with exercise and 'healthy' living, reflects our cultural idealization and endless pursuit of youth. Seid (1989) contends that "[a]t the heart of the wellness concept is the most romantic notion of all: the suggestion that we might postpone, halt, and even reverse the aging process itself" (p. 13). Seid (1989) goes on to point out that underlying the contemporary notions of beauty are the assumptions that

[a]ge is an enemy of beauty, but it need not be. If we discipline ourselves...we, too, will preserve the source of our beauty, a youthful body (p. 17).

Therefore, women of all ages face enormous pressure to achieve and maintain slender, youthful bodies. Arber and Ginn (1991) assert that since "women's value is sexualized, positively in the first half of life, negatively in the second, it depends on a youthful appearance" (p. 42) and many women are willing to go to great extremes to preserve a 'youthful' exterior. Not only are women willing to alter their bodies, they are confronted by powerful social dictates to do so. Arber and Ginn (1991) contend that women are "vulnerable to immense pressure to ward off the signs of ageing with an armoury of cosmetic aids and...surgery" (p. 43). Goodman (1994) argues the following:

That women of all ages, including the elderly, are willing to undergo painful, intrusive medical procedures in the name of self-enhancement is not surprising given the media's drive to socialize women in that direction. The cultural message about how women should look and act is endlessly disseminated on covers of women's magazines sold at supermarket check-out counters, in the news media, on TV, in films and in advertising, all of which endorse a value system that preaches bodily perfection and deny women the right to age (p. 376).

Arber and Ginn (1991) suggest that the fact that women undergo cosmetic surgery is evidence of "the pressure on women to comply with male standards of desirability...and the extent of male domination" (p. 43). Young (1990) contends that "[l]ike dieting and much exercise, surgery can be understood as a self-punishment necessary to bring her body back into line" (p. 203). Whereas Goodman (1994, p. 375) notes that cosmetic surgery is becoming more financially accessible to women of all classes ⁶, McPherson (1990) states that

upper-middle-class and upper-class women are generally more anxious about the effects of individual aging. They may fight the cosmetic battle against aging more vigorously because they have more economic resources, and because physical attractiveness is more highly valued among the upper classes (p. 243).

Consequently, older women age in the context of a society that increasingly values, if not demands, youthfulness and attractiveness as badges and requisites of social currency.

Explanations for the Changing Cultural Standards of Beauty

Examining the socially constructed and negotiated meanings pertaining

to physical attractiveness as well as the social landscape which is defined by power differentials according to age and gender, amongst other things, symbolic interactionists and feminists suggest a number of differing explanations for the changes in beauty ideals that have occurred over time.

To begin with, our cultural obsession with thin, youthful bodies has been discussed in terms of society's aversion to 'fatness'. Myers and Biocca (1992) assert that obesity and being 'overweight' have come to be associated with the "negative stereotypes of poor health and a lack of control" (p. 109) in contemporary society. ⁷ Hesse-Biber (1996) states that

our culture considers obesity 'bad' and ugly. Fat represents moral failure, the inability to delay gratification, poor impulse control, greed, and self-indulgence (p. 4).⁸

Brown and Jasper (1993) point out that "fat is a cultural sign of powerlessness, ineffectiveness, and lack of control" (p. 30). Bordo (1993) argues that "the size and shape of the body have come to operate as a market of personal, internal order (or disorder) - as a symbol for the emotional, moral, or spiritual state of the individual" (p. 193). Seid (1989) asserts the following:

Today thinness, too, seems a prerequisite for decency and godliness. Certainly we believe the converse, that overweights have undesirable qualities. We presume them to be lazier, slower, less athletic, and more immature than their normal weight cohorts. We also presume they lack self-discipline and self-respect. Otherwise, they wouldn't be fat. We believe thinner is healthier and more beautiful, but even more, we believe it is a reflection of character, moral strength, and goodness (p. 17).

Bordo (1993) suggests that there is an assumed connection between body

weight and social class such that fatness is perceived to be "indicative of laziness, lack of discipline, unwillingness to conform, and absence of all those 'managerial' abilities that, according to the dominant ideology, confer upward mobility" (p. 195). Davis (1995) points out that:

Empirical studies abound which show that beauty is linked to a host of positive social and cognitive characteristics...The attractive person is happier, more successful, more well-adjusted, and generally better liked. In a society where first impressions are increasingly important, attractive people get preferential treatment in everything from getting jobs to finding a residence. Good looks are important throughout the lifespan for shaping self-esteem, ensuring happiness, and determining how a person will be treated by others (p. 42).

Rodin et al (1984) note that attractiveness is associated with such positive character traits as "being interesting, strong, poised, kind, socially outgoing and sexually warm" (p. 272) as well as with individuals who are "believed to live more successful and fulfilling lives" (p. 272). Rodin et al (1984) point out that individuals who are considered to be physically attractive have been shown to be advantaged in interpersonal relationships and situations as compared to those individuals who are not considered to be attractive. Citing differences in employment and marital opportunities, Lee (1998) argues that "[a]nti-fat prejudice affects women far more strongly than men" (p. 126).

As a result of existing "antifat attitudes" (Rodin, 1992, p. 59), individuals who are of normal weights "greatly fear becoming overweight" (Rodin, 1992, p. 59). Since weight loss has become "a sign of mastery, control, and virtue" (Myers and Biocca, 1992, p. 113) and 'fat phobia' has led to the "development of the obsession with thinness" (Seid, 1994, p. 6), "antifat prejudice" (Rothblum,

1994) has become a pervasive form of discrimination in western society, particularly against obese women (Hesse-Biber, 1996; Rothblum, 1994). Seid (1989) argues that "[o]ur national abhorrence of fat is matched by our abhorrence of fat people" (p. 22). Bordo (1993) states that "the obese elicit blinding rage and disgust in our culture and are often viewed in terms that suggest an infant sucking hungrily, unconsciously at its mother's breast: greedy, self-absorbed, lazy, without self-control or willpower" (p. 202). Brown and Jasper (1993) point out that since women require increased body fat in order to menstruate and given the negative connotations of having 'excess' fat, women are placed in a double bind. Brown and Jasper (1993) assert that

a female who is effective and in control of her life, but who has a fat body, or has fat on her body, will probably feel this fat belies her effectiveness and control. A female who starts out not feeling or being effective and assertive will probably feel that the fat on her body makes her failure immediately evident to everyone. In both cases, the learned dissatisfaction with their bodies' normal fat levels will probably drive these girls and women to lose weight (pp. 30-31).

In addition to 'fat phobia', changing cultural standards of attractiveness have been discussed in terms of changing gender roles and expectations. Seid (1989) asserts that "[c]rucial to the creation of new bodily ideals for women are redefinitions of women's nature and role" (p. 65). Brown and Jasper (1993) contend that

'ideal' body images for women tend to shift in tandem with changes in women's social roles. The most notable among such transformations has been that from the ideal of being rounded and fertile-looking that predominates when women's role as child bearer has been most important...to the thin and muscular look of

today. A declining emphasis on women's fertility followed industrialization in Western societies, and as women experienced advances in economic, political and social life, thinness came to symbolize wealth, independence, and freedom. Instead of the fertile rounded look being glorified, a thinner body ideal that emphasized non-reproductive sexuality became valued (pp. 18-19).

Suggesting that women's attempts to control their bodies reflect their hopes of gaining "self-esteem and an increased sense of power and control over their lives" (p. 17) and commenting on the ambiguity of women's roles in contemporary society, Brown and Jasper (1993) state that

the idealized thin body, which is increasingly lean, muscular, and 'surgically enhanced', reflects the fragmented and contradictory expectations women experience in Western societies at a time when they have achieved greater equality, yet continue to be oppressed in fundamental ways (pp. 16-17).

On the one hand, Brown and Jasper (1993) contend that the "thin body image expresses liberation through its connotations of mobility, independence, sexuality and freedom" (p. 29). On the other hand, they maintain that the contemporary body ideal "can also be said to express women's continued oppression in that, despite its current muscular manifestation, it also connotes diminutiveness, dependence, and vulnerability, through its delicacy and smallness" (p. 29).⁹

Similarly, the current beauty ideal has also been discussed in terms of adherence to traditional versus non-traditional female roles. Rodin et al (1984) argue that

women who are successful in previously male-dominated professions often feel simultaneous needs to minimize their female status and to retain it. Given that attractiveness is largely defined as thinness, and that attractiveness increases perceived femininity...aspiring to thinness may be a way for women in traditionally male occupations to maintain a feminine identity (p. 292).

Referring to the research of Beck, Ward-Hull and McLear (1976), Rodin et al note that it has been "found that women who value nontraditional roles and greater options for women prefer a smaller, thinner female body, associating a more ample form with a view of woman as 'wife and mother'" (p. 292).

Therefore, women who hold nontraditional views about female roles and characteristics "may experience a tension between a philosophical sense that perhaps appearance should not matter and a conviction that weight and appearance do matter, both to themselves and to others" (Rodin et al, 1984, p. 292).

Seid (1989) argues that the movement towards the thin, youthful beauty ideal is indicative of a "redefinition of femininity" (p. 146) whereby the feminist movement as well as the "health and exercise ethic" (p. 211) that emerged in the 1960's have contributed to the development and maintenance of the increasingly thin, female beauty ideal. Seid (1989) states that the lean and toned beauty ideal currently in vogue has come to symbolize "independence and self-sufficiency" (p. 220) and contrasts with "the full-bodied voluptuousness traditionally associated (sic) with a sex-pot or an Earth Mother...[or] conventional femininity" (p. 220). Seid (1989) maintains that feminists embraced, or at least did not challenge, the thin beauty ideal because it symbolized proof that the individual could sculpt and control his or her life as well as his or her body

shape. Seid (1989) suggests that the recent trend toward a more muscular female beauty ideal has been accepted or tolerated by feminism because it seems "to be a logical development, and a more faithful visual incarnation, of the belief that biology is not destiny" (p. 249) as well as "a further embodiment of women's quest for strength and independence" (p. 249). Seid (1989) asserts that

[f]eminism also contributed to the thin/diet obsession by denigrating women's traditional associations with food and nurturing...Paradoxically, in trying to liberate women and bring them the respect and opportunities they deserved, feminists radically devalued women's traditional roles...Traditional woman's work was virtually meaningless, and women's traditional association with food was demeaning. Women now had a triple indemnity to contend with when they got fat. They were doing something very unhealthy, they were destroying their chances of being beautiful, and they were exposing the fact that they hadn't gotten their minds out of the kitchen (p. 221).

Similar to Brown and Jasper (1993), Bordo (1993) describes the contemporary standards of physical attractiveness in terms of the conflicting messages concerning female beauty. Bordo (1993) states that slenderness in women is associated with a number of contradictory, if not conflictual, meanings whereby "the imagery of the slender body suggest[s] powerlessness and contraction of female social space in one context, autonomy and freedom in the next (p. 26). Bordo (1993) maintains that female slenderness offers "the illusion of meeting, through the body, the contradictory demands of the contemporary ideology of femininity" (p. 172), namely, the need to be stereotypically feminine as well as the need to "embody the 'masculine' values of the public arena" (p. 173). However, Bordo (1993) takes her argument further than Brown and

Jasper (1993) as she emphasizes the social control aspects of women's attempts to achieve beauty. Bordo (1993) asserts that:

Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity - a pursuit without a terminus, requiring that women constantly attend to minute and often whimsical changes in fashion - female bodies become docile bodies - bodies whose forces and energies are habituated to external regulation, subjection, transformation, 'improvement'. Through the exacting and normalizing disciplines of diet, makeup, and dress - central organizing principles of time and space in the day of many women - we are rendered less socially oriented and more centripetally focused on self-modification (p. 166).

Bordo (1993) maintains that preoccupation with body weight is not just an extreme behaviour engaged in only by those individuals who have eating disorders. Rather, all women have been taught to be concerned with and focussed upon their body weights such that their socialization insures "the production of self-monitoring and self-disciplining 'docile bodies'" (Bordo, 1993, p. 186).

Closely related to changing gender roles, emerging standards of female beauty are also discussed in terms of gendered power imbalances whereby women are defined in terms of their bodies while men are defined in terms of their accomplishments and abilities. The current thin beauty ideal for women is equated with social ambivalence regarding women's increasing power in society (Chernin, 1986; Cline, 1990; Orbach, 1986; Szekely, 1988). Cline (1990) asserts the following:

In an era when women's fierce and optimistic spirit is increasingly challenged, when our political and social demands to take up more space are met by a new cultural constraint to eat less, to

become increasingly thinner, many women express the conflicts they feel through their behaviour over food and eating (pp. 1-2).

That which is stereotypically considered to be masculine is valued over those traits and behaviours which are thought to be feminine. Thus, women struggle to control and mould their bodies into less curvaceous and more toned and thin shapes in order to increase their social currency and power. Examining the reasons why women are more "at war with their bodies" (p. 8) than men, Seid (1994) notes that whereas "[s]tandards for males simply are not as extreme or as inimical to normal masculine body builds as are women's standards...[the] female ideal violates the anthropomorphic reality of the average female body" (p. 8). Seid (1994) contends that

the taut, lean, muscled body - the 'fit' form so many strive to achieve - is more like the body of a male than of a female. The goal is to suppress female secondary sexual characteristics, from dimpled flesh to plumpness in thighs, behinds, hips, and bosom. Women consequently are pitted in a war against their own biologies to meet the standard (pp. 8-9).

Seid (1994) suggests that women's obsession with thinness and physical beauty is a "moral imperative" in society since "women's self-image, their social and economic success, and even their survival can still be determined by their beauty and by the men it allows them to attract, while for men these are based largely on how they act and what they accomplish" (p. 9). Indeed, Hesse-Biber (1996) notes that a man is judged "primarily in terms of how powerful, ambitious, aggressive, and dominant he is in the worlds of thought and action" (p. 17). Hesse-Biber (1996) points out that these aforementioned qualities originate in the mind rather than in the body. In contrast, a woman's value is

more closely tied to her body than to her mind as she is "judged almost entirely in terms of her appearance, her attractiveness to men, and her ability to keep the species going" (Hesse-Biber, 1996, p. 17).

Rodin (1992) also discusses women's pursuit of smallness in contrast to men's desire to be powerful and muscular and suggests that the fact that definitions of what is male and female have become blurred has led to increasingly differentiated beauty standards for men and women. Rodin (1992) argues that since socially constructed definitions of gender differences and gender roles are in flux and are becoming increasingly convergent, "our bodies remain our most visible means of expressing the differences between the sexes" (p. 58). Thus, Rodin (1992) argues that "[h]aving the right body may be a way for women who have moved into male occupations to declare their feminine identity without compromising their professional persona" (p. 58). Consequently, the body has become "the premier coin of the realm" (Rodin, 1992, p. 58) of social status as one's appearance, sexual attractiveness and level of physical fitness have become the basis on which an individual's social worth is largely judged.

Widowhood and Sexuality

In addition to changing social norms and socially constructed meanings of physical attractiveness, older women are confronted by changes in their interpersonal worlds that have an impact on their sense of self and identity. Widowhood is a "normative" (Martin Matthews, 1991, p. 67) life event for older women such that approximately 70 percent of all women aged 80-84 are widowed and the majority of marriages end with the death of the spouse,

usually the husband (Martin Matthews, 1991, pp. viii, 2, 6). McPherson (1990) contends that a "woman's class position and social identity have generally been determined on the basis of her father's or husband's position" (p. 243). Martin Matthews (1991) asserts that "for the cohorts of women now in old age, social identity was typically derived through the husband's occupation and that at his death such women were compelled to reconstruct their self-concept" (p. 8). Loss of a spouse and of the older woman's "primary source of identity" (Martin Matthews, 1991, p. 9) necessitates the reconstruction of her personal and sexual identities. Although neither men nor women are likely to remarry following the death of a spouse, 14 percent of widowed men remarry as compared to only 5 percent of women (Martin Matthews, 1991). Whereas Lopata (1973; 1987) and Martin Matthews (1991) both suggest that widowhood is frequently experienced as "an opportunity for growth and independence" (Martin Matthews, 1991, p. 27) and note that widows often have no desire to remarry, Arber and Ginn (1991) suggest that the low rates of remarriage amongst widowed women are a reflection of their social and sexual devaluation. Arber and Ginn (1991) state that the double standard of aging

is most evident and acute in the conventions surrounding sexual desirability, as shown in...the contrasting attitudes towards marriages where the husband is much older and those (few) where he is much younger...The devaluation, in men's eyes, of older women as wives and companions is manifested in the patterns of remarriage after divorce and widowhood. Men are more likely to remarry than women...and although both men and women tend to choose new partners younger than the former spouse, this is more pronounced for men (p. 42).

Lewis and Butler (1984) point out, however, that it is "socially frowned upon for

an older woman to date or marry a man much younger than herself" (p. 204).

Widowhood confronts the older woman not only with the loss of a loved one, but with the loss of a sexual partner (Lopata, 1987, p. 12) and with the realization that her value on the sexual desirability market has depreciated. In conjunction with the physical realities of her aging body, widowhood may serve to reinforce the negative body- and self-images of older women. Indeed, Chrisler and Ghiz (1993) state that

[b]ody image alterations due to aging may affect the sexuality of any older woman, and may be most likely to do so after the death of her partner...when she realizes that the double standard of aging may make it difficult to attract another (pp. 71-72).

Lewis and Butler (1984) point out that since female sexuality is socially constructed in terms of youthfulness and reproductive capabilities, "older women have limited sexual outlets" (Lewis and Butler, 1984, p. 204). Lewis and Butler (1984) further contend that older women "have been trained and locked in by the culture to accept the idea that they are no longer desirable sexual partners and that only younger women have sexual prerogatives" (p. 204).

Older women are often assumed to be and stereotyped as "neuters of our culture who have mysteriously metamorphosized from desirable young sex objects, to mature, sexually 'interesting' women, and finally, at about age fifty, they descend in steady decline to sexual oblivion" (Lewis and Butler, 1984, p. 204). Gee and Kimball (1987) suggest that the label of asexuality which is often placed on older women is connected to women's social roles as nurturers and caregivers as they assert that

[a]nother aspect of the definition of older women in terms of their biology is the tendency of younger people to view older women as mothers. Mothers are stereotyped as self-sacrificing, asexual, [and] nurturant (p. 100).

Whitbourne (1992) states that while women have been socialized to be more sexually passive than their male counterparts, beauty standards and ageist stereotypes may lead to further sexual inhibition on the part of an older woman "if she herself has feelings of shame and revulsion toward her aging body" (p. 50). Nevertheless, Lewis and Butler (1984) point out that despite the stereotypes and social mores regarding older women's sexuality, a "woman in reasonably good health can expect to respond to and enjoy sex in her seventies and eighties, and even nineties if she has maintained a frame of mind which encourages this" (p. 204).

The Social Surround and Physical Realities of Women's Later Life

In addition to the loss of male partners, older women experience changes in their social surround. To begin with, loss of loved ones, friends, peers and colleagues is an everyday reality for older women. As a result of the lower life expectancy of men, older women tend to be surrounded by more female than male age peers. Consequently, there is a change in the audiences of older women as female friends begin to constitute the majority of the members in their relationship networks. It is well-documented in the literature that women are particularly adept at establishing and maintaining intimate social ties (Antonucci, 1990, 1994; Chappell, 1990; Connidis, 1989; Ginn and Arber, 1995; Moen, 1996; Troll, 1994). Jacobs (1990) asserts that "[b]ecause of

widowhood, divorce, retirement, and prejudice against them, old women are in special need of friendships with other women" (p. 19). The predominance of women and the loss of a male audience in an older woman's social circles undoubtedly will influence her experience and assessment of her body and the physical changes that accompany aging.

As well as the loss of male partners and friends, aging is accompanied by physical changes that may have debilitating effects on a woman's daily life as well as on her body image. It is well-documented in the literature that women are more likely than men to experience chronic illnesses in later life (Arber and Ginn, 1991; Biegel and Blum, 1990; Chappell, Strain and Blandford, 1986; Ginn and Arber, 1995; Markides, 1992; Moen, 1996). Diseases such as osteoporosis, arthritis and other musculo-skeletal disorders as well as stroke, heart disease, hypertension, auditory and visual impairment, diabetes and cancer may culminate in "restrictions in social and personal activities, which often result in lower self-esteem...as well as alterations in body image and self-concept" (Chrisler and Ghiz, 1993, p. 71). Linking body image and identity and discussing the impact of declining physical abilities on the individual's self-concept and sense of self-worth, Charmaz (1994) states that "[s]erious chronic illness often undermines notions of self and of personal identity that have previously been taken for granted" (p. 227). Thus, chronic illnesses may hasten or augment the distinction between the individual's sense of self and his or her perception of and experience in his or her body.

Similarly, a woman's health status is linked to her economic situation which is, in turn, related to her past labour force participation as well as her marital status. Over half of all elderly, unattached women live at or below the poverty line (Evans, 1991; Davis, Grant and Rowland, 1992; and Leonard and

Nichols, 1994). This has been attributed to "women's lower lifetime earnings... due both to discrimination in the labour market and to the sexual division of domestic labour" (Arber and Ginn, 1991, p. 53) ¹⁰ which combine to limit women's access to adequate incomes in later life. Leonard and Nichols (1994) point out that "for the majority of women, their marital status will determine their material conditions in old age, since poverty is far more pronounced among single elders than among married couples" (p. 10). ¹¹ Davis, Grant and Rowland (1992) assert that the "poverty that afflicts so many older women also contributes to their risk of ill health" (p. 84). The lack of money, private pensions and private health insurance that accompanies the poverty experienced by many older women means that they are unable to purchase adequate food and shelter as well as needed equipment and services that will enable them to lead independent lives regardless of chronic and other health conditions. Lack of independence decreases a woman's power and serves to undermine her sense of self-efficacy and self-worth, both of which are directly related to her self- and body-images. Therefore, poverty, health and level of physical ability are interconnected as they constrain and reinforce a woman's personal identity and the meanings and interpretations she gives to her body.

WOMEN SHAPING THE EMBODIED JOURNEY: RESISTING AGEISM

Despite the negative stereotypes concerning later life and the physical realities of aging, older women may resist dominant images of age, gender and physical attractiveness. Some literature suggests that there is room to

challenge and resist ageist and sexist stereotypes and that women can collectively establish new norms for female beauty, the aging process and sexuality. Healey (1993) states that

[w]e can attempt to deny our aging for a while at least, through the almost universal practice of trying to pass for younger; we can accept the ugly stereotypes about ourselves and become increasingly depressed and alienated; or we can embark on the struggle to confront the ageism of our culture as well as our own internalized ageism (p. 41).

Arber and Ginn (1991) point out that elderly individuals who have internalized negative stereotypes concerning later life are likely to be surprised by the discrepancy between stereotypical portrayals of later life and their own experiences and feelings in old age. Marshall and McPherson (1994) state that the majority of older adults report feeling 'younger' than their chronological ages or 'healthier' than most people who are the same ages as themselves. Thus, older adults often do not readily accept the negative connotations and images of aging and aging bodies.

Commenting on the resisting of ageism by older adults, de Beauvoir (1972) states the following:

There is nothing that obliges us in our hearts to recognize ourselves in the frightening image that others provide us with. That is why it is possible to reject that image verbally and to refuse it by means of our behaviour (p. 294).

Undoubtedly, the resistance of ageism and the negative impact of adhering to the existing standards of physical attractiveness may occur at many different levels and may involve the redefining of women's experiences, bodies,

capacities and social value. To begin with, resistance may occur in familial and personal relationships. Older adults may reject the label of 'old' or they may seek to demonstrate new meanings for 'oldness' in their interactions with others. Matthews (1979) found in her research that elderly women employ a variety of strategies "to avoid negative definitions of self" accompanying the imposition of the label 'old' and its corresponding connotations of dependence and uselessness. Similarly, I would suggest that women's "connectedness" (Jacobs, 1990, p. 27) with other women is a potentially rich resource for challenging ageism and sexism. The fact that women are proficient at developing and maintaining social connections (Antonucci, 1990, 1994; Moen, 1996; Troll, 1994) represents a source of strength and mutuality through which new norms regarding aging, aging bodies and beauty may be constructed and shared with each other. Lewis and Butler (1984) maintain that older women may use those ties to, through their own example, "give younger women confidence to resist the beautiful face and body trap, with the knowledge that a rich life can await them as they age" (p. 207).

At the same time, Beausoleil (1994) points out that existing cultural standards and practices of beauty are not simply oppressively imposed on women. Rather, women exercise agency in the internalization and interpretation of socially constructed beauty ideals. Moreover, Beausoleil (1994) contends that "women may experience pleasure and creativity as well as satisfaction in wearing makeup and doing appearance work" (p. 46). Furman (1997) also makes the point that women derive pleasure from the processes of beautifying themselves. Beausoleil (1994) asserts that "women express who they are through appearance; in other words, they use appearance in elaborating the self" (p. 46). Therefore, the carrying out of beauty practices may

be a source of pleasure and identity for some women. Indeed, Beausoleil (1994) found in her research on female makeup practices that "in creating effects through makeup, and more generally in learning how to wear makeup and do appearance work, women emerge as active creators and elaborators of the self, or who they are" (p. 51).

The resistance of dominant images of aging, gender and beauty is also related to notions of femininity and feminine stereotypes. Franzoi (1995) suggests that the degree to which a woman views her body as an object can be explained in terms of the continuum of femininity and masculinity such that the more feminine a woman is, the more likely she is to be dissatisfied with her body as a beauty object. Cash et al (1997) found that "women who espouse feminine role enactment in their social interactions with men similarly emphasize conformity to personal and societal standards of feminine beauty" (p. 442). A woman who has internalized traditional ideas concerning male-female relations may strive to achieve the physical appearance and project the behavioral characteristics that she assumes that men find alluring in women (Cash et al, 1997). In contrast, Kimlicka, Cross and Tarnai (1983) report that women who possess more androgynous and masculine characteristics tend to feel better about their bodies and to report higher self-esteem than those individuals who are more feminine in nature (cited in Rodin et al, 1984). As well, there is a correlation between well being, perceived attractiveness and self-efficacy such that Birnbaum (1975), Baruch, Barnett and Rivers (1982), Crosby (1982), Kessler and MacRae (1982) and Thoits (1983) report that employed women express greater well-being and indicate higher levels of satisfaction with their physical appearances than homemakers (cited in Rodin et al). Franzoi (1995) asserts that

the possession of masculine traits may partially 'inoculate' women against this fixation on female attractiveness standards. That is, women who think of themselves in terms of instrumental masculine personality traits (e.g., active, dominant, powerful) may be less likely to think of their bodies as mere static objects of beauty (1995, p. 431).

Interestingly, Dionne et al (1995) and Cash et al (1997) found that there was no relationship between possession of and adherence to feminist ideology and positive body image among women. Cash et al (1997) suggest that "[m]essages about the importance of women's appearance, both in general and in developing and maintaining intimate relationships with men, may be so ingrained and socially reinforced that the acquisition of feminist ideology has little impact on these core beliefs" (p. 442).

There is also some literature which focusses on the heterogeneity of lived experience and which highlights the fact that not all individuals equally internalize, accept and/or strive to achieve existing cultural standards of beauty. To begin with, there are class differences whereby women from the upper classes tend to be more preoccupied with maintaining a lowered body weight than are women from the lower socioeconomic bracket (Abell and Richards, 1996; McPherson, 1990; Seid, 1989). Indeed, Seid (1989) asserts the following:

Our impression that the slim are always rich, beautiful, and glamorous is borne out by recent studies that showed women's weights varied inversely with their husband's income level: the higher the husband's income, the lower the wife's weight. The studies did not speculate about why this was true (p. 16).

Abell and Richards (1996) report that there is a higher correlation between body

shape satisfaction and self-esteem among more affluent individuals and suggest that "[p]erhaps females of lower economic status have, out of necessity, engaged in a wider array of self-esteem enhancing activities and [are] thus less dependent on their appearance for feeling positively about themselves" (p. 701). McPherson (1990) attributes the class differences to access to economic resources as well as to appearance being more valued among the affluent. Seid (1989) speculates that the class differences in preoccupation with weight are the result of mate selection. Seid (1989) asserts that "[p]erhaps slender women are more upwardly mobile simply because they attract the hearts and hands of ambitious men who seek stylish mates" (p. 16).

Similarly, there are age differences in terms of adherence to socially prescribed beauty norms. Lamb et al (1993) found that while younger and older women both tend to believe that men prefer very thin women, the former indicate a preference for a much thinner figure than their older female counterparts. However, Hallinan and Schuler (1993) found that "the ideal body shape of elderly women, like younger women, is significantly smaller than their current mean body shape" (p. 454) and therefore that negative evaluations of one's body shape, size and weight persist into older age.

At the same time, there are racial differences in adherence to and internalization of beauty ideals. Although black women have been shown to be concerned about their weight and to express some dissatisfaction with the appearances of their bodies (Thomas and James, 1988), Molloy and Herzberger (1998) found that African-American women resist the extremes of thinness embodied in the current beauty ideal and would tend to prefer to be slightly overweight rather than slightly underweight. Reported to be less concerned about dieting and thinness, black women have been shown to "hold

significantly different definitions of beauty and perceptions of themselves" (Molloy and Herzberger, 1998, p. 632) than white women. Molloy and Herzberger (1998) assert that the differences between Caucasian and African-American women in terms of body image assessments derive from differing cultural beauty ideals whereby African-American women "may choose not to conform to the dominant culture's definition of beauty in part because of perceived and actual preferences of African-American males" (640). More likely to describe themselves in terms of masculine or androgynous characteristics as they resist the dominant images of feminine beauty, African-American women have been found to possess greater self-esteem and more positive body-images than Caucasian women (Molloy and Herzberger, 1998) as well as higher levels of satisfaction with their general appearances than Caucasian, Hispanic-Americans or Asian-Americans (Altabe, 1998). However, the resisting of current images of female beauty may not be strictly related to race. Caldwell, Brownell and Wilfley (1997) found that overweight, middle to upper class African-American and Caucasian female dieters did not report significant differences in terms of body satisfaction and attribute the more positive body images of African American women to class rather than race differences.

Research suggests that sexual orientation interacts with gender as a contributing factor in the degree to which one resists contemporary standards of physical attractiveness. There is some evidence that indicates that there is a continuum of adherence to beauty ideals in which heterosexual men and women are situated at the poles and homosexual men and women are located in the middle. Franzoi (1995) notes that "gay men are more appearance-oriented and lesbians are less appearance-oriented than are their heterosexual counterparts" (p. 419). Brown and Jasper (1993) assert that "[l]esbian women

seem to have higher ideal weights than heterosexual women or gay men, but are more dissatisfied with their bodies, more concerned with weight, and more often dieting than are gay and heterosexual men" (p. 17). Pliner et al (1990) found that "regardless of gender, subjects high in femininity considered appearance to be a more important contributor to their self-concepts than subjects low in femininity" (p. 267). Siever (1994) found that while lesbians "were the least concerned about physical attractiveness...[g]ay men and heterosexual women... showed a much higher concern for physical attractiveness" (p. 256). Siever (1994) argues that sexual objectification accounts for the increased concern with physical attractiveness expressed by gay men and heterosexual women. Siever (1994) states the following:

Numerous studies have shown that men are more concerned than women with the physical attractiveness of a potential partner... Thus, both gay men and heterosexual women may strive to be physically appealing to attract a desirable mate (p. 253).

Davis (1995) notes that while women prioritize "qualities like kindness, empathy, or having the same interests" (p. 43), men "especially value beauty in their partners" (p. 43). Citing the research of Blumstein and Schwartz (1983), Pliner et al (1990) note that "men's happiness with a marital or cohabiting relationship was better predicted by perceptions of their partners' attractiveness than women's happiness was" (p. 265).

Thus, older women do not inevitably internalize and accept existing concepts and ideals of aging, gender and physical attractiveness and there is room to resist ageist and sexist stereotypes.

SUMMARY

In summary, this chapter has examined the theoretical framework that underpins my research and has critically reviewed the literature pertaining to older women's perceptions of and experiences in their bodies. Incorporating insights from feminist theory and an analysis of systemic ageism into a symbolic interactionist framework, I have employed the concepts of body image and embodied experience in my exploration of older women's assessments of and feelings about their aging bodies. After having introduced my theoretical framework and having defined my key concepts, I explored the nature and impact of the wider vista of older women's daily existence, including the realities of gendered ageism and the socially constructed values and meanings concerning beauty and female attractiveness and the relationship between the body and identity in later life. In the second part of the chapter, I discussed older women's embodied journey in terms of changing cultural ideals of attractiveness, widowhood and sexuality and the social surround and physical realities of later life. Finally, in the third part of the chapter, I explored the ways in which women resist the dominant images of aging and beauty.

The existing literature concerning how older women feel about the aging process both in terms of body image and embodied experience is sparse and diverse in focus. Most of the research and theorizing that has been done has concerned the experiences of young and middle-aged women. Little is known about how older women negotiate and experience the aging process, particularly in relation to their bodies. Questions remain as to how important physical appearance is to older women and how they feel about the loss of attractiveness relative to cultural ideals of beauty. My research arose out of an

interest in how the loss of perceived physical attractiveness relative to existing standards of beauty has an impact on an older woman's sense of identity and well-being. I examine what older women think of today's exemplars of beauty in the media and to what degree they have internalized thin ideals. Given the emphasis on weight as an indicator of physical attractiveness and the fact that weight gain is a normative part of aging, my research explores the relationship older women have with their weight and examines what older women themselves consider to be the ideal female figure. To date, there has been no research on whether or not older women subscribe to the notion that body size and shape are the product of personal investment and will-power and how such internalized beliefs impact on their sense of self as they age. Clearly, the internalization of notions that weight gain and sagging are the result of individual choices and behaviours constitutes an insidious form of ageism. In designing my study, I was therefore seeking to investigate whether or not older women view deviations from today's beauty ideals as a reflection of personal failure and to what lengths older women are willing to go in order to strive to conform to cultural standards of physical attractiveness.

Similarly, given the inevitability of health declines in later life, I wondered whether or not physical appearance continues to be of primary importance to women in later life or whether functional abilities and health status become of greater importance. It is important to determine how older women feel about their own appearances and physical abilities and how they experience living in aging and aged bodies. How does the input of sexual partners, friends and loved ones mitigate the realities of physical aging on an older woman's evaluation of self-worth and assessment of her physical exterior? While there is some research concerning how the physical changes which accompany aging

impact on an older woman's sexual identity, my study furthers the existing research by exploring the relationships between body image, embodied experience, significant others and physical aging.

Whereas the literature offers a wide range of explanations for the existing standards of beauty which emphasize thinness, youthfulness and the movement towards androgyny found in the increasing emphasis on muscularity with a corresponding devaluation of the curvaceous female figure, research is needed on the experiences and perceptions of older women. Apart from Featherstone's (1982) discussion of the cultural abhorrence of aging bodies within consumer culture and the exploration of ageism and sexism, much of the literature focusses on issues of weight and body size amongst women in general, and younger women in particular. Older women's voices, the construction and interpretation of their aging bodies and the diversity of women's experiences have not been adequately focussed upon or explored. There has been little attempt made to connect changing social values and gender roles to the experiences of older women in terms of how they assess and relate to their bodies. Further research is needed to explore the relationships between conceptualizations of femininity and feminism, employment history, socialization and an older woman's body image and embodied experience.

At the same time, there is a marked lack of qualitative research which gives voice to older women's unique, embodied experiences. Pliner et al (1990) note that the majority of the research done on body image issues amongst men and women has relied on "respondents within a very narrow age range" (p. 264), typically high school and university students, and has been quantitative in nature. Beausoleil (1994) points out that much of what has been

written about women's beauty and beauty practices is largely theoretical or comprised of "speculations about the psychological effects of ideal images on women; it does not account for women's lived relations to these images" (p. 34). Fennell (1994) contends that few ethnographic accounts of older adults have attempted "to show how individuals of varying ages grapple with utilizing cultural stereotypes about the aging process in their everyday worlds. Nor do they discuss the human body as symbolic of the aging process" (p. 155). Beausoleil argues that the "study of women's beauty and appearance needs to be refined to account for women's agency and their complex relations to ideal images" (p. 35). Moreover, I would suggest that research is needed to explore how women actively negotiate cultural stereotypes of beauty in relation to their bodies and in the context of their lived realities. Although much of the literature and theorizing on younger women may have resonance in terms of an older woman's experience, it is important not to assume that all women's experiences are the same. Rather, the ways in which older women experience, define and interpret their aging bodies as well as the impact of ageism and sexism on their lived realities within and through their bodies must be more fully explored.

In conclusion, this chapter has delineated the theoretical framework of the study and has critically reviewed the literature and research that has been conducted to date. Seeking to address the gaps in the existing research, the chapters that follow focus on the voices and experiences of older women as they negotiate the physical realities of aging. Exploring the importance that the women attribute to physical appearance, the concepts the women hold of what constitutes feminine beauty and the influence of cultural norms concerning personal responsibility for one's body weight, shape and size, I examine how the women experience and feel about living in their bodies as they age.

ENDNOTES - CHAPTER TWO

1. See also April Fallon, "Culture in the Mirror: Sociocultural Determinants of Body Image," in Body Images: Development, Deviance, and Change eds. Thomas F. Cash and Thomas Pruzinsky (New York: Guilford Press, 1990), 80-81.

2. See also Christina Lee, Women's health: Psychological and social perspectives. (Thousand Oaks, CA: Sage, 1998), 125-126.

3. See also Judith Rodin, Lisa Silberstein and Ruth Striegel-Moore, "Women and weight: A normative discontent," in Nebraska Symposium on Motivation, 32, (1984): pp. 282-284.

4. See also Susan Bordo, Unbearable Weight: Feminism, Western Culture and the Body. (Los Angeles: University of California Press, 1993); Thomas F. Cash, Julie R. Ancis, and Melissa D. Strachan, "Gender Attitudes, Feminist Identity, and Body Images Among College Women," in Sex Roles 36, no. 7/8 (1997), 433-447; Nicki Charles and Marion Kerr, "Food For Feminist Thought," The Sociological Review, 34, no. 3 (1986), 537-572; Michael D. Siever, "Sexual Orientation and Gender as Factors in Socioculturally Acquired Vulnerability to Body Dissatisfaction and Eating Disorders," Journal of Consulting and Clinical Psychology 62, no. 2 (1994), 252-260; Fallon, 93.

5. See also Lee, 126.

6. See also Steven C. Abell and Maryse H. Richards, "The Relationship Between Body Shape Satisfaction and Self-Esteem: An Investigation of Gender and Class Differences," in Journal of Youth and Adolescence 25, no. 5 (1996): 693.

7. See also Thomas F. Cash, "The Psychology of Physical Appearance: Aesthetics, Attributes, and Images." In Thomas F. Cash and Thomas Pruzinsky, Body Images: Development, Deviance, and Change (New York: Guilford, 1990), 51-79. New York: Guilford; Carole Spitzack, Confessing Excess: Women and the Politics of Body Reduction (New York: State University of New York), 10.

8. See also Sally Cline, Just Desserts: Women and Food (London: Andre Deutsch, 1990), 203-204; Cash, 64-65.

9. See also Cline, 1-5.

10. See also John Myles, Old Age in the Welfare State: The Political Economy of Public Pensions (Boston: Little, Brown and Company, 1989), 135; Karen Davis, Paula Grant and Diane Rowland, "Alone and Poor: The Plight of Elderly Women," in Gender and Aging eds. Lou Glasse and Jon Hendricks (Amityville, New York: Baywood, 1992), 80; Susan A. McDaniel, Canada's Aging Population (Toronto: Butterworths, 1986), 72-73; P. Lynn McDonald and Richard A. Wanner, Retirement in Canada (Toronto: Butterworths, 1990), 115-117; and Barry D. McPherson, Aging as a Social Process: An Introduction to Individual and Population Aging (Toronto: Butterworths, 1990), 410-413.

11. See also Ingrid A. Connidis, Family Ties and Aging (Toronto: Butterworths, 1989), 30; Phyllis Moen, "Gender, Age, and the Life Course," in Handbook of Aging and the Social Sciences, 4th ed., eds. Robert H. Binstock and Linda K. George (San Diego: Academic Press, 1996), 179; and Carolyn J. Rosenthal and James Gladstone, "Family Relationships and Support in Later Life," in Aging: Canadian Perspectives, eds. Victor W. Marshall and Barry D. McPherson (Peterborough, Ontario: Broadview, 1994), 161.

CHAPTER THREE

METHODOLOGY

This chapter will examine the methodology used in my study. Beginning with an exploration of the nature and efficacy of qualitative research, what follows is a discussion of the research design, the sampling techniques employed in the study, the nature of the sample, the data analysis process and some unique methodology issues that arose in the course of the research project.

THE NATURE OF AND CASE FOR QUALITATIVE RESEARCH

Given the complexity of the questions I sought to address regarding older women's body image and embodied experience (which are outlined in the previous two chapters), a research approach that focussed on meanings and generated richly textured understandings of lived reality was needed. A qualitative approach which facilitated the uncovering and exploration of the emergent and socially constructed meanings that older women give to their aging bodies was, therefore, employed in the conducting of this study.

Broadly defined, qualitative methods refer to "research that produces descriptive data: people's own written or spoken words and observable behavior" (Bogdan and Taylor, 1984, p. 5). Sankar and Gubrium (1994) assert that "[q]ualitative research starts from the assumption that one can obtain a profound understanding about persons and their worlds from ordinary

conversations and observations" (p. vii) In other words, qualitative research is "grounded in the everyday data of experience" (Sankar and Gubrium, 1994, p. vii) and "seeks to understand the multifaceted and complex nature of human experience from the perspective of subjects" (Sankar and Gubrium, 1994, p. viii). Focussing on the women's words and meanings within a conversational type interview and atmosphere, I, therefore, endeavoured to uncover and understand how the women in my study experience and perceive their bodies and the changes in appearance and physical abilities that have resulted from aging.

Critiquing logico-deductive methods, Blumer (1969) has best stated the case for qualitative methods as he argues the following:

To try to catch the interpretative process by remaining aloof as a so-called 'objective' observer and refusing to take the role of the acting unit is to risk the worst kind of subjectivism - the objective observer is likely to fill in the process of interpretation with his [or her] own surmises in place of catching the process as it occurs in the experience of the acting unit which uses it (p. 188).

Blumer (1969) contends that "the empirical social world consists of ongoing group life and [that] one has to get close to this life to know what is going on in it" (p. 38). Indeed, there is a need "for understanding the world as we actually live in it, attending to the everyday issues that matter to us, and exploring them with the language we use to communicate" (Ryff, 1986, p. 46). Thus, qualitative researchers strive to understand not only the meanings that individuals attribute to behaviour and objects but also the ways in which they interpret, define and negotiate their social surroundings and interactions with others. Rather than imposing their own agendas and preconceived ideas, qualitative researchers

strive to view and understand the world from the perspectives and interpretations of the social actors. In other words, qualitative researchers endeavour to get as close to the position of their informants as possible (Hendricks, 1996) and to clarify to what degree their own perceptions and definitions differ from those of the individuals they are studying (Hochschild, 1973). Consequently, one of the primary strengths of qualitative research is "its ability to detect, represent, and explicate the meaning of something from the viewpoint of the actors involved" (Sankar and Gubrium, 1994, p. x). While my predetermined topic of body image and embodied experience constitutes a research agenda, it is a sufficiently broad research area that allows for the incorporation of the women's own perspectives and assessments of the importance and scope of the relevant issues. Thus, as will be further discussed later in this chapter, my interview schedule evolved throughout the research process as I identified patterns in the data and developed a better understanding of the issues that the women themselves felt were most important within my broadly defined research area.

Similarly, feminist researchers call for an end to "the artificial object/subject split between researcher and researched" (Klein, 1983, p. 95; Cook and Fonow, 1990; Du Bois, 1983; Grosz, 1988; Smith, 1987; Stanley and Wise, 1983, 1983b) and a recognition that "the knower and the known are of the same universe, that they are *not* separable" (Du Bois, 1983, p. 111) (*italics in original*). Du Bois (1983) asserts that:

To polarize the subjective and the objective falsifies experience and reality, *and* the possibility of knowing them. Objectivity and subjectivity are modes of knowing, analysis, interpretation, understanding. They are not independent of each other, and

should not be (p. 111).

Smith (1987) states that rather than seeking to impose external, 'objective' categories and theoretical explanations, the researcher must "begin from where people are in the world" (p. 89). Smith (1990) asserts that a "feminist sociology must...begin with actual subjects situated as they actually are; it must be, therefore, an insider's sociology, a sociology of society as it is and must be known by people who are active in it" (p. 32). Through the exploration of the words the women use to describe their everyday experiences and their broader social worlds, we can more fully understand the ways in which structural arrangements constrain and are imposed upon women's lives. Focussing on the lived realities of "the everyday world" (p. 88), Smith (1987) advocates a sociology that gives women a voice such that it "creates the space for an absent subject, and an absent experience that is to be filled with the presence and spoken experience of actual women speaking of and in the actualities of their everyday worlds" (p. 107). Indeed, Breyspraak (1984) asserts the following:

If we are interested in how people go about interpreting and making sense of themselves as they age, we must start with their interpretations, not with an investigator's attempt to preconceive and measure the dimensions assumed to be relevant (p. 121).

Thus, I relied upon the women to indicate to me what they felt were the most important dimensions of body image and embodied experience in later life and I approached the research as a student of what the women as experts of their own lives could teach me as well as a collaborator with the women in the conducting of the research.

At the same time, it is important to acknowledge that knowledge and the

research process itself are social constructions. Jaffe and Miller (1994) assert that the

[q]ualitative method...is grounded in a particular view of the world. It is a view that assumes the world is not something out there to be discovered but is, in fact, emergent. It is created and re-created by those sentient beings who people it (p. 54).

Reality is continually being constructed, negotiated and altered through the interactions of social actors, including those between the researcher and the researched. The act of questioning the women about their perceptions and experiences served to place body image and embodied experience in the forefront of their minds as opposed to being the backdrop of their lived realities. In this way, the interview process served to render the women more conscious of their own opinions and experiences and may ultimately have changed their perceptions and perspectives. Hendricks (1996) points out that

[c]entral to the qualitative paradigm is the contention that reality can never be exhaustively captured, not only because it is too complex, but because the act of interpretation will alter meanings before explanations can be completed (p. 54).

The role of the qualitative researcher is therefore not to discover objective reality or to endeavour to establish and maintain 'objectivity' but rather to align his or her definition of the situation (Thomas, 1972) with those of the informants and to strive to understand the unfolding interactional processes.

Consequently, my interviews were aimed at understanding the women's emerging perceptions of and experiences in their aging bodies. Sankar and Gubrium (1994) contend that while qualitative research "must be true to the

study participant's meanings and experience" (p. ix), the researcher must also have a "heightened sense of self-awareness about [his or her]...personal understandings, beliefs, prejudices, and world view" (p. xv) and how they are implicated in the research process and the social production of knowledge. Indeed, as a younger woman, I felt a constant inner tension between wanting to understand the definitions of the situation of the women in my study and fighting a sense of fear and dread over how the aging process might ultimately affect my own sense of self and social currency. Given the fact that I, too, will ultimately be aged, I was clearly invested in trying to ameliorate the devaluation of older women in society and my sense of the frustrations and injustices faced by the women became increasingly acute throughout the research process. Thus, the subjectivity of both the informants and myself were an integral aspect of both the research process and the research product.

Feminist qualitative research entails an open, non-hierarchical, reflexive relationship between the 'researcher' and those individuals being 'researched' as well as an emphasis on the primacy of women's and the researcher's subjectivities and intersubjectivity (Bowles and Klein, 1983; Klein, 1983; Mies, 1983; Smith, 1987). Feminist researchers assert the importance of maintaining openness and "honesty between researcher and researched" (Klein, 1983, p. 95) and of focussing on the research process itself (Stanley and Wise, 1983, 1983b). Thus, throughout the interviews, I worked to keep myself honest and present by answering the women's questions and sharing my own thoughts and opinions where appropriate. For example, I frequently made it known that I did not share the notion that beauty was only to be found in youthful faces and bodies and I often questioned the women about why they thought we had come to accept this criterion for physical attractiveness.

Cook and Fonow (1990) note that "acknowledging gender...involves exploring the effect of the research process on the feminist researcher and recognizing that gender influences the web of relationships comprising the research act" (p. 88). Feminist researchers concern themselves with such ethical issues as "the use of language as a means of subordination, the fairness of gatekeeping practices, interventions in respondents' lives, and withholding needed information from women subjects" (Cook and Fonow, 1990, p. 79). Some feminists suggest that researchers should "open ourselves up to using such resources as intuition, emotions and feelings both in ourselves and in those we want to investigate" (Klein, 1983, p. 95; Stanley and Wise, 1983b). Sharing this perspective on research, I tried to be myself in the context of the research interviews rather than hiding behind notions of the importance of objectivity. Moreover, through the use of a journal, which will be discussed later in this chapter, I worked to keep myself aware of my own feelings, thoughts and intuitive responses. For, as Klein (1983) states,

[i]n combination with our intellectual capacities for analyzing and interpreting our observations, this open admission of the interaction of facts and feelings might produce a kind of scholarship that encompasses the complexity of reality better than the usual fragmented approach to knowledge (p. 95).

QUALITATIVE RESEARCH AND OLDER ADULTS

Qualitative research has been shown to be particularly effective in studying the everyday experiences of men and women in later life. In order to make sense of the lived realities of older adults in the plethora of settings in

which they are studied, researchers need to gain an understanding of the meanings that individuals attribute to the interactions and objects which comprise their social worlds. Examining research on older adults, Marshall, Matthews and Rosenthal (1993) suggest that quantitative research with its frequent use of fixed choice questions is unable to capture the variability, complexity and relativity of personal meanings. Indeed, the intricacies of older women's thoughts and feelings about and in their bodies would not be captured in a survey format. In contrast, qualitative methods enable the researcher to acquire an intimate understanding of "what the phenomenon or experience of interest means to the aged - that is, how they think about it, how they view their own and others' worlds, and what the consequences of the perspectives are for courses of action" (Jaffe and Miller, 1994, p. 52). Thus, Bengtson, Rosenthal and Burton (1996) note that qualitative data provides insights into the nature and meanings of micro level interactions of older adults. George (1990) asserts that qualitative research is

especially useful for revealing the interpretations and meanings of social phenomena and for describing the processes that underlie observed relationships between social structure and individual outcomes. Such studies are needed to enrich our understanding of the experience and meaning of aging - and to validate the assumptions made by investigators about the meaningful dimensions of the aging experience (p. 199).

Qualitative methodologies can be especially beneficial and vital in giving marginalized groups, such as older women, a voice. Hendricks (1996) suggests that qualitative research "gives the elderly a voice that will enrich our understanding and appreciation of their lives" (p. 68). Baines, Evans and

Neysmith (1991) contend that too often "the male perspective shapes identification, development, and interpretation of knowledge and, as a result, women's experiences have been marginalized and rendered largely invisible" (p. 14). Whereas quantitative methods tend to "contain a male bias" (Gee and Kimball, 1987, p. 14) and gerontological research has frequently generalized findings from research on "white, middle-class males" (McPherson, 1990, p. 121) to the broader and heterogeneous aging population, Gee and Kimball (1987) assert that

more naturalistic and qualitative methodologies...are appropriate to the study of women and aging, given that women may define their social world in a way that emphasizes the quality of interpersonal relationships - a dimension that needs to be overlooked in more rigorous, quantitative studies (p. 14).

The research of Aronson (1990, 1991), Bonar (1994), Hochschild (1973), MacLean, Houlahan and Barskey (1994), MacRae (1990), Martin Matthews (1991) and Matthews (1979) are rich examples of how qualitative research may reflect and elucidate the complex experiences, issues and concerns of older women from their own perspective and using their own words.

The flexibility and 'democratized' (Burnside, 1988, p. 198) nature of the methodology give informants a measure of control and influence over the emerging research process that is not possible in quantitative designs. In an effort to keep the relationships between myself and the women in my study as 'democratized' as possible, I, as has already been stated, adopted the role of student and collaborator in the carrying out of the research rather than asserting myself as an authority or as an 'objective' and distant researcher. Thus, I constructed my interview schedule in an ongoing process though interaction

with and feedback from the women in my study. I asked each woman what types of questions she felt were most important when interviewing older women about their aging bodies and how she would go about conducting the research if she, herself, was the researcher. The suggestions and insights that the women provided were an intrinsic part of the emerging interview schedule. For example, the first woman I interviewed pointed out after our initial meeting that any research on body image must inevitably include an exploration of sexuality. Although I had asked around the issue of sexuality by questioning the woman about her relationship with her deceased husband, I had been hesitant and unsure of how to bring up what I had erroneously assumed would be a sensitive topic. Her directness and openness taught me much as a researcher as well as providing me with invaluable data and an increased understanding of older women's experiences. Interestingly, the last woman I interviewed indicated that she would not have asked older women about sexuality because she felt it was a private issue and one that did not influence her own experience of her body. In contrast, she indicated that more attention to how a woman manages to live independently and the social resources she draws upon would be a more fruitful and relevant topic to explore.

As well as striving to accurately comprehend meanings, interpretations and processes, qualitative researchers present and base their findings in the words, meanings, hypotheses and reflections of the informants. One of the unique aspects of qualitative research is the use of informant quotations to illustrate and elucidate the "key thematic issues" (Hendricks, 1996, p. 65) as well as to 'ground' the theory (Glaser and Strauss, 1967) in the lived experience of the studied population. As will become evident in the ensuing chapters, the words of the women in my study form the basis of my data analysis and the

presentation of my findings. Consequently, "[s]tudy participants remain on centre stage through all phases of the research" (Sankar and Gubrium, 1994, p. ix) and their recounted experiences and use of language form a rich tapestry of data. As Hendricks (1996) aptly points out, qualitative research fosters the development of "knowledge with a human face" (p. 68).

Nevertheless, since the researcher is often "socially privileged vis-à-vis the researched, having more status, wealth, and power" (Jaffe and Miller, 1994, p. 60), it would be naive to suggest that the relationship between the researcher and the researched is egalitarian and wholly democratic. Researchers are wise not to lose sight of their authority and power in the construction of the research process and knowledge. Ultimately, it is the researcher who decides what he or she will study and how the findings will be interpreted and conveyed to others. As an educated woman who is involved in academia, my interpretations of the data are what are presented as knowledge to the outside world and I have greater access to the power to define reality. As well, as a younger woman within the context of a society that devalues age and physical frailty, I am more able to achieve the cultural standards of physical attractiveness and therefore to hold greater social currency. Finally, as a well-educated white woman who is a member of the middle class, I am advantaged over those women in my study from lower socioeconomic status backgrounds.

RESEARCH DESIGN

My research involved qualitative interviews with 22 community-dwelling women. The interviews were semi-structured such that I had a list of general questions which I incorporated into the interview process with each person (see

appendices I and II). With primarily open-ended questions, the interview schedule provided a framework for the conversation with each woman but allowed for flexibility in the interview process. The interview schedule was designed to foster conversation about how the women felt about their bodies, how they experienced and perceived physical changes in their bodies and how their identities were shaped and constrained by their physical realities. I interviewed each woman two or three times for a total of three to six hours per person and I conducted 96 hours of interviews in total.

The use of two to three interviews with each woman allowed me an opportunity to further lines of inquiry in the second and third interviews that had arisen only briefly or not at all in the initial interview. The first interview generally consisted of obtaining a life history and a body history and talking about body image and embodied experience in a general way. Asking the women to talk about the history of their lives and their bodies and to situate themselves in a social-historical context served to enhance rapport, to provide me with a better understanding of the meanings the women attributed to their bodies as well as to growing older, and to act as an 'ice-breaker' for the more intimate and, sometimes, difficult topics that followed. Interestingly, many of the women commented at the end of the first interview that they had never before talked so much about themselves and their lives and all of the women seemed to find the experience both pleasurable and worthwhile. The life-history portion of the first interview as well as the more general nature of the initial meeting in which body image and embodied experience issues were discussed but not in any depth, seemed to put the women at ease, to increase their interest in the research process and to enhance their willingness, if not eagerness, to participate in a second interview.

The second interview was more focussed on the specifics of changing bodies in later life and how the women felt about and perceived the physical changes that accompany aging. The second interview tended to be more intense in nature as the women were more likely to be talking about issues around which they often experience ambivalence and strong emotion, namely the physical and social realities of aging. As well, there tended to be a greater sense of rapport during the second interview between myself and the women in my study and, as a result, the women were often more open and forthcoming in their personal revelations and disclosures. Following each interview, I spent time reflecting upon the process, my own experiences within the interview and my feelings about the same in a research journal in an effort to improve my interview techniques and to remain conscious of how my own subjectivity was entering into and shaping the interviews. I found the process of writing in my research journal to be a useful and helpful means of debriefing as well as sorting through emerging patterns and themes. The journal also helped me to sort through my own strong feelings about confidential disclosures made to me, such as about the experience of previously unreported or undisclosed childhood sexual abuse and rape. I also experienced strong emotions throughout the research interviews as the women described painful and frustrating losses, injustices at the hands of physicians, store clerks and family members, sexual difficulties and feelings of bitterness and a lack of fulfilment. The use of a journal helped me to separate out my own thoughts and feelings from the interpretations that the women themselves gave to their own life experiences.

With the consent of each individual, all of the interviews were tape-recorded. This allowed me to focus on the conversation at hand rather than

having to take notes and thereby contributed to a more relaxed and conversational interview atmosphere. Besides conversation and the general interview schedule, the use of photographs was another means of eliciting data. I asked each woman to select three to five of her favourite photographs of herself and to bring them to the second interview. The women were requested to explain why they had chosen the photographs and what they liked and disliked about them. The photographs provided an additional avenue for discussion of how the women felt about their bodies and the changes that had occurred through the aging process. Furman (1997) suggests that reflecting on photographs rather than directly talking about the physical realities of aging enables women to "gain some distance from [their appearances] and to feel less self-conscious" (p. 10). As Furman (1997) found in her research, the use of photographs served to "facilitat[e] discussion of women's lives that lay beyond issues of appearance" (p. 10) and "made it possible for participants to direct the course of the interviews in the directions they themselves chose" (p. 10).

I had hoped that the photographs might help the women to talk about, if not see, the changes that had occurred in their bodies over time. However, the majority of the women used the photographs to elucidate their life histories and to provide visual representations of important moments in their lives. Rather than talking about their bodies and how they felt about how the pictures charted the physical changes over time or how they assessed their bodies from a distance, the women seemed to prefer to share personal anecdotes or to refrain from comment altogether. Perhaps they did not want to look at or acknowledge changes in their physical appearances and functional abilities because the resultant sense of loss was too poignant. The women may have experienced a sense of embarrassment and discomfort at focussing so much attention on

photographs of themselves. My experience leads me to disagree with Furman's (1997) assertion that photographs enable the women to 'gain some distance' and I contend that a photograph is a more confrontational means, although it was not intended this way, of seeing and realizing the extent of physical changes as compared to simply talking about them in a more abstract way.

Conversely, the women may not have had strong emotions about the physical realities of aging in evidence in the photographs and therefore had little to say about them. They may have chosen to share personal stories in an attempt to contextualize their lives and to impart a glimpse of who they were and are. Nevertheless, the process of finding the photographs served to keep the women reflecting on body image and embodied experience issues in between interviews. I tended to ask the women to show me the photographs they had selected in the beginning of the second interview. The exercise of viewing and reflecting upon the photographs thereby served as an effective transition from introductory conversation to more focussed discussion of body image and embodied experience issues. Thus, in contrast to Furman (1997), I did not find that the photographs directly elicited important data. Rather, the photographs enhanced rapport, fostered analysis on the part of the women being interviewed and acted as socio-historical markers of the woman's life course and the changes in her body that had occurred over time.

The majority of the women I interviewed (20) preferred to meet in their own homes while two of the women requested that our interviews be held in my office at the university. The home setting enabled women to feel more relaxed and countered the tendency towards a disembodied discussion by providing a tangible social and historical context for the changes in the women's bodies as a result of the aging process. The women who preferred to be interviewed at

the university had both contacted me after seeing my request for participants on the local cable television station and neither had ever met me in person or knew someone who had met me, unlike my other respondents who had at least seen me from a distance while I solicited interviewees, a process described more fully below. Thus, the university interview setting facilitated a sense of security for the two women.

SAMPLING

Research participants were recruited from a number of different sources. Three women contacted me after seeing a poster I had put up at a local seniors' centre requesting research participants for my study. Two women volunteered to participate after I described my research at a meeting of the local chapter of the Canadian Pensioners' Concerned. Similarly, one person was recruited after I outlined my research project at a local Osteoporosis Support Group meeting. Two women contacted me after Professor Aronson, a member of my committee, requested participants on my behalf at a meeting of the local chapter of the Older Women's Network. Two women became involved in the research after having seen an advertisement for my research that I posted on the local community bulletin board television channel. Finally, 14 women were recruited through snowball sampling methods using several contacts in the community as well as some of the women recruited through the above-listed sources.

DESCRIPTION OF THE SAMPLE

Ranging in age from 61 years to 92 years, the mean age of my sample is

77 years. There are four women aged 60 to 69, nine women aged 70 to 79, seven women aged 80 to 89 and two women over the age of 90. There is diversity amongst the women in terms of their living arrangements, marital status, functional abilities, educational attainment, employment history, income distribution and religious and cultural background. Unfortunately, there is no diversity in terms of race or sexual orientation in my sample. Six of the 22 women reside in their own homes, nine own condominiums, three live in subsidized housing, three are in apartments and one lives in a retirement home. Likewise, 14 women are widowed, one has never been married, three are divorced and four are currently married. Of the 14 women who are widowed, two women have been widowed twice and one woman has been divorced and then widowed. One currently married woman has previously been divorced. Whereas seven of the women live with someone, be it with a spouse or a child or in a retirement home, 15 of the 22 women reside alone. All of the 22 women are functionally independent, although one is in a wheelchair and four require assists in order to walk. Three of the women interviewed have less than a high school education, seven have completed high school, six have attended college or vocational school, five have an undergraduate university degree and one has a graduate degree. None of the 22 women are currently employed. Seven of the women were full-time homemakers, five were full-time homemakers until their children were in elementary school, six were full-time homemakers until their children were teenagers, and four worked full-time throughout their working lives. Of those women who went back to work after their children were older, two worked part-time, five started out at part-time and then switched to full-time employment and four worked full-time. While 15 of the women are Canadian born, three were born in England, two were born in

Scotland and two were born in the United States. Finally, there are 12 Protestant respondents, two Catholic respondents, one non-practicing Jewish respondent, one Atheist respondent, four Agnostic respondents and one respondent who subscribes to a non-mainstream religious organization.

DATA ANALYSIS

Each of the interviews were transcribed by myself and this enabled me to stay close to my data and to have a strong grasp of what was in each of the interviews. Indeed, transcription is an important aspect of data analysis. Following transcription, the interview data were entered into the Q.S.R. N.U.D.*I.S.T. (Non-numerical Unstructured Data Indexing, Searching and Theorizing) software program and coded and further analyzed. Coding proved challenging given the richness and complexity of my data and I ended up with a total of 18 nodes and 59 subnodes. The end product of the research thus entails a paring down of the data and represents some difficult choices on my part, and in collaboration with the women in my study, regarding what is reported in the dissertation and what will be elaborated upon in future analysis. Every attempt was made through ongoing dialogue within the interview structure to solicit the input of the women in terms of what they felt were the major themes or how they assessed my selection and interpretation of the key issues.

I employed a 'grounded theory' (Glaser and Strauss, 1967) approach to the analysis of the data whereby both the methodology and the analysis were "shaped and influenced by emergent hypotheses and themes that develop[ed] in the course of the investigation" (Shaffir, Stebbins and Turowetz, 1980, p. 6).

Rather than striving to impose a theory on the data, Glaser and Strauss (1967) contend that theory must emerge from the research process and the data itself.

Glaser and Strauss (1967) state the following:

Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research (p. 6).

Given the focus in feminist research on elucidating the ways in which women are oppressed as well as the attention to systemic ageism incorporated in my theoretical framework, my data analysis is not wholly grounded. Indeed, I have sought to explicate the themes and patterns that emerged in the words and experiences of the women within a context of a society that devalues old women. Once again, the difficulties in combining a macro and micro approach became evident as I struggled to build a series of hypotheses up from the data while peering down from the structural constraints of patriarchy and systemic ageism. It would be erroneous to claim that my interpretations are fully 'grounded' given the specificity of my focus on the devaluation of women and of older adults. Nevertheless, I maintain that the socially constructed meanings that older women develop and negotiate in relation to their bodies and to those around them are more fully understood when viewed from the perspective of a symbolic interactionist framework that incorporates insights from feminist theory and from an examination of the impact of ageism.

In an effort to stay close to my data and to elucidate structural arrangements as they are implicated in lived reality, I utilized Strauss and Corbin's (1990) method of open coding which entails "the process of breaking

down, examining, comparing, conceptualizing and categorizing data" (p. 61) and worked to identify and elucidate emerging patterns, concepts and themes in the data in an ongoing, inductive and reflexive process. Data analysis was therefore continuous throughout the interviewing, transcribing, coding and analysis stages. At the same time, I included the women in my sample in the analysis process. Cook and Fonow (1990) note that "several feminist sociologists advocate a participatory research strategy which emphasizes the dialectic between researcher and researched throughout the entire research process, including formulation of research problem, collection of data, interpretation of findings, and implementation of results" (p. 76). Stewart (1994) states that "[w]e must be careful when we interview living women to build in opportunities to tell them what we are thinking so they can tell us how they see us and where we have gone wrong" (p. 19). Blumer (1969) maintains that the researcher must use "sensitizing concepts" (p. 147) to explore the empirical world. Relying on him- or herself "as a research instrument" (Spradley, 1980, p. 57), the researcher continually refines the concepts and works to discover and "to isolate relationships between analytic components" (McPhail and Rexroat, 1979, p. 453). Thus, as themes emerged throughout the interviewing process, I conveyed them to my interviewees and got their feedback on my developing ideas. In this way, I worked to keep the interviews 'grounded' in the experiences and reflections of my research participants and to give the women an active voice in the research product.

REFLECTIONS ON THE INTERVIEW PROCESS

The tensions that women experience in relation to their aging bodies

became evident in the research process such that the interviews were lengthy and complex. It has been pointed out that one of the weaknesses of qualitative research is the fact that it is "very time-consuming" (McPherson, 1990, p. 112). In her research on 'oldness' with elderly women, Matthews (1979) notes that

the conversations that occur in more accessible settings are infrequently related directly to oldness. They are, instead, related to the ongoing activities of the setting. Further, a designation of themselves as 'old' is refuted by many old people, so that asking direct questions about their oldness is either met by platitudes or incomprehension. These factors combine to make participant observation time-consuming and intensive interviewing - because it requires that old informants focus on an attribute that they would like to think of as unimportant - a somewhat painful and confusing activity for both the interviewer and the informant (p. 25).

Given that my interviews were focussed on oldness as well as the loss of perceived physical attractiveness may have served to make the interviews even more difficult and emotionally charged. McPherson (1990) suggests that interviewers may find it challenging to "restrict the conversation to the items in the interview" (McPherson, 1990, p. 122) when interviewing older adults due to the impaired health of participants, their desire to interact on a more egalitarian level or their differing agendas. While health problems, rapport issues and loneliness may have augmented the difficulties of staying on topic, I would suggest that there was an element of evasion such that many of the women in my study found it painful, uncomfortable and embarrassing to talk directly about body image and embodied experience in later life. The tendency to digress may have reflected a strategy on the part of the women to combat their sense of uneasiness and distress over facing and verbalizing their thoughts and feelings about the loss of beauty relative to existing standards of attractiveness and the

deterioration of their health and functional abilities.

In addition to the time commitment involved in qualitative research, a second daunting aspect of the approach is the strong interpersonal skills that are required of the researcher. McPherson (1990) states that qualitative researchers must have "special observational and conversational skills" (p. 112). Sankar and Gubrium (1994) point out that qualitative research

relies on the ability of the researcher to establish rapport with research participants. A characteristic kind of mutual trust is involved that allows the researcher to gather personal, sometimes intimate, information about the subjects' lives (p. xiv).

Thus, the researcher must be able to gain access to potential informants, win their trust and be able to put them at ease such that they will be willing to share details of their personal lives and feelings. McPherson (1990) suggests that this may be especially difficult with older adults who "may be skeptical of research" (p. 122) and suspicious of the motives of the researchers. The skepticism of informants as well as "the social desirability problem" (Fischer, 1994, p. 5) may not only hamper the establishment of rapport but may also lead to the self-censorship of study participants. Fischer (1994) argues that

[p]otentially, the detail and depth of information in qualitative research ought to mitigate the social desirability problem. In a long interview, for example, the respondent may 'give off' information that counters or adds complexity to the respondent's presentation of self. Ironically, however, the actual existence of a relationship between interviewer and respondent may exacerbate the social desirability factor" (pp. 5-6).

Certainly, there were several women who indicated that they did not

believe that the body image and embodied experience of older women warranted research. Many women initially dismissed the topic as irrelevant in the beginning of the first interview and then proceeded to express dissatisfaction over weight gain, wrinkles and other physical changes resulting from the aging process. One woman readily and enthusiastically talked about her life history, body history and feelings about her body in the initial interview. However, when I arrived for the second interview, she seemed agitated and upset and stated that she was afraid that my research would lead to a 'shallow' portrayal of older women. In her words:

I thought it made women sound very shallow when you were looking into how they felt about their physical appearances as they got older. I think the only ones that would be very shallow women that had nothing better to do than think about their looks. My life is too big for that. I don't know. Maybe it's just how I feel...I felt it was kind of painting women - older women as shallow. And I don't think most older women are sitting around worrying about how they look...I felt you didn't really understand older women if you thought that the older women were sitting around stewing about - I think women that do that are not enjoying life and they're going to be miserable until the day they die. I mean, somewhere along the line you have to decide, 'Okay. This is it and I'm going to be happy.' (age 69)

Undoubtedly, my second interview with the above woman provided many important insights into what women value most in later life. Nevertheless, the tensions between the woman's dissatisfaction with her body which were expressed in the first interview and her discounting of such attention to appearance as indicators of vanity and shallowness underscore the conflicts and contradictions in the feelings women have towards their bodies in a youth and appearance oriented culture.

Another difficulty that I encountered in the interview process resulted from the fact that many women in my study indicated a reluctance to speak for other women. Indeed, most of the women stated that older women are a diverse group and that it is difficult to make generalizations about how they feel about their bodies. Given that qualitative research focusses on the meanings that individuals construct and negotiate, I initially found this response to some of my questions to be an unforeseen obstacle. As the interviews progressed, I began to realize that many women are reticent when given the opportunity to voice their feelings and thoughts and fear that they will either say the wrong thing or will do a disservice to other women. Many women seemed surprised that I was truly interested in what they as individuals had to say and felt uncomfortable with being a potential representative of older women their age. The hesitation to speak for others is undoubtedly also a manifestation of older women's low and insecure social status in a gendered and ageist society in which they have little power to express or make heard their lived realities. Moreover, the women's reserve may also reflect the difficulty of speaking about intimate or generally taken for granted issues. Consequently, despite my initial frustration over the reticence of some of the women in my study, I began to realize that their hesitation was a part of the meaning I was seeking to explore rather than a barrier to the research process.

Finally, the age difference between myself and the women in my study was a source of concern. I feared that the women would feel uncomfortable discussing their bodies and their lives with a woman my age. After having been questioned on this point by a faculty member in my department, I decided to ask the women directly about how they felt about our age difference. I acknowledge that the responses I obtained may reflect a wish on the part of the women in my

study to not offend me or to foster a friendly bond. Nevertheless, I think that it is notable that all but one woman stated that they would prefer to speak to a younger woman than to a woman closer to them in age. The one woman who stated that she might be more comfortable talking to an older woman also indicated that she was not sure that age would make a difference. There was a variety of reasons given for why our age differences were not considered problematic. Expressing a sense of being flattered that a younger woman was interested in the experiences of an older woman, some of the women indicated that they felt that younger researchers would have fewer preconceptions regarding later life than their older counterparts:

I was very positive about you because I thought, 'Well, gee, this is great that somebody your age would consider doing - consider it as a subject of importance.'...I think it's better that you're younger because someone closer to my own age, I think would have preconceived ideas. (age 67)

Thus, the women suggested that younger researchers were less prejudiced about the realities of aging. As well, many of the women frequently articulated the concern that an older female researcher would expect reciprocity in terms of being able to express her own concerns and issues and that, as a result, the woman being interviewed would either feel compelled to listen or would not be as free to discuss her own issues and concerns:

I don't think the question of age is an issue...Maybe (laughs) it's because you're not old enough to contradict me. So it's easy to say what I want to say...But someone my own age, you know - I think we'd get into a consolation match. 'Yes, I understand - that's the way you feel.' And this sort of thing. And I mean,...I can't expect you to understand how I feel about a lot of things because

you haven't had time to experience a lot of things...Whereas someone my own age, I don't think would be as successful, really...I think if I was talking to someone my own age, I would listen more to them and I mean, you certainly have succeeded in getting me to talk - I've talked! I think with someone my own age, I wouldn't talk. I'd probably ask questions back and...it would be a much more normal conversation. I would feel a little egotistical talking all about myself to someone my own age. (age 81)

An interesting perspective in light of the systemic ageism present in society, the above quotation suggests a belief in a power relationship between younger and older individuals in which the former are expected to respect and defer to the latter. Some women suggested that they felt that their peers were less open-minded or liberal in their points of view which would make the woman being interviewed less comfortable with talking about intimate issues, such as sexuality:

No! Certainly not! I think it's easier to talk with young people. Oh, yeah! I mean, how am I going to say anything to a person that's older - they may be strait-laced old buggers who don't know what, you know - I wouldn't open my mouth...I wouldn't open up to an older person. No. I'm sure I wouldn't. Or to a man, either. Probably not. (age 86)

Expressing a stereotypical view of older women as rigid or conservative in their thinking, the women thus suggested that it would be easier to discuss sensitive topics and issues with a woman from a younger generation. Finally, the majority of the women in my study conveyed a desire to have more contact and interaction with members of the younger generations:

Oh! You're delightful! I wouldn't want to sit and talk to a lady that's 60 or 70...because I like young people and I think it's a real shot in

the arm. I've enjoyed talking to you this afternoon...because it's just nice to be with young people. (age 82B)¹

Participating in a study with a younger researcher was therefore seen as an opportunity to interact with younger people. All of the women in my study were most gracious with their time and most open and willing to converse with me and to help me to better understand their lived realities. Despite the assertions that age differences were not problematic, it is nevertheless apparent that age is an important and complex factor in the dynamics between myself and the women in my study.

CONCLUSION

In conclusion, the chapters that follow are the end result of reflexive analysis of the major themes and patterns that emerged in my interviews with 22 older women. While I have endeavoured to 'ground' my analysis in the words, experiences, interpretations and perceptions of the women, I bring to the study a specific focus on the systemic oppression of older women and I am particularly interested in the themes and patterns in the data pertaining to women's lived realities in a world defined by gendered ageism. Each of the ensuing chapters builds up from the data in a process of continual abstraction. Whereas the following chapter, Chapter Four, provides a critical analysis of the thoughts and feelings that the women use to describe their bodies, Chapter Five examines the strategies that the women use to negotiate and mediate the perceived loss of physical beauty and the deterioration of health and functional abilities. Chapter Six, the final data analysis chapter, examines the implications

of the women's perceptions of and experiences in their bodies for their sense of self and identity. Throughout the data analysis chapters, the themes of tension and contradiction continually emerge as both the women and I struggle to reconcile competing forces, meanings, interpretations and conflicts surrounding the social currency of the aging female body.

ENDNOTES - CHAPTER THREE

1. Please note, there are six pairs of women who share the same age. I have used the letter 'B' to distinguish between the first and second woman of each age pair.

CHAPTER FOUR

THE AGED BODY: THE TENSIONS AND CONTRADICTIONS IN THE DISCOURSES OF OLDER WOMEN

This chapter will explore the tensions that exist in the meanings that older women attribute to their aging bodies as well as to the bodies of other older women. Examining the contradictions and conflicts that are apparent in the words that the women use to describe their bodies and the feelings they have about them, what follows is an analysis of the predominant themes that emerge in the interviews as the women discuss how they experience and negotiate changes in their physical exteriors. I will analyse how older women evaluate cultural standards of beauty and media representations of the ideals of physical attractiveness. Particular attention will be given to the complexities and tensions surrounding the issue of weight. Analysing the predominantly negative feelings that the women have towards their bodies, this chapter will serve as the foundation for the following two chapters which will investigate the factors that mediate the women's sense of dissatisfaction and the impact of their discontent on their sense of identity.

REFLECTIONS ON THE INTERVIEW PROCESS

To begin with, the tensions that women experience in relation to their aging bodies became evident in the research process such that the interviews were lengthy and complex. It has been pointed out that one of the weaknesses

identity (Franzoi, 1995; Mishkind et al, 1986; Rodin et al, 1984; Siever, 1994), the fact that "physical appearance is a chief measure of women's worth throughout the life cycle" (Furman, 1997, p. 117) and given the physical realities of aging (Chrisler and Ghiz, 1993; Rodin et al, 1984), the feelings and descriptions that older women attribute to their appearances warrant close examination. Seemingly having internalized cultural conceptions of beauty and the dominant way of 'seeing' (Bordo, 1993) female and old bodies, many of the older women in my study describe their aged bodies in pejorative terms and convey their sense of insecurity and depreciation in an age and beauty conscious society. Indeed, most of the women express the poor body image generally associated with younger women (Rodin et al, 1984; Dionne et al, 1995) as well as the lack of social currency attributed to older women as they use words such as 'lumpy', 'ugly', 'sagging', 'yuck', 'dumpy', 'flabby', 'used up', 'crabby-looking', 'embarrassing', 'well-worn', 'a disaster' and 'awful' to describe the appearance of their aged bodies. Statements such as the following which exemplify older women's negativity towards their appearance, the internalization of beauty ideals that result in the social devaluation of older women's bodies and women's tendency to view the 'body-as-object' rather than 'body-as-process' (Franzoi, 1995) are not uncommon:

Well, on a scale of one to ten, I'm a one (chuckles)...I've got all these things. These things (patting various parts of her lower body), this thing (indicating her neck), this sagging and, yeah. If you knock off a point for every one of those, you're minus.
(age 73B)

I certainly don't like the way [my body] looks. (age 78)

I think I'm quite hard to look at... You know, scrawny neck and, ah,

my eyes are - I have one eye that droops a bit and, your teeth - you lose your teeth. (age 90).

The harshness of the women's dissatisfaction with their bodies is both intense and unsurprising given the existing beauty standards and the fact that women's bodies are supposed to be aesthetically pleasing (Siever, 1994) in order to attract the attention of male partners (Fennell, 1994). While some women chuckle as they describe their bodies in negative terms, it is clear that they are profoundly disenchanted with the effects of aging on their physical appearances. Used to lessen the blow of wrinkles and sagging bodies, Furman (1997) suggests that humour serves to "bond women around the inevitability of aging" (p. 38).

Similar to Franzoi's findings (1995) and Bordo's (1993) assertion that women are taught to constantly monitor their bodies "for signs of imperfection" (p. 57), the women in my study tend to carefully scrutinize discrete body parts and find themselves wanting. The body part most frequently criticized is the stomach. Indeed, over half of the women make disparaging comments about their bellies which have sagged with time, often as a result of child-bearing. At the same time, even one (age 81) of the seven women who do not openly make negative statements about their aged bodies' physical appearance indicates that she has been dissatisfied with her body shape, something she distinguishes from her physical appearance, since having given birth to her children more than 50 years ago. While she does not indicate that aging has augmented her dissatisfaction towards her body, this woman also exemplifies poor body image and the internalization of the systemic devaluation of older women's bodies. Thus, the majority of the women in my study express

dissatisfaction with and unhappiness towards their bodies. Interestingly, in my sample of older women, expressions of negativity towards the appearance of one's aging body do not seem to be age-related as women in their 60's, 70's, 80's and 90's all make similar statements of displeasure regarding their physical exteriors. In other words, there does not seem to be increased displeasure with one's body the older one gets after age 60. Rather, all of the women, regardless of age, seem equally dissatisfied.

THE POWER OF THE REFLECTED IMAGE

Mirrors and the reflected image of one's body seem to be a strong source of anxiety and disappointment for many of the women in my study. Bytheway and Johnson (1998) cite the work of Oberg (1996) and Thompson, Itzin and Abendstern (1990) as they assert that "concern with appearance and with the mirrored image is lifelong and remains a continuing concern as we grow older" (p. 243). The desire to avoid mirrors as well as a sense of shock, dismay and even self-loathing derived from looking at oneself in a mirror are frequent themes throughout the interviews. Indeed, the majority of the women in my study make unsolicited negative statements about their physical appearances in relation to mirrors and reflected images of themselves. Describing the aging body as a whole, comments such as the following which exemplify both negative 'body image evaluations' (Muth and Cash, 1997) and negative 'body image affect' (Muth and Cash, 1997) are typical:

The bathroom there has a full mirror on the door and if you catch a glimpse of yourself, 'Oh, my god!' It's ugly. It really is. There's

nothing nice about it. (age 87).

I am appalled each time I look at my body...when I get up in the morning and brush my teeth I look in the mirror and I think, 'Holy Christmas! This is awful! (age 82)

Still other women single out the naked body as a source of particular angst and dismay:

Oh, [I feel dissatisfied with my body] every day I get out of the shower. Oh, yeah! When I'm drying myself. And we've got a mirror on the back of the door. I try to avoid that. Sometimes I hang my housecoat over it so I can't see it. But, no, [I feel dissatisfied] every day. Every single day. (age 73)

I mean, there's two or three mirrors around here. I've got a mirror on my door in my bedroom...and if I take my things off before I go into my shower and that door happens to be closed with the mirror facing me, I think, 'Oh, god! Get that mirror out of the way!' Because, I just - I know I'm being vain and stupid talking this way but I hate my body. (age 76B)

Finally, some women are especially concerned with the changes in their faces which have occurred over time and comment on the onset of wrinkles in their reflected images as the source of their dissatisfaction:

It's kind of shocking, I guess, to look in the mirror and see grey. And I notice a particular change between 60 and 68. Each year when I look in the mirror, I think, 'Oh, there's another wrinkle in my face. Where did that come from?'...It's hard to look at yourself in the mirror. And I remember my mother saying, 'Oh, well, as long as you're clean and presentable.' I think of that expression every time I look in the mirror. I say, 'Well, I've had a shower and I'm clean and presentable, anyway. I may not look like, you know, glamorous but there I am.' And who was it that said when we were younger we all wanted to look like Elizabeth Taylor and now, by god, we do? (age 67B).

Each of the above-listed quotations, and the last one in particular, are reminiscent of 70 year old Doris Grumbach's (1994) assertion:

I have been taught that firm and unlined is beautiful. Shall I try to learn to love what I am left with? I wonder. It would be easier to resolve never again to look into a full-length mirror (p. 77).

Indeed, the strength of the emotion that the women in my study direct towards their reflected image is unsettling in its intensity. Once again, statements of dissatisfaction are made by women in their 60s, 70's, 80's and 90's and the younger women in my study seem to be no less negative than the older women in terms of the magnitude of their displeasure with their images in mirrors. The reflected image is a powerful tool for self-surveillance, self-evaluation and social control (Featherstone, 1982) as older women anxiously monitor "themselves for bodily imperfections" (Featherstone, 1982, p. 20; Bordo, 1993) and find themselves sorely lacking. It is through mirrors that older women view their aging bodies from the perspective of others and compare their physical selves to cultural ideals of beauty. Reflected images serve to reinforce the internalization of the negative values and meanings attributed to aged bodies, particularly the aged bodies of women. Orbach (1986) argues that "women are encouraged to see their bodies from the outside, as if they were commodities" (p. 36). As Bordo (1993) states, the older women have learned "how to see bodies" (p. 57) (*italics in original*) and how to evaluate themselves against the youthful norm (Arber and Ginn, 1991; Seid, 1989) of physical attractiveness such that old has been defined as ugly, undesirable and 'other' (Healey, 1993; Sorell and Nowak, 1981).

Internalization of the norms of how to see and evaluate their bodies

prevents the women in my study from even considering the possibility that the wrinkled and sagging bodies that they view in their mirrors might be indicative of physical attractiveness. Attempts to challenge the socially constructed concept of beauty internalized by the women are frequently met with silence, disbelief, confusion, suggestions that I 'must be joking' or the assumption that I am being patronizing. When I ask the women why we do not consider wrinkles, sagging and grey hair, amongst other things, to be beautiful in our society, typical responses to my question are either the reiteration of dissatisfaction regarding their aged bodies, statements endorsing existing cultural concepts of beauty or discussions of reverence given to elders in other cultures, such as in Asian and aboriginal societies. Two women dispute the idea that older women are not beautiful. While the first woman (age 76B) goes on to contradict herself by defining beauty in terms of youthfulness, the other woman (age 77) suggests that some women actually get better looking with age and argues that "you can't just say, oh, you know, you get ugly when you get old because you don't". Nevertheless, none of the women seem to have ever considered the possibility that definitions of physical attractiveness are social constructions such that they have been taught how to see and evaluate their own bodies according to socially constructed and personally internalized 'truths' that served to devalue their own social worth. The power of the dominant images of aging and beauty are evident in the inability of the majority of the women in my study to consider alternative perceptions and definitions of the aged female body.

'A WRINKLE IN TIME'

One of the most visible indicators of aging, wrinkles are an issue that is

frequently discussed by all of the women in my study. Interestingly, there seems to be an even split between the women in terms of how they view their facial wrinkles. Whereas half the women in my study describe their wrinkles negatively and in a fashion similar to the way in which they describe their aged bodies, the other half of the women suggest that they have 'earned' their wrinkles through their life struggles and experiences and thus they wear them as a badge of honour of their survivor status. Rather than expressing dissatisfaction over their wrinkles, many of the women in my study indicate an acceptance of the changes in their faces that have occurred over time:

I mean I'm not thrilled to pieces that I've got wrinkles and bulges here and there but, I mean, that's part of living... I've earned all my wrinkles. I've earned everything. I want to be just the way I am. I'm fine. (age 69)

I figure when you get wrinkles in your face, you've earned them. So you don't really mind that. (age 67B)

Other women inject humour into their descriptions of the changes in their faces:

Well, sometimes I make a joke about it and say, 'I've earned every one of those wrinkles.' They're like badges of merit. (age 73B)

There is also a tendency amongst the women to discount the importance of facial creases and to talk about their wrinkles in terms of choosing to keep them as opposed to resorting to more extreme surgical measures:

When I look in the mirror, I never look at my face. I just - I mean, I never, I mean, I know I've got all kinds of wrinkles but they don't bother me. I say I earned every one of them...I shouldn't make that assumption of most women but I would say a lot of women are

bothered by their wrinkles. Like, how many people have face lifts and things like that. But I would never think of doing anything like that. I mean, my wrinkles are me...It's just part of growing old, as far as I'm concerned. I mean, like, a lot of people grow old and they don't get a lot of wrinkles but, I always say I earned mine from smiling or - I don't know. So. It doesn't bother me. Not very often I look in the mirror and think, 'Oh, my gosh. Look at those wrinkles!' (age 73)

In other words, the women view their wrinkles as an intrinsic part of their identity. The overall message that is conveyed in the words that the women use to describe their wrinkles is that in order to have fully lived one's life, one must have wrinkles:

And as far as wrinkles are concerned, that's another thing. Wasn't there some movie star that said every wrinkle was a sign of...her life? That that's her life on her face? You know? And if you don't have wrinkles, you haven't had much of a life. (age 76B)

Thus, in contrast to many of their peers who describe their wrinkles as 'ugly' and state that given a choice they would happily be rid of them, these women wear their wrinkles with pride and view them as external signs of their experiences in life. Noticeably, there is an age difference in terms of those who view their wrinkles more negatively than others. Indeed, it is the women over the age of 77 in my study who tend to express dissatisfaction with their wrinkles while the younger women tend to view their wrinkles more positively. Perhaps this is a cohort effect that reflects the socialization of the younger generations of older women or an aging effect that results from the physical realities of later life in which there is an increasing onset of wrinkles with advancing age.

Nevertheless, the interpretation of wrinkles as a valued outcome of aging constitutes an important avenue for resistance of the dominant images of beauty

and messages about older women's bodies.

DESCRIPTIONS OF THE BODIES OF OTHER OLDER WOMEN

Despite the fact that some women view their wrinkles positively, many of the women in my study not only express dissatisfaction with their own appearances but they also frequently describe other older women's bodies negatively. Thus, statements such as the following are not uncommon:

When you see people that have lived a long time, like in their late 90's or a picture of them or something, it is kind of sad that they have all - that we all get wrinkles. It'd be nice if that could be eliminated. I don't know. They'll probably come up with some way of doing it. (age 82B)

...women's bodies are ugly. Older women's bodies...I think most people think their bodies are ugly...Even women before sixty. Once they start to sag and stuff, there's no beauty in it. If you're looking - if you're looking for beauty as beauty in the - as the bodies we see on T.V., all these lovely, gorgeous girls. If that's beauty, then women over 50 or 60 whose bodies are sagging, their busts are sagging, their bellies are all over from the baby bearing, and the ass is sagging - they're ugly. There's no beauty in that. No man is going find beauty in that. (age 87)

Whereas the first quotation listed above expresses an almost wistful regret over the loss of physical attractiveness according to socially constructed norms, the second quotation is shocking in the intensity of its negativity. Moreover, the second quotation indicates that women critically view their bodies through the perceived eyes and judgements of men, a theme which will be discussed later on in this chapter. The woman in the second quotation is poignantly aware that physical attractiveness is a form of social currency for women (Brown and

Jasper, 1993; Furman, 1997; Rodin et al, 1984) and that as a result of physical aging, older women lack access to important social resources. As Furman (1997) states, "[l]ooking old transgresses contemporary ideals of feminine beauty, thereby denying women one of the only forms of social power and affirmation available to them" (p. 116). Hesse-Biber (1996) contends that "[t]hinness gives women access to a number of important resources: feelings of power, self-confidence, even femininity; male attention or protection; and the social and economic benefits that can follow" (p. 67). I would suggest that not only does a woman need to approximate the thin body ideal, she also needs to be young in order to obtain and maintain social currency.

Interestingly, even one of the seven women who did not express negative 'body image evaluations' (Muth and Cash, 1997) about her own body disparages some of the bodies of her peers:

I've seen some pretty awful 80's and 90's...I don't think after a certain age, you're - that maybe your body is as beautiful as it once was in shape, because your shape changes a bit...you get fatter in some places and smaller in other places. It seems to me, your shape just more or less changes a bit. (age 92)

Whereas this woman is pleased with her body overall in terms of its appearance and function, she suggests that many older women do not age as 'gracefully' as herself. A woman who takes pride in her age and her surprisingly good level of health, this woman embraces the notion of choosing one's body shape and size (Bordo, 1993; Hesse-Biber, 1996; Rodin, 1992; Rodin et al, 1984; Seid, 1989, 1994) as she asserts that women have the ability, if not the duty, to slow the loss of attractiveness that results from physical aging through the use of cosmetics, beauty rituals, clothing, exercise and diet. Although the aging process

produces inevitable changes in the body, this woman maintains that those women who 'let themselves go' and who do not adequately fight the aging process should be subject to particular criticism since they have not attempted to maintain their bodies and, as a result, their physical exteriors conform the least to the culturally constructed ideals of physical attractiveness. As Furman (1997) reports, "a woman's lack of effort to...look 'her best'...shames her and those around her" (p. 55) since a "woman's body...reflect[s] her character" (p. 55). Therefore, Furman (1997) states that a "woman who looks old, who 'lets herself go', is seen as unvirtuous" (p. 116). Once again, the power of existing standards of beauty and the emphasis on self-surveillance is made disturbingly clear in the words the women in my study use to describe the bodies of other older women and the overall negativity and ageism that pervades the assessments of the female body in later life.

COMPETITIVE COMPARISONS

Undoubtedly, comparisons of one's own body with other female bodies is a fundamental aspect of the 'normative' negative body image associated with women. Rodin et al (1984) assert that "the arenas of physical attractiveness and weight may be the chief and most wholeheartedly sanctioned competitive domains in which women are encouraged to contend with each other" (p. 290). Fennell (1994) states that the women in her study view their bodies as a means of obtaining "the admiration of other women" (p. 163). Women have been socialized to constantly compare their own bodies with the bodies of the women they encounter and with whom they interact. It is not uncommon for the women in my study to follow up negative assertions about their own bodies with

comparisons of their bodies with those of other older women. Statements such as the following were expressed in a number of the interviews:

I do look at other women and I look at how their faces have aged compared to what's happened to me and I think, 'Well, is she younger than I am or older than I am?' And some of my friends are the same age and so I sort of compare where they're younger looking than I am and what has happened to them as opposed to what has happened to me. (age 67).

I think mine's not as good as most - the people I know. I'm not talking about just generally speaking. The people I know. I think that physically their bodies look better than mine. They're not as heavy as I am...There's one or two that have put on weight and I think I look better than they do but generally speaking, most of them haven't put that much weight on so I think they look better than I do. I don't think their faces look better than mine. A lot of people are a lot more wrinkled than I am and they're not as old as I am. So that way I think, 'Well, if you don't have it one way, you have it another.' (age 76B)

Moreover, of those women who describe comparing their own bodies with the bodies of other women, there seems to be a general agreement that women, rather than men, are the ones who are the most critical of other women:

It's a little doubtful of who we are trying to please, eh? It's not all the men. Women dress for other women, too. I think. It's sort of a one-up-manship thing, you know?...It just doesn't matter that the comradeship, or whatever the word is, of a group of people is so much more important than how you look, and yet we still obsess about having your hair cut or combed or whatever. I guess it'll die hard. (age 72)

I think we do [strive to be attractive] for the female audience because we're criticized more by the female...And we want to impress the female. We figure, 'Oh, I do already impress the male but I gotta get the women to like me.' (age 76).

As the two above quotations indicate, the women in my study suggest that their primary critics are other women. Perhaps the loss of male partners and the increased proportion of older women relative to older men combine to result in a shift in the nature of the audience of women in later life. A few of the respondents downplay the antagonism and negativity underlying the competition between women:

I was out at a dance with a couple...And the other woman said to me, 'I love your jacket!' But I think that women do that to each other. Like, I'll complement another woman on what she has on. I think women do that much more than men do. We notice each other... [We dress] for other women...I think I do. I think I always did...And I don't necessarily think we criticize but we are competing with one another. I think, almost from the time we're kids, we're competing with other women. In school and as we get older. (age 69)

Other women urge their peers to become more compassionate and cooperative with each other:

I think the main thing I would like to tell other women is to be kind to other women. You know? Really, that's the main thing because women can be so hurtful and so mean, maybe without even realizing it. But, yeah - like, you see enough in the media about women being sisters. But, boy! They don't treat each other like sisters. They treat each other like enemies. (age 67B)

Whether directed at their own aged bodies or at the bodies of other elderly women, the women in my study rate themselves and other women according to existing standards of beauty as well as against each other and tend to deny the possibility that aging women's bodies might be evaluated as attractive or desirable. Whether or not the women view their relationships with

each other as competitive, there is an underlying theme of insecurity and self-surveillance relative to others. Suggesting that older women's bodies are less attractive than the bodies of their younger female counterparts, the women in my study express dissatisfaction and displeasure over the appearance of the aged female body even as they continue to compete with their female peers for the socially valued resource of physical attractiveness.

EVALUATIONS OF CULTURAL STANDARDS OF BEAUTY

In order to situate older women's feelings and descriptions of aging female bodies within a social context, it is important to examine the definitions of ideal female beauty espoused by the women in my study. The existing literature suggests that beauty has come to be equated with youth and youthful bodies in contemporary culture (Seid, 1989). Indeed, close to half of the women directly assert that beautiful bodies are young bodies as they make statements such as the following:

I think most women feel the same way. Most women when they're young are proud of their bodies. A woman's body is a beautiful thing. Truly a beautiful thing. That's why artists sculpt them and paint them - because a woman's body is beautiful. And it's like anything of beauty, when it ages, it starts to lose some of that beauty. (age 76).

I think the young ones really are beautiful...Yeah, the young ones - the young girls - are prettier...Youth is beautiful. To be young. (age 83)

You know, I think beauty is in the young body. (age 86)

As can be seen in the above quotations, the majority of the women equate

youthfulness with attractiveness as they state that they were more attractive or most attractive in their own youth. Amongst these women are two who state that they were most attractive when they were in their 20's as well as when they were in their late 40's and early 50's. These two women assert that they felt the best about their bodies once their child-bearing years were over and they had regained a body shape and weight with which they were satisfied or they had attained a sense of personal fulfilment through employment or familial relationships. Two other women cite their 40's and 50's as the time when they were at their most attractive. While one woman attributes this sense of positive body image to having attained a higher level of fitness than she had had previously, another woman cites employment, something she only engaged in after her children were grown, as having contributed to an all round sense of well-being and self-confidence. Therefore, all but a few of the women indicate that they associate being attractive with being younger than they currently are and thus reveal that they have internalized the beauty equals youth norm of contemporary cultural standards of physical attractiveness.

At the same time, much of the existing literature assumes that individuals subscribe to the increasingly thin ideals of beauty currently in vogue. Given that weight gain is a natural and common outcome of aging (Chrisler and Ghiz, 1993; Rodin et al, 1984), one might assume that the fact that the current beauty ideal is so thin would be particularly problematic and distressing for older women. Conversely, little attention has been given to the possible influence of past standards of beauty which may have shaped today's older woman and her evaluation of her own aging body. To date, no one has explored the thoughts and feelings of older women regarding the trend towards an increasingly thin ideal of beauty for women espoused and upheld by the media. While many of

the older women in my study concur that the aged body is not indicative of beauty, the majority also assert that current fashions and fashion models represent an extreme as well as an unattractive beauty standard. Indeed, it is not uncommon for the women to use the word 'extreme' in reference to contemporary fashion models. The women also use words and phrases such as 'ugly', 'awful', 'absolutely ridiculous', 'a damn disgrace', 'not natural', 'anorexic' and 'not normal' to refer to the appearance of fashion models and media stars. When asked what they think of contemporary models, many of the women state that they feel that today's fashion models and media icons are too thin and thus express concurrence with Seid's (1994) assertion that the current female beauty ideal "violates the anthropomorphic reality" (p. 8) of most women's bodies. Thus, statements such as the following are typical:

They all look like they need a square meal. I'm sorry, but I don't see them as attractive at all. I don't know why we're obsessed with super thin...This obsession...does not meet my recommendations at all. It's not something I would do. (age 61)

The models today are so skinny they look boney. They look sharp. As though if you'd hug them they'd poke into you...They strive today to be skinny so much. They over-do it until they're almost ugly. (age 76)

I look at these models sometimes and I think to myself, 'I don't know. I really don't know how they have enough stamina to walk down that aisle.' And I think this is why a lot of them go on to different drugs. To get them over that time when they go and show. They definitely are depriving their bodies of nourishment and that is not good. That is definitely not good. And it's not attractive. To me, they look really ugly. (age 77)

I think they're nuts! The women. Because they look anorexic...I think that they're starving themselves. And, you know, it's crazy! What for? You know? (age 82)

Due to the perceived extremes of shapes and weights of today's fashion models and movie stars, most of the women in my study maintain that they themselves are not at all influenced by current media representations of beauty and deny that their perceptions of their aging bodies are in any way shaped by what they see in fashion magazines or on television. The women state that they either have never paid much attention to the media or question how anyone could assume that the current extreme definitions of beauty could influence their thinking. Only one woman openly states that her thoughts, feelings and experiences of her own body have been shaped by today's media messages:

I would say it even influences me even though I think I don't pay attention to it. I guess I really do. Because I realize how thin they are and how fat I am. Not that I want to look like them but, I guess, that's the image you get and that's what you think you should be.... We're bombarded with advertising and magazines and all the slim people and all the diets and all the food that you're supposed to eat to make you thin and keep you thin... You know, you can't turn on the television but you're watching something that tells you how thin the girls are or should be or want to be or go to Weight Watchers or one of those other places and lose weight and - it's all weight, weight, weight. You know? (age 73)

The differences between the number of women who express negative body image, those who describe the current beauty ideal as unattractive and those who suggest that they have actually been influenced by media messages regarding today's beauty standards is noteworthy. Indeed, it appears that older women may not be as influenced by current images in the media as their younger counterparts and may resist existing standards of physical attractiveness. Rather, the women in my study see themselves as being removed from today's media representations of beauty and suggest that notions

of beauty embodied in contemporary movie stars and models are unrealistic and unrelated to their lived experiences. As will be discussed later in this section, the women suggest that they are more influenced by the media icons of beauty from their own youths.

While most of the women in my study maintain that they are not swayed by the media, half of the women state that they believe that women in general are in fact negatively influenced by advertising and media messages. Moreover, slightly over half of the women in my study express particular concern over the influence of models and media stars on the younger generations and their concept of appropriate and attractive body weights. Whereas one woman suggests that the thin ideal embodied in models and movie stars is even too extreme for young people to accept and internalize, half of the women fear that young girls will feel pressured to achieve abnormal thinness in order to be accepted and thought attractive. The following two quotations exemplify their concerns. Notably, the first quotation also discusses how media icons have changed over time:

Oh! Gosh! And it influences the young kids so much which is what is bad. But when I was young, the movie stars influenced us in a different way. In how they dressed and how they did their hair and how they did their make-up and stuff. Because they were all, more or less, like I was. You know? Just ordinary bodies, really. Oh, of course, some of them had a much better shape than mine. (laughing) But they weren't skinny and they weren't these scare-crow-looking type things....They were just sort of a dream for me. ...In those days, the war was on. And to see these glamorous girls in all their beautiful clothes and things and we didn't have any of it - that was like a lovely dream sitting and watching that at the movies. (age 71)

It's terrible! Well, that's what I say. Some of them look anorexic.

It's terrible. And it's not a good example for the young girls.
(age 69)

Once again, the first quotation demonstrates that older women view today's movie stars and models as being unrelated to and removed from 'real life'. The women in my study fear that the younger generations will over-identify with current media representations of beauty and will therefore go to great lengths, including developing eating disorders, in order to more closely resemble our social icons of beauty.

At the same time, most of the women in my study express a preference for women who are more curvaceous than current beauty ideals allow. In contrast to Bordo's (1993) and Seid's (1989) assertion that the thin beauty ideal represents a "redefinition of femininity" (p. 146), the women suggest that 'soft', 'natural' and 'normal weight' women are both beautiful and feminine unlike their 'scrawny' counterparts. Only one woman (age 81B) states that a beautiful woman is "tall and skinny", something that she prides herself on being and having maintained over the course of her lifetime. Relatively few women in my study either do not discuss weight as part of their concept of a beautiful woman or directly state that they do not feel that weight matters when defining female attractiveness. Of these few women, several imply a preference for women who are slim rather than thin in their descriptions of female attractiveness:

One thing I think is beautiful is a statuesque bearing. (age 81).
I like height. She'd be fairly tall, not six foot, but, you know, like five nine or ten. I don't know what she'd weigh in pounds or whatever...but she would have a nice figure. A flat tummy. Good posture. Lots of hair...About a size 34, 36 bust. Legs that are not strong, muscley calves but well-shaped...and not heavy thighs. Slim ankles. (age 73B)

[My daughter] had a healthy body. She was slim. But she was very well built as a young girl. Like, nicely built. Not heavy and not fat. Not thin either. Not pathetically thin. There is a healthy look that a young girl should have. Not skin and bone. I don't think that's good...God, she had a gorgeous body as a teenager! (age 69)

While the first and second quotations are still reminiscent of today's tall, thin models, all three of the above quotations point to an ideal female figure that is less extreme than those embodied in current fashion and movie star icons. Thus, the majority of women in my study favour a more realistic and normal female body shape than is currently being touted as beautiful on the fashion runways and in Hollywood. The increasingly unattainable thin beauty ideal (Kilbourne, 1994) does not seem to appeal to older women. Rather, there is evidence of a cohort effect whereby the women in my study continue to adhere to the beauty ideals that were embodied in the media icons of their adolescence, a time when they were learning to view and evaluate their bodies and appearances and when they were more influenced by cultural standards of physical attractiveness. The rejection of the extremes of thinness also constitutes a resistance on the part of the women in my study to ideals of beauty that devalue the older woman's body. Interestingly, of the women who have daughters, most refer to them as an example of what a beautiful woman looks like, thus endorsing the norm that youth is a prerequisite of physical attractiveness while simultaneously rejecting the notion that thinness is indicative of beauty.

Furthermore, more than one-third of the individuals in my study express concern over the appearance of thin older women and argue that women in later life are more attractive when they weigh 'a little bit more'. The word

'scrawny' is frequently used by the women to describe thin, older women and the following statements are not uncommon:

I feel that it's better to have a little bit of weight when you're older because you can be slender when you're younger but then you're scrawny when you're older. (age 67)

I think when a person gets older, I think a little bit more weight on is nice. As long as it's distributed perfectly. (age 80)

Rather than viewing thinness as a criterion of physical attractiveness, many of the women in my study propose an alternative beauty ideal for older women which takes into account the normative weight gain which occurs in later life as well as the changing body structure of older women. Clearly, thin older women tend to appear more frail, sickly and fragile which may serve to remove them even further from today's toned beauty standards.

However, there is a common assertion amongst the majority of the women in my study that obesity is associated with ugliness rather than beauty. Indeed, over half of the women make direct statements about overweight individuals being unattractive and undesirable with assertions such as the following:

An obese person is not attractive in my books. They can be neat but they're just not attractive. (age 76)

If you're out somewhere and you see these very weighty people, you don't get the feeling they're attractive. You don't sort of get past their appearance in a way. (age 78B)

I would hate myself if I was the size of that woman down at the pool. You'd think she was about 12 months pregnant. I just can't understand how women let themselves get like that. (age 81B)

Most of the women seem to maintain that neither too much nor too little weight is desirable. Rather, there seems to be an ideal range that they associate with 'natural' or 'normal' weights for women and to which they aspire in order to achieve and maintain physical attractiveness. Clearly, the women in my study have internalized the 'anti-fat prejudice' (Lee, 1998; Rothblum, 1994) that is prevalent in our society (Bordo, 1993; Brown and Jasper, 1993; Davis, 1995; Myers and Biocca, 1992; Rodin et al, 1984; Seid, 1989; Spitzack, 1990). Given the tendency of older women to gain weight as they age, the women have also internalized a beauty ideal that devalues the aged female body.

At the same time, the majority of women in my study frequently refer to media icons from years ago as examples of beautiful women. Suggesting that they are not influenced by current images in the media, many of the women in my study make reference to media stars such as Grace Kelly, Betty Grable, Elizabeth Taylor, Bette Davis, Claudette Colbert, Myrna Loy, Anna Nagle and Marilyn Monroe as examples of beautiful role models. Some of the women refer to more contemporary examples of beauty as they describe present day Angela Lansbury as well as Darryl Hannah and Cokie Roberts as women they think of as attractive. Contrasting the Marilyn Monroe type of figure with the Twiggy type as well as with the trim and muscled figure of the female athlete, most older women indicate that they prefer voluptuousness and softness over today's beauty ideal which emphasizes thinness and, consequently, hardness:

I don't like too skinny a person...I like the softness of a woman's body...You know a woman's body should be something you can cuddle up to and get warmth and feeling from...I like a roundness to a body. Like nice round breasts and nice round hips and a bit of something to grab onto. (age 76)

I think the first really, really thin [model] was Twiggy...Well, she was well named Twiggy because she had no flesh on her bones...To me, she was not attractive at all...If you've ever tried to hug anybody that was that thin,...you're afraid you're going to break something. And it's not like when you take a normal person at a normal weight and hug them, you really feel that you're hugging something...I don't know if men really like this...I don't think that they do. Now I had questioned quite a lot of people about the fact that you do not get one of these skeletally thin women with a huge bust unless she has implants. And I think, to me, I don't know how men feel about it, but I think that would be very off-putting.
(age 77)

Other women cite specific media stars as examples of their ideal female figure:

Basically...a Rubenesque one as versus a Twiggy. Gina Lollabrigida, Sophia Lauren, Raquel Welch. (age 61)

[My idea of a beautiful woman is] film stars or something, I suppose. I mean, in the old days. I don't like them now. But the ones when I was younger in the movies. They had a nice shape. Betty Grable had beautiful legs. (age 71)

Well, she'd be slim. Not skinny though. Not like a model on the runway. Curvy but slim. And well dressed. No grey hair. And no wrinkles...Well, like Marilyn Monroe was beautiful, I think.
(age 67B)

I always wanted to look like Angela Lansbury...I just like her and the way she looks. She's sort of - she's not skinny. She's just round and firm and fully packed sort of look. And looks happy with it...She's not trying to be perfect. She just is. (age 72)

Whereas the women in my study seem to have internalized the contemporary norm that equates beauty with youthfulness, they reject the extremes of thinness that are currently touted as indicative of beauty. The women's selection of media stars from their youth reflects a preference for a wider range of beautiful bodies than is currently included in the ideals of feminine beauty. As well, the

ideal body shapes described by the women in my study tend to be more rounded than current body ideals. Indeed, the women seem to prefer bodies that reflect the "ideal of being rounded and fertile looking that predominates when women's role as child-bearer has been most important" (Brown and Jasper, 1993, p. 18). The rejection of the extremes of thinness as a prerequisite for female beauty seems to reflect a cohort effect whereby the women continue to hold beauty ideals that were the norm when they were younger and were epitomized by the more voluptuous, and perhaps more realistic, body shapes and sizes of Marilyn Monroe and Sophia Lauren, to name just a few. Expressing a concern over the impact of the thin ideal on the younger generations and describing thin older women as 'scrawny' and 'skeletal', the women also frequently look to their daughters as examples of 'natural' beauty. The beauty ideals of the older women in my study reflect their socialization and the data indicate that today's older woman is less influenced by current media messages regarding standards of physical attractiveness than by norms of beauty embodied in the media stars of their youth.

LOSS OF YOUTH: 'IT JUST HAPPENS TO EVERYONE'

Given the fact that so many of the women in my study have internalized the socially constructed belief that beauty is equated with youth and youthful bodies, one might assume that aging would elicit strong feelings of loss amongst the women in relation to their physical appearance. Loss, be it of physical attractiveness, energy, physical abilities, loved ones or friends, is a recurring theme in most of the interviews. However, in reference to the loss of youth and youthful looking bodies, the majority of women in my study express

pragmatism, if not resignation. Underscoring the inevitability of aging and repudiating the notions that one can choose one's physical appearance (Bordo, 1993, Hesse-Biber, 1996; Rodin, 1992; Rodin et al, 1984; Seid, 1994) or that one's body reflects one's character (Seid, 1989), there is a strong sense in many of the interviews that the aging process is a natural one and that the women's current appearances have evolved largely outside of their control:

It just happens to everyone sooner or later. You know? Your face changes. (age 67)

It comes to us all eventually...Nothing stays young. Every day we're a day older. (age 76B)

When you're young, you're firm and your body has a firmness to it. But as you get older everything starts to sag with time. And so it isn't as pretty as it used to be. I used to admire my body because I kept it in very good shape. And even after my children. You know? But then, over the years, the stretch marks come and finally the stomach never goes back. (age 76)

I'm a realist and these things happen. What the hell do you expect at the age of 82?

As the above quotations reveal, feelings of negativity expressed by the women in my study towards their aging and aged bodies are counter-balanced with a sense of inevitability regarding the 'naturalness' of the aging process. The fact that it is impossible to avoid or halt the realities of physical aging serves to diminish the women's feelings of dissatisfaction and loss of self-esteem in relation to their appearances.

Moreover, the women in my study not only discuss the inevitability of the aging process, they maintain that it is imperative that older adults come to accept aging in all its aspects, including the accompanying physical changes.

Fairhurst (1998) reports similar findings in her research with adults aged 50 and over and notes that her respondents emphasized the importance of 'growing old gracefully' and accepting the realities of aging. Acceptance is a theme that emerges in interviews with 21 of the 22 respondents and statements such as the following are typical:

This is the way it's supposed to be. It's supposed to be like this...Nowhere is it written that you're different than anybody else. You're going to have to go through it. You've gotta learn to live with it...None of us likes to grow old. Let's face it. It's not an easy thing, but then life never came with any guarantee that it was going to be easy. And the older you get the harder it gets all the way around. But you have to adjust to that. Adjustment is a very important thing...And to know what things are to worry about and what aren't to worry about. And to be able to say to yourself, 'I'm aging. Accept it.' To be able to accept aging is the biggest hurdle of all because it's very hard. (age 76)

Let's face it. It's not going to get better. It's going to get worse. And they have to come around to the fact that they must accept it or else. And if they haven't done that, they are in for a tough journey, aren't they?...I always tell everybody, you've got two choices. You either accept who you are and go on from there or you die by the wayside. (age 86)

The majority of women in my study may not like the way their aged bodies look but they accept that the physical changes that accompany aging are unavoidable and natural. The women speak of growing older as a difficult and painful journey that must be faced with dignity and forbearance. Contending that a lack of acceptance of the loss of youthful appearances and youthful bodies will serve to render the individual bitter, angry, frustrated and dissatisfied with life, the women suggest that successful adaptation to later life and declining physical beauty and function is only possible through the acceptance

of the inevitability of aging.

The pragmatic approach espoused by the women in my study towards aging manifests itself in a rejection of cosmetic surgery as a possible response to wrinkles and sagging. Davis (1995) states that "the media constructs cosmetic surgery as an option which is not only available to everyone, but which bears the promise of an exalted life - one can partake in what was formerly available to the chosen few" (p. 20). Furman (1997) reports that all of the women she interviewed at the beauty parlour renounced cosmetic surgery either out of "fear of untoward consequences and the concomitant loss of health" (p. 113) or "because they consider[ed] it 'unnatural'" (p. 114). The majority of women in my study state that they would not consider cosmetic surgery themselves either because they are afraid of negative outcomes, they have no desire to experience the pain that accompanies cosmetic procedures or they do not consider cosmetic surgery to be an acceptable response to the changes in their appearances that have resulted from aging. At the same time, most of the women state that they feel that there are situations in which cosmetic surgery is appropriate. The examples these women provide include birth defects, disfiguring injuries, health reasons (such as breast reductions), extremely wrinkled facial skin or for the sake of one's employment (such as professional entertainers and media stars). Only one woman asserts that she feels that cosmetic surgery is never appropriate as she states that cosmetic surgery is "just a bunch of shit" (age 86). In contrast, another woman suggests that cosmetic surgery may become more common in the future as people begin to view it as a natural and necessary response to aging:

I think maybe my age group...has missed that kind of and maybe

the younger seniors coming up will be more into that because it won't be such a foreign concept to them as it is for me. For me, it was kind of a Hollywood thing and you really only did it for a beautification sort of thing...I just see it as a natural progression. People are living longer. They're maintaining their body strength. They're interested in things around them. They want to participate. And I just think it's part of - to me, I think it'll probably become sort of like taking vitamins. You know? You take vitamins to maintain your health. You have a nip and tuck here to maintain...Well, I guess there was a time when colouring your hair was sort of an odd thing to do. And now people just do it as a - and in surgery with the lasers and that, everything becomes easier and less expensive. I can see that happening. (age 67)

Given the tendency towards an increasingly thin standard of beauty as well as the growing availability of cosmetic surgery, the above woman's predictions may indeed prove to be true. Thus, the availability and scope of surgical options and the accompanying promotion of these options in the marketplace may render the dominant images and expectations of women and aging even more oppressive and demanding as the unmanaged and unaltered aged female body becomes increasingly the focus of criticism and intolerance. In other words, cosmetic surgery may not only become normative amongst older women, it may become an expected response to aging and the perceived loss of physical attractiveness.

While the women in my study are pragmatic about growing older and tend to reject intrusive surgical procedures to eliminate the signs of aging, their feelings about their aged bodies are not those of peaceful resignation. An interesting tension arises in the data as most of the women express feelings of grief and frustration over the loss of youthful energy and abilities. Some women speak of their bodies 'letting them down' through the betrayal of aging and describe a resultant sense of profound loss:

You drop out of the most active. And it's probably because of your body. It won't let you do what you used to...your body lets you down...I suppose you could say it's a sense of loss because once you've had something and you no longer have it, you know, that has to be a bit of a loss. (age 81)

You do come to places where you realize that, 'I am never really going to do that again. I am *never* (emphasis) really going to do that again.' And that's very dismaying...[and] there is a sense of loss. It's like the first time you realize you're never going to have to buy any more baby clothes or something. You know, it's over. O-V-E-R! And you don't think that anything else will be that over. And gradually, gradually you realize that it is. Like the other night at the dance, there were some kids doing the real jitter-bugging and some of the old swing stuff. And you know, [my husband] says, 'Oh, come on.' They were playing the Chattanooga Choo Choo - you know, that kind of thing. He says, 'I can do that.' And he twirled me once like that and I said, 'No!' I swear, I just felt like I was going to go right off. That I had no control whatsoever. That I was going to go right on like that (she gestures spinning out of control). I said, 'I think that's one of those things that we have to add to the list [of things I can't do anymore].' But it was a 'Oh, I can do that. Oh, no, I can't.' Like I really can't. You hate to say that... You were always, 'If you just try harder, you can do anything.' Well, there comes a point. And there's a sense that your body is letting you down. And it isn't. It's just being perfectly normal. (age 72)

Other women describe a sense of longing over the activities they are no longer able to do. Increasingly limited and isolated, these women verbalize the pain and sorrow they feel regarding their lost youth:

Well, when I look at younger women's bodies and very often I happen to glance out the window and the thing that I really, really am envious of is the fact that younger women can walk very well. There was a time, oh maybe 10 years ago or so, when 2 friends of mine and myself would walk 3 miles a day at a good stretch. And I can't do that anymore. So I look upon them, when I look out the window, and I say, 'Oh boy! Wouldn't I like to be able to stride out like that!' (age 82)

I would like to walk more and not be tired or just sit and not be tired...I just, for instance, when I saw somebody came down the elevator. Somebody with golf clubs and I just sold mine. I can't - I couldn't stay upright and walking for that long. And tennis. I can't - I haven't played tennis for years. You know? I haven't been part of a game. (age 90)

Conveying feelings of loss over what their bodies are no longer able to do, many of the women comment on the fact that they have less energy than they used to and that they tire more easily. The women describe having to take afternoon naps as a new phenomenon and discuss strategies they have developed to conserve their energy. Statements about being able to accomplish less in a day and taking longer to do things than they used to are common:

You always think that you're going to be able to do what you did when you were younger. Now, that I've got all this time, you know, I should be accomplishing all these wonderful things. Redecorate the house. Go on trips. But days go by and nothing really exciting happens - nothing really has happened. I've just maintained myself. I've got up in the morning and I've exercised, I've ate three meals and I've talked to friends. I've done this and that and a week or two like that and then you look back and you think, 'I haven't done anything. Where is my thing that I have achieved this week? It's not there.' (age 67).

All I know is that everything you do it takes much longer. This is the thing about old age, too, and your body. Everything takes much longer and this is difficult to face because it takes more energy which you don't have. I think that's the most difficult thing. (age 90)

Some women express their frustration over not having the energy required to plan activities that they used to do effortlessly:

Well, everything that you want to do seems to take more thinking about it, more planning and that kind of thing. (age 73B)

The loss of energy and the decrease in the amount of activity the women can engage in results in a need to 'pace' themselves, a fact that many of the women find aggravating and limiting:

As you get older, you've got to pace yourself. And it takes awhile to learn that you can't do something huge three days in a row without paying for it. So I find it very annoying to have to say, 'No, I can't do something' when in fact the day is free. But I know I shouldn't clog the days. (age 72)

The women describe missing being as physically active as they had been in their younger days. There is a sense of wistful regret in many of the stories the women tell of the activities and sports they once engaged in:

I just can't like, for example, I can't run out there and cut the grass anymore. Whether it's just being smart or whether I don't want to fall down and have a stroke or something. And swimming. I don't swim as far as I used to swim. Walking and - no, you just, you don't have the - your muscles and body sort of wears out with you, I think. I can't possibly do some of the things that I did when I was younger. For example, if somebody does ask me to dance, by the time I'm finished after that I have to stop and wait until I get my breath. Before I could dance for hours. (age 82B)

Therefore, while the women in my study are pragmatic and accepting of the inevitability of aging and the loss of physical attractiveness, they express a sense of grief and frustration over not having as much energy as they did in their younger days. Describing the myriad of physical activities they once engaged in easily, most of the women I spoke to convey feelings of sadness

over no longer being able to be as physically active and vigorous. The expressed need, if not dictate, to accept the physical realities of aging exists in an uneasy tension with the feelings of loss and frustration over the physical limitations of aged bodies.

WEIGHT: THE LOSING BATTLE OF LATER LIFE

Although the women in my study indicate a preference for female figures which are of 'normal' weight and reject the extremes of thinness embodied in the current beauty ideal (Bordo, 1993; Brown and Jasper, 1993; Davis, 1995; Davis and Cowles, 1991; Dionne et al, 1995; Fallon, 1990; Furman, 1997; Henderson-King and Henderson-King, 1997; Hesse-Biber, 1996; Rodin et al, 1984; Seid, 1989, 1994; and Silverstein et al, 1986), their own weights are a source of anxiety and dissatisfaction. Weight seems to be a major stumbling block for many older women. Whereas most of the women express acceptance or fatalism regarding wrinkles and sagging, weight gain is the source of much self-criticism and monitoring and seems to augment their sense of insecurity and inadequacy. Indeed, my data are similar to those of Furman (1997) who reports that the customers at the beauty shop are preoccupied and dissatisfied with their weight. Rodin et al (1984) note that weight is the second largest concern after memory loss for the older women in their longitudinal study. Abell and Richards (1996) maintain that how a woman feels about her weight is a pivotal facet of her body image. All of the women in my study express concerns regarding their weight, both in terms of wanting to lose weight and/or striving to maintain current or past weight levels. Similar to the findings of Rodin et al (1984), the women in my study, like their younger counterparts, appear to

express predominantly negative sentiments regarding their weight. Indeed, very few of the women are satisfied with their current weight levels and, of those, several state that they have resigned themselves to being overweight. Of the women who are dissatisfied with their weight, all but two want to lose weight while the remaining two, who are, notably, both over the age of 90, would like to gain weight. In contrast, the women who wish to lose weight are all between 61 and 83 years of age. The following statements are typical of those women who express displeasure with their current weight:

Well, I wish I had - I wish I weighed more...I weighed 135 at one point. Well, I think that was a healthy [weight for me]...But now I think it's more like 125. (age 90)

I don't like my fat body. Not anymore...I hate to look at a picture. Like yesterday, my daughter brought some down from Christmas. And I think, 'Geez, I'm even fatter than I thought I was!' when I look at the picture. And, of course, I get, 'Oh, Mom! You look fine!' from my daughters. But I guess you want to look perfect and you know you don't so you just don't look. (age 76B)

Some women express their dissatisfaction with their own body weights relative to other women as well as to themselves in their younger years:

If you see a women that's slim you say, 'Boy, I wish to heck that I could get down to about that weight.' Or, ah, like if - you'll notice women who have never had children are completely flat in the stomach. And they often - you know? You can't help but think, 'Oh, boy. If I hadn't had those six kids.' (age 76)

Indeed, there is a recurring theme in the interviews of reproduction being at the root of body dissatisfaction amongst older women, both in terms of weight gain and sagging bellies. Once again, the impact of the oppression of the youthful

and thin beauty ideal and the resultant devaluation of older woman is made painfully evident in the words the women use to describe their aging, rounded and sagging bodies.

Whereas 14 of the 22 women have dieted at some point in their lives, six women have monitored their weight rather than participated in either formal or informal dieting programs. Of those 14 women who have dieted, 10 have attended Weight Watchers, six have participated in other formal dieting programs and 12 have used informal dieting methods of their own. Currently, only two women are formally dieting and both are under the age of 80 and are attending Weight Watchers. Whether they diet or 'watch' their weight, most of the women in my study have spent much of their adult lives closely monitoring their weight levels. Indeed, self-surveillance and the resultant feelings of insecurity are particularly evident in the words the women use to describe their weight and their weight 'struggles'. Weight seems to have been a predominant theme throughout many of the women's lives as they describe being self-conscious about their weight as children, either because they were skinny or because they were overweight, and half of the women report having developed 'weight problems' when they reached adulthood, particularly in late middle age. All but three of the women describe having 'watched' their weight carefully throughout their entire adult lives. Of the three women who did not have to watch their weight, two indicate that their weight became problematic in later life and one states that she only began to monitor her food intake when she developed health problems in later life. Similarly, the majority of the women assert that they have made efforts to incorporate 'proper' nutrition or exercise into their lifestyles throughout their lives in order to maintain their weight and health levels. This corresponds with Furman's (1997) findings as she states

that “[e]ven for women who are self-accepting of their bodily shape and size, the feminine ideal of slenderness is never absent and often merely beneath the surface” (p. 69). Weight is an ever present theme in the lives of the women in my study and constitutes an alternating foreground and background noise in much of their lived realities.

Many of the women seem to have internalized the notion that weight gain and fatness are indicators of moral failure or laxity and that body weight, in contrast to wrinkles and sagging body parts, is a matter of personal choice and responsibility (Bordo, 1993; Hesse-Biber, 1996; Myers and Biocca, 1992; Rodin, 1992; Rodin et al, 1984; Seid, 1989, 1994). Whereas approximately one-quarter of the women imply that weight is a personal choice by stating that they ‘should do something’ about their current weight, over half of the women assert that they lack the will-power to stay at a desirable weight level:

I am impatient with my weight gain. That probably bothers me more than my [loss of eye sight] because...I had nothing to do with my eyes. I couldn't have prevented that. My weight gain, I have everything to do with it. I think hormonal change certainly is a factor but the rest of it is lack of suitable exercise and probably indulgence. (age 78)

I get angry at myself, you know, for overeating. I do sometimes. Well, it's obvious that I do...That's where it's sitting. Right there. (she pats her stomach). (age 80)

Notably very few women concede that weight gain may arise from decreased activity levels which stem from the loss of physical energy and abilities, changes which are beyond their control:

When you get older, it's not what you eat that puts the weight on.

It's...well, first of all lack of exercise, I guess, with a lot of people.
But I find that it's harder to take weight off when you get older...
(age 76)

Rather, the majority of women seem to blame themselves for the changes in their body weights that have occurred over time. The perception that their increased weight is due to poor self-control translates into profound feelings of guilt and shame:

I think that...people feel guilty or ashamed when you're fat because, you know, it's not good for you. It's not healthy. And it doesn't look good. But not only that, it's not good for you. And I think they feel sort of - I guess guilty is the best word...because it is something that you can control yourself if you put your mind to it. You can't control the wrinkles. I guess you can control the grey hair. You can colour it. And the rest of your appearance, you can modify with makeup depending on what you wear but there's not much you can do to hide 50 pounds extra if you have it. (age 73B)

Therefore, the majority of the women in my study endorse the suggestion that weight is a personal choice and responsibility. The women have internalized a sense of personal blame for their current weight levels and deny the possibility that weight gain has resulted through natural bodily changes that accompany aging. As Furman (1997) states, "[t]heir bodies are inadequate, and by extension, *they* are inadequate, for they fail to be thin enough" (p. 71) (italics in original). The sense of inadequacy and personal blame regarding one's weight gain rests in an uneasy tension with the fact that weight gain is natural in later life and the idea that there is a heavier weight ideal for older women. The realities of aging serve to reinforce the devaluation of women in their own eyes as well as in the eyes of other individuals and serve to undermine the women's sense of self-worth while simultaneously increasing their insecurities and body

surveillance activities.

PERCEIVED BEAUTY: THE INFLUENCE OF MEN

Not only do they evaluate their bodies against existing beauty ideals and in comparison with the bodies of other older women, but older women also experience and negotiate the loss of physical attractiveness in relation to significant others, specifically men. Although the women suggest that other women are their harshest critics, they contend that the male audience has a strong influence on their sense of personal attractiveness and identity as desirable women. Rodin et al (1984) cite the research of Blumstein and Schwartz (1983) as they note the following:

Interestingly, Blumstein and Schwartz (1983) observed that although their subjects tended to assume that physical appearance would diminish in importance to the couple as the relationship progressed, looks continued to be critical. Most particularly, they noted that wives were keenly aware of the importance of their looks to their husbands. They found that attractive women experience better sex lives and may have more faithful partners (p. 273).

Indeed, women have been socialized to view their bodies as a means of "attracting [and maintaining] the sexual interests of men" (Fennell, 1994, p. 163). As was indicated in the description of my study in Chapter Three, of the 22 women I interviewed, 14 women are widowed, one has never been married, three are divorced and four are currently married. Discussing the impact of their socialization, many of the women suggest that they became concerned with their appearances when they began searching for a mate in their youth and that

they continued to focus on their appearances after they were married in an effort to please and retain the attention of their partners. Similar to the findings of Furman (1997) who reports that women are motivated to go to beauty shops in order to please their husbands by looking "a certain way" (p. 49), most of the women in my study suggest that they invest or invested energy into their appearances because it is or was important to them that they be attractive in the eyes of their spouses. Attention to one's appearance is frequently discussed in terms of striving to please one's husband:

To have my husband's approval, to me, was the most important thing in the world. Oh, yes. Body-wise. Taking care of my body. Looking after my clothes. Ah, everything like that. To smell nice, to be clean. All of that became very important after I was married. Because I would *die* (emphasis) if my husband ever saw me when I wasn't clean or- You know? I don't mean - if I'm scrubbing the floor I'm going to be messy. And he's seen me like that. But I mean personally clean...Like after the shower or the bath to be sure and use powder. Always used Johnson's baby powder and I had the big puff. You know? And to use good cologne. If you have to skimp on something else you buy the good stuff. And, ah, you know, things like that. (age 76, widowed)

I was concerned [about my physical appearance] because of my husband's work. I often had to, well, do things socially and I was concerned that I looked nice. And I liked to get my hair done and keep myself looking nice...I think you really are dressing in some ways to please your husband. And I used to have to go out quite a lot with him and we'd do things and I think I really tried to please him and look suitably dressed. (age 78B, widowed)

Thus, the women scrutinize themselves from the presumed perspectives of their spouses as they endeavour to present a pleasing and attractive appearance. Indeed, there is a sense in many of the interviews that the women derived satisfaction and self-confidence from the approval of their husbands regarding

their physical appearances.

Some of the women argue that attention to female beauty is reflective of an underlying gender inequality. Maintaining that some women go to extreme lengths to please their husbands, these women suggest that attractiveness as well as the importance of beauty rituals are often defined "relative to man's appreciation of beauty" (Nishio and Lank, 1987, p. 230). The women comment on how men have influenced the perceptions and experiences of women regarding their bodies:

I think some women have actually decided not to nurse babies because they don't want to spoil their breasts. And it doesn't but they might think that if they - I suppose that if you're very heavy, it might make you...sag more but I don't know that. But I have actually heard people say their husbands didn't want them to nurse because they didn't want them to spoil their appearance. To me, you know, that's so odd. (age 78)

Other women comment on the double standard that exists in terms of the importance that men and women are expected to place on physical attractiveness in their relationships with each other:

I think women are *always* (emphasis) trying to impress men. But men are not trying to impress women. It's just the nature of the beast. We look up to men. Men are the head. I always remember my mother's favourite saying was, 'The husband is the head of the house. And the mother is the heart.' You know? And we were always taught to look up to the man. (age 76)

I have daughter who is 36 and her husband is a year older and she's still almost the same as she was when she was a teenager. She's got a beautiful body and her skin's nice and her hair's nice and she's a beautiful girl. And the chap she's married to is a handsome guy but...now he's really fat. And I just think, 'Gosh, you expect her to be slim but look at you!'...He's put on a LOT

(emphasis) of weight and he's not 40 yet...I don't know if [women] are coerced into it or just because the way they feel themselves - like, men like their wives to be slim - mostly. There are the odd guy that likes their wife to be fat but that's another story altogether...But they don't seem to think that they themselves have to be slim and, of course, women, I guess, as they get older they learn to look after themselves more than they have been when they were younger. (age 76B)

Several women also argue that being financially and socially independent from a man may alter a woman's experience of her body. These women maintain that dependence on men may lead to increased objectification of their own bodies:

I think maybe it all has to do with economics because you're more independent if you're working and so, with that in mind, you're an independent body as well and I think that's all in together in some way. Because, years ago when women didn't work, they had nothing of their own, did they? You know? They were under their - belonged to their husband. They were just like a chattel. Just owned by everybody else but themselves and I think it was the same with their bodies. (age 71)

Consequently, independent women may view their bodies less in terms of 'body as object' and more in terms of 'body as process' (Franzoi, 1995). The women assert that the way older women view their bodies may be evidence of a cohort effect, although they do not use those words, whereby they were socialized to place great importance on attracting and pleasing men. Stating that increased female labour force participation and the resultant financial independence may lead to changes in the way women view their own bodies, the women in my study seem to imply that increased equality between men and women will lead to more positive feelings amongst women regarding their bodies. Nevertheless, there is also some indication in the words the women use to describe the

importance given to physical attractiveness amongst men and women that perhaps dominant images and messages concerning female beauty and gender inequality have not changed all that much.

At the same time, many of the women suggest that loss of a sexual partner results in changes in the way women view their bodies and the importance of physical attractiveness. Interestingly, of the 18 women who are not currently in relationships, almost half feel that they are less concerned about their physical appearances now that they are no longer striving to please their partners. These women suggest that the loss of their husbands, through either divorce or death, has meant that they are less likely to scrutinize their bodies through the presumed eyes of sexual partners and therefore they feel less urgency to enhance and maintain their physical attractiveness:

Well, I'm not a - not a good case for that because there's not anybody that I really am trying to maintain youth and beauty for...I think it depends a lot on your situation in life. If there's some reason that you feel that you should appear younger than you are and you are striving to appear younger than you are then [later life] will be a stressful time for you. If you're satisfied with where you're at and the people around - and you feel that people that are important to you accept the fact that you're aging, then I think you can be alright with it. (age 67, widowed)

The above quotation alludes to the importance of the audience and of having someone to please in a woman's attention to and perception of her body as well as in her resultant self-surveillance and body management activities. Indeed, some women attribute increased self-acceptance in terms of one's body shape and size to being single in later life as they no longer have someone they are striving to be pleasing for:

I'm not really very bothered by things like that. I mean, some people are very worried about their appearance and maybe some women who have husbands still are more worried about it than I am...I mean, I'm not really trying to please anybody but myself... And I think there are some people - and it's quite a legitimate thing - if they have, for instance, a husband who is younger or even much younger than they, that they're very anxious to keep themselves looking young...I think sometimes women who are by themselves are more accepting of themselves because there's no one that criticizes them very much. (age 78B, widowed)

The above woman is keenly aware of the importance of physical attractiveness in a woman's relationship with a male partner. Another woman rejects the necessity of looking attractive in a man's eyes as she suggests that she's 'had her day' and no longer needs or wants to be attractive in the eyes of men:

I don't have a husband to please. I'm not showing [my body] to anybody and it functions for me to the extent that I need it. But that's all. (age 86, widowed)

In contrast, one woman argues that she feels that continuing to pay attention to her appearance even though her husband is deceased is an important way of honouring his memory:

I would never want to let [my husband] down by letting myself go. I would be letting him down badly. Because he did enjoy my body and admire it. So, I wouldn't want to let him down. Even though he's gone. No, I couldn't do that. (age 76, widowed)

By 'letting go', this woman refers to relinquishing attention to her physical appearance and no longer caring how she looks or how others perceive her physical exterior. Becoming slovenly or disinterested in her dress, personal hygiene or beauty rituals is interpreted as disgracing her deceased husband.

Emphasizing the influence of significant others, particularly sexual partners, some of the women suggest that insecurity and concern with one's appearance are issues that affect younger women who are more focussed on winning the attention and affection of men:

I'm not interested in men's opinions anymore. And that - you know when you are twenty and thirty you think 'Wow! Do you ever get to the stage where you don't care what men think of you?' And, yet, I think most, most young women are very much aware of whether, you know, like say you walk into a party and you're in your twenties and you see a good looking guy, like, I think that's only normal that you wonder if he might be interested in you or not. You know? Well, when you get to be my age, you couldn't care less. You know? Any man that comes on to me now is usually a old lecher anyway. (laughs) No, I'm not interested in that. And it's amazing how many - to me it is still amazing when I think back and I think, 'Oh, my god. Why did I worry about that? That doesn't mean anything. (age 67B, divorced)

Thus, the above woman expresses a sense of liberation in no longer being as influenced by the attention and perceived assessments of men. Unlike the previous woman who viewed 'letting go' as disgraceful, this woman experiences the resistance of beauty ideals relative to men's appreciation as liberating. Undoubtedly, women's evaluations of their bodies and the importance they attribute to physical attractiveness is directly related to their relationships with significant others, all of whom are men for my female, heterosexual sample. Indeed, the very term 'physical attractiveness' implies that women are socialized to cultivate appearances that attract the attention of others, namely men. The women in my study define beauty and evaluate their own attractiveness through the presumed eyes of potential male sexual partners.

Some women argue that in addition to being a concern of the young, continued emphasis on one's physical attractiveness in later life is equated with wanting to remain attractive to or to attract the attention of new sexual partners:

Maybe that's why some older women try to be sexy and whatnot. That they're still wanting a man around and this kind of thing. Because a lot of women do. A lot of women can't live without a man...And it's still a man's world and probably that has a lot to do with it, too. (age 71, widowed)

If she's still living with a man it would bother her more...It all depends what the relationship is. I think a lot of women that have been beautiful in their younger days are scared to death to lose it and they feel that if they lose it they will lose the man as well because they traded on that all this time. It all depends on what the marriage has been. I've had some very beautiful girlfriends who lost their husbands as soon as they lost their looks...They married for the wrong reasons. And boy! Men marry beauty. It's the funniest thing. Lots of times, they don't bother to see what's underneath. They marry because it's a beautiful girl and a very popular girl and so forth. They have nothing in common when it comes to live together after the passion is over. (age 86, widowed)

Therefore, the women in my study are aware that beauty is a vital resource for women in society, particularly as they strive to attract desirable partners. One woman in my study accounts for women's need for physical beauty as follows:

Well, maybe in society, men had the choice of which women they liked and so women tried hard to make themselves attractive. (age 78B, widowed)

Another woman suggests that while the gender balance of power is shifting, women continue to rely on their looks in order to attract a mate and acquire social status:

I mean, are we sort of born trying to look attractive for our mate? I mean, I don't know. Is that where it all starts? Or is it just that men - I mean we say it's a man's world. When I was a girl it was. That's changing slowly but they somehow grow up knowing it's - that they're the king of the castle. You know? They don't have to worry about it. 'I'm me!' (age 72, married)

The need for women to be attractive in order to obtain social power (Bury, 1995; Furman, 1997; Seid, 1994; Rodin, 1992) is rendered even more difficult with the aging process. Alluding to Sontag's (1972) double standard of aging, one woman in my study comments on the depreciation of women's social value in relation to their physical appearance and in contrast with the experiences of men:

It seems to be a physical fact that many men *improve* (emphasis in original) with age whereas women usually don't.
(age 67, widowed)

Similarly, another woman suggests that physical aging has resulted in the loss of social currency in the eyes of her male counterparts:

So that even if I were attracted to another man, I know I'm afraid that I wouldn't be physically attractive to a man.
(age 61, divorced).

Whether they are content to remain single or actively seeking a partner, most of the women I spoke to acknowledge the importance of female attractiveness in our gendered society. Defining their beauty in relation to their partner's evaluations, the women have sought to mould their body shapes and sizes in order to please and win the appreciation of their significant others. Due to the ravages of time, many of the women assume that they have lost the social

currency they used to obtain through their physical attractiveness and that their male counterparts will find them and their bodies unattractive and undesirable. The presumed negative evaluations of men serve to reinforce the dissatisfaction with which many of the older women view their own bodies.

CONCLUSION

In this chapter, I have outlined the tensions and contradictions that surround the feelings and meanings that the older women in my study attribute to their bodies. It has been pointed out that "society tends to define women in terms of their physical appearance" (Fairhurst, 1998, p. 259). Expressing negativity and dissatisfaction towards their aging bodies, the women seem to have internalized the socially constructed standards of beauty that equate attractiveness with youthfulness and that devalue older women. The women express the poor body image generally associated with younger women (Rodin et al, 1984; Dionne et al, 1995), convey feelings of insecurity and describe the particular sense of displeasure and shock that they experience when they view their bodies in mirrors. Regardless of age, the reflected images of the women are a source of anxiety and discontent and represent a threat to the women's sense of well-being and social value, particularly in the perceived eyes of men.

The bodies of other older women are subject to negative evaluations as the women in my study endorse ageist beauty standards and tend to deny the possibility that old women's bodies might be beautiful. Aging women's bodies are situated in a context of continual public scrutiny and an ongoing ranking of one woman's body against another. The end result of the competitive comparisons between women is a social climate of surveillance of female

bodies and the generation of insecurity amongst women. The women have internalized the assumption that individuals choose their body sizes and shapes through exercise, diet, beauty aids or lack thereof. Consequently, the women are unrelenting in their displeasure with and criticism of their own bodies as well as the bodies of other older women. Moreover, the women in my study suggest that women are very critical of each other as they vie for the admiration of other women and men towards their physical appearances. The importance of the audience, be it female peers or male sexual partners, is a recurring theme throughout the interviews as women strive to use their bodies to achieve and retain social currency in a youth and appearance oriented society. While the male audience is the one the women are most trying to please and attract, the female audience is one with which the women are competing and by which they feel most critically evaluated.

Unwittingly endorsing ageist standards of attractiveness, the women themselves indicate that they concur with the cultural equation of beauty with youthfulness. Indeed, the power of the dominant images of beauty and aging are undeniable as the majority of the women in my study suggest that they were most attractive when they were younger than they are now. Definitions of beauty proffered by the women tend to revolve around younger women, including media stars from the women's formative years as well as significant others such as daughters. However, the women reject the drastic thinness of the current beauty ideal for women and suggest that today's fashion models represent an undesirable, anorexic extreme that many fear will have a detrimental influence on the younger generations. Denying having been influenced by current media messages themselves, many of the women also contend that most women in general are affected by advertisements and

mainstream popular culture which promotes the thin ideal for women.

Nevertheless, the women seem to suggest an alternative beauty ideal for older women as they frequently argue that older women are more attractive when they weigh 'a bit more'. In addition to endorsing a more voluptuous beauty ideal embodied in Marilyn Monroe's figure, many of the women seem to suggest that an even fuller figure than Marilyn Monroe's is preferable when one is older. Such an alternative beauty ideal represents an important means of resisting ageist beauty norms. It would be interesting to further pursue the concept of a later life beauty standard to see if there is evidence of an age effect whereby notions of physical attractiveness change over the life course or whether there is a cohort effect such that today's older generations have been socialized with a more ample body size norm for older women. It will be important to track the views of today's younger generations to see if current ideals of thinness have an impact on future beauty norms for older women. I would also like to explore whether or not the rejection of the thin ideal for older women and the assertion that thin older women are 'scrawny' is a reflection of the existing beauty standard that dictates that women be toned as well as slim. Perhaps the natural loss of muscle and bone density that occurs with aging is made more obvious in thin older women than in older women who are fuller in figure and serves to further remove them from the existing beauty standard. Clearly, the contradiction between the preference for more voluptuous figures and the devaluation of and dissatisfaction over aged female bodies is disturbing.

The assertion that one chooses one's body size and shape manifests itself further in the devaluation of old and obese bodies. The women in my study disparage overweight men and women with an intensity similar to that

which they direct towards overly thin older women and demonstrate that they have internalized the 'anti-fat' prejudice that exists in our society.

Consequently, the women seem to suggest a moderate ideal weight for women which is neither too heavy nor too light. Using words such as 'natural' and 'normal' to describe this preferred weight range, the women in my study point to themselves in their youth as well as their daughters as examples of this desired weight ideal.

At the same time, all of the women in my study express concerns over their weight. Indeed, weight is a thorny issue for the majority of women in my study as they have spent their lives striving to lose, gain or stabilize their weights. The power of the existing weight ideals serves to render women insecure and dissatisfied with their bodies as they struggle to manage and control their physical selves. The women tend to blame themselves for undesirable weight gain and talk about lack of self-discipline and feelings of shame. The contradiction between suggesting that older women look better when they are fuller in figure and the tendency of the women to express dissatisfaction over their own weight gain is unsettling. While many of the women reject the thin ideal as an 'extreme' and posit an alternative beauty ideal, the women appear to be influenced by media messages about the youthful, toned, thin body ideal, contrary to their own assertions.

Moreover, many of the women express aversion to the larger stomachs that have accompanied aging, loss of muscle tone and weight gain, particularly amongst those women who have had children. Bordo (1993) has stated that "the part of the obese anatomy most often targeted for vicious attack, and most despised by the obese themselves, is the stomach, symbol of consumption" (p. 202). I would also assert that the stomach is a symbol of women's reproductive

abilities. Wooley (1994) contends that "women are most dissatisfied with their bodies between the waist and the knees - the part of the body that is most sexual, that is the focus of the most obsessive media attention, that is the site of most cosmetic surgery and other size-reducing efforts" (p. 19). The feelings that are directed towards the realities of aging and of post-child-birth are disturbing and disheartening. As Arber and Ginn (1991) state, "women's value is sexualized, positively in the first half of life, negatively in the second" (p. 42) and their bodies, particularly their sexual attributes, are the focus of societal scrutiny and negative evaluation.

Undoubtedly, women's bodies are an important resource when it comes to attracting male partners. Bury (1995) argues that, unlike their male counterparts, women are evaluated according to their "sexual attractiveness, and youthful appearance" (p. 27). The women in my study connect the emphasis placed on physical attractiveness to the absence or presence of male partners. Many of the women describe having put energy and effort into their appearances in order to please their husbands. Some of the women who are widowed suggest that they are less concerned with their physical appearances than are older women who are still married or who are interested in attracting new partners because they no longer have someone they are striving to please or for whom they dress. Once again, the meanings the women construct and negotiate in relation to their physical appearances indicate the significance of the nature of one's audience. The focus on attracting and retaining male attention and partnership reflects an acknowledgement of the importance of female beauty in the feminine gender role and in male-female relations. Perhaps the emphasis on female beauty is related to traditional female roles. Cash et al (1997) suggest that adherence to "traditional attitudes about male-

female relations" (p, 442) is related to emphasis on stereotypically female attributes. It will be interesting to observe whether or not the increased labour force participation of today's younger women may serve to deemphasize the body as a primary means for women to acquire social status and power as they become 'independent bodies' and may thereby promote in women positive feelings and thoughts towards their bodies as they age.

Unlike the discouragement and dissatisfaction that is expressed over weight, resignation and acceptance are the most frequently conveyed emotions regarding physical aging. Pragmatism is a powerful force which seems to mediate the possible negative implications of the loss of physical beauty and youth. Most of the older women in my study express a matter-of-factness regarding the 'natural' life cycle and the changes which accompany the aging process. The emphasis on the inevitability of physical aging stands in opposition to the assumptions that we choose our bodies through diet, exercise and beauty aids, amongst other things, and points to yet another unsettling tension in the data. The discrepancies between the assertion that older women's bodies are unattractive, the argument that loss of physical beauty is inevitable, the self-blame the women espouse in regards to later life weight gain and the criticisms directed towards those women who 'let themselves go' are disconcerting and point to the underlying power relations which devalue older women and older women's bodies.

At the same time, there is a disharmony between the acceptance of aging and the feelings of loss expressed over the limitations of aged bodies. While most of the women in my study stress the importance of accepting the aging process and the accompanying physical changes, the majority also express grief and frustration over the loss of energy, stamina and physical abilities they

possessed in their youth. The women describe the aging process as a difficult and painful journey and convey feelings of longing for the physical abilities and energy they once had. I wonder if the cultural norm that one must fight the aging process serves to enhance the individual's sense of isolation, frustration and despair as he or she is confronted with the loss of physical function and health. While it is clear that giving in to depression surrounding physical decline may not be beneficial to the individual, the suggestion that one must accept the losses that accompany aging seems unjust and insensitive and serves to enhance the individual's sense of conflictedness surrounding the aging process.

In closing, this chapter has revealed a multitude of tensions and complexities that exist in the way that older women feel about and experience their aging bodies. I have shown how the contradictions and sources of friction in women's experiences in and assessments of their own bodies reflect oppressive gender and age relations that serve to devalue older women and deny them power and social currency.

CHAPTER FIVE

THE NEW PRIORITIES: HEALTH AND INNER BEAUTY IN LATER LIFE

Having examined the descriptions and feelings that the women in my study attribute to their aging bodies, this chapter will explore how they negotiate and mitigate their negative feelings regarding their physical appearances. Despite the loss of perceived beauty and their profoundly negative evaluations of their bodies, the women express feelings of happiness and contentment with their lives. Indeed, feelings of dissatisfaction in terms of their physical appearances and capabilities do not seem to translate into an all-encompassing negativity towards their lives or an overwhelming sense of depression or despair. Rather, it appears that aging brings with it the reassessment and renegotiation of what the women prize most in life. As one woman states:

You want to look nice. You don't want to look like an old frump. But it's not the same pressure or obsession or whatever it was because I think you get your priorities straight. (age 72)

Thus, the women describe having reorganized their priorities and values such that health and inner beauty have come to be more important than how they look. This chapter will examine the themes of health and inner beauty and relate them to the perceived loss of physical attractiveness that results from the aging process.

BEAUTY VERSUS HEALTH: REORGANIZING PRIORITIES

Health is a theme that permeates all of the discussions of body image and embodied experience in my interviews with older women. Indeed, health, or lack thereof, shapes and constrains the lived realities of most older adults. Examining the beauty shop culture, Furman (1997) reports that health and health problems are a central topic in the conversations between older customers and beauticians. When asked to describe changes that have occurred in their physical realities over time or to discuss how they feel about their aged bodies, most of the women in my study inevitably bring up the topic of health and health problems. As was noted in Chapter Two, women are more likely than men to experience chronic illnesses in later life (Arber and Ginn, 1991; Biegel and Blum, 1990; Ginn and Arber, 1995; Markides, 1992; Moen, 1996). In particular, older women are more likely to have such diseases as osteoporosis, arthritis and other musculo-skeletal disorders as well as stroke, heart disease, hypertension, auditory and visual impairment, diabetes and cancer than are their male counterparts (Chrisler and Ghiz, 1993).

All but one of the 22 women in my study describe multiple chronic and acute health problems (see appendix III). Indeed, over half of the women suffer from arthritis and heart-related problems, one-third have auditory impairments, over one-quarter suffer from minor memory problems and one-fifth have visual impairments. Additional health problems that the women report include post-polio syndrome, necrosis of the hip leading to hip replacement surgery, and glaucoma. The one person who does not disclose significant health problems other than declining eye-sight and stamina is 67 years of age and in reportedly 'good health'. The remaining 21 women each describe at least two health

problems which require ongoing medical intervention or monitoring. Moreover, two of the women in my study suffer from five or more chronic and acute health problems. As was reported in the sample description in Chapter Three, all of the 22 women are community dwelling and functionally independent, although one uses a wheelchair and four require assists in order to walk. Therefore, despite their independence, health issues are a prominent source of concern, if not anxiety, in all but one of the women's lives and many are coping with difficult and life-threatening health problems.

The severity as well as the intrusiveness of the health problems experienced by the women in later life has served to alter their sense of priorities. Many of the women seem to reconcile their negative feelings about their aging bodies by focussing on the importance of health and the maintenance of functional abilities and independence. When asked what their major concern regarding their body is, most of the women, including the one who did not report any significant health problems, suggest that health is more important to them than appearance:

I would say now that health is really - is definitely more important than appearance and being pretty. (age 67)

Health! Definitely health. If you're healthy, you can do anything. You know, I - it's your health. I mean you really - yeah, you really are zeroing in to trying to be as healthy as you can as well. That's so important because you can't enjoy life at all if you're not. Not the same way, anyways. (age 69)

Keeping well is the thing you worry about when you're seventy. Not so much how it looks as how well is it functioning. (age 72)

The message that health is of greater priority and value than physical

appearance is conveyed with strength and certitude repeatedly throughout the interviews. Emphasizing the importance of health, each of the women asserts that appearance is a concern of the young, while a focus on health and health maintenance reflects the wisdom acquired through experience of those in later life:

I don't like being fat but my body image isn't everything to me. My health is more important and my happiness. It's when you're younger your body image is really important as far as I'm concerned. (age 73)

Thus, the women argue that having good health enables them to be functionally independent and, therefore, happy. Reporting similar findings, Furman (1997) states that "[a]cceptance is the most usual response to bodily decline, at times accompanied by a note of resignation, a dose of home-grown maxims, and sometimes a hint of a cliché" (p. 100). Clearly, the shift in priorities is indicative of a 'maturation effect' whereby the women's "attitudes and behavior represent the effect of N years of aging" (Bengtson et al, 1985, p. 307) such that their values and opinions have evolved over the course of their life-times.

As was pointed out in Chapter Four, the women attribute the focus on appearance in youth to "the mating instinct" (age 71) or the concern with attracting and retaining the affection and attention of male partners. One woman summarizes the shift in appearance orientation over time as well as the replacement of beauty with health as the main physical priority in an older woman's life:

Yes, when you're younger that's all you care about, is how good you look and whether you can buy a new dress this week or a new

pair of shoes or whether the fellow down the street is going to notice you when you walk by. Yeah, as you get older, you don't care about that anymore. In fact, the older I get, the more I - like if I get up in the morning and I feel good, I don't really care about, you know, how good I look. I think, 'Oh, boy, I've got a good day today. I can go out and I can do what I want.' So, yeah, your health means more as you get older. (age 67B)

Perhaps physical attractiveness is a more crucial resource to younger women who are seeking to attract male partners or striving to move up the corporate ladder. Davis (1995) notes that research has shown that there is a link between physical attractiveness and popularity, career success and preferential treatment by others. Lee (1998) reports that attractive and thin women have better employment and marital opportunities. In contrast, older women may have already found happiness and/or fulfilment through marriage, family life and/or careers. Having found marital partners and retired from the work force, attractiveness may be of less importance and value to older women. The older woman is focussed on making the most out of her remaining years as well as enjoying the fruits of her labour as a mother, wife and worker, accomplishments that require health, independence and functional mobility to fully savour.

Similarly, several of the women in my study suggest that the more health problems an individual has, the less likely he or she is to be concerned with his or her appearance. In addition to a shifting of priorities and a moving into a new stage of life, a focus on health in later life corresponds with a general loss of health as compared to when the women were younger:

Well, I think that women who are in reasonably good health certainly they stew about their appearance more than they do about their health. Women who have chronic conditions or ailments of one kind or another not so much so. Maybe they've

had it brought home to them that their health is more important than how good they look. (age 73B)

Well, [older women] are [concerned with their appearance] but not obsessively. They're just glad to be well and alive. You know? And after you've had a few rough rounds, like some of my friends have, you don't worry about it. You're just glad to be here another day that the sun's shining. You know? I think it tapers off just through experience. And looking back and realizing that...if you've got your health, you've got everything. And you don't worry so much about it. You do your best. But I don't think it's the obsession it was. It wears off. (age 72)

While the above two women speak of loss of health more generally, one woman puts it into very personal terms as she describes how the onset of serious health problems has changed her perspective on what is most important to her in life:

I've had a heart attack and I've had a stroke and every time something hits you, you think, 'Ooo!' You know? But then one day, you know, as I say, as you get older, you say to yourself, 'Life is never going to be this great thing. This is life. Wake up! Don't waste what time you've got worrying about a future that - or worrying because the future isn't the way you want it. This is it, girl! You've got - this is all you've got. And you only have one chance so you might as well enjoy it.' So that's when you change your view, I think. Well, at least, that's what happened to me. (age 69)

Therefore, increased health problems in later life influence the woman's perspective and her priorities. The shifting of priorities from an emphasis on appearance to an emphasis on health may correspond with the replacement of the young woman's physical appearance as a source of concern and dissatisfaction by the older woman's body as a functional 'failure' in terms of increasing frailty, dependence and poor health. Building on and applying the concept introduced by Strauss (1959), Charmaz (1994) suggests that 'turning

points' occur when individuals realize that their bodies are failing or that they are permanently disabled and they "try to live as before and find themselves unable to do so" (p. 234). Charmaz (1994) contends that by working through the emotions surrounding a turning point, individuals may "put their illness and themselves into a new perspective" (p. 238). Older women who experience declining levels of health in later life may "perceive illness as giving them back their perspectives, values and knowledge that had been lost along the way" (Charmaz, 1994, p. 238) such that they begin to esteem health and well-being over physical beauty, amongst other things.

Other women attribute their own focus on health to broader societal changes. The women contend that social values have changed over the course of their life times and that the current emphasis on health that is prevalent in society is a recent development:

I think that's partly a sign of the times, too...I think that even younger women are more concerned about their health than they used to be. And they're much more knowledgeable about their bodies...I think it's a societal thing. You know? If you look at almost any magazine, almost any paper, there are all these articles about, you know, how drugs are being developed to overcome things and how you should exercise, what you should eat and so on. Well, I don't think that was true when I was younger. (age 78B)

Suggesting that contemporary social norms emphasize the importance of health and physical fitness, the women maintain that their own changes in priorities are the result of ongoing cultural changes rather than simply being due to aging and the loss of health that tends to accompany old age:

There just seems to be an overall sort of interest in being more healthy and comfortable, I think, now then there was at one time. (age 67)

There's...a much bigger effort to try and have everybody eat right and live right to be healthy that there never was before. (age 72)

Indeed, several of the women contend that today's younger generations are also more conscious of health and dispute the suggestion that women are becoming increasingly focussed on, if not obsessed with, their appearances:

Isn't it health, though Laura, more than looks? Isn't it that people are wanting to be healthier? I think it's much more connected with young people wanting to join these [health clubs] to be well than it is just what they're looking like. I think it's been overblown this idea that, you know, that everybody's going just to look a perfect something. I don't think so. I think...everybody's into trying to be as well as they can. I guess like the environment - you're trying to improve the environment so that we can live longer and healthier ...I think we're into being healthy. Trying hard to be as healthy as we can. (age 69)

Therefore, rather than being only related to deteriorating health in later life, these women attribute their own prioritization of health over beauty to the fact that society in general has become more health conscious. In other words, there is a 'period effect' (Bengtson et al, 1985) such that historical events and changing norms "affect the attitudes of all age groups the same way, that is, that neither aging nor cohort differences may be operative in a particular configuration of attitudes" (p. 307). Featherstone (1982) suggests that there currently exists in society a "self-preservationist conception of the body, which encourages the individual to adopt instrumental strategies to combat deterioration and decay" (p. 18). Individuals of all ages are admonished and

encouraged to exercise, eat 'right' and maintain 'healthy' lifestyles. The women point out that health promotion via exercise, diet and attention to the environment is a relatively new phenomenon and contend that they, along with people of all ages, have embraced and internalized the emerging social values.

Most of the women in my study suggest that the emphasis on health in today's society corresponds with changing norms and possibilities for older adults. The women describe how the focus on health prevention which exists in today's society has resulted in drastically different life-styles for older adults today as compared to previous generations:

I remember my grandmother. I mean, she literally, you know, she sat in the corner and knitted and was there. Well, that's a far cry from the life we lead now. You know? I remember thinking that it was wonderful that my mother swam from the shore to the raft at our cottage when she was seventy. Well, that makes me just want to laugh now. I'm going to be seventy three in a couple of weeks and I swim all the time and drive the car and walk miles and - you know? It's so that I imagine that my daughters will be doing these kind of things in their late eighties. You know? It's improving. Because you had a better grounding when you were younger. So you end up with a better body older. (age 72)

Contrasting themselves with members of older generations, many of the women comment on how their lives have more meaning and happiness as they make statements such as the following:

I think women on the whole are much better off these days than they used to be. You don't automatically become an old lady when you have a couple of kids...You want to keep [your body] in as good shape as you can so that you can enjoy a decent quality of life while you're here...Like when I was your age, women our age were sitting in the parlour in a rocking chair. They didn't go anywhere usually. But, nowadays, women are very active.

They're still driving. They get around on their own. They go out a lot together to the theatre and everything...I can't get over how people are living a long time and a lot of them are still in good - comparatively good health. (age 76B)

In terms of maintaining healthy lifestyles, some of the women stress the importance of being active and of having organizations that cater specifically to the needs of older adults:

I think since we've started having these seniors clubs where you go and do, ah, line dancing and other fitness type things *together* (emphasis) is wonderful because, as I look back, even - once you go over fifty, you basically didn't come out and do anything. You puttered in your garden and you did your preserves and maybe you did your crafts, but you didn't get out with people your own age just for fun. And I think it's lovely. (age 61).

Thus, the women in my study suggest that the increasing emphasis on health and fitness has led to greater levels of activity, health and well-being amongst the older generations. The embracing of norms which value health and health promotion are credited with the improved lived realities of older women.

Whether due to a period effect or the internalization of societal norms regarding health promotion or a maturation effect possibly stemming from the outcome of a 'turning point' following the loss of health, the older women in my study are forceful in their assertions that health is what matters in later life and that happiness and health are inter-related. Attributing a focus on beauty to the naiv  t   of youth and the desire to attract sexual partners, the women suggest that the wisdom acquired from life experiences has altered their priorities and put their lives 'in perspective'.

PRAGMATISM AND HEALTH

Similar to the ways in which the women in my study talk about the inevitability of aging and the loss of beauty, pragmatism is a theme that emerges when the women speak about their health. Many of the women often follow-up expressions of negativity towards their appearances or their loss of energy and stamina with assertions about their good fortune in being as healthy and independent as they are:

What I think about aging is how fortunate I am. I think that's something I feel every day. I am so fortunate...I'm thankful [my body] still works. I mean, I really appreciate the fact that I have good health. I guess I like that best - that I'm healthy...And that's a gift, you know? So I appreciate that. (age 78)

I've been very lucky! I'm very fortunate, I think. I think I'm realizing that the older I get. (age 80)

Attributing their good luck in terms of their health to fate, genetics or higher powers, slightly over half of the women make direct statements of gratitude for their perceived good levels of health. My findings are congruent with those of Johnson and Barer (1993) who state that older adults tend to "redefine their optimal level of health and functioning by delimiting the sense of responsibility over their health" (p. 78) as they credit "fate or luck" (p. 75) for their existing health statuses. Crediting their good fortune, the women in my study express pragmatic gratitude regarding what health they have and what they are able to do as they make statements such as the following:

I feel very fortunate. I just swam 20 lengths this morning...Nobody

likes to get old but my outlook, it doesn't bother me because I feel fortunate that I'm at the stage I am, that I still can do the things that I'm doing and enjoy life so that's very important. So if I could stall - if I could have stopped at 70, that was a nice age, like, you know? That would have been nice, but it doesn't work that way. (age 82B)

You're really appreciative of, um, you know - I met a lady at the drug store today because it's Senior Citizen's Day at the Shoppers Drug store and I was doing my shopping. And the lady stopped me and she said, 'Can you read the label on this?' And so we both looked at it and she said, 'I've got the wrong glasses.' So I got out my glasses and we looked at it and, ah, 'Oh,' she said, 'I - this annoys me. I can't see this.' And I said, 'Well, but then we have to be thankful. Here both of us are walking around doing our own shopping and both of us have driven ourselves there.' And, ah, so I think you are thankful if you are managing. That's really what I feel. That I'm pleased I can live on my own. (age 78B)

While the woman in the first quotation listed above regrets being no longer able to swim 40 lengths as she did easily in her younger days, she indicates that she is grateful that at the age of 82 she is still active and athletic. Also deeply appreciative of her physical abilities and independence, the woman in the second quotation demonstrates how older women continually remind each other, as well as younger individuals, including myself, of how important it is to be thankful for what one has.

Acknowledging their good fortune, the women indicate that not only is health more important than physical attractiveness but they also suggest an awareness of the precariousness of their own health status, the inevitability of health declines in the future and the importance of accepting the changes that may come with time:

You can't turn back the clock, whatever you do. You can't do it and

it's the same with getting older. You can't go back. You just have to go ahead and take what's there and be thankful really that you've come as far as you have and are able to go ahead.
(age 71)

Similar to the findings of Johnson and Barer (1993) and Hochschild (1973), many of the women in my study describe a sense of gratitude for their current levels of health as they compare themselves to those around them, whose bodies have failed them even more than their own. Of the women who make direct statements about being grateful for their current health status, several also make indirect statements of gratitude and pleasure regarding their current health status as they compare themselves to other older women. Statements such as the following are typical:

It's very hard for an older person to have a positive point about their body because there's so much wrong with it. I guess the only positive thing for me would be to thank God for what I do have. And for not being as bad off as other people are...I could be a lot worse off. (age 76)

Indeed, some of the women note that many of the women their age are faced with a variety of chronic and acute illnesses that limit their independence and activities and render their lives difficult and painful:

Being able to cope physically, actively. That's everything. Because, well, for starters, you all, we all have peers that aren't. You become so aware of, of what's happening to your contemporaries. So, you're 'there but for the grace of God go I'. You know? There's no rhyme or reason to it. (age 72)

As well, the women describe having encountered the debilitating effects of

illness closer to home as many of their friends have had to cope with life-changing, and even life-threatening, diseases. The women note that the experiences of their friends have made them even more aware of the fragility and instability of their own health as well as more grateful for their own health statuses:

Well, I'm very fortunate because I seem very healthy. There's a couple of problems but they don't bother me all that much. But I'm thinking of my friends and, ah, they've had a lot to put up with with health and their mobility but they still keep going. They're struggling along and they're, they're cheerful and, um, I guess it's kind of like where there's life, there's hope (chuckles). You know? What else can you think? You don't want to be dead so you just struggle along with all these infirmities, I guess. (age 71)

It's later when you have, ah, friends getting ill - seriously ill from bad diseases that are incurable or have the lasting chronic and you realize how fortunate you are not to have anything like that. And so I guess that's how I feel about my body now. I'm just grateful. (age 78)

Therefore, pragmatism is an important theme that emerges as the women in my study suggest that health is more important than physical attractiveness in later life. Examining the reorganization of the women's priorities as well as their assertions about their good fortune regarding their current levels of health, it is apparent that the 'body image investment' (Muth and Cash, 1997) of the women has declined in later life such that their appearance has become less important to their sense of self and self-worth than it had been in their earlier years. Rather than being concerned that their bodies are unattractive, the source of dissatisfaction and anxiety for women in later life is the fact that their bodies are failing and becoming increasingly frail, unhealthy and limited.

Whereas the comparison of the self with less fortunate others is reminiscent of Hochschild's "poor dear' hierarchy" (1973, pp. 58-63) and the use of positive comparisons discussed by Johnson and Barer (1993), the replacement of physical attractiveness with an emphasis on health may be indicative of corresponding changes in the women's identities. The focus on health may signify a reorganization of the 'hierarchy of prominence' (McCall and Simmons, 1966) of the individual's 'role-identity' concerning beauty. McCall and Simmons (1966) state the following:

The relative prominence of a given role-identity is the resultant of many factors. Among these factors is the degree to which the person himself supports his own imaginative view of his qualities and performances as an occupant of the given position,...the degree to which one's view of self has been supported by relevant alters,...[and] the degree to which the individual has committed himself to the particular contents of this role-identity, has gambled his regard for himself on living up to certain imaginations of self (pp. 77-78).

Consequently, older women may reevaluate their competence in the role-identity of 'beauty', the endorsement of others, the potential for and nature of extrinsic and intrinsic rewards and their commitment to the identity and may decide to shift physical attractiveness down their hierarchies of prominence. The shifting of emphasis from attractiveness to health may also involve a movement away from a 'body-as-object' perspective to a 'body-as-process' orientation (Franzoi, 1995) such that older women come to resemble their male counterparts in terms of their approach to and evaluation of their bodies. Undoubtedly, the possibility of becoming more concerned with body function than body as object represents a significant change in a woman's experience

and assessment of her body. Moreover, such a shift in body evaluation requires further investigation and testing and must be incorporated into any additional research and theorizing on older women's body image and embodied experience.

HEALTH COMPLAINING

Despite the increased emphasis on health in later life, speaking about health problems is frowned upon amongst the older women in my study.

Furman (1997) states that

Older people are frequently caricatured about their alleged preoccupations with their ailments; consequently many are forced into silence about these matters for fear of social disapproval. These cultural tendencies reveal a profound denial of physical decline and death in our society (p. 30).

The ageist depiction of the older adult who is preoccupied with his or her health issues serves to silence the women in my study as they strive to differentiate themselves from older women who fit the stereotype. While many of them suggest that health problems are a favourite topic of discussion amongst the elderly, almost half of the women describe older adults who frequently discuss their health concerns in detail as complainers and as annoying people who are to be avoided:

That's what I find kind of annoying with older people. If you ask them how they are. A lot of them are lonely. Really lonely. So they want to talk about their pills, and their aches and their pains. And, um, so I'm a good listener. I guess I bear it. But some

people, older people, really dwell on it. (age 82B)

I have enough aches and pains of my own. I don't want to listen to somebody else's. I want to talk to somebody who doesn't get aches and pains. (age 67B)

Relatively few of the women indicate that they themselves complain about their health. Indeed, only one woman indicates that health issues are an important part of older women's daily lives and conversations with each other:

I mean, we all talk about our health all the time. You know? Until you get to the point that you wish that somebody would forget about it. It's a very important thing because most older people are having health problems in varying degrees. It could be something not very much and it could be something very serious. And everybody's interested in their own body. (age 76B)

Nevertheless, even those women who do admit to being focussed on their health state that they feel irritated or impatient with individuals who talk about their health problems at great length. Distancing themselves from older adults who complain about their deteriorating health and ongoing health concerns, the women often make statements such as the following:

Well, so many people stress how they ache here and pains there and all that. And I just don't... You just get so damn sick of listening to people that I just decided, 'Well, I'm not going to join the throng.' (age 81B)

Thus, the women express their difference from health complainers as they note that they themselves are not amongst 'the throng' of older adults who are overly concerned about their own health problems. Only a few women are more sympathetic of those older adults who express fear and apprehension over their

declining health:

Older people will talk about their sickness all the time...Some people have no understanding...cause they're healthy all the time. They cannot bear somebody talking to them about their sickness. But I try to remember not to repeat myself about my sicknesses that I've had because it's a little boring when you've heard the same old story time and time again. But that comes with old age, you see...The stories get repeated till you know them off by heart. But you have to be tolerant with the poor old souls. You think, 'Oh, yes. Here we go again.' It's like a tape recorder. (age 80).

Similar to Hochschild's 'poor dear hierarchy' (1973) and as the above quotation illustrates, some of the women are more tolerant of 'the poor old souls' whose memories are failing and who reiterate accounts of their health problems over and over.

Regardless of the opinions expressed towards other older women who complain about their illnesses, health is a dominant theme that emerges in the interviews. All but one of the women in my study readily, and often without any prompting on my part, discuss their health concerns and/or their current health statuses. Undoubtedly, health is a very real embodied experience issue for women in later life. However, many of the women comment that they ordinarily would not talk so much about themselves and their bodies as they have with me or, as described above, make disparaging comments of those older adults who tend to dwell on their health problems. Indeed, there is a strong norm regarding the unacceptability of health complaining that discourages the women from expressing concerns over their declining health levels. The stifling of complaints and discussion of one's health issues is evidence of a powerful underlying mandate to cover and dissemble the realities of aging despite the

centrality of health concerns in the women's everyday lives. The unspoken directive to remain silent about one's health issues on the one hand and the growing prevalence of health concerns on the other sit in an uneasy, and often painful, balance. In addition to refuting their own identification with ageist stereotypes, perhaps the tendency of older adults to want to distance themselves from health complainers reflects their underlying belief that dwelling on health problems indicates a lack of gratitude for what health remains on the part of the offending older adults. Furthermore, discussion of health problems may serve to underscore the precariousness of the health statuses of all older adults and points to the darker aspects of the pragmatism espoused by many older women regarding their health.

THE HEALTH AND BEAUTY CONNECTION: 'PART OF LOOKING GOOD IS BEING HEALTHY'

While the women in my study suggest that health is of more importance to them than physical attractiveness, some also contend that health and beauty are inter-connected. Indeed, a number of the women assert that one must be healthy in order to be deemed beautiful as they make statements such as the following:

Part of looking good is being healthy. (age 69)

I think that...if you have your health, you do appear better. When you lose your health, you've lost, you know, so much.
(age 82B)

If you've got good health you're going to look good. So you don't

need to weigh it, it all goes with the one thing, I think. If you don't feel good, you don't care how you look. (age 76B)

I think your health is reflected in your face. If you're sick then you're grey and drawn...but if you can kind of keep your health up then your colouring is better and your overall posture is better. (age 67)

Consequently, the women suggest that in order to be attractive and therefore to approximate the existing beauty ideal, one must be healthy. Since deterioration of health is related to later life (Arber and Ginn, 1991; Biegel and Blum, 1990; Ginn and Arber, 1995; Markides, 1992; Moen, 1996), the health requirement of the existing standard of beauty means that it becomes even more difficult for older women to be deemed attractive. In this way, the perception that beauty and health are inter-connected embodies an ageist norm and serves to deny older women access to the beauty ideal in yet another way. Undoubtedly, the idea that there is a relationship between health and physical attractiveness is congruent with the focus on fitness in contemporary society and the slim and toned female beauty ideal espoused in the media. The message behind many of the physical fitness advertisements in magazines and on television is that the beautiful or physically fit body is a healthy body (Seid, 1989). Thus, loss of health signifies loss of attractiveness. As well as being devastating on a personal level, loss of health may result in devaluation, exclusion and ageism in our appearance-oriented culture.

WEIGHT: HEALTH ISSUE OR BEAUTY ISSUE?

The use of health as a normative discourse in society is also related to

the contentious and complex issue of weight which has already been discussed in Chapter Four from the perspective of women's dissatisfaction with their aging bodies. It has been pointed out in Chapter Four that in order to be deemed attractive according to existing standards of beauty, one needs to be young, thin, physically fit and healthy. However, there is also a link between weight and health. Indeed, in order to be considered healthy in our society, if not physically fit, societal norms dictate that one needs to be slim (Bordo, 1993; Brown and Jasper, 1993, Hesse-Biber, 1996; Myers and Biocca, 1992). Interestingly, most of the women talk about their concerns regarding their weight from a health perspective and a number of the women have had medical intervention regarding their weight, either through a doctor urging them to lose weight or a doctor's referral to a dietitian or a nurse regarding a weight loss plan. Some of the women assert that the medical interest in weight loss and maintenance is a relatively recent development:

Especially as you get older because the doctors today emphasize weight so much. You see, years ago a doctor never even bothered about your weight. But today, the doctors do worry about your weight. (age 76)

The emergent medical and medicalized discourse used to describe weight and the need to lose weight tends to emphasize the health rather than appearance benefits that result from weight loss:

You feel better if you don't weigh that much. I mean, sure, everybody wants to look good but, other than that, you feel better if you don't weigh much and it's better for your health if you don't weigh - if you're not overweight. (age 76B)

When I went to the doctor, my blood pressure was up and he said, 'I think a little weight off would be a great idea.' So I went to Weight Watchers...I lost about fifteen pounds then and it made a difference and the blood pressure immediately improved. (age 72)

While the woman in the first quotation listed above suggests that maintaining a lowered body weight increases one's feelings of health, the woman in the second quotation describes a specific health problem that was ameliorated through weight loss. Indeed, most of the women contend that attention to their weight is directly connected to their health:

I watch my diet...I guess you could say I've been concerned about my health and my weight all my life. (age 82B)

Yeah, [my weight] really does bother me because not only for appearance but for health because, in a way, I would really like to take off about twenty pounds because I'm carrying that extra weight on this hip and I think, 'Well, gee, maybe the hip wouldn't be so bad if I was - didn't weigh so much.' You know? And the doctor has been saying, he said, 'It's up to you. I wouldn't worry about your weight but just remember that the more weight you put on, the more pressure is on that hip.' (age 67B)

Whereas the woman in the first quotation listed above maintains that there is a direct connection between her health and her weight, the second woman alludes to the intersection between health, beauty and weight. A woman who feels that she should lose weight, the second woman suggests that her own weight loss would result in both appearance and health benefits.

Therefore, the links between health, beauty and weight are complex and layered in meanings. Descriptions of dissatisfaction regarding weight are often accompanied by statements about the health benefits of weight loss and the

health risks of obesity. Valuing health over beauty in later life seems to add a sense of legitimacy and urgency to the need to lose weight amongst older women who regard an over-emphasis on the appearance benefits of weight loss as shallow and of less importance or priority than the health benefits. Given the tendency of women to gain weight in later life (Chrisler and Ghiz, 1993) as well as the "anthropomorphic reality of the average female body" (Seid, 1994, p. 8), the medical dictate to remain slim serves to further threaten an older woman's self-esteem, sense of well-being and satisfaction with her aging body. Moreover, the medical discourse surrounding the need to lose weight underscores the cultural belief that body weight and shape are a matter of personal choice and self-discipline, or lack thereof (Featherstone, 1982; Hesse-Biber, 1996; Myers and Biocca, 1992; Rodin, 1992, Rodin et al, 1984; Seid, 1989, 1994) and serves to further devalue the older woman's body. Featherstone (1982) points out that consumer culture has promulgated the health benefits of "body maintenance strategies" (p. 26). Thus, the 'normative discontent' (Rodin et al, 1984) associated with women's feelings about their weight has become a normalized discontent as a result of the medical dictate and the "moral imperative" (Seid, 1994, p. 9) to remain slim which combine to legitimate 'antifat prejudice' (Rothblum, 1994) in society. In other words, not only are most women dissatisfied with their weight, but they have been socialized that way. Women have been taught that monitoring their weight and constantly striving to be slim, if not slimmer than they currently are, is normal, necessary and a matter of personal character.

HEALTH: FEARS ABOUT THE FUTURE

In addition to fearing the risks of being overweight, the women in my study are also concerned about the impact of prospective deteriorations in their health. The body as a source of dissatisfaction is evaluated in terms of decreasing levels of health rather than relative to the approximation of the beauty ideal. Underlying the statements that health is more important than beauty and the expressions of gratitude for the current levels of health experienced by the women is an unsettling fear of what the future may bring. Johnson and Barer (1993) state that "[w]ith the increased occurrence of chronic conditions during the aging process and the attendant declining functioning, the capacity to exercise direct control over one's life may diminish" (p. 67). As a result, an older adult may experience a profound sense of fear and anxiety as his or her body is at increasing risk of breaking down on a functional level. As was mentioned in Chapter Three, loss, whether of physical appearance, energy, physical abilities, loved ones or friends, is a recurring theme in the majority of the interviews. Likewise, fear of the loss of health frames many of the discussions of physical appearance, aging, health and change as the women contemplate their futures, the closeness of the end of their lives, the desire to remain independent and the potential impact of the deterioration of their health. As one woman states:

It becomes much more real because everybody you know - everybody in your age group has some little thing wrong with them. And you hear about all these stories. (age 72)

Thus, loss of health is a reality that surrounds the older women on a daily basis

as they interact with peers, friends and loved ones and as they negotiate and confront the changes in their own bodies.

All but one of the 22 women express fears about the impact of the loss of health on their lives in the future. Notably, the woman who does not express fears over the potential loss of health has recently and tragically lost one of her daughters and in her overwhelming sense of grief seems to have difficulty imagining her own life in the future. Of those women who are afraid of the loss of health, half state that they fear becoming ill or developing diseases in the future. One woman's sense of anxiety stems from the experience of her late husband suddenly contracting a rare and terrible disease that took his life in a painful and traumatic way:

When I think of my husband and how [illness] struck him,...you've got to think, 'What's lurking in me that's all of a sudden one day going to hit me with a double whammy?' And, of course, when you get to be a certain age it would be unrealistic not to think that way. So, to a certain extent, it is kind of depressing to grow old and to see changes...You sort of have to redefine your future at this age...Realistically, you have to look at that. I mean, you have to say, 'Well, you know.' And taking into consideration that something could go wrong, cause, you know, when you fall down and break your leg, there's a good chance that you'll be inconvenienced and you'll have pain but there's a very good chance that you'll recover back to your almost, total physical, the way you were before. When you're older, some little thing can happen that really isn't that very much and all of a sudden you get all these complications and so you really - you have to consider that. (age 67)

This woman has experienced first hand the fragility of one's health and lives in fear of what may happen to her as she ages. Similarly, another woman describes being always on alert for possible accidents or acute illnesses:

I worry that I'll fall down and break my neck and my hip or something like that. You know? When I'm out walking. I always carry my medical card in my jacket pocket and my identification and my health card in case I fall down and get carted off to the hospital. I worry about getting a stroke. I've had so many friends that have had strokes and are in wheelchairs or walk with walkers or can't talk. (age 73B)

As the above quotations illustrate, many of the women indicate a sense of constant insecurity and trepidation concerning the potential loss of health. Moreover, the women express feelings of dread and fear over how they, too, may fall victim to chronic and acute illnesses which will threaten their ability to continue living their lives in the manner they have to date:

I wouldn't like the idea of not being able to move around. Now, this other friend I have, her sister is going blind. And it's some kind of disease in the eyes that they have no cure for. So she's going to go blind. I think that would be terrible! So there are all these things that you read about and hear about and you think, 'Oh, my gosh! I hope that doesn't happen to me.' So you just hope for the best, I guess. And, exercise and keep moving and try to eat right. (age 71)

Fearing loss of independence and quality of life, the women are very aware of the potential impact of health problems in a society that devalues dependence and illness and constructs the loss of health as a enemy that must be fought against and minimized. Not only do the women fear the experience of acute and chronic illnesses, they also dread the social implications of becoming frail, sickly and powerless.

Similarly, most of the women express fears of developing particular diseases in later life, especially Alzheimer's Disease and cancer. The women are particularly concerned about the potential impact of these diseases on the

quality of their lives and the lives of their families:

Like not recognising my children or not recognising my grandchildren or not having enough mental capacity to join in a conversation. Like I think that would be horrible. What kind of life is that? I wouldn't want to live like that...Once you've lost your mental faculties, that's not living. You might as well be dead, eh? I think so, anyway. (age 67B)

The horror of the loss of one's mental faculties is a theme that emerges in many of the interviews and half of the women in my study state that they are terrified of developing Alzheimer's Disease or senile dementia:

I mean, the worst I could think of to happen to me would be to lose my buttons. If I couldn't think about something or if I couldn't - if I thought of that, that would be really terrifying. But, you know, I think we all, at my age you lose a lot of your memory in terms of day to day memory and, um, sometimes that becomes the sort of thing that I think, 'Oh, am I doing this more than I did a year ago?' You know? I don't think I am but, um, I don't want to be taken off babbling. (age 78)

Other women indirectly express their fear of dementia and Alzheimer's Disease by describing the concerns of older adults in general:

The biggest concern that I have discovered among quite a lot of people that I have been with is that they'll lose their mind. They're very afraid of senility. They're very much afraid of Alzheimer's Disease...I know that an awful lot of them have that fear. They all have a terrible fear that they will get dementia of one kind or another. And they actually get quite upset when they forget something or do something stupid - which everybody does at any age. You know? But that is their biggest fear. (age 77)

Alzheimer's Disease is so dreaded by some of the women that they state that

they would rather commit suicide than live with the realities of dementia and the resultant loss of independence and quality of life:

When somebody forgets something you say, 'Oh, Alzheimer's!' You know? We used to say, 'Oh, fuzz of the brains.' But now you tend to say 'Alzheimer's.' I think a lot of people do...I mean I can't see why a lot of them as soon as they're diagnosed with Alzheimer's or something else that's terminal, why they don't commit suicide. Well, there's people doing it because I know damn well, I would. (age 81B)

Thus, loss of mental faculties through Alzheimer's Disease and senile dementia are perceived as threats to the individual's humanity and justification for the termination of one's life.

Similarly, fear of developing cancer in the future was expressed by half of the women. Notably, each of the women has had a loved one, friend or acquaintance die of cancer and they are well-versed in the horrors of the treatment and deaths ensuing from this disease. The women make such statements as:

Cancer is another fear that people have. They're more afraid of cancer than they are of heart disease or stroke. Yeah, they're very afraid of cancer. Of course, they've heard so many stories about the affects of the treatments and losing your hair - and I have seen it myself. (age 77)

If I had cancer or if I had a stroke, I would rather be dead, you know, than in some kind of a horrible state. (age 73B)

Therefore, fears of declining health are often expressed in terms of developing specific health problems which may culminate in the loss of mental functioning or in acute physical suffering. Undoubtedly, no one wants to become demented

or develop cancer. However, older adults are more likely to have encountered friends and loved ones who have contracted these diseases and to be poignantly aware of the social, physical and psychological suffering that ensues. Clearly, the broader societal perception of and response to these two illnesses, namely social segregation through nursing homes and intrusive and painful medical intervention through surgery, chemotherapy and radiation, shape how the women in my study experience and interpret the onset of Alzheimer's Disease and cancer.

At the same time, many of the women indicate that they are afraid not of death but of the way they will die:

Well, I guess what I feel about dying is that I've had a pretty good life. I think I have more concern about having a long illness before my death than the actual dying. And I don't know whether other people - I think a lot of people feel like that. After all, if you die quickly of a heart attack, you scarcely know it. (age 78B)

I guess that's something that you worry about your body. Because at my age, you attend a lot of funerals and you see a lot of people ending their days. And you see all the various ways there are of ending your days. And you think, 'Please, you know, please, let it be over in a hurry.' (age 72)

The sentiment that they hope for a quick and painless death is frequently iterated by the women in my study. Similar to the expressions of dread and anxiety over cancer and dementia, these women fear the loss of health as a precursor to a lingering and painful death and make statements such as the following:

But as for the actual dying itself, I'm not concerned about it. I wouldn't want to linger on painfully in a vegetative state or

anything like that. I really hope that I'll be as lucky as my mother was. She had several bouts with her heart and then it - she didn't linger on, you know, in a vegetative state. (age 67)

Thus, many of the women describe the good fortune of some of their deceased friends and loved ones who died the type of death they themselves hope for:

My brother was 83 and he died in his sleep. But he had had different concerns over the years. So I'm hoping that something like that happens to me. I don't want to be sick. I don't want to be in the hospital. I don't want to end up in a nursing home. And if Dr. Kevorkian is still around and gets excused, I'll be one of his patients. I have just - I have seen so much suffering. You know? And then the nursing home [with my husband] - I was so - I just don't want to go that way. I'd rather be hit by truck or something. Have it over with. (age 82B)

Recounting the experiences of friends and loved ones, the women state that they hope that the end of their own lives will be sudden and without suffering. Attending funerals and visiting or taking care of sick friends and loved ones has brought the realities of the potential horrors of dying home to these women. Moreover, the experiences of watching others die painful, traumatic deaths and the grief and anguish experienced by the families involved has served to further strengthen the prioritization of health over physical attractiveness in their value systems.

Many of the women fear the physical and social dependence that may accompany declining health. Indeed, the women express dread over the possible loss of autonomy, mobility or independence that may result from ill health as they make statements such as the following:

I worry more, really, about my health. That I'm able to look after

myself. I've always been so independent and I don't know - like I'm sure everyone, if you live long enough, you get to the point where you need someone to look after you. But that's really abhorrent to me, to think that I'm going to need somebody to take care of me. You know? But I guess it can't be helped but I'm hoping that's way down the line somewhere. (age 67B)

Well, being able to manoeuvre. Go to the bathroom, particularly. I'd hate having anybody having to take care of me on the - I would simply hate it!...If it has to come, it'll have to come but I don't look forward to it. It's a very bad thing to happen to anybody...It's just coming down to the animal level, actually...I'd rather die early than have all these malfunctions. One by one, you know, na, na, na, na. It's horrible. (age 86)

Both of these women are appalled and dismayed by the loss of dignity and humanity that results from having to rely on someone assist them with their basic activities of daily living. The desire amongst the women to remain independent for as long as possible is summarized by one woman who states:

I want to be independent till they put the lid on the box. (age 82B)

Similarly, another woman is willing to struggle on her own despite numerous health problems, limited hearing, eye-sight and mobility and increasing frailty rather than relinquishing her independence. She describes the conflict she is experiencing with her family around her choice of residence:

Well, they seem to - they're very anxious to put you in a nursing home or these residences. Senior residence. People are, your family. Well, they feel that you're looked after then. And, ah, well, I haven't gone because I want to - if I'm alive, I'd like to be active or to participate in life...I'm able to live here but...I am careful because I know there is the possibility of a stroke so I try to be wise in high activities. I don't want to just sit and do nothing or go to a nursing home and just be a sitting resident or depend on people's care.

So I'm trying to find the way to live. (age 90)

Thus, being rendered dependent on others for their activities of daily living is abhorrent, if not terrifying to the women in my study. The women have internalized the societal valuing of autonomy, perceive institutionalized care and in-home support as a threat to their independence, life-style and quality of life and will only consider these options as final resort.

Closely linked to the fear of becoming dependent is the fear of becoming a burden to one's family. Some of the women indicate that they are frightened or anxious about becoming a source of strain to their loved ones as they make such statements as the following:

I'd like to think that if it came to the time that I wouldn't want anybody tied to the - having to look after me. I guess I'm speaking to my children. Definitely don't want to be a burden to my children. Yeah, I don't want them to have any feelings of, 'Oh, we should take care of Mother.' (age 82B)

I think people are apprehensive that they won't be able to be independent more than anything else. People say, 'I don't want anyone to have to look after me. I really don't want to be dependent on my children.' (age 78B)

Having seen friends and loved ones become incapacitated or having experienced the burden of caring for spouses and other family members, the women do not wish their children to have to endure the strain and grief associated with caregiving for sick and dying relatives. Moreover, the women wish to retain their sense of dignity and independence by arranging for caregivers by themselves rather than having to look to their own children for assistance and support.

The prioritization of health over beauty is most powerful and explicit when viewed from the perspective of the potential loss of health and dying. Underlying discussions of the importance of health is a pervasive and ever-present fear of what the future may bring. While all individuals ponder at some point the potential horrors of dying, the proximity of the women in my study to death, both in terms of their own ages as well as the loss of loved ones and friends, makes the awareness of the impact of declining health or the myriad of ways one might die more acute. The realities of death and dying and the losses that accompany the deterioration of one's health serve to make concerns with physical attractiveness seem trivial, if not meaningless, and strengthen the prioritization of health over beauty.

INNER BEAUTY VERSUS OUTER BEAUTY

In addition to asserting the importance of health over beauty, the women in my study maintain that inner beauty is more valuable and meaningful than physical attractiveness:

It's what's inside. It's not what the body looks like. It's what's inside that counts. (age 73)

Furman (1997) reports that her study participants also identify "concomitant positive changes in their inner experience" (p. 102) as they acknowledge the effects of physical aging. Breytspraak (1984) asserts that older adults adjust to changing physical realities "by giving greater priority to other aspects" (p. 109). Similar to health, inner beauty is a theme that frequently emerges as the women

delineate what they consider to be beautiful in a woman and maintain that in their relationships with significant others, they are most aware of inner beauty. The majority of the women suggest that ultimately one's character and personality are more important than one's physical appearance as they define beauty in terms of a personality trait or inner quality. The women argue that inner beauty is what they value most in a woman:

You can have the most beautiful body in the world - if you're a rotten woman, it's going to show on your face...I mean, we all age and we can't hold it back. What difference does it make what we look like anyway. It's what we are inside that matters. (age 69)

Beauty of the soul is a lot more important than anything, I think. I mean, sure you want to look good but if you're not good inside no matter how beautiful you are on the outside, people aren't going to love you. They might love you when they see you but they're not going to love you for long. (age 76B)

Thus, the women suggest that not only is inner beauty more important than physical beauty but also that it is a quality that a woman must possess in order to be beautiful. The women thereby assert that real and lasting beauty is in one's personality, character, behaviour and 'soul'. Moreover, the women contend that they themselves are most concerned with feeling and being beautiful and 'comfortable' on the 'inside':

There are people who are more concerned about how they look but there are people who are more concerned about how they feel. As one woman said to me, 'As long as I am comfortable inside, I don't care what I look like outside.' (age 77)

Inner beauty is identified in a number of different ways by the women in

my study. To begin with, over half of the women specifically contend that beauty is an inner state:

I think the beauty comes from within. (age 80)

Indeed, the women assert that beauty is a reflection of one's personality as they make comments such as the following:

I think what's beautiful in a person is their smile and that's part of their body. But that's the person coming through. Personality and everything coming through in the body per sé. (age 81)

I think you look at a beautiful woman in a way you look at her face and see if it has some expression. And some people have very nice eyes, I think, and nice teeth and I think that makes a lot of difference. And there are people who have lovely complexions and hair. I guess you try to put a lot things together. If you saw someone with all of those things, you'd say, 'Yes, that's a beautiful person.' I think as you grow older, you know, you think more of the person's personality than of their appearance. (age 78B)

While some of the women do suggest that one's physical appearance is part of being attractive, the majority of women focus on the importance of personality. The women maintain that beautiful women have a depth and character to them that is not present in the 'shells' of women exemplified by today's media icons:

I don't look for beautiful women on television because I don't - beautiful women on there are not necessarily what they represent. They're empty...I can't go by that...My daughter is beautiful. Yeah, most of my girlfriends are beautiful. Ah, yeah, my daughter is very beautiful. She's lovely inside. (age 86)

Therefore, a beautiful woman is defined as someone who has an attractive

personality and an admirable character within that is projected onto her face and body. Beautiful women are thereby defined as people who are 'lovely' in terms of their dispositions and temperaments.

Almost half of the women in my study assert that female beauty stems from contentment and inner peace. Equating beauty with the projection of happiness onto one's face and body, the women suggest that exterior beauty is a reflection of fulfilment and serenity within as they make statements such as the following:

I met a few beautiful women in South Africa this summer. I think the ones that show through their face that they're content with themselves. That they are at peace with themselves. (age 72)

This woman identifies beauty in a woman who is serene and at peace despite the political tensions and unfolding discrimination that she is forced to confront in her daily life as well as in her current occupation. Also indicating that serenity is a key component of inner beauty, another woman concedes that structural inequalities resulting in poverty, amongst other things, may render it impossible for a woman to be at peace as she struggles to make ends meet. Thus, a freedom from worry is a prerequisite to the establishment and maintenance of inner beauty:

I've seen beautiful women - and, you know, like Winston Churchill's wife. She was a beautiful woman in her old age. I like older women's...expressions because there's more peace in them and more contentment. You don't very often see - well, if you have financial problems I think you'll see unhappiness in older people's faces - if they're in want or something, that's natural. But if you have nothing to bother you, I think there's more contentment to be experienced in age. (age 92)

While the above woman suggests that one might be most contented in later life, the following woman singles out a young woman's wedding day, a defining moment in her own life, as a instance when she is most beautiful, both inside and out:

If you're happy, you're beautiful, I think. I don't think beauty has anything to do with...what you're blessed with...I really believe that! I think women are beautiful when they're happy. That's why brides always look so great. They're so happy! At least I was. (laughs) And I think most women are when they've found that person that they think is really, really special and they want to start their life together. And I think, in my generation anyway, you, you know, you found somebody that, as I say, had the right chemistry and if they were the type of person that you thought you would like to spend your life with and create a family with, yeah! You were pretty thrilled. I think even today that's the same. (age 69)

Suggesting that happiness is at the root of beauty, this woman contends that the possession of an attractive body does not inevitably endow the individual with inner and outer beauty. Beautiful women not only possess characteristics and personalities that are esteemed and admired, they are women who are contented and at peace. Defining beauty as a state of mind and the achievement of personal serenity in spite of one's life circumstances, the women in my study therefore allow for the possibility that all women might be physically attractive, an idea that sits in an uneasy relationship with their negative evaluations of their own and other older women's bodies. Beauty becomes a personal attribute, rather than a physical attribute, that the majority of the women in my study aspire to develop and maintain.

The equation of beauty with an inner quality is also evident in the women's tendency to define beauty in terms of an individual's eyes and facial

expressions. Deriving from William Blake's 'The Everlasting Gospel' (1818), there is a commonly known adage that says that 'the eyes are the window to the soul'. Similarly, the women in my study maintain that "what's inside...shows on your face - in your eyes - in your smile" (age 81). Indeed, the women's selection of the eyes and facial expressions as indicative of beauty pertains to their identification of an inner quality as a necessary element of physical attractiveness. Some of the women in my study contend that it is mainly through a woman's eyes that we are able to view the beauty of her personality:

It's people's eyes that make them beautiful, don't you think? Their personalities show through. (age 72)

One woman suggests that it is not a woman's clothing and hair style that makes her attractive. Rather, she argues the following:

Sometimes the women are all dressed up - you don't know what's beauty and what isn't. They, you know, get the hair all fixed up and they make up their faces and stuff. But real beauty doesn't need all those things. Real beauty is in the eyes. (age 86)

While some women refer to a woman's eyes as an important aspect of beauty, others indicate that a woman's facial expressions are an important element of physical attractiveness. The women make statements such as the following:

I'm talking about somebody that's well dressed. Has, ah, colour coordinated. Looks classy. Well groomed and a nice face. Like, a kind of a happy face. Like if anybody looks really (she makes a grumpy face), they don't appeal to me too much. I think that's the way I'd describe a beautiful woman. (age 82B)

I think I was telling you about my friend who is 82 and she has a lot

of wrinkles and lines in her face. No, if I - if she was that age and I was in, say, in my thirties, I would just think, 'Well, she's a nice lady. A nice, old, wrinkled lady.' But I look at her now and she smiles and I think she's gorgeous because she's such a nice - not just a nice person inside but her whole face changes when she smiles...It's just like somebody turned the sunshine on - do you know what I mean? - when she smiles. And I think she's beautiful. (age 67B)

Both of the above women agree that beautiful women smile, exude happiness and convey warmth. Thus, beautiful women are defined as having attractive personalities and states of mind which are made visible in their eyes and facial expressions. The eyes in particular become an important vehicle through which the inner beauty of an individual is viewed and conveyed. Interestingly, the emphasis on a woman's smile and facial expression may serve to underscore her lack of social power. Citing the research of Andrew (1965), Goldenthal, Johnston and Kraut (1981) and Rowell (1966), Hecht and LaFrance (1998) state that the "ethological literature argues that smiling, similar to the silent bared-teeth grin of primates, act[s] as an appeasement or deference gesture" (p. 1333). Discussing the results of their own research, Hecht and LaFrance (1998) report that "social power affects the propensity to smile" (p. 1339) such that there is "license given to high-power people to smile when they are so inclined [while, in contrast, there is an]...obligation for low-power people to smile regardless of how positive they feel" (p. 1332).

Still other women point to specific qualities that a woman might possess as indicative of beauty. Suggesting that warmth, softness and a nurturing personality are important characteristics of an attractive woman, some of the women define female beauty in terms of stereotypically feminine qualities as opposed to the redefined femininity that emerged out of the feminist movement

in the 1960's (Seid, 1989; Bordo, 1993) that was discussed in Chapter Two.

The following statements are not uncommon:

I think I could say my daughter is a beautiful woman. But it's much more than the fact that she's attractive to look at. She really is a caring person...She cares about people. She cares about her work. She cares about, you know, everything around her. But she also cares for herself. (age 67)

A soft person. A caring person. A person who is very serene. You know? You'll look at a lot of women and you'll think, 'My goodness, she looks happy! She looks so contented with things!' And I think a lot of that is that they're happy with life. And that makes for a *very* (emphasis) attractive person. (age 76)

Consequently, attractive women are feminine women who provide care and nurturing and/or who are soft, gentle and warm in nature. Physical beauty becomes indistinguishable from the feminine gender role as stereotypically feminine qualities are esteemed and thought to be projected in a beautiful woman's face and actions. The association between femininity, stereotypically female characteristics and physical attractiveness serves to reinforce the situating of "women's social value...[in] their bodies" (Brown and Jasper, 1993, p. 18) and reflects the traditional reproductive and domestic roles to which older women have tended to be socialized. My findings are congruent with those of Cash et al (1997) who assert that women who internalize traditional norms about gender relations and gender role stereotypes will also tend to conform to traditional standards of female beauty and behaviour.

Similar to the identification of feminine qualities as indicative of personal attractiveness, some of the women in my study maintain that female beauty is in a woman's behaviour and accomplishments. Although it has been pointed out

in Chapter Two that men are valued in terms of their accomplishments and women in terms of their appearances (Siever, 1994; Franzoi, 1995), the accomplishments that the women identify as a source of female attractiveness are related to stereotypically feminine behaviours and roles. The women make statements such as the following:

I wouldn't judge beauty in a woman by her body shape. It would be by her accomplishments and her personality. (age 81)

The obsession with being young and perfect complexions and everything - I think a face of a life well lived is just as pretty. I think it's in the eyes and the attitudes. And people who care about people and have people care about them - I think that becomes important. (age 72)

The first woman listed above goes on to describe a list of accomplishments such as being a mother and a volunteer as things she values most in other women. Thus, both the first woman and the second woman suggest that female beauty is found in caring and nurturing behaviour. Asserting that beauty is defined in terms of actions and roles rather than physical appearance, the women maintain that beauty is an important quality that mediates interactions between individuals and is the product of an individual's character and behaviour. The women thereby link personality, behaviour and attractiveness and give a depth to the definition of female beauty which is lacking in more physically-based definitions of feminine attractiveness.

In summary, the women in my study suggest that inner beauty is more important and more attractive than physical beauty. The women define inner beauty in terms of personality, serenity, feminine qualities and roles and accomplishments. The women suggest that the possession of attractive inner

qualities is reflected in the eyes and facial expressions of beautiful women. Failure to possess these necessary inner qualities negates the possibility that a woman might be deemed attractive and/or renders an attractive woman shallow and empty. Thus, the women suggest that over their life-times they have come to value character and behaviour over the fleeting attractiveness associated with youthful bodies.

INNER BEAUTY AND HEALTH COMPLAINERS

Interestingly, some women make a connection between inner beauty and health complaining as they assert that unattractive individuals dwell on their problems and project an unhappy, bitter or self-pitying attitude in their facial expressions and behaviours:

I can't sit with people who, who are - who give me bad vibes and they're the ones who sit and complain all the time or they whine all the time. They're not - it shows on their face. (age 86)

Identifying health complainers by the expressions on their faces, this woman indicates that those individuals who grumble about their health problems, amongst other things, are people she actively strives to avoid. A number of the women directly state that individuals who complain about the physical effects of aging are also physically unattractive:

I think that when you reach a certain age, the thing to be aware of is to smile more and, you know, not let your face scrunch up into kind of an irritated, crabby- (doesn't finish her sentence). But, of course, a lot of that has to do with the state of your health. If you're

healthy and you feel well - and I guess if you're in pain, it's not as easy to smile. But I think that would be my big thing looking to my appearance in the future is just to be careful and not get those grouchy lines. (age 67)

Allowing for the difficulty of being cheerful in the face of health problems, this woman asserts the importance of smiling and projecting a pleasant and happy disposition, particularly as one gets older. The above woman is actively striving to ward off 'grouchy lines' in her face, preferring smile lines instead. The following woman also underscores the importance of maintaining a cheerful and optimistic perspective despite the realities of health problems:

I've met women that I consider beautiful that I don't think other people would. Like, I think my friend is beautiful and yet she's 82 this year. She has white hair and she has a lot of wrinkles in her face. But when she smiles, I think she's gorgeous! I do. She has a nice personality and she has a very positive outlook. Like, she's not always complaining about her aches and pains although I know she has them. And, to me, she's much more beautiful than somebody who's 25 that looks like Julia Roberts and is always bitching about something. (age 67B)

Contrasting a younger woman who complains incessantly with her friend who is buoyant even as she has to deal with increasing physical limitations, the above woman defines beauty in terms of one's personality and outlook on life. Thus, not only do the women in my study denigrate older adults who dwell on their deteriorating health, but they also use those people who complain about their health as examples of women who lack inner beauty and therefore lack attractiveness in general.

I would suggest that those women who identify inner contentment and peace as attractive are indirectly subscribing to the notion that complaining

about one's health is unattractive and undesirable. Indeed, it is apparent that acceptance of the inevitability of aging and the expression of gratitude for what health remains are qualities that are valued by the older adults in my study. Defining acceptance, serenity and pragmatism as qualities of inner beauty, the women maintain that these attributes are reflected in the behaviours, eyes, facial expressions and attitudes of beautiful women. Conversely, bitterness, discontentment and peevishness are defined as unattractive inner qualities which show in the actions, expressions and eyes of women who have inner ugliness, although the women do not use this term, rather than inner beauty. The message that one must stifle complaints and keep up appearances is strongly conveyed in the disparaging of health complainers. The emphasis on projecting a sunny disposition rather than verbalizing the health realities of aging acts as a form of internalized oppression whereby the women are strongly encouraged to emphasize the positive facets and downplay the negative aspects of later life.

INNER BEAUTY AND VANITY

In addition to contrasting those who have inner beauty with health complainers, many of the women in my study juxtapose an emphasis on inner beauty with vanity. Suggesting that women who pay significant attention to their appearances are vain, the women contend that character is what is most important in an individual. Therefore, similar to a heterosexual man's perspective on the body (Siever, 1994; Franzoi, 1995), the women in my study maintain that the body is a tool that is to be taken care of rather than criticized or fawned over:

**Well, don't you look at your body as a functioning, useful thing?
It's not something to be worshipped or something to be adorned.
It's something to be taken care of. (age 81)**

Women who place too much emphasis on the appearance of the body as a source of aesthetic attention or pleasure are strongly criticized. Moreover, the following woman suggests that very few women in later life are concerned with their physical appearances:

I really don't think that most seniors are that concerned about their physical [appearances] - they want to look as good as they can. But I don't think they're sitting around worrying about getting a line or two on their face. I really don't think that's happening. Maybe it is for a few that are really terribly vain. I don't think the majority of the women I know are like that. They're too much into living. And just real happy that we're still here and able to do everything. You know? You aren't sitting around... worrying about things like that. I think it's kind of sick when people do. I don't know. There's more to life than sitting around worrying about whether you're getting a few more wrinkles. At least for me, there is. (age 69)

Expressing great concern over her weight and discussing her numerous health problems at length, the above woman nevertheless rejects older adults who emphasize appearance over physical function as 'terribly vain'. Indeed, the message that vanity is objectionable and that older women must learn to accept their bodies for what they are is not uncommon:

This is the way God made me and I like it. But a lot of people, women particularly, are very vain and they're continually finding fault with themselves. They're not satisfied. (age 76)

Thus, the women repudiate an appearance orientation and label those women who focus on beauty as shallow, narcissistic and conceited.

Similarly, some of the women in my study suggest that the current focus on appearance is evidence of a 'cohort effect' (Bengtson et al, 1985), although the women do not use this term, whereby the younger generations are placing an increasing amount of value on physical appearance, despite the norms of healthy living and health promotion, and are tending to exhibit vain qualities. In other words, each generation exhibits different "attitudes and behaviors reflecting social experiences during adolescence or early adult socialization" (Bengtson et al, 1985, p. 307). In contrast, many of the women in my study indicate that they were taught by their parents to value character and cleanliness. Being 'clean and presentable' as an important aspect of physical and personal attractiveness is a theme that emerges in most of the interviews. The values with which these women were raised and which they continue to deem important are summarized by the following two women:

My only concern is that when I go out, I look neat and clean and presentable. (age 82).

And I remember my mother saying, 'Oh, well. As long as you're clean and presentable.' I think of that expression every time I look in the mirror. (age 67B)

Rather than being an accepted part of the female social role, the women contend that they were socialized to view significant attention and energy given to 'making oneself beautiful' as a form of self-indulgence, snobbery, arrogance and superficiality which was not to be tolerated, encouraged or socially rewarded:

You never considered yourself really. If you thought you were

pretty, you got slapped down pretty fast for that. (age 67)

You weren't to spoil kids or to give them false vanities. So, we didn't talk about things like [appearances]. (age 78)

I think there might have been a feeling that if you told people that they looked nice or they were pretty or if you complimented them that they would, they'd begin to think too much of themselves. They'd get too proud. What we used to call a swelled head. I think that is what parents feared in those days. (age 73B)

Thus, many of the women state that their parents believed that complimenting children on their appearances or emphasizing physical attractiveness would cause their children to become conceited. The women assert their difference from the younger generations and suggest that the current 'obsession' with physical appearance is a more recent social development. Unlike their younger counterparts, the women argue that they were socialized to value inner beauty over external beauty and that they continue to hold these less 'shallow' and vain principles which were imparted to them by their parents. Moreover, the women contend that they have become increasingly concerned with inner beauty as opposed to outer beauty over the course of their life-times. While the women may have held the value all their lives, inner beauty has become increasingly important to and valued by them as they age.

CONCLUSION

In this chapter, I have explored how the women in my study suggest that health and inner beauty have become more important to them than physical attractiveness. Rather than holding negative views about themselves and their lives as a result of their perceived loss of physical attractiveness according to

cultural standards of beauty, the women in my study seem to lead happy and contented lives. The negativity they express towards their bodies does not translate into overwhelming depression and despair. Instead, the women assert that their values and priorities have changed over time as they have discovered that health and inner beauty are what are most important to them in life. Although the women do not use the term, they suggest that there is a 'maturation effect' (Bengtson et al, 1985) in terms of how older women prioritize health, inner beauty and external beauty.

Constituting an important topic in all of my interviews, health is an issue that permeates and shapes the lives of the women in my study. Experiencing numerous chronic and debilitating illnesses, the women are faced with the reality of ever-increasing health problems. Just as they describe the energy and stamina of their younger days, the women indicate that health was something they took for granted in their youth. As health problems have emerged and multiplied, the women have altered their priorities such that attention to beauty has come to be deemed trivial and shallow. Rather than the focus of their dissatisfaction with their bodies being the loss of perceived attractiveness, the women's displeasure and anxiety stems from the increasing loss of health and functional abilities. While the women acknowledge that they, too, were concerned with physical attractiveness when they were younger and seeking to find partners or make their way in the work world, they now suggest that 'real' happiness is found in meaningful relationships with others and in being able to appreciate the world around them. Clearly, independence and health are necessary for the women to remain active in their relationships and activities and the women themselves are very much aware of the precariousness of their lives due to their health and the potential changes the

future may bring.

Linking their own focus on health to broader societal changes, or a 'period effect' (Bengtson et al, 1985), and constantly made aware of the delicacy of their own health statuses as they watch those around them become victims to illness and disease, the women express a sense of gratitude for their own good fortune in terms of their current levels of health. With the increasing incidence of illness and loss of physical abilities, there is an ever present threat of being labelled a functional 'failure' within the context of a society that devalues frailty, dependence and old age. The reference to fate and luck as the source of their own good health underscores their feelings, as well as the reality, of having little control over the effects of their advancing age. However, the attributing of their good health to luck or fate sits in an uneasy relationship with the notion that individuals can control their bodies. Increasingly, a medical discourse is used to describe the need for individuals, particularly older adults, to be slim and fit and few of the women acknowledge or seem to be aware of the naturalness of gaining weight in later life. While the women express many fears about aging, becoming sick and dying, they also espouse the belief that health is the responsibility of the individual. It is difficult to reconcile the inevitability of aging and decline and the assumption that we can command or influence our bodies' weights, sizes, shapes and levels of health. Undoubtedly, the need to accept aging and declining health and the norm that we must fight the aging process with diet, exercise, beauty aids and healthy lifestyles exist in a conflictual relationship. Moreover, the implications of the mixed messages in relation to the realities of aging are ageist and devaluing of the experiences of older adults. Loss of health signifies loss of attractiveness and becomes not only devastating on a personal level, but also results in devaluation, exclusion

and ageism in our appearance-oriented culture. It is interesting to note, therefore, that although the majority of the women in my study have numerous health problems, they perceive themselves as being fairly healthy. Perhaps the acknowledgement of the loss of health threatens the women's sense of personal attractiveness and transgresses the norms that aging must be fought at all costs and that health complaining is not acceptable.

Even as health is a dominant theme in many of the lives of older adults, the women in my study tend to reject and denigrate individuals who complain about their health problems. Moreover, complaining about health issues is thought to be indicative of a lack of inner beauty and to render the offending individual less attractive. Given that many of the women suggest that in order to be beautiful one needs to be healthy and that complaining about health problems is unattractive, there is a potent message that one should deny health losses and project a happy, seemingly healthy exterior. There is a strong norm regarding the unacceptability of complaining about health issues that makes it difficult for older women to discuss their health with each other and to be sympathetic and supportive with one another. As well, the unspoken demand to keep up appearances and dissemble and cover the realities of aging acts as a powerful form of internalized oppression which renders women silent regarding the lived experiences of declining levels of health. Thus, older women seem relatively isolated as they strive to negotiate the losses and physical deterioration that accompany the aging process.

At the same time, the women tend to suggest that a focus on beauty is an indicator of vanity, a character trait that is to be disparaged and discouraged in women. In contrast, the women contend that ultimately one's character, state of mind and personality, or inner beauty, are more important and more meaningful

than one's physical appearance. Arguing that a woman cannot be attractive if she lacks inner beauty, the women in my study contend that it is through a woman's eyes and facial expressions that her inner qualities are made known. The emphasis on a woman's smile and facial expressions as indicators of beauty may reinforce the fact that she lacks social power. Similarly, many of the women in my study seem to have internalized traditional attitudes and standards regarding gender relations and gender roles as they equate femininity with female beauty. They maintain that women who are soft, nurturing and caring are attractive and they equate serenity and contentment with physical, and inner, beauty. In contrast, those women who are discontented, irritable and bitter, are thought to have inner ugliness, a term not actually employed by the women in my study, which is reflected in their unattractive faces and bodies.

While an emphasis on health and inner beauty may correspond with the decline in later life of 'body image investment' (Muth and Cash, 1997), it is apparent that the women's appearances are of less importance to their sense of well-being than are their assessments of their health statuses and personal characteristics. The women contend that the body is a tool that is to be taken care of rather than criticized or fawned over. The increased emphasis on health and inner states of being may signify the maturity and wisdom acquired by the women over their life-times and a reorganization of their priorities. As well, the prioritization of health and inner beauty over physical attractiveness may be another means of negotiating and managing the 'discrediting' and 'discreditable' stigma (Goffman, 1963) of old age and aged bodies. In any case, the suggestion that health and inner beauty are to be valued over physical attractiveness stands in a hopeful opposition to our materialistic, appearance

and youth-oriented culture. In the face of increasing rates of eating disorders and the growing tendency for younger women to exhibit negative body image, perhaps the experiences of older women offer a meaningful and promising alternative. Rather than continuing to focus on their bodies as objects and as a means of attracting men, younger women may come to value their health and functional abilities through the examples of their older counterparts. Learning to emphasize the 'body-as-process' (Franzoi, 1995) rather than the 'body-as-object' (Franzoi, 1995) may enhance the body images of women of all ages as well increasing women's sense of self-efficacy, independence and self-worth.

CHAPTER SIX

THE AGED BODY AND IDENTITY: THE MASK OF LATER LIFE

This chapter will explore the uneasy relationship between identity and the aged body, both in terms of appearance and function and within a social context that devalues old women. Identity is a topic that has been theorized about and analyzed in great depth from the symbolic interactionist perspective. Similarly, feminist theory offers important insights into the nature of identity by examining how the individual's sense of self is dominated and oppressed by structured conflicts and power relations. Within symbolic interactionism, the body has been conceptualized as a mask which holds and hides the individual's distinctive spark of identity. Symbolic interactionism maintains that the individual has a coherent and unified identity that remains largely constant over the life-course. In contrast, feminist theorists contend that given the realities of power, inequality, conflict and struggle, it is difficult, if not impossible, for the individual to establish and maintain a 'unified self' (Stewart, 1994). Thus, there is a tension between the symbolic interactionist and feminist conceptualizations of identity. Nevertheless, I argue that much can be gained from situating a symbolic interactionist interpretation of the relationship between identity and the body within the broader scope provided by a feminist analysis of issues of power and conflict. Therefore, this chapter incorporates insights from feminist theory and the analysis of systemic ageism into a predominantly symbolic interactionist exploration of the relationship between the aged body and identity.

While many theorists assert that there is a mutually influential relationship between identity and the body, there has been little research on the experiences of individuals in later life. Indeed, despite the fact that there are numerous studies on identity in both gerontology and sociology, to date no one has explored the impact of the changes in the body in later life on an older adult's sense of self. Questions remain as to how an older woman's changing physical appearance and function affect her sense of identity. Examining the concept of age identity, the body as mask, felt identity (Goffman, 1963) versus chronological age and the impact of ageism on identity, this chapter will investigate the unique experiences of older women as they age and the ways in which they negotiate the changes in their physical realities relative to their perceptions of their selves or identities.

THE MIND/BODY DICHOTOMY

Much has been written about the nature of identity or self. As Breyspraak (1984), Chrisler and Ghiz (1993), Fallon (1990) and Rodin (1992) assert, the body and an individual's sense of identity are intimately and intricately related. Not only is identity physically situated but it is also shaped and influenced by the capabilities, limitations, substance and activities of the body. Mead (1934) argues that the body, or 'biologic individual', and the self, or the 'socially self-conscious individual', are mutually influential such that one's sense of identity is constantly emerging relative to the changes in one's body. Shilling (1993) states that "the body has historically been something of an absent presence in sociology" (p. 9). Moreover, Shilling (1993) suggests that, "[h]aving been influenced profoundly by Cartesian thought, sociology has

followed a longstanding tradition in philosophy by accepting a mind/body dichotomy and focusing on the mind as that which defines humans as social beings" (pp. 8-9). Scheper-Hughes and Lock (1987) contend that the 'Cartesian legacy' has resulted in an assumption of "a fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal" (p. 8) within existing Western thought and research. Kirmayer (1992) further argues that the Cartesian perspective has led to "a pervasive dualism in which the activity of the mind is valued over and against the life of the body" (p. 323).

Featherstone and Hepworth (1991) provide some important insights into the relationship between an individual's physical reality and his or her sense of identity. Using the metaphor of the 'mask of ageing', Featherstone and Hepworth (1991) assert that there is a discrepancy 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" (p. 382).

Harper (1997) states the following:

Changing physical appearance is more than a physical mask, it is the whole construction that we have placed on the chronological age of the body. It is construction/symbol/experience, the ongoing tension between the body as constructed and the body as experienced, the body as an inscribed exterior and the body as a lived interior. (p. 161)

Thus, there is a tension between body image and embodied experience that is socially situated and that changes over the life course. The older we get, the more likely we are to experience the tension, if not disparity, between our bodies and our sense of identity.

The distinction between the self and the body is one that the women in my study are quick to make. Indeed, the tension between their sense of identity and their physical realities is expressed by the majority of the women as they state that they do not feel their chronological ages. Some women argue that chronological age and felt age are never synonymous, regardless of how old one is in lived years. Indeed, some women assert that they feel like they did when they were teenagers:

Nobody ever feels their age on the inside. I've never known anybody that felt old. I had an aunt who stayed with me for a while...and she said to me one time, 'You know? I don't feel any different than I did when I was 17.' (age 77)

Most of the women in my study assert that they do not feel 'old'. At the same time, some women acknowledge that their bodies have aged, indicate that they do not feel 'old' but assert that they have aged on the inside as well as on the outside over time:

I don't feel as old as I am. I don't feel 82 or 79 plus two or three or whatever it is...No, I don't feel that old, but I am older...my body's getting older. (age 82B)

Oh, I was always 32 for years. Now I've aged a bit more. I'm about 50, I guess, now. (age 71)

Similar to the previous quotation, these two women maintain that there is a discrepancy between their chronological and felt ages. Nevertheless, they suggest that, like their physical bodies, their felt age is also aging. Moreover, they associate an adult age, rather than a teenage year, to their felt ages. In contrast, a few women suggest that they are growing younger on the inside over

the course of their lifetimes:

I feel younger on the inside all the time...I mean, when you say 73, you think that's really old but as you grow old - like, when you're 20 you think 40 is old and when you're 40 you think 60 is old but when you're 60 and 70 sometimes you don't feel any older in your mind but in your body you do. But in your mind you don't feel hardly any older. (age 73)

Commenting on the changing perceptions of ages, both in terms of chronological and felt ages, this woman contends that there is an incongruity between the age one feels in one's body and the age one feels in one's mind and directly expresses the Cartesian interpretation of the relationship between the body and the self.

In summary, the women in my study distinguish between their 'inside' selves, or their identities, and their 'outside selves', or their bodies, as they assert that their physical appearances are not representative of their felt identities or age identities. My findings are congruent with those of Furman (1997) who reports that "[w]hether a woman thinks she looks her age or not, she tends to *feel* younger than her chronological age" (p. 105) (italics in original) such that her felt identity (Goffman, 1963) or 'inside' self is incongruous with her chronological or physical age. Furstenberg (1989) notes that "many people in their later years do not consider themselves old" (p. 268) and Kaufman (1986) reports that age is not a defining attribute in terms of how individuals view themselves in later life. Cremin (1992) states that the older adults in her ethnographic research make "a clear distinction between *being old* and *feeling old*" (p. 1305) (italics in original). Cremin (1992) asserts that none of the older adults in her study, "who ranged in age from 69 to 86, identified themselves as

old even though each of them identified occasions when they felt old" (p. 1308). Clearly, distinguishing between chronological age and the age one feels is indicative of a tension between the body and identity which becomes augmented in later life.

THE NATURE OF THE 'INSIDE' SELF

The notion of an 'inside self' is similar to Strauss's (1959) concept of the 'essential self'. In contrast to the feminist assertion that it is challenging, if not unattainable, to have a 'unified self' (Stewart, 1994), Strauss (1959) argues that the 'essential self' is the "core of personality" (p. 91) which "is laid down early in life...[such that] later changes are variants, although complicated ones, on the initial personality organization" (p. 91). Strauss (1959) goes on to assert the following:

Some transformations of identity and perspective are planned, or at least fostered, by institutional representatives; others happen despite, rather than because of, such regulated anticipation; and yet other transformations take place outside the orbits of the more visible social structure (p. 92).

While Strauss does not explore or acknowledge the impact of power differentials, he does concede that there is an emergence and ongoing redefinition of identity over the life course even as the individual's sense of self is said to remain largely fixed from late adolescence into old age. While the body may continue to change and evolve, the person within tends to remain constant. Thus, there is a consistent and unified sense of self in contrast to varying, potentially conflicting and emerging identities. Strauss (1959),

therefore, allows for the dichotomy of the body and the self whereby the 'essential self' is masked by the body and the socially presented self or identities. I would argue that the consistent or unified self is a construction that enables the individual to retain a sense of continuity over the life course and is not necessarily in conflict with a feminist interpretation of the self.

The differentiation between the 'inside' self and the 'outside' self is reminiscent of the distinction that the women make between their physical appearances and their inner beauty. Indeed, the tension between the 'inside' and the 'outside' of the body is a theme that continually emerges in the interviews. Some of the women make direct statements about their appearances being unreflective of their inner selves in the same way as they differentiate between their aging exteriors and their characters and sense of inner beauty as they make statements such as the following:

I don't really think about my body much. I know it's there but, um, I'm still me inside. You see, the outside is sort of a shell or whatever you think. And I'm sorry that some people have to look at me sometimes...I know some people would look at me and think, 'Oh, well, that's an old lady walking her dog.' Or something like this. But that isn't me really. I always have that idea that I'm still inside. I'm me inside. And I've always been me and I'm still me inside. Doesn't matter what the outside looks like or crazy actions I might have on the outside. That isn't really me - that's me inside. And unless it's an old friend, you don't really know that person because you're only seeing the shell on the outside.
(age 71)

Referring to her body as a 'shell' and her sense of self as 'me', this woman sets up a dichotomy between her perceived identity and her physical self or appearance. Moreover, the woman has internalized the devaluation of older women in our youth and beauty oriented society as she disparages her

appearance and perceived identity as 'an old lady'. The woman distances herself from her aged appearance as she argues that who she is on the inside is different from who she appears to be. The distinction between one's identity and one's body is made even more clear in the following example:

I don't think we are necessarily just what our bodies are because look at the people who are terribly ill and who are encased in bodies that are, you know, people with, diseases like, people who are paralysed and they can only speak and they go on being who they are. Their personalities are there even though they can't move but it isn't who they are. It's inside who they are. I think that's why when you're older sometimes you still feel young. You still feel young. You still feel like you did when you were - you are surprised at how you look because you don't feel like that. You feel quite young and I don't know that young is the word but you feel vibrant. You feel alive and it has nothing to do with what your body is saying. (age 78)

Through the example of individuals who are trapped in their bodies by virtue of disease or paralysis, the above woman argues that one's true self, personality and identity are found on the 'inside' of the person and not in their appearance or physical shell, which may even contradict the individual's felt identity. Therefore, the women assert that there is a dichotomy between the body and the self both in their statements about felt identity and in their reflections on their appearances and their loss of youthfulness. Referring to their bodies as 'shells', 'casings', and 'containers', the women suggest that their bodies are mere receptacles for their true selves which are hidden and maintained 'inside'. My findings are similar to those of Furman (1997) who reports that for many of the women at the beauty shop "age is not a problem because evidently...[their] true age doesn't 'show'" (p. 105). The women Furman (1997) interviewed distinguish between their 'true ages' or true selves which are hidden in and

distinct from their bodies. For example, Clara rejects the photograph of herself as "an old lady" as she states, "It isn't me" (p. 105). Furman (1997) argues that Clara thereby

creates a dichotomy between her body and her self. Her real self is internally situated, and must in some profound way be private, visually inaccessible to the world; she negates the body she presents to the world by saying, 'It isn't me.' (pp. 105-106).

Likewise, the women in my study insist that their bodies are not 'them' and that their identities are contained within their physical shells.

APPEARANCE AND FELT IDENTITY: THE CASE OF FLORENCE

The relationship between felt identity and appearance is a complex and conflictual one that is shaped and constrained by sexism and ageism. In order to examine this relationship more fully, it is helpful to explore the words and meanings that one of the women in my sample, who will be known as Florence, attributes to her experiences of aging. Florence pays a great deal of attention to her appearance as she sports stylish clothing, salon dyed and coiffed hair, artfully applied makeup and carefully groomed and painted fingernails. A woman who has been single for many years and has a high school diploma that she received later in life, Florence is independent and outgoing and refers to herself as a feminist. She comments on the ways in which ageist assumptions regarding physical appearance impact on her sense of identity and well-being as she states:

Like if you go into a store, um, I don't know how to put it into words. But, like the sales' girl kind of looks at you as if - like, say at the store - like Smart Set - they cater to young people. Well, I don't think it even occurs to them that I might be looking for something for a young girl. It's like, 'What is she doing in here?' Do you know what I mean? I don't think it even occurs to them that I could be buying a gift for somebody who's 16 years old. Like, they just get that look as if, 'Oh!' You know? 'What's she-?' And yet I'm still Florence inside. But to the outside world, I'm an older lady. (age 67B)

Whereas Florence feels young on the inside, her appearance contradicts her felt identity. Moreover, Florence suggests that her appearance is at the basis of the ageist treatment she receives from members of the younger generations. Florence asserts that she strives to appear younger than her chronological age in order to avoid ageist treatment at the hands of younger individuals. There is an undeniable sense of frustration in her voice as she describes her desire for younger people to recognize her true self that is disguised by her aging body. Florence indicates that her physical casing masks her true identity and contradicts her felt identity.

On another occasion, Florence more directly expresses her sense of frustration and injustice over existing assumptions and assessments of older women's bodies as she asserts the following:

I had a discussion with my daughter-in law one time...My daughter-in-law and my son were working and they moved and my grandson had to go to a different school. This was when he was going to elementary school and he was really nervous about going to this new school by himself. So I said, 'Well, I'll take him the first couple days till he gets used to things.' So I met his teachers and then my grandson said to me a couple of days later, 'My teacher asked me how old you were and I told her you were 60 and she wouldn't believe me.' And...so I had this discussion with my daughter-in-law and I said, 'What is it about women

especially that if they look young that's great?' Like you could take two women who are 65 and one has got grey hair and wrinkles and the other one hasn't got. Like they're both the same age and they both feel 65 so, like what's the big deal about looking younger? It's no guarantee that you're going to live longer, is it? (age 67B)

Clearly, Florence is confronted by a painful dilemma. While on the one hand she works hard at maintaining a youthful appearance, on the other hand she questions why this is important to her and to those around her. Florence reflects on her changing appearance and the impact of aging on her sense of self:

I said to my son one time, he asked me about growing older and how I felt and I said, 'Well, in a way it's nice because when I was younger I was quite attractive and men would whistle and I would be quite complimented that men whistled at me whereas now I would not be complimented. But in those days you were. You'd think, 'Oh, boy. They think I'm nice.'" 'But', I said, 'Now that I'm older I've become anonymous.' Like I can go anywhere and nobody even looks at me. Like once you get past a certain age it's like you're not there any more. You know? You're - you've become invisible.

Whereas she indicates that she does not miss certain styles of male attention, Florence expresses a sense of pain and loss over having become invisible in an age-oriented society. Interestingly, Florence states that she wishes that she had the nerve to not dye her hair and asks me to stay in touch with her so that she can some day send me a photograph of herself with her natural grey hair. Although Florence suggests that she feels 16 on the inside and endeavours to maintain a youthful appearance, she has the sense that she is being inauthentic by looking younger than her chronological years. At the same, by becoming more 'natural', Florence may risk complete anonymity in our appearance- and

youth-conscious society. Moreover, Florence may make herself vulnerable to further discrimination and disadvantage by becoming authentic in a cultural context that devalues older women. Once again, it becomes apparent that the relationship between the body and identity is emotionally charged, conflictual and full of painful and bewildering tensions. The oppressive social forces that equate beauty and social currency with youthfulness and deny older women access to power and resources serve to create a difficult and distressing conflict within the individual and her daily life as she struggles with the lived realities of aging and the sexist and ageist meanings and interpretations attributed to her body and her value in today's society.

Moreover, the example of Florence makes poignantly visible the difficulties of maintaining a 'unified self' (Stewart, 1994) in the face of the realities of gendered ageism and the ambivalence that older women experience regarding the relationship between their identities and their physical appearances. Rather than simply constructing and maintaining a coherent or unified sense self through interaction on the micro-level, Florence's identity is shaped and constrained by the broader social context and power differentials that devalue older women and older women's bodies. Thus, a feminist explication of identity illuminates the lived realities of older women and the ways in which they experience and negotiate the painful conflicts between their appearances and their felt identities within a gendered and ageist social context.

THE BODY AS MASK

The reference to the body as a casing which covers the true self or

identity of the individual is similar, in some respects, to Gubrium's (1986) research on individuals suffering from Alzheimer's Disease and senile dementia.¹ Suggesting that "it is not clear whether the organic and behavioral markers of senility are features of a disease or of aging" (p. xi), Gubrium (1986) states that

the disease transforms the victim from someone intimately known into a virtual stranger...The victim becomes a stranger because the person once known is said to change gradually, sometimes dramatically, into the 'mere shell' of what he or she was (p. 40) (italics in original).

Gubrium (1986) points out that Alzheimer's Disease has been socially constructed such that the disease is distinguished from the person that is hidden within the diseased and failing body. Gubrium (1986) asserts that "the person behind the disease is its unwitting victim. As a diseased person, he shoulders its burdens, as do others" (p. 93). Conceiving of Alzheimer's Disease as "an enemy" (p. 99) that is to be enthusiastically and persistently fought against and resisted by all those concerned, Gubrium (1986) goes on to state the following:

The Alzheimer's victim is often described as the 'shell' of his former self, its content vanished. A living death is the disease's personal tribulation, something as seemingly mysterious as the disease itself. Yet the sense of living death is eclipsed as the public culture takes up the 'human side' of the Alzheimer's disease experience. While the victim becomes the mere shell of someone once known, his 'basic humanity' has not ceased to exist, pitifully awaiting solicitation and solace somewhere behind the disease. Thus, as is so often repeated, it is up to those concerned to spoil death's work and to see the victim for what he was, and still is, for someone (p. 127).

In other words, the body and identity, or self, are separate such that the former masks, traps and betrays the latter. Unlike Strauss's (1959) concept of the mask with which individuals voluntarily hide their 'real' selves by concealing, suppressing or manipulating their "identifying signs of status" (Glaser and Strauss, 1967, p. 83) in order to protect themselves, Gubrium (1986) suggests that individuals with Alzheimer's Disease are forcibly masked. Nevertheless, both Strauss (1959) and Gubrium (1986) argue that beneath the masks, whether they be socially constructed and presented or forcibly assigned through physical aging, is a true self, distinct from what others perceive in the behaviour and body of the individual. Clearly, the parallels between Gubrium's (1986) discussion of Alzheimer's Disease and the ways in which the women in my study distinguish between their physical exteriors and their true selves as well as the way they speak about the inevitability of aging and the loss of physical attractiveness, as discussed in Chapter Five, are both poignant and compelling. The women assert that aging involves an inevitable, undesirable and uncontrollable status passage (Glaser and Strauss, 1971) in which the true self becomes less visible in the aged shell of the body. As discussed in Chapter Four as well as later on in this chapter, the women therefore experience their reflected images as a source of shock, dismay and disappointment as they see that their true selves become progressively more hidden in their aged bodies over time. In other words, the masks of their bodies become stronger and more impenetrable over the life course. Although the women view the physical changes that accompany aging as natural and inevitable, their dissatisfaction with the appearance and function of their bodies may be related to their sense of their true selves being masked by and hidden inside their bodies.

CONTINUITY OF THE 'INSIDE' SELF

At the same time, the women suggest that their inner selves, in contrast to their physical exteriors, are relatively stable and unchanging. Kaufman (1986) reports that "when old people talk about themselves, they express a sense of self that is ageless - an identity that maintains continuity despite the physical and social changes that come with old age" (p. 7). Suggesting that identity is perpetually emerging, Kaufman (1986) asserts that aging involves "a continual creation of the self" (p. 151). However, Kaufman (1986) argues that "while dealing with the physical and mental manifestations of old age, old people also maintain an ageless sense of self that transcends change by providing continuity and meaning" (p. 161). Kaufman (1986) therefore asserts that older adults "do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age" (p. 6).

Many of the women in my study contend that it is their bodies that change over time and not their selves. In other words, the women argue that their identities are maintained intact within their aging bodies. Thus, a number of the women make comments such as the following:

Oh, I feel that I haven't changed at all inwardly. That's why I can relate to people that are 16 or 18 years old. (age 67B)

I don't feel that inside I have changed very much from what I ever was. (age 77)

Thus, the above two women argue that, in contrast to their physical exteriors, their identities have not changed. The distinction between the body and self is made even more clear in the following quotation:

I think it's your personality all through your life. How you go into old age, too. It's just the same...You don't change inside at all...I don't think you ever age in underneath. You're in your being, or whatever it is - or your soul or whatever it is. It's youth underneath the shell, sort of thing. And I think that's all your personality and your upbringing and your experiences and everything go into that. And that is something different from the outside shell. The outside shell is going on and aging and changing and this kind of thing. But inside, you're different - you're just the same person as you always were. (age 71)

This woman argues that the individual's sense of self, which she describes as her 'personality', 'youth', 'being' and 'soul', remains constant over the life course, even as it is hidden 'in underneath' her physical 'shell' which is continually aging and changing. The growing discrepancy between the body and the self is evident in the following woman's assertion that although her body is failing her and she is losing her physical abilities, she feels the same on the inside:

I feel exactly the same. Isn't that funny? You never - you don't - as you age, you don't really feel anything different...I still feel as young as I ever felt except in motion. I'm having - going through a lot of this - sort of - it's not quite dizziness but, ah, I had this awful fall. I didn't tell you about it. (age 92)

An independent and articulate person, the above woman suggests that her felt identity has remained unaltered even as her failing health is threatening her ability to live alone in the community, to drive her car and to lead the lifestyle she has always led.

Therefore, the women in my study contend that on the 'inside' they have not changed, in contrast with their physical exteriors. The continuity the women experience in relation to their identities may be a social construction that

enables them to retain an 'ageless' sense of self across the life course despite the changes in their bodies and the varying masks they must present in the social situations and interactions they find themselves. Once again, the dichotomy between the body and the self, which is maintained within the physical casing, is strongly conveyed in the words and meanings the women use to describe their lived realities.

THE POWER OF THE REFLECTED IMAGE REVISITED

Chapter Four discusses mirrors and the reflected image as a particular source of anxiety, shock and disappointment for the women in my study. However, in addition to being a tool for self-surveillance and the reinforcement of the internalization of thin, youthful beauty norms, mirrors serve to underscore both the dichotomy and the mutually influential relationship between the body and the self. Cooley (1972) coins the term the 'looking-glass self' which he defines as how we assume that we appear to other individuals. Cooley (1972) asserts the following:

As we see our face, figure, and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be; so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it. A self-idea of this sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his judgment of that appearance, and some sort of self-feeling, such as pride or mortification (p. 231).

Cooley (1972) thus suggests that individuals hold an image of the self in their

minds which is shaped and influenced through interaction with others. While the image the women in my study imagine others to have of themselves coincides with the reflected image they see in the mirror, there is a discrepancy between their internal image or felt identity and the reflected image. The reflected image constitutes an important element in our identity, particularly in terms of our behavioural and physical self-presentation. In later life, the reflected image and the imagined internal image or felt identity may become increasingly disparate as the individual continues to perceive herself as a youthful woman inside her body. Indeed, many of the women in my study assert that reflected images of themselves in mirrors serve to challenge their concepts of themselves as youthful individuals:

It's also a fact that you only feel as old as you feel inside. Sometimes it's a real surprise when you are walking along the street and you see yourself in the window and you can't believe that's you because you don't feel that old. (age 72)

Moreover, reflected images contradict their sense of identity and serve to further reinforce the dichotomy between the women's perceived inner selves and their bodies:

And when you get around fifty, you start seeing things happening, getting older looking. You look in the mirror and you think, 'That's not me.' You go in Eaton's, walk through Eaton's and see yourself coming and you think, 'That's not *me* (emphasis)!' Because you're just the same inside. (age 71)

The above woman is shocked and dismayed by the discrepancy between her felt identity and her reflected image. For some women, the sense of

astonishment is accompanied by feelings of dissatisfaction and displeasure:

When you're out and you think you've gotten yourself tidied up and dressed and looking pretty good and you walk along and you look in a store window and you think, 'Oh my god. Is that me? I look awful!' (age 76)

Not only is the above woman surprised by her reflected image, but she is also discontented by what she sees, by the effects of aging and by the inconsistency between how she feels on the inside and what her body looks like.

Therefore, the reflected image is a source of shock because it is not congruent with the women's felt identities. What is experienced and believed to be the true identity 'inside' is proven false and/or invalid by the reflected image. As a result, the reflected image generates angst, bewilderment and even despair. Furman (1997) reports similar findings as she asserts that

[w]hat these women seem to be saying is that as long as they don't see their bodies, they feel fine, as their sense of self relies on internal experience; hence their desire to avoid their reflections in the mirror. Once the naked image is before them, however, the critical gaze comes into play, triggering the process of self-denigration (p. 106).

Consequently, the reflected image has the power to challenge an older woman's sense of identity in relation to her changing body. Not only does a woman experience dissatisfaction as she glimpses her reflected image in a mirror but she also is confronted with a painful tension between who she perceives herself to be on the 'inside' and how she looks both to herself and to others. In other words, reflected images serve to make identity maintenance difficult and emotion-laden in later life.

PHYSICAL DECLINE AND THE BODY AS TRAITOR OR PRISON

In addition to being a mask of an older woman's true identity, the body may also imprison the self. As was discussed in Chapter Four, many of the women I interviewed express frustration and grief over the loss of youthful energy and abilities. Forced to pace themselves and to face the fact that they can no longer do the things they once did so easily, many of the women find accepting the physical effects of aging to be difficult. In contrast, in Chapter Five, I describe how many of the women talk about their failing abilities and health with a sense of gratitude that they are not as badly off as some of their peers. Indeed, the women in my study are aware of the precariousness of their health and the impact that further physical declines could have on their lifestyles and abilities to remain independent such that fear of the loss of health is a theme that emerges repeatedly in the interviews. Despite the tensions and contradictions surrounding the feelings attributed to the aging body, it is apparent that loss of health and physical abilities and the fear of what the future may bring influence the relationship between identity and the body.

To begin with, many of the women state that their bodies will not do the things that they want them to do or that they think they can do:

All the things that you want to do you can't do. And nobody - you know, that's just sort of something that's not discussed usually. What you think - what you want to do up here (points to her head) your body won't do...In more ways than one your body doesn't do what you want it to do. You can't, you know, nothing works the same as it did when you were younger and it makes you angry. You know? Up in your head you know what you want to do but your body won't do what you want it to do. And it changes shape and it just isn't the same old fit machine anymore. (age 76B)

Thus, there is a growing tension and disparity between the mind and the body. The above woman asserts that her body is becoming difficult to manage and control as it refuses or is unable to comply with the wishes and expectations of her mind. The woman expresses anger and frustration over no longer being able to do the things she was able to do easily and without much mental energy when she was younger. Another woman conveys her feelings of sadness as she describes the limitations of her body:

You still think that you can do everything that you've ever done... and it's a very hard thing to actually admit to yourself that you can't do something. Um, what was I doing the other day? Oh, I know. I had a parcel, a package of stuff I was delivering. It was a big box and I put it up on my shoulder to carry it and I had to stop. I was running out of breath. And I had to put it down. And I thought, 'Oh, that is so silly! I've only got from here to there to go.' And I knew I couldn't do it. I had to admit that I couldn't do it. But in my mind I thought that I could. Just simple things like that...Well, preparing a big dinner and getting it on the table is becoming almost an impossibility. I love planning and buying the food and thinking I want to try this and that and then when it comes to doing it, I can't cope with all the planning that's involved there and then talk to the people who've come at the same time. And you just get frustrated and you do stupid things. You forget things or you don't make them...and you get not doing. But it's to admit that you can't. That you can't cope with the confusion. That I find that very annoying. But you think you can. You plan it like you did when you were 40. And I hear this from my friends, too. 'I just have to pace myself more. I find that I can't do this.' So you know you're not alone but that doesn't change the disappointment that you have when you have to just not do something. (age 72)

Expressing annoyance, disappointment and frustration, the above woman describes two examples of activities, namely carrying a box and planning a dinner party, she now finds difficult, if not impossible, to do. The mundane nature of the activities serves to underscore the woman's exasperation over the

ways in which her body is deteriorating and failing her. As both of the above two examples indicate, the body betrays the self as the individual discovers that there is a disparity between the mind, or the inner self, and the body and its capabilities. Rather than merely masking the true self, the body has become a prison that traps the individual's hopes, desires, plans and expectations.

At the same time, many of the women in my study assert that they experience the sense of being in an old body when they are in poor health:

Well, if you don't feel well, you feel old. If you catch a cold, you feel, 'Oh dear!' (age 78B)

Surveying the research of Idler and Kasl (1991), Kaplan and Camacho (1983), Luborsky (1993) and Mossey and Shapiro (1982), Becker (1994) states that the "literature on self-rated health suggests that persons do not view themselves as old except when they become ill" (p. 62). Similarly, the women in my study contend that their sense of a continuous and youthful self is challenged when their bodies become ill:

That will always surprise you because deep inside, you feel about 19 or 20. Actually, I've never felt like an old lady. Except when I'm ill and then it really hits you...I think it surprises us very often because you really don't feel your age mentally. You know? Cause I don't know how it should feel to be 87. I've never been 87 before so I can't compare. But I do know that I feel very young most of the time. Yeah. Inside I'm young. I mean, inside up here (points to her head), I'm young. It's just the body that's wearing out - the physical part. You know? Which is too bad, really. (age 86)

Indicating that she feels like a teenager on the inside, the above woman suggests that it is only when she is sick that she feels her chronological age.

Another woman links illness, physical appearance and felt identity as she states:

You get sick with a cold or something like that. And you look different and you feel different and you feel older. Yes. Yeah, keeping well makes a big difference, I would think. Keeping healthy. (age 80)

Reinforcing the link between health and beauty that was described in Chapter Five, the above woman suggests that sickness serves to render the individual aware of the fact that she is aging. Oldness is experienced on the 'inside' as well as on the outside when the body is sick. In other words, as well as perhaps having an old body or looking old, the sensation of oldness is most prevalent when the body is not functioning as well as it might normally. Cremin (1992) reports that the older adults in her study indicate that they feel old in "specific and transient" (p. 1305) situations. Indeed, Cremin (1992) states that "[f]eeling old [is] for them a temporary and sporadic phenomenon triggered by specific kinds of trouble" (p. 1307) such as unsettling, embarrassing or conflictual situations or specific interactions or difficulties that arise due to the loss of independence which results from memory loss, declining functional mobility and acute health problems, specifically strokes. The women in my study may therefore be said to experience oldness as a 'temporary and sporadic' identity triggered by periods of poor health. Moreover, 'oldness' is not a defining attribute of identity for the women.

With the loss of functional ability and the sense of entrapment comes feelings of betrayal and frustration:

Well, I don't think [the body] works quite as well. Mechanically I would say that...I have a very good friend, for instance, who's got some kind of rheumatic thing and she can't lift her arm up very easily. I mean, it's a great frustration to her and I think you get very frustrated if you can't do things that you want to do...I think you get annoyed with your body when it won't do things that you want it to do. (age 78B)

Similar to this woman, many of the women in my study describe profound feelings of loss, irritation and anxiety over the limitations imposed on them by their failing bodies. Conveying poignant grief and loss even as she expresses feelings of resignation, one woman describes the things she wants to do but is no longer capable of doing:

It's frustrating because there are lots of things you'd like to do. Your heart's willing but your body won't let you do it. I mean, I'd like to be out in the garden walking around much more than I do but I haven't got the energy. And I can only use up so much energy and then I know I've got to lay down or sit down or whatever. And that is very frustrating. But I don't allow it to get to me because once I'm sitting down I'm comfortable and reading or I've got other things to do. I just feel that I should be maybe more physical. And I'm not able to do it. But, before I used to walk three miles around the golf course every morning at 9 o'clock. I've done it in my day. And in my youth, we walked everywhere. We never had cars. You know? We walked to work twice a day and then went out dancing at night. That's energy. But you can't have it forever. I used it up. I wore it out. (age 86)

Previously an active and athletic individual, this woman accepts the realities of aging but regrets the loss of energy and physical abilities that have occurred over time. Another woman articulates the distinction between the mind and the body as well as the ways in which the former is betrayed by the latter more clearly as she states:

Because, like, inside of us we're still the little girl. It's just the casing has gotten old. You think you can run for the bus. You think you can get on your knees and scrub the floor but the knees get sore and it's hard to get up afterwards. It's bothersome because you want to be just the same as when you were 21. It is frustrating sometimes. Yeah. But, you have to take it because things aren't going to change. (age 80)

Once again, the strong emotions of frustration, loss and nostalgia are evident in the above quotation. At the same time, there is a consistent theme of pragmatism evident in all of the quotations as the women indicate that they are resigned to, if not accepting of, the physical realities of growing older. Even as the women express feelings of anxiety and regret, they also stress the importance of accepting the physical changes that accompany aging. Indeed, the women assert that physical decline and the resulting sense that the body is a cage or traitor are to be expected. Clearly, failure to reconcile oneself with the losses brought about by aging will only serve to increase the individual's negative feelings and sense of entrapment.

BODY ENTRAPMENT AND IDENTITY: THE CASE OF JEAN

The inevitable decline of the body heightens the individual's awareness of the tension between the body and identity. The women I interviewed suggest that aging and the accompanying physical changes result in a growing fracture between the body and the individual's sense of self. One woman states:

You can't expect your body to keep up with your thoughts, thinking and processes and that sort of thing. (age 73B)

Perhaps the disparity between the body and identity is most visible in the example of Jean (age 81). A woman who has severe osteoarthritis, amongst many other serious medical problems, Jean is in constant and intense pain. She walks with the aid of two canes and relies on the extensive help and support that she receives from her husband in order to be able to live independently in the community. Jean minimizes the salience of the body as she asserts the following:

I think there's a lot more to a woman than her body, of course. I mean her own spirit and her own sense of purpose and this sort of thing.

As an intelligent, well-educated woman, Jean derives a strong sense of identity from her accomplishments as an avid volunteer and member of numerous community organizations and clubs.

Similarly, Jean contends that her body only entered into her awareness in later life as pain, illness and disability began to shape and constrain her lived reality. Jean comments on how her perception and experience of her body changed over her lifetime as she states:

I think when I probably might have admired my body - and as I remember, I think it was alright - it was the time when I didn't care about my body. It was just very useful to me doing all the things that I wanted to do. And it wore, you know, it held my dresses that I liked. It just served its purpose and so I didn't look at it especially. And it's only, I've only really become very much aware of it when it's probably not worth looking at anymore.

Although she emphasizes the utilitarian nature of her body as opposed to her appearance, Jean also indicates that she has internalized cultural standards of

beauty that devalue older women as she suggests that her aged body is 'not worth looking at anymore'. Reflecting on the relationship between her body and her sense of identity, Jean goes on to assert the following:

The thing is when you become more aware of constant pain - it's a distraction of your mind or your soul or your inner being. I mean you're very conscious of that. Of that inhibiting you from doing anything at all. Even thinking, it's very hard, sort of thing. So that's almost as if it, the body, is subsuming everything else and just absorbing everything else...I think I'm much more aware of my body than I ever was, you know, just because it hurts. Yeah. Well, you know, when it did what I wanted it to do I didn't think about it. It's when it doesn't do what you want it to do then.

Thus, Jean's body has come to the forefront of her awareness because of the unremitting and intense pain that she experiences almost every waking moment of her life. Whereas in her youth, she was not aware of her body such that her sense of herself and her physical reality were perceived as being undifferentiated, there is now a clear distinction and ongoing tension between the two. Williams and Bendelow (1998) contend the following:

our relationship to our bodies, in the normal course of events, remains largely unproblematic and taken-for-granted; bodies are only marginally present, giving us the freedom to be and to act... bodies...become most conscious of themselves when they encounter 'resistance' or 'difficulties' of various kinds...If this is true of bodies in general, then it is particularly true of sick and painful bodies. (p. 159)

Williams and Bendelow (1998) assert that the "painful body emerges as an estranged, alien 'thing-like' presence, separate from the self" (p. 160). The declining health and functional abilities that often accompany aging serve to

make the body more visible and palpable to the individual and to underscore the relationship and distinction between the body and the self. Consequently, the possible physical realities of aging, including sickness, declining abilities, chronic pain, and decreasing functional independence, serve to draw "attention to the relatedness of self and world, mind and body, inside and outside" (Williams and Bendelow, 1998, p. 160).

MIND/BODY CONTRADICTIONS: THE PRIMACY OF THE SELF OVER THE BODY

Although the body and embodied experience become increasingly prominent in later life as a result of declining health, chronic pain and/or deteriorating functional abilities, the women in my study tend to downplay the importance of the body in the mind/body relationship as they make statements such as the following:

It's important for the person to realize there's something else besides your body to live for. That's what I think is important.
(age 90)

Indeed, the words and meanings the women use to describe their bodies and lived realities are suffused with the Cartesian perspective which values the mind over the physical casing (Kirmayer, 1992) that contains and restrains the self. In addition to describing beauty as a reflection of inner happiness, as was discussed in Chapter Five, the majority of the women I interviewed frequently make comments about the importance of one's attitude towards life, aging, physical changes and one's appearance. The women maintain that attitude, or

mind, and one's appearance, or body, are interrelated, albeit the former is more important than the latter in their value systems:

And a lot about your outlook on life comes from the mind. Depression comes from the mind. Happiness. So much comes from the mind. And there's an old saying: 'It's mind over matter.' If you can *convince* (emphasis) yourself that you're attractive and you (emphasis) think you are, you will be, no matter how old you are...I mean, I could get all undressed and stand in front of the mirror naked and look at myself and think, 'Oh, that is so ugly!' But with the right attitude in your mind, you look at it and you think... 'You know that's not bad for a woman your age and after all of those children and what you've been through, I think it's pretty good.' Attitude is so important. And when you look at your body as it gets old, like anything, if you take an apple, when it gets old it gets wrinkled and wizzered up looking. And your body's going to, too. I mean, you have to face the fact. But it's all in how you look at it. You know? How you (emphasis) feel about it. Because what you feel about it, that's what other people are going to feel.
(age 76)

Thus, the women suggest that physical attractiveness is an attitude that stems from one's 'inside' self. Indeed, even as she argues that acceptance of one's body is crucial, the woman in the above quotation argues that how one perceives and feels about one's body determines how the body will be projected by the self and assessed by others. The importance of the mind or self in the social construction and evaluation of physical attractiveness is more clearly expressed by the following woman:

I mean your state of mind in any day can - I think it can make you *look* (emphasis) unattractive, too - but it can certainly make you *feel* (emphasis) unattractive. You know, you get just body language. (age 72)

This woman contends that one's attitude and perspective shape and influence one's physical presentation such that when one feels attractive on the inside, one looks attractive on the outside. Another woman suggests that attractiveness can be cultivated and fostered through the clothes one chooses as well as through one's perspective on life:

You know, if you wear the right clothes and you have a good attitude towards life you can still look good and feel good.
(age 69)

Thus, the presentation and management of self is for the benefit of the individual as well as others.

Therefore, even as the body comes increasingly into the individual's experienced awareness, the women suggest that the 'inside' self is the source and interpreter of meaning in their lived realities. While the body masks the true self and constrains and restrains the individual's behaviours and abilities, the self is emphasized and cherished over the body. Perhaps the valuing of the self over the body is a means of negotiating the loss of physical attractiveness and beauty. Conversely, the emphasis on the self over the physical body may stem from the women's socialization in which character was prioritized over beauty, as was discussed in Chapter Five. In any case, the relationship between the body and the self becomes increasingly fractured and influential in later life. The declining health and functional abilities of the body serve to place the body in the forefront of the individual's awareness and to result in a sense of entrapment of the self and betrayal by the body. As the body loses culturally defined beauty and begins to fail the individual in terms of limiting his or her abilities and independence, the women in my study suggest that the self is what

is most important in life. Thus, the disparaging of old women's bodies and the physical realities of aging seem to result in a reevaluation of the older woman's priorities and values such that individuality and personality come to be esteemed over the fleeting, perceived beauty of youth.

CONCLUSION

This chapter has explored the tensions between the body and identity in later life, particularly in terms of body image and embodied experience. Building on the two previous data analysis chapters and incorporating insights from existing research and theory, I have explored the impact of changing physical appearance and functional abilities on an individual's sense of identity within a social context that devalues old women and old women's bodies. While previous research on older adults and identity has focussed on the body as mask and the continuity of self, there have been few studies which have addressed the issues of physical appearance, cultural ideals of beauty and body image in relation to identity and identity maintenance in later life. Furman (1997) explores the relationship between appearance and identity in the context of the beauty shop. However, there has been no research to date that situates the relationships between body image, embodied experience, identity and existing standards of physical attractiveness in the lived realities of older women. This chapter serves to integrate the findings of the previous two data analysis chapters and to examine how body image and embodied experience shape and constrain an older woman's sense of identity.

In Chapter Five, I discussed how health is considered to be more important than physical appearance to the women in my study. Health and

functional ability, or body-as-process, as opposed to physical attractiveness, or body-as-object, is an underlying concern as the women strive to negotiate the realities of aging and to minimize the impact of physical losses on their sense of identity within a youth- and beauty-oriented culture. Although the women express displeasure over the appearances of their bodies, they indicate that they are particularly concerned with their health and the possibility of future health problems. Indeed, the deterioration of health is a normative part of the aging process although it occurs within a social context in which thinness, health and youthfulness are socially constructed indicators of beauty, older women's bodies are devalued and disparaged, and sick and frail older adults are denied access to power and social currency. Suggesting that the relationship between the body and the self enters increasingly into the individual's awareness as a result of deteriorating health and functional abilities, I have therefore examined the words and meanings that the women in my study use to describe the link between their perceived identities and their physical realities. The women distinguish between an 'inside' self and an 'outside' self which is defined as the physical container of their identities which are hidden and maintained within. The women contend that they are younger on the 'inside' than are their physical bodies. In other words, there is a disparity between their sense of identity, including their felt ages, and their chronological ages. This disparity serves to heighten the tensions between the body and the self and seems to become augmented in later life.

At the same time, the women differentiate between what their bodies look like and what they perceive as their 'true' identities or 'essential selves' (Strauss, 1959). In the words of one of the women, they do not think they "are necessarily just what [their] bodies are" (age 78). Thus, the women contend that

their bodies are not equivalent to, or even a reflection of, their identities. Rather, the women regard their bodies as 'containers', 'shells' and 'casings' of their identities which are hidden underneath the mask of aged bodies.

Consequently, the physical exterior of the body contradicts and conceals the self. The body as camouflage is a source of frustration and pain for many of the women who indicate that too often the younger generations see them as 'old ladies' rather than as who they really are. Moreover, the appearances of women in later life become the basis on which they are judged as old, discriminated against and rendered invisible.

The example of Florence serves to make the embodied experience of 'gendered ageism' (Ginn and Arber, 1995) and aging visible and poignant. A woman who invests energy and pride into her appearance, Florence challenges the notion that to look younger than one's chronological age is both desirable and important for women. Wishing she could be more authentic by no longer dyeing her hair and thereby allowing her physical casing to reflect her chronological age, Florence also expresses a sense of loss over having become invisible in our youth-oriented society. The contradictions between feeling younger than her age, wanting to be able to appear her chronological age but feeling afraid of letting go of the 'mask', and yet wishing that others could see her not as an 'old lady' but as who she is on the 'inside' - a vibrant woman who feels 16 years old - constitute a painful mine field through which Florence tries to navigate. The conflicting feelings she experiences and the ageist stereotypes she challenges serve to underscore the conflictual and bewildering tensions surrounding the relationship between the body and identity maintenance, particularly in later life. Florence's lived reality makes vividly and poignantly evident the tension and suffering that stem from the

oppressive forces that devalue old women and make it risky for them to be authentic.

The differentiation between felt age and chronological age is also related to the fact that the women in my study describe their 'inside' selves as relatively stable and unchanging. Whereas their bodies, or 'outside' selves have aged and deteriorated, the women state that they do not feel that they have changed inwardly at all. Consequently, the reflected images of themselves are a source of shock and dismay for many of the women. Indeed, a reflected image of a woman in a mirror or a glass building confronts her with the reality that she is aging and that she does not look as young as she feels on the inside. In other words, reflected images challenge the imagined internal images that the women have constructed and hold in their minds. While the experience of the inside self as ageless is a construction, it enables a woman to perceive her life and her sense of self as continuous and removed from the ageist devaluation of older women's bodies. Nevertheless, the reflected image is a reminder of the growing disparity between the body and the felt identity.

In the same way as the reflected image reminds a woman of her chronological age, the women are frequently confronted with situations in which their bodies will not do what they want them to do. Frustrated by their decreasing abilities, the women allude to the body as a prison or a cage of their true identities which are youthful, vibrant and striving to be active. The body betrays the 'inside' self by being unable to fulfil the individual's hopes, desires and plans and thereby reinforcing the fact that she is aging, if not old. The experience of 'oldness' is most profoundly felt during times of sickness. In contrast to ongoing health problems, many of the women refer to those periods of time when they have influenza and common viruses as moments in their later

lives when they feel old. Thus, illness serves to make chronological age more salient than felt age in the women's experience of their own identities, although, as with the findings of Cremin (1992), this is only a 'temporary and sporadic' identity.

Regardless of the feeling of being young 'inside', the fact that an older woman's abilities are declining results in the sense of being entrapped. Similar to the Alzheimer's patients described by Gubrium (1986), many of the women suggest that they have become locked inside the prisons of their bodies. Of course, it is important to point out that, in contrast to the Alzheimer's patients, the women in my study are able to express their feelings of poignant frustration and loss. Conversely, it is the loved ones and medical workers who interpret the experiences and express the feelings of individuals with Alzheimer's Disease. Rather than being oblivious to their prison, the women in my study are aware of being held captive by their bodies and can distinguish between an 'inside' and an 'outside' self. In other words, the women can explicate their own realities rather than relying on observers to make inferences. I would suggest that the awareness of the prison that the body constitutes for older women makes the suffering and distress experienced by them more acute.

The example of Jean makes the concept of being trapped in an aging body vividly explicit. An intelligent, socially active and community-minded woman, Jean is at the mercy of her body which limits her ability to participate and contribute in the ways she would like to. Jean suggests that the constant pain that she experiences serves to bring her physical reality into her conscious awareness. Rather than the body being an 'absent present' (Shilling, 1993), Jean is cognizant of her body and the tensions between her physical 'casing' and her identity. Indeed, Jean suggests that it is only when she began to

experience pain and physical disability that she became aware of her body and the ways in which it shapes and constrains her 'inside' self.

Nevertheless, Jean, along with the majority of the women in my study, suggest that the mind, or the 'inside' self, is what is most important to them. Downplaying the significance of the body in the mind/body dichotomy and thereby resisting ageism and ageist interpretations of their identities, the women suggest that who one is on the 'inside' is what is of utmost importance. Moreover, it is the self that is perceived as the interpreter of the meanings of their lived realities rather than their bodies and their corresponding physical limitations and losses. It is difficult to ascertain whether the prioritization of the self over the body is a reflection of the women's attempt to negotiate their changing physical realities and capabilities or whether it is the outcome of socialization in which the Cartesian perspective predominates and the women have been taught to value character over appearance. Thus, there appears to be a dismissal of the mutually influential relationship between the body and the self as the women minimize their embodied experiences and approach aging with a pragmatic, if not resigned, attitude.

In summary, this chapter has explored the tensions surrounding identity maintenance and aging within an ageist and appearance-oriented culture. In contrast to previous sociological and gerontological research on identity in later life, I have specifically addressed the interrelationships between body image, embodied experience, socially constructed indicators of physical attractiveness and identity.

ENDNOTES - CHAPTER SIX

1. Please note, my use of the terms 'casing' or 'shell' differs conceptually from Gubrium's use of these terms to describe others' view of persons with Alzheimer's Disease. In contrast to the people with Alzheimer's Disease who are perceived as having lost their inner selves to the disease, the women in my study still have inner selves but feel their 'true selves' are masked within the casing of their aging bodies.

CHAPTER SEVEN

DISCUSSION AND CONCLUSIONS

Based on data derived from semi-structured interviews, this study has examined the body image and embodied experience of older women, ranging in age from 61 to 92 years. Exploring the tensions and conflicts that surround the thoughts and feelings that the women attribute to their aging and aged bodies, I have discussed how older women construct and negotiate the meanings of aging, attractiveness and identity within the context of a society that devalues older adults and places strong emphasis on physical appearance. The study originated out of a concern that the experiences of older women and their aging bodies have been largely ignored in the literature. Using a symbolic interactionist framework that integrates insights from feminism and an analysis of systemic ageism, the research was concerned with the exploration of older women's body image and embodied experience. Thus, I investigated the importance that older women attribute to physical attractiveness, their adherence to and negotiation of cultural standards of beauty, and their experiences in an aging body within a society that disparages older women and older women's bodies. Moreover, I sought to explicate the tensions and contradictions in the relationship between the body and the self and the impact of physical aging on an older woman's sense of identity.

SUMMARY OF RESEARCH FINDINGS

In this study I have examined the body image and embodied experience of older women on three different and consecutive levels of abstraction, namely their level of dissatisfaction with their bodies, the factors that mediate their negative feelings and the implications of their displeasure on their sense of an 'inside' self. In other words, I have explored the meanings that the women attribute to their bodies in terms of appearance, function and identity. These three layers of socially constructed and negotiated meaning are deeply, and often conflictually, intertwined and result in a multitude of tensions and contradictions that shape and constrain older women's lived realities.

In Chapter Four, I discussed how most older women seem to have internalized existing beauty ideals and the dominant way of 'seeing' (Bordo, 1993) old women and old women's bodies as they express dissatisfaction with their own and other older women's bodies and tend to deny the possibility that the female figure in later life is attractive. Indeed, the women endorse the assumption that beauty is equated with youthfulness and youthful bodies. Suggesting that they are each others' harshest critics and verbalizing the social devaluation of older women, the women indicate that they are particularly unhappy with the sagging, weight gain and development of larger bellies that have occurred over time and which are frequently described as being the end result of reproduction. The women express shock and dismay regarding their reflected images as they frequently disclose a desire to avoid mirrors and the sense of disappointment and even self-loathing they experience when they see how they have changed with age. The women seem to have internalized the anti-fat prejudice that is prevalent in society as well as the notion that one may

choose one's body weight, shape and size and there is a recurring theme throughout the interviews that obese individuals are unattractive and undesirable. These dominant messages regarding the importance of self-surveillance and self-control combine to augment older women's sense of insecurity and dissatisfaction with their bodies given the natural tendency of women to gain weight as they age. Weight is a major stumbling block and source of self criticism for older women as the majority express dissatisfaction with their current levels of weight and view their weight 'problems' as the result of a lack of self-control and discipline. While the younger women in my sample tend to want to lose weight, the two women over the age of 90 are both concerned that they weigh too little. Underlying the expressed belief that their body weights are in need of altering is an undeniable message that older women are less attractive than younger women and that they and their bodies lack social currency in a society that emphasizes the importance of physical appearance.

Despite their unfavourable assessments of their own and other older women's bodies, the women in my study do not express an all-encompassing dissatisfaction with or negativity towards their bodies, their lives or their sense of identity. To begin with, there are a number of areas in which the women seem much less negative and discontented and which constitute important avenues for resisting dominant images of beauty and aging. Many of the younger women in my study argue that their facial wrinkles, in contrast to the wrinkles on the rest of their bodies, are badges of honour, evidence of their life experiences and struggles and are indicators of a life well-lived. The older women, who tend to be more wrinkled than their younger counterparts, are less positive about their facial wrinkles. The women also reject the extremes of thinness embodied

in today's fashion models and movie icons and indicate a preference for the wider range of body shapes exemplified by the media stars of their own youth. Contending that slim is better than thin, the women express a preference for more curvaceous female figures than current beauty ideals allow and resist the ideals of beauty that devalue the older woman's body. Many of the women suggest that a heavier weight is preferable as thin, older women are said to look 'scrawny' and 'skeletal' and thereby to deviate from the toned and healthy criteria of the existing standard of female beauty. The rejection of the thin beauty ideal embodied in current media icons seems to reflect a cohort effect whereby the women continue to endorse the standards of beauty that were the ideal when they were younger. Nevertheless, the assertion by the majority of women that they need to lose weight rests in an uneasy tension with the physical realities of aging and the idea that there is a heavier weight ideal for women in later life.

In addition to viewing facial wrinkles in a positive light and rejecting extreme thinness as an indicator of beauty, the majority of the women suggest that aging is natural and results in changes in the body beyond the individual's control. The pragmatic assessment of their aging bodies serves to diminish the women's feelings of dissatisfaction and loss of self-esteem in relation to their appearances. Although most of the women express a sense of frustration and grief over the loss of youthful energy and abilities, they argue that an acceptance of aging and the physical changes that result is imperative. Whereas the majority of the women in my study express displeasure over the appearances of their aging bodies, they accept that the physical changes that accompany the aging process are unavoidable and inevitable. The women describe the aging process as a difficult and painful journey that must be

endured and faced with dignity as their bodies fail and 'let them down'. Interestingly, although some changes that result from aging may be ameliorated or altered through cosmetic surgery, the majority of the women reject surgical intervention as an option they themselves would consider. Rather, the women strongly assert the need for acceptance of aging and the resultant physical changes that occur over time. The emphasis on acceptance of old bodies makes one woman's predictions that cosmetic surgery will become a natural response to aging in the future unsettling, if not disheartening.

Also in Chapter Four, I discussed how the women in my study negotiate and experience their perceived loss of attractiveness relative to the presence or absence of male significant others. Suggesting that a concern with one's appearance relates to the 'mating game' and the fact that beauty is a vital resource for women in terms of attracting male partners, the women contend that they became interested in their appearances when they began searching for a mate in their youth and that they continued to put energy and effort into their physical exteriors in order to please and retain the attention of their husbands. While some women indicate that a focus on female attractiveness is indicative of an underlying gender inequality, many suggest that after the loss of their husbands they became less concerned with their appearances as they no longer had someone they were trying to please and because they did not wish to attract another mate. Thus, the women acknowledge the importance of sexual and romantic partners, in their cases men, in the construction and negotiation of feminine beauty. The presence or absence of a male audience shapes and influences a woman's self-surveillance and body management activities and attitudes as she strives to achieve and retain social currency in a society that devalues older women and older women's bodies.

At the same time, it appears that aging brings with it the reorganization of the women's values and priorities. In Chapter Five, I explored how the women suggest that health and inner beauty become more important than appearance in later life. The women state that the reorganization of priorities reflects both the fact that society as a whole has become more health conscious and that older adults gain wisdom as they age. The women attribute a focus on appearance to the naïveté of youth and the desire to attract sexual partners. Rather than being concerned that their bodies are physically unattractive in the perceived eyes of others, the women are dissatisfied and distressed by the fact that their bodies are failing and becoming increasingly frail, unhealthy and functionally limited. Health problems are a reality and a constant concern for older women as they negotiate declining health and functional abilities that threaten their ability to live independently in the community. Indeed, there is an ever present danger of being labelled a functional 'failure' in a society that devalues frailty, sickness, dependence and old age. The loss of health and the potential loss of independence serve to place a focus on appearance in perspective and lead to the adoption of a pragmatic approach to aging and health. The emphasis on health as opposed to physical attractiveness may involve a movement away from a 'body-as-object' perspective to a 'body-as-process' orientation (Franzoi, 1995) such that older women come to resemble men in terms of their approach to and evaluation of their bodies. However, while health is a topic that continually resurfaces in my interviews with older women, complaining about one's health problems as one ages is frowned upon as acceptance, serenity and gratitude for what health remains are encouraged, if not expected. The ageist stereotype of the unhealthy and health-focussed older adult serves to silence older women as they strive to differentiate

themselves from socially devalued and censured behaviours.

Similarly, health and beauty are said to be inter-connected as the women in my study contend that the former is needed in order to attain the latter. Although there is a tendency for older adults to be less healthy than their younger counterparts and to gain weight as they age, existing beauty ideals do not incorporate and take into account age-related and normative changes. The health and weight criteria of the existing female beauty ideal makes it even more difficult for older women to be perceived as being physically attractive both by themselves and by others. As well, the message that we can control our bodies sits in an uneasy relationship with the realities of aging. Underlying the assertion that one must be thin to be beautiful is the current medical discourse that preaches that lowered body weights are a key to good health and are the responsibility of the individual. Most of the older women in my study live in fear of deteriorating health, if not the social and medical responses to sick, frail and powerless older adults. Specifically, the women express anxiety over the possibility that they might develop diseases such as cancer and Alzheimer's and experience acute physical and psychological suffering or lingering and painful deaths. Moreover, the women convey a strong desire to avoid or diminish the loss of social and physical independence that might result from deteriorating health and the loss of functional abilities. Thus, health promotion and maintenance are strong motivators. The powerful influence of the medical dictate to be slim is evidenced by the fact that the majority of the women in my study talk about their concerns regarding their weight from a health perspective rather than from a beauty perspective and that many of the women have sought medical intervention for help with their 'weight problems'. Furthermore, the prioritization of health over beauty in later life serves to reinforce the sense of

legitimacy and urgency to lose weight amongst older women who tend to regard a focus on the appearance benefits of weight loss as trivial.

In addition, the women maintain that inner beauty is more important to them than physical beauty. Defining inner beauty in terms of stereotypically feminine characteristics and behaviours, namely, serenity, contentment, warmth, softness, gentleness, acceptance, nurturing activities and goodness of character, the women suggest that, ultimately, being beautiful on 'the inside' is more important than being physically attractive. The women assert that inner beauty is reflected in an individual's face and body, particularly in her eyes and facial expressions. The possession of inner beauty is a prerequisite for being physically attractive as beauty is determined by one's personality as well as by one's physical features. An example of an individual who lacks inner beauty is a woman who dwells upon and frequently complains about her health problems. Individuals who are not lovely on the 'inside' are said to be cranky, bitter and discontented as well as physically unattractive. The disparaging of health complainers serves to silence older women and to encourage them to dissemble and cover the physical realities of aging. Similarly, vain older women are also said to lack inner beauty and are considered to be overly focussed on shallow and meaningless issues, namely their appearances.

In Chapter Six, I discussed the impact of an older woman's changing physical appearance and functional abilities on her sense of identity. The women indicate that they experience a progressive tension between what they look like, or their reflected images, and who they are, both in terms of their chronological ages versus their felt ages and their 'outside' selves versus their 'inside' selves. Physical aging and the onset of wrinkles, sagging and weight gain, amongst other things, serve to augment the disparity between the

women's appearances and their sense of identity. Indeed, the women perceive their bodies as masks of their true selves which are hidden within a physical casing or shell and which they suggest have remained relatively stable and unchanging over the course of their life-times. As evidenced by the data, although some of the women would like the younger generations to be able to see their true selves rather than simply viewing them as 'old ladies' and suggest that they are aware of the superficiality of physical appearance, they fear the ageist treatment they will receive should they give up continuing to alter their body masks through hair dye, make-up and other beauty aids and rituals and thereby to become more authentic. The women also indicate that since they feel younger than they look, beauty rituals serve to make their bodies more closely resemble their felt identities and ages. The tension and internal conflicts surrounding age, appearance, beauty rituals and ageism experienced by the women point to the oppressive social forces that devalue old women and old women's bodies.

Expressing feelings of frustration, grief and anxiety, some women suggest that their bodies imprison as well as mask their true identities. As a result of the loss of health, energy and youthful abilities, the women experience a contradiction between what they want their bodies to do and what they are able to do. Indeed, the body is perceived as betraying the self as well as trapping and limiting the individual's desires, dreams and expectations within an 'old' prison. The feeling of entrapment and 'oldness' is most strong when the individual is sick and as a result, 'oldness' is perceived to be a 'temporary and sporadic' (Cremin, 1992) status rather than a defining feature of identity. In other words, illness renders chronological age more salient than felt age. As a result of the magnification of the sense of entrapment stemming from physical

deterioration and the experience of chronic pain, illness and/or disability, the body enters increasingly into the women's awareness as they age and gains prominence in the mind/body dichotomy. Nevertheless, the women retain their pragmatic attitudes as they continue to insist that one's approach to life and one's 'inside' self are what are most important. Thus, the women seem to dismiss the influence of the body and minimize the impact of their embodied experiences on their sense of identity. Rather, the women assert the value and importance of individuality and personality and resist ageist interpretations and assumptions about themselves and their bodies.

In summary, in this study I have discussed three levels of meaning construction surrounding a woman's experience and assessment of her body in later life. Examining the inter-relationships and tensions between appearance, physical function and identity, I explored how the women's lived realities are shaped and constrained by the socially constructed ideals of beauty, namely youthfulness, thinness, physical fitness and healthiness. My findings demonstrate that while they do in fact espouse negative evaluations of aging bodies, older women exercise agency in resisting ageist stereotypes as they actively create meanings out of the loss of physical beauty and function. Rather than succumbing to the unfavourable evaluations of older women's bodies, the women resist an all-encompassing negative assessment and experience of their lives and their identities. However, the resistance of ageism and of negative self-evaluations is fraught with a myriad of tensions and contradictions surrounding the women's feelings about and within their bodies. Indeed, the women's positive interpretations of their changing physical realities rest in an uneasy tension with existing standards of beauty that denigrate aging and aged bodies. Nevertheless, the aging process seems to be accompanied by a shift in

priorities such that an emphasis on physical beauty in the eyes of others as well as in the eyes of the self is replaced by a valuation of health which is described in relation to others and in terms of freedom from disease, chronic illness and declining energy. The suggestion that health and inner beauty are to be valued over physical attractiveness stands in a hopeful opposition to our materialistic, appearance and youth-oriented culture. Given the rise of eating disorders amongst younger women as well as their growing tendency of exhibiting negative body image, much can be gained from an examination of older women's experiences. The replacement of a 'body-as-object' (Franzoi, 1995) perspective with a focus on the 'body-as-process' (Franzoi, 1995) constitutes a meaningful and promising alternative to the current obsession with physical appearance that exists in society. By emphasizing the individual's physical abilities as well as their inner beauty, or personalities, rather than their bodies as a means for attracting the attention of potential male partners might serve to enhance women's feelings of self-worth, autonomy and personal power.

SUBSTANTIVE CONTRIBUTIONS

This study has generated important insights into the lived realities of older women and to the meanings they themselves attribute to their daily existence and to the aging process within the context of society that values and focusses on youth and physical attractiveness. While the body image of young and middle-aged women has been an issue that has received wide attention in the literature and in the media, the experiences of older women have largely been ignored. To date, no one has explored the relationship between body image and embodied experience in later life. The study addresses a gap in the

sociology of aging and gerontological research and literature and adds to our understanding of the experiences of older women by exploring the degree to which they esteem and emphasize appearance. Moreover, my research satisfies the need to add age to the female body image equation given today's beauty ideal of the youthful, toned, thin body, the 'double standard' of aging (Sontag, 1972) and the physical realities of later life which combine to render older women especially disadvantaged and devalued in their struggles to achieve and maintain beauty according to the existing cultural standards of physical attractiveness.

While there have been a limited number of studies conducted on the body image issues of older women, my study examines body image and embodied experience within the broader context of individual women's daily lives and my findings provide insights into how women's feelings about their bodies shape, constrain and are interwoven into their lived realities. Thus, my study reinforces and extends the findings of Furman (1997), Fennell (1994), Pliner, Chaiken and Flett (1990) and Hallinan and Schuler (1993) whose work was discussed in Chapter Two. Whereas previous research indicates that older women are concerned with physical appearance, my research reveals that older women have internalized the norms that equate youthfulness and thinness with physical beauty and devalue older women and older women's bodies to the detriment of their sense of perceived attractiveness and self-esteem. As well, while existing research shows that younger women are strongly influenced by the body ideals ascribed to by Hollywood actresses, my findings suggest that older women prefer a wider range of beauty and body ideals exemplified by the media stars of their day. Previous research establishes weight as a concern of older women. My research extends this

finding and suggests that older women posit a different and heavier weight ideal for women in later life as compared to their younger counterparts. As well, my research reveals that the need to lose weight expressed by the majority of older women is amplified and reinforced by the medical community's tendency to emphasize the health benefits of weight loss. The tensions between health and beauty in terms of weight loss have previously been unexplored.

Similarly, although the concept of the female body as an object and as a means of attracting male partners has been explored in the research, my findings point to the complexities of the changing audiences in the lives of older women. My research suggests that, unlike their younger counterparts, older women become less concerned with physical attractiveness after the loss of their husbands even as they contend that their female peers are their harshest critics. While the prominence of health issues has been widely researched, my research examines the links and tensions between health and physical attractiveness. My study shows how older women place greater emphasis on health and inner beauty, a previously unexplored topic, than on appearance, particularly in the face of declining health and functional abilities. Moreover, my research builds on Franzoi's (1995) concept of the 'body-as-object' and indicates that older women may come to resemble men in terms of their evaluation of and experiences in their bodies. Finally, my research demonstrates the inner turmoil and pain that older women experience in relation to their bodies as they adhere to the mandate to stifle complaints and dissemble the realities of physical aging and as they negotiate the contradictions between resenting the ageist treatment and assumptions of the younger generations and the felt need or desire to alter their physical appearances through beauty aids and rituals.

Focussing on the meanings women construct and negotiate regarding their experiences of aging and their bodies, both in terms of physical appearance and function, my research, therefore, has generated important insights into the intricacies and tensions of older women's feelings about and perceptions of their aging bodies. Indeed, my study provides richly textured and complex data concerning the unique lived realities of older women. In summary, my study adds to both the body image literature and the women and aging literature. Exploring a woman's experience in and assessment of her body, my research provides insights into the tensions and conflicts surrounding body image which specifically arise in later life within an ageist and appearance-oriented culture. As well, my study situates the meanings of aging, appearance and identity within the everyday lived realities of older women.

THEORETICAL CONTRIBUTIONS

In addition to furthering substantive knowledge, my study has a number of theoretical implications which warrant elaboration. To begin with, my study provides an example of how the integration of feminist theory and the analysis of systemic ageism into a symbolic interactionist framework generates an effective means of researching older women's lives. To date, there are no examples in the literature in which researchers have incorporated feminist insights into symbolic interactionism, although Marshall (1996) argues that feminist theories are an effective means of linking micro levels of analysis, such as symbolic interactionism, to the broader structural context. The use of symbolic interactionism as the theoretical framework for the study serves to provide a means of uncovering and explicating the social construction of

meanings. Moreover, the integration of feminism and the concept of 'gendered ageism' (Ginn and Arber, 1995) into my theoretical framework has made the specific issues confronting and constraining older women's lives visible. Older women do not construct and negotiate the meanings of aging, beauty, body image, embodied experience and identity in a value-free context. Rather, women's social currency is largely influenced by existing standards of physical and sexual attractiveness, the gendered distribution of power and access to meanings, gender role stereotypes and inter-gender relations. Thus, one cannot examine how a woman ages and manages her identity without focussing on the ways in which her life and social value are shaped and influenced by her perceived physical attractiveness. Incorporating feminist theory and the analysis of systemic ageism into the application of symbolic interactionism serves to situate the social construction of reality within the confines of the gendered division of power.

At the same time, it is important to acknowledge the difficulties of integrating the structural analyses of sexism and ageism into a symbolic interactionism framework. While symbolic interactionism conceives of a self that is unified and largely unchanging over the life course, feminist theory suggests that it is impossible to achieve and maintain a coherent sense of self in the face of the realities of power differentials and the ensuing conflicts. Clearly, such a discrepancy between the two approaches renders the combination of symbolic interactionism and feminist theory uneasy if not problematic. While symbolic interactionism focusses on the micro-level relationships and negotiation of meanings between individuals, feminism and the analysis of systemic ageism are concerned with the broader social context. Hence, the gaze of symbolic interactionism is strictly on the individual, while the structural analysis of

gendered ageism gazes down on the individual from the vantage point of existing social structures and power relations. The incongruity between the lenses and the scopes of the two perspectives often leads to contradictions and confusion as the researcher must struggle to ensure that his or her analysis examines and situates both the micro level and the macro level without doing injustice to either and while also acknowledging the areas of inconsistency and friction between the two.

Nevertheless, it is the differences in the lenses of the theoretical frameworks that provides the greatest strength when feminism and the concept of gendered ageism are integrated into symbolic interactionism. Providing a potentially fruitful and pivotal means of researching and interpreting the social world and lived realities of older women, embedding personal experience in the surrounding social context facilitates the combination of elements of agency and structure and thereby accounts for the individual's ability to construct, negotiate, resist and interpret social reality within the stratified social order. The joining of the two theoretical approaches offers a means of giving voice to the individual experiences of older women while simultaneously critiquing and challenging the forces which marginalize them and threaten to render them invisible.

Given that feminism has largely ignored the voices and experiences of older women, my study also addresses a significant gap in feminist research. Clearly, further theory development within feminism is needed to critically evaluate and explain the unique experiences of older women. I would suggest that the integration of feminism and the concept of 'gendered ageism' into a symbolic interactionist framework provides a fruitful means of investigating and interpreting older women's lives. Focussing on how older women construct and

negotiate meanings within a gendered social context will generate important insights into their daily, lived existence.

At the same time, my study furthers the symbolic interactionist exploration and explication of identity in later life. Although my research is similar to the work of Kaufman (1986) and Breytspreek (1984) who investigate the nature of identity and the self in later life, there are a number of important distinctions to be made. Kaufman's (1986) 'ageless self' and Breytspreek's (1984) 'self in later life' are similar to the concept of an 'inside' self discussed in my research. However, my research specifically addresses the relationships between appearance, physical function and identity whereas Kaufman (1986) focusses on the discursive construction of the self through the defining themes in individuals' life stories and Breytspreek (1984) concentrates on the emergence of the self over the life course. Kaufman (1986) does not examine the impact of changing physical appearance on an individual's sense of identity nor the influence of power differentials on the individual's experience of self and Breytspreek (1984) only alludes to body image issues as she argues that "[f]or many people a changing physical condition or appearance does not translate into a more negative self-image or a loss of self-esteem" (p. 108). Thus, my research expands on the work of Kaufman (1986) and Breytspreek (1984) by focussing on the complex and conflictual relationship between the body, specifically physical appearance, and the self. Moreover, my research demonstrates how older women struggle to negotiate the physical realities and losses of aging in order to preserve a coherent sense of self, albeit a constructed one, in the face of social devaluation. My study reveals the difficulties in establishing and maintaining a 'unified self' (Stewart, 1994) and the painful ambivalence experienced by women as a result of gendered

ageism.

Finally, as has already been stated, there has been a lack of research on the lived realities of older women. My study provides insights into how older women construct and negotiate the meanings they attribute to their bodies, the aging process, their perceived attractiveness and their sense of identity within the everyday context of their lives as well as in a society that devalues women in later life.

METHODOLOGICAL ISSUES AND IMPLICATIONS

My findings suggest that there are numerous tensions and contradictions that shape and constrain older women as they negotiate the physical changes of aging. Indeed, the complexity of my findings underscores the importance of qualitative research and its ability to capture the richness and textures of the socially constructed meanings and interactions of older adults. Qualitative methods are particularly useful in uncovering and elucidating the embodied experiences of older women and the ways in which their identities and lives are embedded within the complexities and tensions of social interactions and emerging social norms and shared meanings (Gee and Kimball, 1987). Moreover, as was stated in Chapter Three, qualitative research is an important and effective means of giving older adults "a voice that will enrich our understanding and appreciation of their lives" (Hendricks, 1996, p. 68). The use of qualitative data and the grounded theory method gives older women a voice both in the end product of the research and in the carrying out of the data gathering and analysis stages. As has already been stated above as well as in Chapter Three, qualitative methods provide study participants with a degree of

influence and control over the research process as it unfolds. Throughout the study I asked each individual to make suggestions about how they themselves would go about conducting the research and the questions they would ask. I also frequently asked the women to comment and give me feedback on what I perceived to be the emergent themes and patterns. By giving the women the opportunity to rebut, correct and/or refine my emerging understanding of their body images and embodied experiences, I worked to keep my ideas and fledgling hypotheses grounded in the lived experiences, meanings and words of the older women in my study.

At the same time, there are a number of specific issues that emerged in the course of this research that are important to highlight. First of all, the conflicts and contradictions that surround women's feelings about and assessments of their aging bodies are apparent even in the way many of the women approached the interview process. It was not uncommon for a woman to suggest that body image was a trivial and irrelevant issue for older women and then proceed to describe in detail a myriad of ways in which she was dissatisfied with the appearance of her body or to disparage the bodies of other older women. At the end of the research interviews, many of the women expressed surprise about the amount they had talked about themselves and their bodies and made disclaimers about not usually focussing so much attention on their thoughts and feelings regarding their appearances and their health problems. Moreover, many of the women indicated they were reticent to speak for all women and expressed concern that they had little to contribute to my understanding of older women's body image and embodied experience. I would suggest that these responses are indicative of older women's insecure and devalued social status and arise from the difficulties of speaking about

topics that are generally unexamined or obscured in society. I contend that such reticence and lack of self-assurance stem from the fact that, to date, older women's voices have been largely ignored, discounted and silenced by social norms that place a higher value on youth, health and perceived beauty. Older women are well aware of their reduced social power and, as a result, their confidence in their own ability to speak about their lived realities as well as the importance of what they have to say has been undermined.

FUTURE RESEARCH

Given the complexity of the data and the multitude of tensions and contradictions in the meanings the women attribute to their aging bodies, there are a number of areas that warrant further research. To begin with, it will be important to conduct similar research with women who vary according to race and sexual orientation in order to explore the degree to which they have also internalized existing cultural ideals of beauty and whether or not race and sexual orientation mediate feelings of dissatisfaction with one's body in later life. Moreover, it would be interesting to interview older men around body image and embodied experience issues to more fully explicate how their feelings and thoughts about their aged bodies differ from or are similar to those of older women.

In addition, more research is needed to explore the concept and nature of a later life beauty standard. Many of the women in my study indicate a preference for a more voluptuous beauty ideal and assert that older women should weigh 'a bit more' in later life. It would be interesting to investigate whether or not there is an age effect whereby what is considered physically

attractive changes over the life course. Similarly, additional research is needed to explore whether or not there is evidence of a cohort effect such that today's older generations have been socialized with a more ample body size ideal for women in later life. It will be important to track the views of the younger generations to see if today's ideal of thinness as an indicator of physical attractiveness will have an impact on the future beauty norms for and body images of older women. Finally, I would like to determine the degree to which the assertion that older women have more ample body sizes and the suggestion that thin older women are 'scrawny' is a reflection of the existing beauty standard that dictates that women be physically fit and toned as well as slim. Indeed, the loss of muscle and bone density that naturally occurs as a woman ages may be made more obvious in thin older women than in older women who are fuller in figure. Thus, thinness in women in later life may serve to further remove them from the existing beauty standard.

CONCLUSION

In conclusion, body image and embodied experience are rich areas which yield important insights into the daily existence of older women within a society that values youth and beauty over age and life experience. A relatively under-explored topic, the feelings that women attribute to their bodies and their experiences within their bodies point to how they negotiate the losses and physical realities of aging. Older women resist negative evaluations of their identities, their selves and their lives as they actively construct positive meanings and interpretations of their loss of beauty, health and physical function. The women strive to maintain their sense of identity, social currency

and self-esteem within a social context that values youth, health, physical fitness and slimness, body characteristics that are often beyond the reach of older women. Clearly, by examining the concepts of body image and embodied experience, this study has added to existing knowledge and understanding of the process of meaning construction and negotiation within the lived realities of women in later life.

APPENDIX I
INTERVIEW ONE SCHEDULE

1. Tell me the history of your life, including things like where you were born, whether or not you married, whether or not you had children, your education history, your work history etc...

2. Tell me the history of your body and how it has changed over time.

3. What are some of the changes in your body associated with growing older that you notice the most? How do you feel about these changes? What have been some of the positive changes? What have been the most difficult changes in your body? How do you think that women in general experience the physical changes in their bodies that happen with age?

4. How would you describe the typical older woman's body? What do you remember about your mother's/aunt's/grandmother's bodies and how they changed over time? How would you compare your body to the typical older woman's body?

5. What is your idea of the ideal female body? Who would you say has the ideal body? How has your concept of what a beautiful woman looks like changed over your life-time? Who would you say is an example of a body that you find unattractive? How would you compare yourself with the ideal female

body both now and in the past?

6. Do you have a favourite body part? A least favourite body part?

APPENDIX II
INTERVIEW TWO SCHEDULE

1. Describe your favourite outfit. What is it about the outfit that you like so much? How do you feel in the outfit? What are some of your typical experiences trying to find clothes?

2. What do you make of contemporary fashion? What do you make of the fashion models that we see on the runways? How influential do you think the fashion industry and the fashion models are in terms of how women feel about their bodies?

3. Can you describe one or more moments in your life when you felt that you were at your most attractive? Least attractive?

4. Would you say that you are more concerned about your appearance now than when you were younger or the other way round? Why?

5. What compliments do you receive most often these days (in terms of your appearance as well as your personality/disposition)? What compliments did you receive most often when you were younger? What kinds of compliments did your husbands give you? Your parents?

6. How would you describe your relationship with your husband?

7. How would you describe your sexual relationship with your husband? How would you describe your experience of sex? How has your experience of sex shaped how you feel about your body?
8. How do you feel about your weight? Have you ever dieted or been dissatisfied with your weight? What kinds of things do you do to maintain your body weight, size and shape? When have you been most satisfied with your body weight and shape? Least satisfied?
9. How concerned do you think the average woman in her 80's is with her physical appearance? Is it a source of great concern?
10. What concerns most women in their 80's the most about their bodies?
11. Do you ever feel old?
12. It has been suggested that some people experience a difference between their sense of who they are, what their bodies are able to do and how their bodies look as they get older. What do you make of that?
13. Do you have any beauty rituals? What did your mother teach you about your body? What kinds of things did you pass on to your children?
14. If there was something that you'd like your daughters and/or granddaughters to know about their bodies or the way you think they should approach them, what would that be?

15. What do you make of cosmetic surgery?
16. Why do you think in our society we consider youthfulness to be beautiful?
17. Do you ever experience ageism - whereby people make assumptions about you based on your age or how you look? How do you think that older women in general experience ageism?
18. Do you think that it would be easier to talk to a woman in her 50's or 60's about aging than it is to talk to someone in their 20's?
19. Are there some issues regarding the body that we haven't talked about that you think are important to discuss?

**APPENDIX III
HEALTH PROBLEMS AND SAMPLE CHARACTERISTICS**

	A	B
1	Health Problem	Number of Women
2		(Out of 22)
3	Arthritis	13
4	Hearing Loss	7
5	Heart Problems	6
6	Memory Loss	6
7	Stress Incontinence	5
8	High Blood Pressure	5
9	High Cholesterol	4
10	Osteoporosis	3
11	History of Strokes	3
12	Depression	3
13	Cataracts	3
14	Macular Degeneration	2
15	History of Breast Cancer	2
16	Cardiovascular Disease	2

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