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Bodily Insights From the Crone Woman: Perceptions of Health & Beauty

by

Clara Maria Spijkerman

Submitted in partial fulfillment of the requirements
For the degree of Master of Arts
In the Joint Women's Studies Programme

at

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JOINT M.A. IN WOMEN'S STUDIES

The undersigned hereby certify that they have read and recommend for acceptance a thesis entitled Bodily Insights From the Crone Woman: Perceptions of Health & Beauty by Clara Maria Spijkerman in partial fulfillment of the requirements for the degree of Master of Arts.

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Supervisor: Audrey MacLean

Committee member:

Examiner:

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C. Spijkerman
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TABLE OF CONTENTS

Abstract:

This thesis, entitled Bodily Insights From the Crone Woman: Perceptions of Health & Beauty examines body image as reported by elderly women across their lifespan from a feminist perspective in the year 2001. The author, Clara Maria Spijkerman, traces the life stories of ten older women over the age of sixty who currently live in a mid-sized Canadian city. This paper explores the relationship between old age, beauty and health within contemporary North America in an attempt to discover the role of bodywork in old age. It evaluates the extent to which contemporary North American ideals of beauty and health, as stipulated by the medical community, affect women in old age. In a society that is youth-oriented it might be expected that older women pursue bodywork in an attempt to create an outer body surface that reflects their feelings of inner youth. However, as this study discovered, older women are more likely than their younger counterparts to pursue bodywork strictly for the health-related purpose of maintaining their independence. Health status as defined especially by physical mobility is considered by them to be the central means through which they will maintain active participation in society as opposed to being rendered socially invisible.

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For My Husband, David.

Introduction:

As evidenced through the historical writings of the ancient Greeks such as Plato and Aristotle, the body has long been of interest to scholars, especially with respect to beauty. Since physical beauty has fascinated philosophers for centuries, particularly the beauty of the face, it is puzzling that a systematic sociological study of the body has only recently developed. Although sociologists and feminist scholars have now considered the body for the past twenty years (Davis, 1995; Frank, 1991; Turner, 1995; 1996) there is still much that needs to be done toward a fuller understanding, particularly of aging body and its relation to beauty.

This research seeks to discover how elderly women in North American culture feel about their bodies and how these feelings have evolved over the life course. For the purpose of this study the concept of older has been designated to refer to women who are 60 years or older.[1] In interviewing women over the age of 60, this study focuses on what it is like to be in an aging body in a youth-oriented society by examining how women perceive their bodies in relation to issues such as food, weight, fashion, femininity and beauty by asking questions about an older woman's body history, how perceptions of body image might have changed and/or remained the same throughout the life course becomes apparent.

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[1] Within the literature, gerontologists commonly distinguish between the young-old, the old and the old-old to indicate a demarcation among individuals who belong to the 60 to 64 cohort, the 65 to 84 year old cohort and the 85 plus cohort. However, because the research sample for this study derives from one small senior centre, a sufficiently large number of women to represent each age cohort was not possible. Participants in this study are consequently combined into a single post-60 age category.

The research that informs this thesis reflects a sociological approach to understanding the older female body over the life course, as shaped by North American culture. Key to this study is the role of women's bodywork[2] in old age, undertaken as an effort to comply with a particular body ideal promoted by wider culture. It will be shown that older women understand their continued investment in bodywork as mostly motivated by the desire to achieve an external appearance of vitality that conveys to others their capacity and willingness to continue social involvement. It will be argued that women's notions of vitality are informed in large measure by culturally shaped images of both youthful health and female beauty. As a consequence, older women's notions of how to look healthy and at their best reflect inextricably linked standards of health and beauty. It will be argued that these standards have been socially constructed within a culture that celebrates youth and able-bodiedness. Thus the older woman's feelings about her aging body and the strategies she employs to cope with diminishing capacities conveys much about how the individual internalizes, negotiates, and even resists cultural ideals.

Chapter I of this thesis discusses the body from a sociological feminist perspective. It begins by introducing the macro social forces that have shaped the body in general by analyzing various competing theories that have influenced social thought on the body. Discussion begins with a look at how naturalists have theorized the body and moves on to examine the approach of Michel Foucault (1976, 1980) who theorizes the body from a poststructuralist perspective. Foucault's work is central to this thesis, as his notion of power exercised through the disciplining apparatus of the state results in control over the bodies through the concepts of health, docility and discipline. While Foucault did not write about the female body specifically, the power discussed within his philosophical writings can be applied to the aging, female body. Central to the discussion

[2] For the purpose of this study bodywork is defined as the effort one invests in their own body to achieve a desired appearance, encompassing all, or aspects of, health, beauty, and fashion.

of the medical gaze discussed in Chapter I is Foucault's rendering of Jeremy Bentham's Panopticon as a metaphor for how modern bodies are continually monitored to ensure they do not deviate from socially constructed norms. Following a detailed discussion of Foucault's work on the body, Chapter I turns to consideration of the body specifically under the conditions of early and late capitalism. This draws from the work of Bryan Turner (1987, 1996) who argues that the human body has taken on a new significance with the maturation of capitalism. The discussion focuses on prominent changes that have occurred within medical practice to shape approaches to illness, disease and conceptions of health and beauty for the female body.

Lastly, and from this discussion, the work of Kathy Davis (1995) is outlined to counter the notion of women's bodily practices as rendering them "cultural dopes."[3] Davis' work is also presented as central to revealing how and why the female body is more disciplined, in the Foucaudian sense, compared to the male body. The social forces that have influenced women to invest in bodywork so that they remain slim, youthful and healthy looking are highlighted. Chapter I concludes with a discussion of specific concepts and theories relevant to women and aging. Beginning with how aging is generally viewed in Western contemporary society it moves to how aging women in particular are received.

The literature review presented in Chapter I incorporates sociological insights into power, gender and the body to anticipate how the accounts offered by aging women who participated in this study will provide insight into why, as a culture, we fear the aging process and how individuals undertake to defy its onset. Indeed, a feminist analysis

[3]The notion of a cultural dope is applied to individuals who blindly invest in bodywork without questioning the socially constructed reasons for doing so. The term "cultural dope" was first coined by Harold Garfinkel (1967). Garfinkel coined the term in criticism to the functionalist concept of agency where the human actor has internalized cultural norms to the degree that her actions, in this case her investment in bodywork, are limited to a predetermined cultural script without allowing for resistance.

examining how women feel about their bodies and why women continue to invest in their bodywork must encompass women of all ages, since body image knows of no age limits and hence, transcends across all cohorts.

Following an in-depth examination of the existing literature surrounding the body in general and the older female body in particular, Chapter II details the methodological approach employed for this research. It commences with an outline stating how feminist methodological principles differ from those of traditional sociological interviewing techniques. The chapter proceeds with a brief overview of how each interview was approached, how participants were informed of the nature of the project, and measures taken to build trust and rapport with participants in an attempt to build a sociology *for* rather than *about* women (Cotterill, 1992). Chapter II also details the research site and the process involved in recruiting older women to participate in in-depth interviews to discuss their life histories surrounding body image vis-à-vis health, beauty, and aging. To conclude this chapter, the process involved in analyzing transcripts is described to explain how key themes, words and metaphors emerged from the data. It will be shown that from the initial analysis of women's accounts, the distinct themes that became apparent for analysis included:

1. notions of beauty and health across the life course
2. views on the aging process (specifically the experience of menopause and the importance of maintaining independence as one ages)
3. views on body modification (including cosmetic surgery).

Following the description of methodology outlined in Chapter II, Chapter III begins the task of presenting research results from the individual interviews with the ten older women over the age of sixty. Chapter III starts by discussing the issue of health, a state of being described by many as taken for granted during youth, but one requiring personal investment as one ages. Bodywork to maintain health is seen as a worthy investment and women describe health goals as taking priority over beauty goals as they

age. Related to health, the issue of physical exercise is examined to discern its role in realizing health benefits versus those of beauty. The idea of distinguishing health motivated aspects of bodywork from beauty motivated aspects is explored. Following this discussion, the experience of menopause and the prevalence of Hormone Replacement Therapy is explored to introduce the role of medicalization in older women's lives. This chapter concludes with an examination of the women's views on body modification to offset the appearance of aging, specifically cosmetic surgery, a procedure that most have adamantly chosen not to undergo. The women's acceptance of the aging body is key to this discussion, as is the fact that health takes precedence over beauty in each of the interviewed women's lives. These values can be traced back to women's accounts of adolescence, during which time the female body was defined by its *natural* beauty as opposed to its malleability as a postmodern aesthetic object.

Chapter IV concludes with a discussion of the results found in relation to the current literature. As well, this chapter details future research that needs to be conducted to add to the now sparse literature on the aging body. This is essential if we are to gain more insight into what it is like to be living in an aging body that is becoming increasingly more fragile in our contemporary North American youth oriented society.

"Taught from infancy that beauty
is woman's scepter, the mind shapes
itself to the body and roaming
round its gilt cage, only seeks
to adorn its prison"
(Wollstonecraft, 1792).

Competing Theories of the Body:
The Naturalistic Body:

Although a sociology of the body has only recently developed, naturalistic theories that have shaped people's perceptions about the body, self-identity and society, have existed since the eighteenth century. Contemporary naturalists believe that the capabilities and constraints of the human body, as determined by biological factors, primarily one's genes, define individuals and produce the social, political and economic environment as well as the national and international patterns of living found within those environments. Thus, gender inequalities surrounding wealth, legal rights and political power are generated by biology rather than socially created. For example, sociobiology, as a naturalistic theory, holds that if men were given the freedom, they could theoretically inseminate thousands of women rather than remain sexually faithful to one woman. This is because men, by nature, want to spread their genes as widely as possible, ensuring that their genetic make-up will survive into future generations. Hence, due to men's inherent copulatory desires, a woman must be coy to discover which male has the best genes. She must also try and select a mate who will stay with her to raise her child following insemination (Wilson, 1993). According to this reasoning, a woman whose mate abandons her and her child(ren) is held accountable for not having properly selected a suitable mate since a woman is able to assess the "mate quality" of a man through his resources and/or social status. A man's resources and his social status signal attractive mate qualities to a woman since they are achieved through social competition with other

men. Corresponding to a woman's ability to assess to man's mate quality, men assess a woman's quality by her physical attractiveness since a woman is unable to reveal her ovulation and fertility capabilities in an overt manner (Singh and Young, 1995).

Sociobiology, a branch of naturalism that was developed in the 1970s, links human behavior to a biological premise, particularly the gene. By tracing an individual's genes, sociobiologists try to explain social behaviors on the basis that they are both natural and desirable for human survival (Shilling, 1994). Unfortunately, sociobiologists do so without assessing the role that socialization plays in human relationships.

Socialization is an integral aspect of human life since from birth men and women are raised within a culture that teaches them about their unique roles within society pertaining to socially constructed ideals of masculinity and femininity. Indeed, socialization is an important element when examining the female body since varying cultures have constructed different ideals. As a result, uncovering such ideals can provide insight into why women, under different social environments invest in different kinds of bodywork.

Unfortunately, sociobiologists ignore the process of socialization even though the investment of bodywork and the female body varies significantly from one culture to the next. By neglecting to examine the role of socialization, sociobiology fails to be an intellectually persuasive approach to explaining human behavior. It is merely a pseudo-science because it fails to incorporate rigorous investigation into the complexities of human social life and is unable to provide sufficient biological causality necessary for its theory (Shilling, 1994). When causality is referenced, sweeping generalizations are made despite the fact that only average differences have actually been found (Shilling, 1994). For example, in a study surveying one hundred and one male undergraduate students it was ascertained that men prefer young, slender nubile women because they assume these women will have a higher reproductive capacity than heavier women. This conclusion was also based on the assumption made by sociobiologists that men solve the problem of

not being able to accurately assess ovulation or fertility by attending to a woman's physical attractiveness. It is assumed that a woman's attractiveness is a reliable source for determining mate quality. Although only one hundred and one men were surveyed, it was concluded that all men prefer slender women to heavier women strictly on the basis of nature rather than socialization (Singh and Young, 1995). However, all of the men surveyed were university graduates, eighty one per cent of whom were Caucasian American. Thus it can be assumed that the results were extrapolated from a convenience sample of undergraduate males who are likely to be middle class and have a bias toward middle class perceptions of female beauty, which include slimness, firmness and youth.

Although sociobiologists argue that men prefer slender women as opposed to heavier women, the trend for preferring slender women is a fairly recent phenomenon within North America and is by no means a cross-cultural standard. Authors Singh and Young (1995) attribute men's attitudes of dislike towards fatness to the fact that North America is a society where food is abundantly available to women, providing most women a higher socioeconomic and health status than their underdeveloped, female counterparts. As well, since food is readily available to most North American women, those women achieving a slim, taut body (as opposed to an obese body) have become a marker of distinction. Women who are slim have achieved the will power to resist and control their hunger to achieve the socially constructed North American beauty ideal. In other words, the ability to deny appetite is a viable avenue through which one can express self-restraint. This self-restraint is a type of beauty ideal that is symbolic of wider cultural values including self-control, discipline and will power. As a result, sociobiologists interpret social conditions from a sexist and ethnocentric perspective that almost always favors the white, Anglo-Saxon middle class male (Shilling, 1994). Unfortunately, they completely ignore the aspect of socialization in their "scientific" analysis, an integral component which when neglected, strengthens sociobiologist's arguments significantly (Connell, 1987, in Shilling, 1994).

In contrast to the naturalistic approach, social constructionists believe that the body cannot be entirely analyzed as a purely biological phenomenon. Rather, social constructionists suggest that the body is shaped, constrained and/or invented by society (Shilling, 1994: 70). In order for the body to become civilized[4] Elias suggests that it is first socialized, then rationalized and finally individualized. As the body becomes increasingly affiliated with the social body, it moves further and further away from the biological and/or natural realms of life. The process of socialization is accompanied by rationalization that ensures that the boundaries between consciousness and instinctual drives become stronger. By improving such boundaries certain impulses are prevented from being displayed. The final stage of individualization is reached when the individual perceives him/herself to be separate from other bodies in society. This process is key since it allows for each individual body to realize that it is unique and different from other bodies, encouraging a greater degree of reflexivity (Shilling, 1994: 164-167). Social constructivism states that the modern (civilized) body is a rational body exemplifying a high degree of control over its emotions and behavior.

Taken to the extreme, this view ignores the fact that the human body has a dual membership in both a natural environment as well as cultural environment. Processes such as birth, decay and death place the body in its natural realm, while the phenomenology of these events is heavily influenced by cultural beliefs, symbols and practices. Hence, Turner (1996) suggests that we approach the body from a materialistic stance. Since the body is formed and located within society, our physiological state of being – our natural body – can be shaped by culture. On an individual material level, the body can be viewed as an environment that has a finitude since our natural bodies

[4]According to Elias in the *History of Manners* (1982), non-civilized bodies gradually became civilized through the inculcation of various fears and an increase in social control. Aspects such as shame and embarrassment self- imposed through external social controls, were fundamental in converting the behavioral patterns of the non-civilized body.

eventually decay and die. But as Turner states, an individual's consciousness involves embodiment, enabling human beings to have both a natural body that is intimately tied to our physiology and simultaneously be a body that is influenced by our residence within culture and society.

Foucault, PostModernism and the Body:

While both men and women are socialized to be civilized, the female body is affected to a greater degree by culture[5] (Bordo, 1990a; Cole, 1993). Cole argues that culture is a mode through which social order is constructed, categorized, experienced, regulated, obtains meaning, and where social relations are legitimized (1993: 82). Furthermore, Cole argues that Western views of gender imply certain behavioral and personality correlates of males and females. Distinctions such as masculinity/femininity, leanness/fatness, hardness/softness, and triangular/hourglass are each culturally produced. This trend in Western culture which views the body in terms of opposites is relatively new, dating back to the eighteenth century, prior to which time, the body was primarily thought of in terms of homologies[6] (Bolin, 1992; Gallagher and Laqueur, 1987).

[5]Culture is defined as the broad arena of dominant and contested symbolic authority within complex and specific socio-historical 'fields' and social formations (in Cole, 1993: 82).

[6]In *The Making of the Modern Body* (1987), Gallagher and Laqueur suggest that viewing men and women in terms of opposites is a recent phenomenon. Prior to the eighteenth century gender theory stated that the female body was the same as the male body. Indeed, for thousands of years it was thought that female reproductive organs, although underdeveloped in comparison to male genitalia and inside the body rather than outside, were similar. As stated by Nemesiums, bishop of Emesa in the sixth century "Theirs [women] are inside the body and not outside it" (in Laqueur, 1987: 2). Women did not have unique genitalia, such as the clitoris, only smaller reproductive organs (Gallagher and Laqueur, 1987: viii).

Panopticism and the Body:

According to Foucault (1978) discourse not only provides meaning to the body, but discourse is what comprises the body in its entirety. According to this poststructuralist way of thinking discourse represents a set of principles which integrate specific networks of meaning that act as a stimulus in establishing relationships between the things that can be seen, thought and said (Shilling, 1994: 75).

Foucault understands the body in relation to the organization of power. A certain kind of power became entrenched within the structures of society during the eighteenth century as a result of an increase in population. This transition led governments to realize that they were no longer dealing with individual subjects or even people but rather a rise in populations as a form of wealth, populations as manpower, and populations balanced between its own growth and the resources it commanded. A rise in populations, consequently allowed governments to accurately calculate birth and death rates, life expectancy, fertility, state of health, and frequency of illnesses, in addition to patterns of diet and habitation (Foucault, 1978: 25). By calculating annual statistics, the government body was able to establish standards that led to its ability to control large populations. As a result, the bodies of individuals and populations came to be seen as the carrier of new variables. These new variables included birth and death rates, life expectancy, fertility, state of health, frequency of illnesses, as well as patterns of diet and habitation. Foucault points out that such variables were calculated not only between the scarce and the numerous, the submissive and the restive, rich and poor, healthy and sick, strong and weak, but between the utilizable and all those individuals who would or would not survive and between death and illness.

By viewing the body's biological traits within these sets of problems -- survival and nonsurvival and death and illness -- the government was better able to manage the economy (Foucault, 1980: 172). While the government had long ago recognized that a

country had to be populated if it hoped to achieve prosperity, wealth and power, the eighteenth century was the first time that the government recognized the fact that the future and fortune of the country was related to the manner in which each individual made use of his/her sex (Foucault, 1978: 26). Sex became an object of analysis and a target of intervention primarily through the collection of annual statistics in an attempt to regulate the population with respect to, but not limited to, birthrate.

In addition to objectively analyzing citizens' sexual behavior and how individuals made use of their sexual capacities, the collection of annual statistics also allowed for the management of the population by removing the sick, especially those who were poor, from the general population, and into hospitals where their symptoms could be patterned. Such hospitals permitted patients, who displayed similar disease patterns, to be brought together. Hospitals also allowed for the large collection of corpses for autopsy, from which pathological science was developed (Outram, 1989). While it had long been known that a country's prosperity was tied to its population, the eighteenth century was the first era to recognize that its future and fortune were intimately connected to each individual (Foucault, 1978). Indeed, the body as a self-project -- a body that was invested in by the individual to retain its health -- was well under way.

As Foucault and others point out, with the transition from a traditional society to a modern society, women are controlled as a whole body. This is because governments have shifted their control from the individual body to regulating the population as a whole. Governments achieved control over their entire population, suggests Foucault, by simultaneously implementing the idea of the Panopticon[7] into schools, the army, and

[7] Foucault applies Jeremy Bentham's nineteenth century model for the ideal prison, the Panopticon, to illustrate how society is surveyed and thereby disciplined. At the periphery of the Panopticon stands a structure that is shaped like a ring; the centre contains a tower. This tower is housed with numerous windows allowing the prison guards to view the prisoners at all times when they are present in their cells contained within the annular building. Each cell contains two windows that correspond with the tower windows. This prison set-up only requires one guard to be seated in the tower.

hospitals. By extending the Panopticon into these various institutions, control could be exerted over large bodies of people while knowledge was gained through the statistics gathered from the population, which were integrated into policy and planning decisions (Shilling, 1994). This is particularly true for the medical profession that both collects birth and death statistics (Foucault, 1975) and socially constructs ideal weights. It must be made clear however, that the Panopticon is not a physical structure that was placed within societal institutions. Conversely, Foucault used the idea of the Panopticon metaphorically to explain how governments controlled their populations through surveillancing individuals at all times. Like the tower at the centre of the prison, individuals are monitored within schools, hospitals and the media to act in a particular manner.

In turn, the media thrives on this knowledge in concretizing the North American beauty ideal. The media can be thought of as technology of femininity that manufactures and normalizes the female body (Cole, 1993). It has sculpted the ideal female body with regard to fashion, shape, size, gesture and adornments to permeate dominant lifestyle politics, becoming an integral aspect of contemporary culture (Cole, 1993: 87). Turner (1996) and Shilling (1994) support Foucault's idea that control or the regulation of populations in space has been accomplished through the social institutions that emerged in the modern period by a mode of control such as panopticism (Shilling, 1994; Turner, 1996).

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who by virtue of the prison structure, can gaze at the prisoners at all times. They are perfectly individualized and constantly visible as each prisoner is enclosed within his cell. Comparable to a woman living in present day society, the prisoner "is seen, but she does not see; she is the object of information, never a subject in communication" (Foucault, 1980: 200). This lack of exposure to fellow inmates guarantees order and docility.

The Body and Individual Health:

Foucault argues that by the end of the eighteenth century the old manners for viewing the body as individual subjects or as a "people." disappeared. The form of viewing the body that replaced old traditions was that of the penetrating medical gaze that observed the body in its entirety rather than in terms of separate parts. Increasingly, the body was spoken about with respect to symptom complexes and episodes of illness (Outram, 1989). As stated in The Birth of the Clinic, this was made possible through an upsurge in hospitals (Foucault, 1975). Because the hospital allowed for surveillance, the body became docile and analyzable through pathology.

Outram (1989) suggests that the new hospital provided the medical profession with socio-political strength. Training hospitals, which were designed to provide a "universal" concept of health, also perpetuated the view of the omniscient doctor. While the government was aware that its nation's prosperity was contingent on a healthy population, it was only the middle-class who could afford medical expertise during the eighteenth century. Hence, the concept of health and the philosophy and therapy it embraced were directed at the middle-class and was quite different from the medical advise that was prescribed to lower social classes (Outram, 1989: 47).

Increasingly, health became the responsibility of the individual, an ideal that the middle-class strove to achieve. It was expected that individuals pursued their own health. This new approach to health encompassed the person, the body, and self-management in such a manner that each individual body became separated from other individual bodies. It was believed that the body could at any time separate itself from unwanted diseases which existed within the external world (Outram, 1989: 48). The notion of individual health became firmly established when the body became secularized. Although the soul continued to exist, it no longer had a specific location, furthering the idea of moral goodness to attenuate. Today, the shift from the soul to the individual, secularized body

has become the norm, ensuring the continuous production of self-monitoring, self-disciplining and constant self-improvement so that bodies do not deviate from social body norms (Bordo, 1990a: 85).

Marxism and the Body:
Commodification and the Body:

Commodification within capitalism is crucial for Turner. The commodification of the body is fundamental to understanding how the self has become tied to consumer goods. For capitalism to be socially and economically successful the self must be presented according to a particular image. In high modernity the acceptable self-image has taken on the convention of youth, health, and beauty. By constantly promoting health, youth and beauty women feel obligated to meet these ends to be socially acceptable (Shilling, 1994: 92). Bolin (1992) argues that women become commodities because their bodies in relation to beauty are constantly changing, forcing them to continually have to buy more fashion products. As well, physiological changes that affect women specifically such as menstruation, pregnancy, menopause and old age are used to sell beauty products so that women continue to be viewed as economic commodities. When a woman buys into the beauty industry she is promised control over her body and in turn control over her life (Davis, 1995). At the same time, capitalism would weaken if all women no longer continued to invest in their bodies. Women have become capitalist commodities because identity, exchange value and self-worth are all embedded within the notion that the body must be managed to the point that it is constructed:

> ...to be even more multi-functional than its predecessors. It is a body that can be used for wage labor, sex, reproduction, mothering, spectacle, exercise, or even invisibility as the situation demands. It is also a body that is constructed to accommodate the available whims of fashion, and a postmodern aesthetic which

> demands the capacity to project a multiplicity of looks and attitudes with apparent effortlessness (Singer, 1989: 57).

Although sociologists such as Foucault, Turner and Bartky, amongst others, have contributed greatly to our understanding of the sociology of the body and have explored the body in relation to a consumer culture, they do so by treating women as passive bodies with regards to the media, suggesting that we are "cultural dopes." This approach fails to explain women's specific relationship to their bodies and their involvement within body perfection in the name of femininity (Bordo, 1990; Davis, 1995). Similarly, Davis argues that sociologists, like psychologists, blame women for their brainwashed beauty rituals, ignoring the feminization of culture more generally and how women relate to their bodies in a society that promises much, but offers few alternatives or options for women (1995).

Capitalism and Health:

For capitalism to function properly a healthy workforce was required. Coupled with the secularization of the human body, health was placed in the control of the individual and their subsequent life course actions (Outram, 1989). Turner (1996) states that there was a general process by which the body ceased to be a part of the religious culture and was instead incorporated into the secular culture of scientific discourse via medicalization[8]. Moreover, internal restraints that controlled the body through the mind shifted to the outside of the body that represented worth and prestige within contemporary society causing beauty to become technical (Synnott; 1989; 1990). Indeed, when a woman looks good she is good. This philosophy has played a role in the increased demand for cosmetics in an attempt to control the body, particularly in a society that correlates personal status with narcissism (Turner, 1987: 226).

[8] Medicalization is the process that defines an object or a condition as an illness allowing it to be controlled by the medical profession (Findlay & Miller, 1994).

Turner explains how the body was recognized in terms of overtness as opposed to covertness by tracing the history of the word "diet". The word diet stems from the Greek word *diaita*, meaning total mode of life. During Greek times, diet was used to readjust any of the four maladjusted humors. The second feature of diet stems from the Latin word for day or *dies* pertaining to the political diets that met on certain days thus regulating political life according to the calendar. Turner argues that when *diaita* and *dies* are combined, the diet of a dietary regimen can be defined as "a total regulation of the individual body and a government of the body politic" (1987: 227). Historically, diet has been a central theme in the medical regimen which stems from the Latin word *regree* or rule indicating any system of therapy, including a regulated diet by a physician (Turner, 1982b: 254-55). Specifically, the medical regime regards illness as a disorder within the political system and disease as the absence of ease within the human body[9].

Within contemporary societies, bodies are controlled through medical dietary regimes. Although eating is necessary to sustain life, it is heavily influenced by cultural values and expectations. When the body has gained control over its eating habits, personal autonomy is achieved and a "mode of living" (a regimen) is established. A medical regimen is classified as having voluntary attributes since each individual has the discretionary power to follow their physician's advice and orders. However, the process of achieving personal autonomy involves a process during which the body becomes the locale where will power is exercised over desire. This is a persuasive argument for why Western society fears the process of aging, since the process of decay implies a lack of

[9]Turner distinguishes between the concept of disease and illness when discussing the human body. Disease refers to pathological abnormalities whereas illness refers to symptoms (subjective sensations) and signs (objective findings diagnosed by the medical regime). Turner draws from Morgan (1975) and argues that while disease applies to all species, only human beings are able to experience illnesses since they are socially constructed, as is the case with mental illnesses. Because illnesses are socially constructed they relate to a specific disorder within the political system. At the center of this political system lies the body and its relation to gender identity and gender personality, both of which are socially constructed (1996: 67-68, 178).

control over the body. Furthermore, because social order rests upon orderly and controlled bodies, aging is perceived as deviant and a threat to orderly success (Turner, 1996: 177).

The Medicalization of Beauty:

Lupton argues that health has now become synonymous with beauty for women. The belief that eating the right foods will lead to a healthy, slim, youthful and ultimately beautiful body is pervasive within North American culture. As a consequence, dietetic regimens pursue the idealized body weight and or/shape, becoming a form of controlling the body, rather than the soul. Thus food and health encompass both the definition of ascetics as well as aesthetics (Lupton, 1996: 137). It can therefore be argued that the pursuit of a dietetic regimen in the name of health simultaneously pursues beauty. Beauty "problems" of old age, including illness and cosmetic aspects come to be viewed as erasable through certain types of "healthy" foods. Signs of age must be alleviated since Western society associates external body appearances with inner goodness and personality. It is assumed that an individual who no longer looks young, healthy and beautiful has very little to contribute to society. Moreover, because sex appeal is associated with having a slim, healthy body, many women invest in bodywork to "produce a healthy body, which is synonymous with a slim, attractive, youthful, sexual body" (Lupton, 1996: 137). While the slim body symbolizes values of self-control and self-denial, the old body signifies failure, break down, decay and a lack of health.

The medical profession therefore indirectly perpetuates the Western beauty ideal in two distinctive manners. The first is deeply rooted in the modern outlook that views the body as a machine; an input - output system which can be mathematically quantified (Turner, 1982b: 259). Such a body can be altered through organ transplants, cosmetic

surgery, chemical face-lifts and dermabrasion,[10] stomach stapling and lipo-suction (Bordo, 1990a; Davis, 1995).

> The metaphor assumes significance immediately if applied to the concept of man who has a rational soul totally distinct from his body. For the purpose of man's conscious and purposeful life, the body can indeed be considered as a machine that will run according to the manipulations of the machinist. And it will run all the better if it has no purpose of its own, if it is stripped of teleological assumptions and of the vegetative and animal soul with which the ancients endowed it" (Owsei, 1977: 276).

As a result, science has come to be associated with the idea of human freedom from bodily determinants. The technology of cosmetic surgery therefore knows no limits. While first originally implemented to "fix" broken or deformed body parts during modernity, postmodern technology[11] has metamorphosed into a multi-billion dollar industry that rearranges, transforms and corrects the body, defying its naturalness (Bordo, 1990a: 653). Indeed, we are able to pick and choose how our body will appear so that the outer surface accurately represents our present, inner self. If this metaphor of the body failed to exist we would not view the body as needing cosmetic surgery when it becomes old, needing to lose weight when the body gains too much weight; nor would we strive to achieve youth and beauty at a time when the body simply wants to age. Ironically, the very culture that tells us that we have individual choices with respect to how our body appears erases the notion of individuality and molds our choices in a very linear direction (Bordo, 1990a).

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[10]In her study of cosmetic recipients in The Netherlands, Davis (1995) discusses chemical face lifts and defines this process as the "dissolving of top layers of the skin with acid" and dermabrasion as the "sanding down the skin with a machine-powered wire brush" a process that can delay face lifts or eliminate fine lines which are caused by sun exposure, smoking, and acne scars. For an interesting and well-written overview of the history of cosmetic surgery, refer to *The Reshaping of the Female Body (1995)*.

[11] By postmodern technology I am referring to today's highly advanced technologies such as chemical face-lifts, dermabrasion, stomach stapling, lipo-suction, and breast implants that allow women (and men) to mold and shape their body into a so called "ideal" type as opposed to those technologies which in the past have merely fixed broken or deformed body parts.

Secondly, while the medical discourse does not outright tell women to be thin, it does convey a clear message as to which foods are fattening and which are slimming, which will prolong an individual's life and those foods that will decrease an individual's longevity (Lupton, 1996). Sherwin argues that the medical profession has created double binds for women by labeling everyday bodily and mental states as pathological. By medicalizing processes that are natural to the female body including menstruation, pregnancy and menopause, control is taken away from every individual woman. In addition, women are often characterized and judged as being too fat, too thin, eating too much or too little, exercising obsessively or not exercising enough all the while being held accountable for the health effects (Sherwin, 1992). To this list we can add the fact that women are seen as not aging as gracefully as men and that their health status is problematic within old age, a process that over the years has become increasingly medicalized. While the medical profession pathologizes the female body they provide few viable options to help women rid their bodies of persistent illnesses. The media thrives on the medical profession's scientific evidence and discourse which provides the panacea for the perfect, young, beautiful, healthy body and constantly reveals that the female body is inadequate, imperfect, and flawed (Bordo, 1990a: 660). Consequently, both the media and the medical profession are contributors to the beauty ideal and food/health/beauty triplex (Lupton, 1996). Further, rooting women's health in pathology warrants a special treatment that justifies treating women differently from men (Sherwin, 1992).

Health, the Confession and Panopticism:

Health is not merely an investment in avoiding sickness, illness and disease; it is a yardstick with which to judge others. As a result, health is not only a preoccupation but also a pan-value or standard by which to judge an increasing number of behaviors and

social phenomenon. Rather than a mere achievement of other fundamental values, health can be defined as an end in itself. Within current culture, good living is equated to a simple health issue just as health corresponds with all that is good in life (Crawford, 1980: 380-381). Edgley and Brissett (1990) argue that not only has health become an individual craze perpetuating the idea that most anyone can be healthy provided they are equipped with the right diet, exercise, and life-style, but in addition, there is a strong belief that everybody should be healthy and adopt the right criteria to achieve health. It is no longer socially acceptable to smoke, eat a fatty diet, or drink while pregnant. Indeed, discussions surrounding what to do about these ubiquitous terrors of life have become a normal aspect of our daily lives. It is more difficult for an individual to justify the act of smoking when engineered in the name of health than it is to justify smoking if masterminded in the name of religion, political, or economic ideology. As Edgley and Brissett point out, the pursuit of "Holistic Presbyterianism" carries with it negative connotations due to its religious affiliation, while the pursuit of "Holistic Health" is an acceptable lifestyle choice (Edgley and Brissett, 1990: 261).

The media is one of the primary agents in promoting the idea that all should pursue health. For women this entails being slender, fit, and glowing. Moreover, to have the perfect body media messages make clear that one does not smoke, drinks only in moderation, regulates dietary intake, exercises regularly and intensely, has the correct amount of body fat (20 per cent for women; 15 per cent for men) and has the proper muscle strength (Cole, 1993; Edgley and Brissett, 1990). When our bodies are healthy we assume that we are in control. Those individuals who are socialized "properly" and follow the media's advice are promised a kind of self-control and bodies that are highly compliant with social standards of health and beauty. Such individuals are promised a virtuous and successful life, one that is accompanied by liberation. Conversely, those individuals who partake in eating "bad" foods are seen as social failures lacking in self-control.

One of the techniques used in ensuring that individuals follow the media's advice where health is concerned is through the confession. Confessions became popular during the Middle Ages when certain confessional techniques were established, interrogation and inquest was implemented, as well as the implementation of tribunals of inquisition. All of these new confessional methods contributed to the confession taking on a normal role within society, leading individuals to acknowledge his/her own actions and thoughts (Foucault, 1978: 58). Although originally religious in nature, today confessions have become secular and widespread to the degree that they play a part in our everyday lives causing Western society to "become a singularly confessing society" (Foucault, 1978: 59). As Spitzack states, confessions not only desire to learn the truth but also seek to normalize individuals who deviate from the laws governing society, in an attempt to ensure control and order over large populations. Indeed, confessions allow marginalized individuals to be reintegrated back into the whole of society (Spitzack, 1990: 60).

A fundamental reason why the confession is successful in discovering the truth is that it takes place within a Panopticon. Foucault's ideals pertaining to the Panopticon are essential to understanding why "docile" women at the micro level invest so much of their time in bodywork. Women now can be viewed as a part of the Panopticon since they are constantly gazed upon by themselves, and by men and others, including institutions, within society. The perception of constantly being watched, reinforces women's self-monitoring and their attempts to control their behavior, which over time becomes internalized. Women receive ideas from certain institutions including the media and the medical profession. The media especially, conveys the message that in order to be considered normal women should be thin, possess a youthful disposition and strive to achieve society's expectations of beauty. As a result, beauty rituals must be viewed in terms of normalcy since as portrayed by the media beauty rituals allow women to feel normal.

While her friends, family etc. may deem a woman attractive, she may have a

particular body part that she absolutely loathes, causing her to suffer in her relationships, her sexuality or her workplace. As a result, this woman may think she looks deviant, rather than normal. Are we to expect that she should continue to suffer because others think that she appears normal? No. Indeed, the beauty ritual presents itself as an opportunity for feminists to unravel why some women think some parts of their bodies are acceptable while others are not. What the existing reasons used to discern the distinction between a normal body and a deviant body? How do women negotiate their relationship with their bodies?

The Feminist Body:
Theorizing the Body from a Feminist Perspective:

From the aforementioned review of the literature we can see that women continue to invest time and money into bodywork to a greater degree than men because of socially constructed sex and gender distinctions. Gender has become culturally specific with regard to the human body and, for ideological purposes, particular body codes, including cosmetics, have been institutionalized in order to help define gender identity (in Cole, 1993: 81). As Epstein and Straub (1991) argue, male and female bodies are influenced by cultural politics resulting in unstable sex/gender systems that are socially and culturally constructed. Unfortunately, these sex/gender systems influence the female body much more profoundly than the male body. This becomes more evident by reviewing female fashions during the twentieth century which witnessed tight-lacing, the Gibson girl, Twiggy as well as the "healthy look" promoted during the nineties: not only are we expected to be thin, beautiful and youthful, we must also be in shape (Bolin, 1992, Banner, 1992). While social trends progress and change, the unstable nature of culture always influences the female gender and her appearances more than the male body. This allows society to maintain essential socially constructed ideals in how the female body

should look and in turn act. In other words, social boundaries of what is expected of women with respect to their bodies and the way that they project their bodies through their actions.

Synnott (1989) describes the Renaissance as the period during which time women (an men) began to invest in bodywork. Conversely, most feminists attribute women's investment in bodywork to the eighteenth century when the genteel woman was expected to produce an "hour-glass" figure through tight lacing (Bolin, 1992; Davis, 1995). Due to the fact that tight lacing caused many genteel women to faint, and suffer ill health in the form of paleness and thinness, frailty came to be associated with feminine qualities that were deemed fashionable. These are characteristics that continue to be promoted by the media through current images of youth and femininity. This is because patriarchy wants women to invest in their bodies to achieve two purposes. The first is that treating women as commodities that need to maintain their youth and femininity fosters capitalism. Indeed, the beauty industry is a multi-billion dollar business. As well, patriarchy benefits men by socializing women to believe that they need to invest in their bodies to achieve happiness and control over their lives rather than investing into their careers and/or education. As a result, femininity is a gendered trait that has been socially constructed to stand in antithesis to the masculine traits of power, strength, instrumentality and adulthood. As a consequence of being mostly valued for their physical appearances, women understandably continue to invest in their bodies if they want to successfully integrate into society.

In Reshaping the Female Body: The Dilemma of Cosmetic Surgery, Kathy Davis (1995) suggests three possible reasons why the sociological approach that reinforces the idea of a "cultural dope" fails to understand women's involvement in their bodywork. First of all, although feminist sociologists have paid special attention to masculine

epistemology and the dualistic demarcation between mind and body[12] this capacity for knowledge and reason disappears within their discussions of the female body. In other words, although human beings are embodied creatures a woman's investment in her bodywork is theorized by some feminist sociologists in terms of altering the body, rather than the self.

Next, says Davis, some theoretical approaches see investment in bodywork as something that cannot be actively and knowledgeably chosen. Hence, the notion of women as "cultural dopes" is buttressed by an inaccurate conception of agency. Indeed, women's agency is constructed on the basis of their subservient position, causing bodywork to be a reflection of their compliance to a system of patriarchy. A "cultural dope" approach does not recognize that women are aware of their social situation and that the actions they take in transforming their bodies are guided by agency, even though the consequences, may, in fact, be reproducing the inferiority of the female body. Thus, at their hand beauty rituals become disembodied practices that are analyzed as separate from "women's experiences, feelings, and practical activities" (Davis, 1991: 29).

Finally, it fails to acknowledge the moral contradictions women are faced with when they invest in their bodies in an attempt to alter size, shape, and/or appearances. Women's reasons for legitimating, defending and criticizing their decisions for investing into their bodies are largely ignored in sociological analyses. When some feminists treat women as "cultural dopes" little incentive is provided to discover why women choose to alter their bodies. Indeed, the reasons are already "known." Asking women about their decisions concerning beauty rituals become irrelevant because anything that a woman says in defense of her actions will simply be attributed to her being a "cultural dope." Thus, the theoretical framework of the "fashion-beauty complex" cannot be furthered.

[12] Mind-body dualism is a philosophy that divides human experience into a bodily and spiritual locale. When applied to the female body, this dualism sees women as emotional, the antithesis of the male body which is ruled by rationality, social power and self-control (Davis, 1995).

Even when women state that they feel liberated, that their self-esteem has been raised, and/or that their suffering has ended, a woman's reasons will still be attributed to her blindness, her lack of knowledge, and awareness and/or her oppression. However, this assumes that women have no knowledge about how beauty norms shape their everyday experiences. Moreover, women are oppressed to varying degrees, while some are not oppressed at all. Consequently, adopting a "cultural dope" approach does not allow us to gain insight into why a woman chooses to invest in bodywork and fails to understand her moral dilemmas with particular body alterations.

Viewing women as brainwashed, cultural dopes wrongly suggests that we are giving in to dominant ideology which "overlooks both the gaps which are continually allowing for the eruption of difference and the polysemous, unstable, open nature of all cultural texts" (Bordo, 1990: 664). Many feminists would argue that to understand the full extent of women's bodies in relation to beauty, they must be analyzed in relation to the system of patriarchy in which they are situated. Such feminists would claim that patriarchy allows white, bourgeois, professional men to set unattainable cultural standards so that they themselves can judge rather than be judged. Furthermore, control over those cultural standards provides white men with a "...god's eye view as disembodied subjects" (Davis, 1995: 51). On the contrary, subordinate groups are judged, diminished and degraded when they fail to meet very rigid cultural ideals. Women take on the identity of the Other which restricts them to their bodies.

Women are persuaded to buy into the ideal of femininity because it promises them control over their bodies and lives as well as the ability to take on male power -- power-as-self-mastery -- (Bordo, 1990b). Unfortunately, the philosophy that stipulates that control can be achieved with a mere bit of will power helps sustain patriarchal power relationships. This is particularly relevant to the aging woman. Indeed, her loss in youth, beauty and social roles, in addition to a decrease in health status, has contributed to a decrease in power, rendering her socially invisible. However, this line of reasoning

continues to perpetuate the role of women as "cultural dopes" who are mere victims of patriarchy.

As argued by Fiske (1987), viewing humans as passive and powerless fails to acknowledge the fact that pleasure results from the relationship between meanings and power. Indeed, there is no pleasure suggested in being a "cultural dope." For Fiske, pleasure is derived from the production of meanings within the world and those surrounding the self that serve the interests of the subordinate, in this case, the woman herself, as opposed to serving the interests of the dominant. In other words, while the subordinate female is disempowered, she is not entirely powerless. A woman who is able to resist power generates power, allowing her to maintain her social identity rather than giving in to the suggested dominant cultural ideology. Women are able to gain power by asserting their own cultural values against the dominant modes of ideology. Consequently, there is power in being different (Fiske, 1987: 19).

Davis also draws fruitfully from Smith (1990) to reveal how women derive both pleasure and power as active participants in incorporating standard beauty ideals into their routines. Smith explains how skilled interpretative activities are involved on behalf of the female agent while even reading the most mundane of texts, such as advertisements, or instructions for cosmetics. In order to create an acceptable appearance that complies with current beauty standards, a woman must recognize how she presently looks but more importantly, how she wants to look. Once this has been established she must plan a course of action, deciphering which techniques will be most suitable in transforming her imperfect appearance.

Smith goes on to explain that advertisements also provide the female agent with vital information that she must process before deciding to buy a particular beauty product. The female agent must interpret advertisements in such a manner that allow her to realize her own imperfections to such a degree that she longs for transformation, altering her present body state. In addition, the text must indicate how the imperfect

body can become the perfect body. As Smith suggests, the discontent the majority of women feel for their bodies is not merely a result of culture. Rather, this discontent is a product of media texts and the woman who concludes that her own body is imperfect in comparison to the text. The text allows the woman to realize that her breasts are either too big or too small. Fortunately the text also provides her with a remedy allowing her to alter her imperfect body. As a result, she transcends into a world of desire. Whereas before she only had a defect, she now has an objective and a solution (Smith, 1990: 185-186). This process, as outlined by Smith (1990), requires both interpretive ability and skills.

Through her work with cosmetic surgery recipients, Kathy Davis (1991; 1995) seeks to destroy the "cultural dope" approach that so many feminists have espoused. While it can be argued that many women do not like the means to the end of popular beauty rituals, the majority of women would argue that they are in a better position within their lifestyle when they adopt popular beauty rituals. Davis provides the example of the woman who shaves her legs when wearing a short skirt as more likely to be hired than the woman who tries to resist cultural norms of beauty by not shaving her legs. Rather than portraying women as helpless victims, there is a certain amount of agency involved in deciding which particular beauty ritual(s) women embark upon and why they choose to do so. It is for this reason that Davis suggests that in order to construct a new feminist theoretical framework, we must begin by placing women's accounts at the center of our analyses to enable us to unravel the contradictory nature of the fashion-beauty complex and its components - problem and solution, oppression and liberation.

Davis (1995) points out that women who pursue beauty rituals are not victims who blindly accept the beauty ritual without contemplating the procedures involved and their consequences. Most women weigh the pros and cons before a final decision is reached. Their feelings are at best, ambivalent, since the results of the procedure are unknown to them and are by no means, guaranteed. Women who do decide to embark

upon the journey of achieving beauty, are taking control of their lives, they are agents in shaping their bodies and the ensuing change. Davis further argues that her line of reasoning does not call for the abandonment of oppression. Indeed, the woman involved in changing her appearances may be the best to realize just how oppressive beauty rituals can potentially be. Rather, what becomes necessary is to reveal how women reproduce feminine discourses while they simultaneously exhibit signs that recognize the oppressiveness of such discourses. Examining a woman's agency will allow for feminists to understand how women reproduce oppressive feminine discourses that are pursued for the sake of beauty and health.

The Panopticon and Femininity:

Bartky (1988) states that femininity is currently being centered more and more on the female body as opposed to the male body. She discusses the practices that aim to create a body of a particular size and shape, practices that make the female body comply with certain gestures, postures and movements and finally, she investigates the body as an ornamental surface. Bartky argues that the images that surround femininity have replaced the religious images of the past. As a consequence, the normative woman who checks her make-up consistently throughout the day and is worried about how her hair appears has become a product of Foucault's Panopticon. Under the persistent gaze of the Panopticon, women are transformed into self-policing subjects, committed to self-surveillance. Women are persuaded that liberation from society's Panoptical gaze will result if they beautify their bodies. Yet the reality, says Bartky, is that they are merely obedient pawns within patriarchy (1988: 81). Liberation through transcendence can never be reached since it requires approval by the Other -- a lover, peers, and employers. Furthermore, in a society which is male dominated, racist, ageist, heterosexist, ableist and

class-biased, women become enslaved to their bodies rather than free (Morgan, 1991).

Over time women increasingly became more and more enslaved to their own bodies. This enslavement, as Shilling states, was primarily achieved through increased surveillance, record keeping and population control (Shilling, 1994). In addition, Turner suggests that four dimensions are involved in solving the problem of the body. These include: 1) the reproduction of populations through time, 2) the restraint of desire as an interior body problem, 3) the regulation of populations in space, and 4) the representation of bodies in social space as a task facing the surface or "exterior" of bodies (Turner, 1996: 109-124; Shilling, 1994: 89). The two most essential of these ideas, says Turner, are the latter two.

The study of the body is really the study of sexuality in important ways, and since we live in a patriarchal society, it is essentially female sexuality that is controlled by men exercising their patriarchal powers. This has led to the subordination of women (Turner, 1996: 126) as well as the ability of men to control women and property as commodities. The distribution of such commodities enables men to control women ideologically by enslaving them to the family and the state.

Theories of Aging:
The Civilized Body versus the Grotesque Body:

From the review of the literature we see that the notion that the body can be controlled in Western culture stems from the fact that the body is viewed as either controlled and civilized or out of control and grotesque. The civilized body is characterized as self-contained, is socially managed, and conforms to dominant norms of behavior and appearances. Conversely, the grotesque body is characterized as unruly, less controlled by notions of propriety and good manners and is regarded as animalistic (Lupton, 1996: 19). Indeed, according to the literature, the aging body can also be

regarded in this manner. The literature assumes that the aging woman has lost control over her body, as her external appearance no longer represents the person who resides inside. This claim is supported by Goldsmith and Heinens (1992) who argue that older individuals perceive themselves as looking, acting, and feeling younger than their chronological age. In other words, their subjective age – the person who resides within the body – is younger than the chronological age – the person who is seen on the outside. Indeed, as stated by Bradbury 1964 (in Gadow, 1983) "a body like this is a dragon, all scales and folds. So the dragon ate the white swan. I haven't seen her for years...I feel her, though. She's safe inside, still alive" (68).

In addition to the external appearances not accurately representing the aging body's subjective age, the aging body has also lost its ability to conform to society's standards of health and beauty; it has become irrational. The older woman's wrinkles, dry skin, gray hair, excess weight and jowls stand in complete antithesis to what is considered beautiful and healthy within Western culture. She is what every woman fears becoming because the beauty industry promotes the notion that life might cease to exist if the aging process gets out of hand. Aging represents a lack of control and since many women associate control with personal gratification, becoming old is an undesirable time in life. To keep a desirable social position and to maintain social acceptance and group membership women must not only eat all of the right foods to be physically healthy, she must also look young and attractive (Lupton, 1996: 27).

Whereas before the mid-nineteenth century, class, race, age and gender determined one's social identity and position, today a person's identity, personality, and place within society is increasingly determined by their body size and appearance (Bordo, 1990a) in addition to class, race and gender. To this we can add that age is now an impediment to status for many women since the elderly are the fastest growing group of individuals who experience discrimination. Similar to the mid-nineteenth century, when the graceful slender body symbolized aristocracy, women who are now slender (young

and beautiful) are associated with self-control and are more likely to be thought of as having a more moral personality, deserving of a good place within society. The idea of attaching personality to one's shape, size, attractiveness and/or age has become possible in North America since we constitute a society of over abundance, providing those who control the production of culture with more than enough food (Bordo, 1990a: 94). North American culture is also a very rich nation, affording many people the disposable income to invest in bodywork. Coupled with the assumption that health is a precondition for a successful life, we have become a nation obsessed with female appearances.

Although the graying of our population, as a social issue, has increasingly entered the political realm in the last ten years, the sociology of the aging body is just commencing. Turner states that sociology has failed to understand the interaction among the elements of human embodiment, the physiological process of aging, and the socio-cultural definitions of aging (1995: 246). Since sociology has yet to establish a full understanding of the body, it is not surprising that a concrete theoretical framework has not been explored concerning the aging body (Turner, 1995).

Such a framework would begin with a phenomenological[13] approach and explore what it is like to be old. Gehlen (in Turner, 1995) suggests that the concept of phenomenology can be conceptualized in relation to culture and perceived as a type of world-openness (*Weltoffenheit*). The idea of world-openness suggests that humans are open to the world because our genetic make-up does not point us towards a particular environmental habitus. On the contrary, humans are forced to create their own cultural environment that mediates between us and our natural habitat (Turner, 1995: 247-48). By viewing aging in this context we begin to see how the aging body lives and is culturally produced.

The cultural production of aging is well noted by Nietzsche, who argues that

[13]Phenomenological sociology is "an attempt to describe the structure of the everyday world and the life-processes of individuals in such a life-world" (Turner, 1995: 247).

humans are innately nostalgic since our memories create a conscious awareness and reminder of aging and death. Humans have great difficulty with becoming old since there is very little pleasure in watching your body "...become sluggish, tired and clumsy" (Elias, 1985: 69). There is little empathy for the elderly even among the elderly themselves since the aging individual relates to the youthful person on the inside. In terms of phenomenology, we can perceive the aging process to be one filled with tension. While the embodied self remains young, our outside appearances become biologically and socially old, causing turmoil between the inner and outer selves. Moreover, because humans are nostalgic, the aging body becomes a walking memory of the past (Turner, 1995).

The photograph fosters nostalgia; it not only presents images of one's own aging process, but cohort aging as well, producing the "institutionalization of our collective aging" (Turner, 1995: 252). As an individual's future existence becomes more ambiguous, photographs become more meaningful, reminding us of our youth and augmenting the feelings of nostalgia. Because the body is historically dynamic, a sociology of aging needs to analyze the body in the conditions in which it is represented (Turner, 1995).

While during Christian times the body was regulated to control the soul, today we implement regulative practices to control our outer appearances in an attempt to enhance our sex appeal. As Turner states, we regulate our bodies to "produce a fetishization of sexuality" (1995: 257). We want to stimulate sexuality, not inhibit it. Aging has to be denied since the aging process brings about an outer appearance that betrays the youthfulness of the inner body. While the inner body may still be sexual, the outer body does not radiate this image. Since our culture judges individuals in terms of sex appeal, aging must be fought off at all costs. Dieting, exercise and cosmetic surgery must be used to help the body maintain an outer appearance that accurately represents the inner youth inside. However, accomplishing this task becomes increasingly more difficult the

older one grows.

The Aging Woman:

The life expectancy of the average North American woman currently stands at 80.5 years of age. A woman at 65 can expect to live another 19.6 years; a woman at 75 and 85 can expect to live another 12.3 and 6.7 years (Elliot, et al., 1996: 12). Prior to the age of 65, the leading causes of death are the same for men and women, however, men have a higher mortality rate than women at all ages beyond sixty-five (Belgrave, 1993). For some individuals, aging brings freedom to pursue interests and provides some women with the opportunity to do things for themselves (Murphy, 1985). For many others increased longevity is often times accompanied by a ubiquitous pressure to remain young and comply with current patriarchal standards of beauty and youth. Among other reasons mentioned in this literature review, this is because society promotes the idea that women age faster than men (Warren, 1998).

Despite a lack of empirical research into the aging body, Warren argues that the body can be conceptualized as a medium between the aging process and the social place of the elderly and hence, their social and personal identity within Western culture (1998: 11). The social place of the elderly individual stems from the premodern idea of the body being mortal. Identity is a source of ambiguity for the aging and aged since identity has been culturally defined as sameness. For the aging body this presents a dilemma since it is experiencing changes and differences within the body, in social roles and selves (Warren, 1998). As a postmodernist, Warren argues that the old body has difficulty finding personal identity within a postmodern era since the body is experiencing "decay." Similar to moderninity, postmodern times view the elderly as problematic especially in relation to social order.

The medical profession has acted as a catalyst in creating a society which views

aging in this manner. By medicalizing appearance, doctors act as "cultural gatekeepers" and thus are able to dictate which social bodies are acceptable (Dull and West, 1991: 68). Due to the recent advances in cosmetic surgery, aging is viewed increasingly in pathological terms. With the aid of science, even the diseased body can look younger for longer periods of time. Indeed, the body is now regarded in terms of creation and control by bioethicists (Morgan, 1991). At the center of this discourse is the idea of the aging body (Warren, 1998) as sick and incomplete (Gillespie, 1996) as well as possessing a lack of power (Morgan, 1991). This is because aging takes place within the body and is noticed by society through the graying of hair, the appearance of wrinkles, the onset of weight and for women, the cessation of menstruation (Chrisler and Ghiz, 1993; Warren; 1998).

While the politics surrounding our aging population has entered the political realm, the effects of ageism have not (Sceriha, 1996). Although older women are present within demographic material (Elliot, et al., 1996) they are only visible in the context of being depressed, despaired and demented burdens (Sceriha, 1996: 309). Contextualizing women within this framework is deeply rooted in our cultural anaphobia.[14] This is because women are primarily thought of in terms of sexuality, an aspect that is believed to cease with the onset of the aging process (Warren, 1998).

Old age can thus be perceived as a set of stages characterized by bodily changes. Warren (1998) and Sceriha (1996) suggest that for the older woman the messages received during this stage are somewhat ambiguous. Featherstone and Hepworth (1989) state that previous stages of old age and the experiences associated with them have become blurred (Featherstone and Hepworth, 1989: 144, Biggs, 1997). Warren (1998) states that the final message is that old age must be gracefully accepted rather than cosmetically altered because a sexual old woman is thought of as absurd and disgusting.

[14]Anaphobia refers to the irrational fear of older women (Sceriha, 1996: 310).

Other authors, however, have suggested that cosmetic surgery is acceptable because it allows us to prolong the onset of death and defy the limits of aging (Featherstone and Wernick, 1995: 3). It has become more acceptable, they argue that the external body represents its internal youthfulness even if achieved through postmodern techniques such as cosmetic surgery (Turner, 1995: 257). As argued by Biggs, cosmetic surgery may help an individual cope with or deny the contradiction between a youthful self and an aging body. Indeed, as previously mentioned by Goldsmith and Heinens (1992), many older individuals feel younger on the inside than on the outside and may in fact choose to implement cosmetic surgery so that their subjective age and chronological age become closer. However, as the aging process accelerates it becomes more and more difficult to "re-cycle" the body, causing it to act as a cage, entrapping the self and denying access to consumer choice (1997).

Nevertheless, there is a general consensus among North American writers that the older woman is not liked within our culture. In addition to fostering discrimination, anaphobia is an effective tool in silencing older women with respect to the economic, social and political marginalization that they may experience in old age. Anaphobia also reinforces the notion of "other" and creates cohort barriers among women of varying ages.

The identity crisis that ensues in the latter stages of life is perpetuated by stereotypes towards old age that are readily found within the media, fairy tales, literature, and legend (Sceriha, 1996). Such stereotypes suggest that aging should be chased away (Warren, 1998). This fear of a graying population is further augmented by demographic statistics which predict that by the year 2031, 20 per cent of Canadians will be over the age of 65, an estimate which equates to more than 8 million seniors (Elliot, et al., 1996: 10). Politicians have already stated that this will put a care-giving burden on younger cohorts as well as stimulate an economic dependency, which will drain the public revenue. This negative message is strong despite the fact that currently 60 per cent of

individuals over the age of 65 are healthy and have no limits to their activities and that only about 30 per cent have some minor restrictions (Edgar, 1991: 17). Women receive the brunt end of these demographic predictions since they generally outlive men.

Our fear of the old woman is attested to by the booming cosmetic and dieting industry. Since the time of the Greeks cosmetics have been one of the more practical remedies to defy old age and reduce signs of aging. While both men and women pursued such methods during the time of the Greeks, literature indicates that cosmetics were always aimed more at women in an attempt to retain a beautiful face and body (Warren, 1998). Today, we more strongly challenge the aging process, trying to "fix" our bodies so that we will retain our youth. Indeed, studies show that those who do not pursue cosmetic avenues will be subject to contempt, discrimination and social invisibility (Sceriha, 1996; Warren, 1998). These bodily practices must be upheld since their cessation would cause a $650 million beauty industry to potentially be destroyed (Wolf, 1997: 84). Unfortunately, women who do not resort to cosmetic surgery are rendered socially invisible. Consequently, their self-esteem and self-confidence soon begin to suffer (Warren, 1998).

Regardless of the fact that women are constantly being told to look youthful and thin, there is evidence suggesting that a bit of extra body weight is actually beneficial to fight off osteoporosis, in addition to cushioning potentially fatal falls. Finally, extra weight has been found to increase natural estrogen production that will help a woman cope with menopause (Sceriha: 1996). However, at the onset of perimenopause women are told that the aging process has begun, implying that more time should be invested in bodywork to fight off the signs of aging. Within Western society, the signs of aging are often viewed in terms of problems of deficiency (Gannon and Stevens, 1998). As a consequence of inaccurately turning stereotypes into facts, our society believes that the value of women drops significantly once she reaches the age of forty (Anike, 1987 in Sceriha, 1996).

Hennessy argues that an awareness of a finite amount of time left to live is frequent amongst older individuals and is directly related to how much emphasis is placed on physical care so that they may perhaps, prolong their future (1989). As suggested by Gadow (1983), due to health advancements, elderly individuals are less threatened by losing their minds than they are in danger of being alienated from a body that is only regarded as a deteriorating object (1983: 68). With respect to the aging process experienced by women, the issues of diminishing youthfulness resulting in social invisibility can compel them to seek a solution through "healthy living or the use of cosmetics" (Banner, 1992: 15). Hence, even in old age, women can be forced to comply with cultural views on beauty so that they are persuaded to continue to buy into the beauty industry. Healthy living entails maintaining a slim body, keeping fit, and exerting constant control over the body's natural tendency to age. Considering these things, it should not surprise us that a woman would want to present a youthful face to remain socially visible and in control of her life.

In conclusion, this chapter has examined some of the competing theories that address the sociology of the body and more importantly for the purposes of this paper, the sociology of the older, female body. The issues presented in this chapter, commencing with Foucault and his writing surrounding the body and power as well as authors such as Kathy Davis, who examine the female body from a feminist perspective, will be applied to the ten older women interviewed. These theories will be used in order to provide insight as to how these older women specifically, and how older women more generally, feel about their aging bodies, their body image, beauty and health. Although the ideas of beauty can be traced back to the ancient Greeks and have changed over the centuries, very few authors have examined and tried to explain the older woman's experiences with living in an old body in a very youth oriented society. By analyzing the interviewed women's voices from a feminist, sociological perspective this paper will provide pertinent insight into something we will one day all inhabit – the aging body.

Methodological Principles and Issues:

This chapter will outline why I chose to conduct my research from a feminist methodological approach and how this perspective translated into the specific interview techniques employed in this study of ten older women. I will outline the strengths and weaknesses of the interviewing process, as well as examine the analytical approach employed to discover how the older women felt about their body image across the lifespan.

Although a sociology of women does exist, Cotterill (1992) states that this sociology is "based on inadequate perceptions of women's lives" (594). Thus, a fundamental goal of more recent feminist research has been to create a sociology for women ensuring that feminists "choose [their] words carefully and creatively, with attention to the consequences of naming experience" (Devault, 1990: 110). One area of research feminists criticize as lacking attention to these matters is within traditional sociological interview techniques. Although interviewing allows researchers to find out about their informants' lives, when utilized in a traditional manner the objectification of informants and the possibility for exploitation of informants by the researcher ensues (Gorelick, 1996). Exploitation occurs when a researcher uses her subject without adequate acknowledgement of the potential positive and negative effects that the interviewing process may have on her informant.

To ensure that my informants were neither objectified nor exploited, I implemented several feminist methodological principles that helped guide my research. For example, before commencing the interviewing process, I made sure to explain to my informants the nature of my research project, the project's history, my personal history with this project and its roots. I shared with them what is already known about women's aging and the body, and what remains to be discovered in an attempt to attenuate some of

the educational power inequities that might exist between each informant and myself. Rather than adhere to a traditional research role of stoicism, non-bias and neutrality, I wanted to make my informants feel comfortable with the interview process and to provide an opportunity for them to ask me questions about my research. This preliminary dialogue also allowed my informants to realize that they could ask me questions throughout the interview process and that I would answer them to the best of my ability. This allowed trust and rapport to develop as well as informing informants about the already existing literature. In addition, the preliminary dialogue allowed informants and myself to talk and become comfortable with each other before proceeding to the in-depth interview.

Many feminist researchers agree that in order to obtain information that is rich in content as well as research that moves beyond positivism's rigid structures, a relationship encompassing trust and rapport must be established between the interviewer and her informant (Armstead, 1995, Cotterill, 1992; Oakley, 1981). Hence, in addition to sharing my knowledge with each of my informants in an attempt to build trust and rapport I decided that it would also be beneficial to volunteer once a week at the research site, A Senior Center. Helping with meals and clean-up provided me with an opportunity to observe senior members and to engage in discussions with them while serving lunch. My volunteer work also showed Senior Center members that I was committed to gaining their trust. This was an enjoyable experience that I continued even after all of my interviews were completed.

The Women Interviewed and Ethical Considerations:

The participants in this sample were selected from a Senior's Center,[15] located within a ten-minute walk from the downtown core of a medium sized Canadian city. I selected the Senior Center on the basis of its location[16] and upon being provided with details describing the nature of the center and its members by the center's coordinator. Before access was granted I was required to give a small presentation to senior members, describing what my research would entail, how I became interested in the topic[17] and a brief justification for wanting to study elderly women and their perceptions of and relationship to their bodies. Upon the success of this presentation, I decided that this

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[15]The Senior Center from which I have drawn my sample has been given a fictitious name to ensure confidentiality and anonymity.

[16]To ascertain how older women were thinking about their aging bodies with respect to weight and health, I initially decided that Weight Watchers would be an appropriate place to do research. Unfortunately, due to confidentiality issues access was not granted.

I decided to approach senior centers located within my area located through the telephone book. The first center I called was very receptive to my research project and suggested that I come down and present some preliminary information describing how I became involved in the sociology of the aging body and a brief description outlining the purpose of my investigation. Once the nature of the Senior Center had been detailed, and I presented my study to senior members, I decided that I would try and gather my sample from this particular center.

In an attempt to discover how elderly women feel about their weight in terms of beauty and/or health, I decided to structure my questions by looking at the body from a life course perspective. This would hopefully allow me to compare the teenage years, adulthood and the later years with respect to similarities and differences among each of these varying milestones.

[17]I became interested in the sociology of the body during the fourth year of my undergraduate degree in Sociology and Gerontology. During my fourth year I decided to investigate how older women felt about their aging bodies, combining my knowledge about sociology and gerontology with my keen interest in women's experiences and lives. This research project was an exploratory study, allowing me to get a sense of the issues older women face as they age and how they cope with these physiological changes. Upon entering the Master's program in Women's Studies I decided to further my understanding of the aging female body with regards to weight and health. I wanted to comprehend the ways in which, if any, the medical profession was influencing overweight women. Were older women being persuaded to lose weight in the name of health and/or for the sake of complying with North American beauty ideals?

center would provide a good pool from which to recruit potential interviewees.

Following this presentation, I approached female Senior Center members and asked if they would be interested in participating in my study. The Senior Center coordinator assisted me in this process by accompanying me when approaching individuals.[18] This was extremely beneficial since the coordinator informed me about those seniors who were sufficiently "healthy"[19] to participate. After about an hour I had a list of eight individuals who stated their interest in being interviewed. Following four months of participant observation, an additional two women were directly approached, while another two women were recruited by implementing a snowball approach.[20]

In total, twelve women over the age of sixty were recruited for this study.[21] Although I asked many more women to participate in my research, I was confronted with many negative responses. This can be attributed to my being a friendly stranger, or perhaps to the fact that some women may not have wanted to discuss their body image and/or that they may have been too busy with other commitments. Of the twelve women a total of ten women were interviewed in-depth. It should be noted that due to the small sample size, the results found within this study should not be generalized to all older women. Indeed, this sample does not examine all educational backgrounds and/or class.

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[19] By healthy, I mean those individuals who were physically mobile, independent and would be able to participate in an in-depth interview.

[20]Implementing a snowball approach after interviewing two of my last informant's proved to be quite unsuccessful until nearing the end of the interview phase. One of the last women I approached suggested two women she knew who would be very willing to participate. She was very congenial and provided me with their names and telephone numbers and spoke to them individually to tell them that I would be in touch with them shortly.

[21]My volunteering experience allowed me to observe Senior Center members while I helped during the Monday noontime meal. Sometimes I would arrive a bit early so that I could sit in the small foyer and talk with some of the Senior Center members to get a sense if any of the women with whom I spoke would be interested in helping me with my study. This type of observation allowed me to approach two of the Senior Center volunteers, who agreed to participate in my study.

race and ethnic experiences pertaining to body image.

During the participant observation stage of this project it was discovered that one of the women refused to answer any personal questions. Due to the nature of this project I felt it would not be fruitful to interview this women since body image is, in my opinion, a very personal subject. Finally, my twelfth had since left the Senior Centre and was hence unable to participate in an in-depth interview. Following ethics approval of my research program, I contacted the prospective respondents and began to schedule my interviews. While conversing with each woman on the telephone, I rearticulated the nature of my project, explained what would be involved in the interview, and stated the approximate length of the entire interview -- approximately one and a half hours.

The interviewing process took place over a two-month period, with the majority of the interviews taking place in the informants' homes, either during the day or in the evening. Conducting the interviews in the informants' homes made it easier, since a room at the Senior Center was not always available. It was also easier for me to get to my informants' homes than it was for them to come into the Senior Center.

While all informants signed consent forms, all research materials restated the fact that interviewees could drop out of the project at any time. In addition, any woman could refrain from answering any questions with which she felt uncomfortable. Before commencing each in-depth interview I also stressed that the informants could refuse to converse about any topic at any time. With the permission of the informant, each interview was tape-recorded. Each tape was then transcribed verbatim and assigned a sequential number that corresponded to the order in which the interview took place. Each tape was later erased to ensure that confidentiality was maintained.

The four interviews that were scheduled at the Senior Center took place in a small room provided by the coordinator of the Center. This room, which contained a desk and two chairs as well as some shelves containing boxes of stored items, was situated near the back of the Center. While not as comfortable as an individual's living room, the room

was quiet and private, providing us with the opportunity to discuss the informant's experiences pertaining to her body.[22]

All interviews, regardless of where they were held, were scheduled at a mutually convenient time, most commonly before lunch, so that I could continue to volunteer at the Senior Centre and the women could eat their lunch. Following a detailed description of my research goals and intentions, which allowed each informant to understand the purpose of the research, where the deficiencies lay within the research and how I had become involved with elderly women and their body image, I asked each informant to fill out a short questionnaire. The purpose of the questionnaire was to gather demographic information on each of the women interviewed (SEE APPENDIX 1). Demographic data showed that the self-reported weights of participants ranged from 140 pounds to 175 pounds, while height ranged from four foot eleven to five foot nine and a half inches. Six of the women stated that they wanted to lose weight, primarily in the stomach area -- or as some women preferred to called it, their "gut" area -- with one woman stating that she wanted to lose weight on her legs. Of the remaining four women, only one did not want to change anything about her body, while the other three wanted to change their facial features and height (e.g. gain back the quarter inch that had been lost over the years). All of the women led productive lives, with the majority of them attending the Senior Center two to three times a week and in some cases, every day. All women were involved in some form of regular, physical activity, ranging from walking to aqua fit to tai chi.

The average age of participants was 70.7 years, with the youngest woman sixty years of age, and the oldest eighty-six years of age. Marital status showed that two were

[22] It must be mentioned though that one of the implications of conducting the interview in this small room might have affected the comfort of some of the informants. Although situated at the back of the Senior Center, other senior members would have been aware of the interview taking place so it may have affected the informants willingness to share information. Conducting the interview in the informant's home would have allowed the informant to have more control over the dynamic of the interview since they would have been in their own space.

married, both in their second marriage after a divorce, two were divorced, three were widowed and four were never married. Of the women who were currently married or had previously been married, their number of children ranged from none to six.

All the women had at least a grade eleven education. Three of the women had gone to college for business diplomas, one had attended an actual business school to attain her diploma, while another woman had gone to university for one year in pursuit of an Arts degree in later life. Although the degree was not completed, the woman was very proud that she had attempted university in her late fifties. Seven of the women worked outside of the home in the areas of business (sales clerk, assistant payroll and finance, legal secretary, book keeper, and executive secretary). One woman took care of children, another worked as a cleaner, and one stated that she was a homemaker but had worked as an airline stewardess before marriage. Women who were currently or had been married had spouses who had worked outside of the home. With the exception of one spouse, all of the informants' husbands had achieved a grade twelve education or higher. Husbands' occupations ranged from work in the military to textile chemist, artist and bricklayer. All men, prior to retirement, had worked outside the home to support their wives and families. At the time of the interview, all spouses and women were retired.

Feminist Principles and Interviewing:

The purpose of the interview was to foster the informant's ability to tell her own embodied life story. In order to allow each informant to state her life experiences in her own words, I developed an interview schedule that examined each woman's body history and weight history. However, these open-ended questions acted as guidelines only. The questions were brought to each interview, yet as the interview evolved into a conversation between two women, more particular questions were posited. Hence, both the researcher and informant determined the direction of the interview, which questions

were asked and answered and the amount of time spent on each particular topic. Using topics as guidelines allowed each woman to set the dynamic of the interview and direct it in a way she felt comfortable.

As the interview progressed, it became evident that some of the questions did not need to be posed, either due to their irrelevance to the particular woman's experience, or because they had already been answered through her telling another life anecdote. Because each interview informed the subsequent interviews, no one interview was identical to another. Indeed, words or phrases I used to ask particular questions were always slightly varied.

While many of the interviews contained broad similarities due to the nature of the predetermine bodily parameters that were the subject of the study much diversity was discovered based on each individual informant's life story. Thus, posing particular topics for discussion allowed each informant to name her own experience in her own words. As a result of allowing the informant to tell her own life story, a dialogue developed.

Before I proceed, I would like to discuss the issue of transcribing tapes verbatim. The only pieces of information that I have chosen to edit, to ensure each informant's anonymity, are proper names. To ensure anonymity, I replaced all proper names and places mentioned throughout the course of the interview with dashed lines (------). Similarly, all of my informants' names have been replaced by fictitious names, so that the women interviewed and other Senior Center members will not be able to recognize the members in my sample. Following each interview, I wrote down any observations and/or insights gained from that interview in a journal. While the voices published are based on a combination of the informants' complexity of voices, my own biases and the reader's own interpretation, transcribing each interview verbatim allowed women's voices to be represented as accurately as possible (Anderson and Jack, 1991; Baker, 1998; Gorelick, 1996; Pearce, 1995; Ribbens, 1998).

Listening for Hidden Meanings:

Throughout each interview I learned to develop the skill of listening for "key" words and addressing each of these "key" words accordingly. Words such as "acceptance," "health," "self-consciousness," "aging process," "low self-esteem," and/or "mother" comprised specific key words that helped me develop sub-questions to uncover how each women felt about herself and her aging body. Developing sub-questions helped me clarify ideas and issues that were not directly stated by each individual informant. This is what Reik (1948) terms as "listening with the third ear" and required me to be actively involved with what the informant was saying so that I could ask for clarification on the meaning of a particular word, phrase or experience, and/or the age the informant was when a particular experience occurred (in Anderson and Jack, 1991: 19). This provided me with helpful insights into the informant's relationship to her body over the life course and how various aspects of her life contributed to the amount of time she invested in bodywork. Moreover, "listening with a third ear" often helped me to understand the language each informant was using to articulate her perception of her body image during the aging process (Devault, 1990).

Data Analysis:

Following the verbatim transcription of each interview, I analyzed each transcript by following the several feminist principles adhered to by Natasha Mauthner and Andrea Doucet (1998). These principles prescribe separate stages of reading for each transcript, allowing various themes to be extracted with each different reading. The feminist principles include: Reading for the plot and for our responses to the narrative, reading for

the voice of the "I," reading for relationships, and lastly, placing people within cultural contexts and social structures. Implementing each of these guidelines was essential if I wanted to fully understand and gain insight into each of the woman's daily life and her experiences. Rather than organize the data collected thematically, thereby increasing the risk of decontextualizing my informants' lives and stories, by implementing the four guidelines each of the women's stories was maintained in its original context.

The first principle, reading for the plot and for our responses to the narrative, entailed two elements. This first reading provided a synthesis of the overall plot and story that the informant was trying to convey. When reading the transcript through for the first time, I tried to ascertain what the main events were, who the key players were and what some of the sub-plots detailed. This reading allowed me to listen for key words, recurring images and metaphors used by each informant as her story unfolded allowing general themes to emerge about body image amongst older women.

In general, this theme gave me a sense of how each woman felt about her body, what types of lifestyle choices she was engaging in to maintain her body and her views towards the aging process in general. Some of the key themes that emerged from this first reading primarily focused on treating the aging process as a natural milestone that is not worth slowing down or denying since the amount of time and effort involved in such an endeavor does not equal the return in investment. Key words such as "health", "happiness", and "acceptance" were all words that revealed how each woman felt about her body as she aged with respect to health, beauty and body image across the lifespan. The metaphor "I'm a flower that is starting to go around the edges" was used by one woman which best captures most other participants' views on the aging process and it led

to the dominant theme of this thesis, "Aging Happens, Why Bother Fighting?" As other key words and metaphors surfaced in each interview, related questions were asked of subsequent women, which helped flesh out the data.

The second step in data analysis included reading for the voice of "I." This second stage allowed me to ascertain how each respondent spoke about herself. How was she describing her experiences and the emotions she was feeling? This reading required that I look for key words, such as "I", "we" and/or "you" when the informant was relating her life story. This reading emphasized when she shifted from the "I" to the "we," "you" or "us." These shifts signaled various ways in which the informant experienced her own life story and allowed me to discover "...how she speaks for herself before we speak of her" (in Mauthner and Doucet, 1998: 128).

This reading was helpful in allowing me to distinguish between how each informant spoke about herself versus about older women in general. In particular, this stage of the analysis was useful in deciphering how each woman felt about her own body compared with how she thought other women in her cohort felt about their bodies. For example, this reading allowed me to ascertain each woman's relationship with her medical doctor versus the views her cohort has of the medical community's treatment of menopause and on medicalization in general.

The last reading places people within cultural contexts and social structures. In this reading, I attempted to place respondents in the broader social, political, cultural and structural contexts that have shaped the way each woman feels about her body as she ages (Mauthner and Doucet, 1998: 126-132). For example, with respect to health, what does society say about elderly women and how they should treat their bodies? How have

cultural and social ideals surrounding healthy, beauty and the aging woman affected the women interviewed? In particular, this reading helped identify the origins of the values and ideals surrounding the aging body. For example, all of the women stated that their ideals about their bodies pertaining to weight, healthy, exercise, and cosmetic surgery could be traced back to their teenage years. In addition, informants stated that they didn't want to change their aging bodies because during their teenage years they had been socialized to accept their bodies for what they were. Indeed, these women were raised in a time when culture and society generally did not encourage or require that one change the body through dieting and cosmetic surgery. As well, this final reading clearly revealed contemporary North America's views towards the elderly with respect to independence, familial care, the nuclear family and nursing homes. Consequently, we are able to see why the older woman continues to invest in her health as a key determinant in helping her live independently.

In addition to following the guiding principles when analyzing the data, I correlated data within certain parts of the interview with corresponding data that were mentioned further on in the interview. This process ensured that what each informant conveyed made sense and was not contradictory. This step was necessary since one of the weaknesses of the interview technique employed is that the researcher is never quite sure whether the informant is telling the truth and/or exaggerating her life story. Correlating the data is one method of compensating for this weakness.

In conclusion, the steps detailed in this process led to data that were rich in nature and allowed me to gain insight into the aging woman and her body image across the lifespan. Specifically, I gathered rich data on women's views of the aging process, independence, health, menopause, and cosmetic surgery as well as ascertaining how each

woman's perceptions of her body image had changed or remained the same across her life span.

Towards the Quest of Growing Old Gracefully:

This chapter begins the presentation of data by first examining the issue of health and beauty in older women's accounts. A discussion of the women's experiences with menopause and radical hysterectomies follows, as the former was a life course event common to all the interviewees and the latter is an invasive medical procedure that over half of the women interviewed had experienced. This chapter will also examine how each of the women approaches the aging process and how it is linked to their perception of body image as reflected in the positive attitudes captured by Marcene Goodman's (1994) phrase, "Aging Happens, Why Bother Fighting?" In keeping with this theme, this chapter concludes with an in-depth look at women's recollections of their teenage years to determine how notions of beauty, health and body image have changed or remained the same across the life-span.

Words of Health: Maintenance of the Bodily Machine

Since physical health becomes increasingly more fragile as the human body ages, it is important to understand how older women feel about their bodies in terms of health. For example, did the women interviewed think of their bodies as healthy? Was physical health a top priority for each of them or did beauty take precedence? How was health defined by each of the women? Was health a given or was it an ideal that had to be acquired through a particular lifestyle that encompassed certain decision making criteria?

After reading each interview transcript according to Mauthner and Doucet's (1998) first principle, reading for the plot and for our responses to the narrative, it was discovered that overwhelmingly, the women interviewed defined health as the absence of disease. While not as physically fit as they were during their youth and middle-age years they considered themselves to be healthy because their bodies were currently disease-free. One woman considered herself not to be as healthy as she would like since she had trouble with her lungs and her breathing capacity was compromised. Even those who had lost their ability to stand up straight, or were unable to walk as fast as they once could, continued to classify themselves as healthy. In addition to good health constituting bodies that were disease free, women considered their degree of physical independence to be a key measure of their health status. All lived independently in their own homes and were able to take care of themselves. While they report that their movements have become slower to varying degrees, they see the aging woman's independence as intimately related to health, a factor that the majority of young women take for granted. Statements such as not to "have things medically wrong with you" to "not being sick to cancer" and "the absence of heart disease" were just a few of the phrases women used to describe what they thought to be the indicators of good health. In addition to highlighting particular metaphors, the first reading brought forth words including "fitness", "food", "diet", "weight", "glowing", "vibrant" and "goodness" were mentioned as symbols of how these women wanted to continue living as they aged. The words expressing concern with the concept of health emphasized the maintenance or keeping of health, a key determinant in the ability to maintain independence as the aging process continues.

Many of the women interviewed stated that if they were to lose their independence and/or if their health were to deteriorate, they would want to be placed in nursing homes, so as not be become burdens to their families and/or society. With the breakdown of the traditional nuclear family this view of women and aging is not surprising. Indeed, the older woman (or man) can no longer expect their children to care for them as they enter their later years and become more dependent on others for their care. In short, the nuclear family is no longer a reliable source for the provision of care for many. Consequently, it is not surprising that the older woman would associate dependency with being burdensome, not only to their family but also society at large.

The sentiment of wanting to be placed in a nursing home so as not to become a burden also acknowledges the fact that these women understand that health is an individual responsibility. Indeed, as previously mentioned, strong feelings of shame and burden are associated with individuals who are no longer capable of exuding health as well as social visibility within society. Reading for the voice of "I" included statements such as "I don't want to be a burden on my family, I don't want to be a burden on society" which were especially pronounced when discussing women's views on aging. The ability to continue to contribute to society was very important and may be a reason why the women interviewed were very positive about their bodies. The perceived ability to exert control over their bodies' health, a fascination as well as expectation within North America, allowed each woman to be happy with her body and her body image as well as continue to uphold their independence. While aging means that the body becomes "sluggish, tired and clumsy" (Elias, 1985: 69) and that this is inevitable, the maintenance of health is felt to be within our control, even within old age.

All of the women interviewed appreciated their health and realized that it plays a key role in maintaining their independence. When discussing the word health, certain informants spoke metaphorically about their bodies in terms of a machine, a modernist concept. They felt that if the body were well maintained it will continue to function for a longer period of time in a relative state of good health. As long as these women continue to take care of their "health" through exercise and diet, as well as go for regular medical check-ups, the machine will be well maintained and independent, barring disease and illness. As suggested by one woman,

> "if I can stay like this, I'd like to be able to keep going, to look after myself. I'm not ready to... I want to live on my own. I want to be independent. I just hope that my health stays and that I don't come down with what other people do. We all come down with dementia and things like that."

Indeed, the importance of maintaining the machine was quite evident in women's accounts, especially when discussing the various reasons for physical exercise and proper diet.

The majority of women reported that they exercise exclusively for health purposes and specifically to maintain their body's physical status at its current level of capabilities. Yet the reasons conveyed were characterized by a very strong onus placed on the individual to maintain health. There was a collective sentiment that a woman is responsible and held accountable for maintaining her physical well-being and over-all health status. Exercise practices among the interviewees ranged from regular walking to swimming and bowling to tai chi. One woman who practised tai chi was very aware of her body, perceiving it to be a machine that could be maintained in a healthy state. She was extremely conscious of her weight and she incorporated words such as "discipline"

and "training" into her description of health and the body, emphasizing the fact that "I work at it [maintaining her body] to keep on top of it. You know I didn't have to have my cholesterol tested. I wanted to have my cholesterol tested, and tai chi is very demanding." This woman's statement illustrates the great sense of responsibility and accountability placed on the individual to ensure that the body -- the machine -- retains its health, an individual goal that within North America is emblematic of and has contributed to the overmedicalization of the female (and male) body.

The second of Mauthemer's and Doucet's principle, reading for the "I" made it exceedingly clear that the body was spoken of by the women interviewed only in terms of its individual, physical parts. None of the women mentioned their psychological, emotional, or spiritual well-being as being an integral aspect of their health. Indeed, a holistic approach to health was totally absent from their accounts. Perhaps this is an indication of the attributes of health we primarily value within North American society, especially among those who are aging. Indeed, we can make the claim that these women only mentioned their concerns about physical health because ultimately it is the absense of physical health that leads to death. In other words, what is the alternative to the aging process and the absence of physical health from a modernist point of view but the inevitability of death? As one women stated, "what's the alternative, some people are afraid to grow old. What's the alternative to growing old, death!"

The concern with only the physical aspect of health rather than psychological, emotional and/or spiritual health was further revealed in the type of advice the women offered younger women. All advised younger women to be happy with their bodies and to take care of themselves physically, rather than to "obsess" about "imperfections."

Among the words of wisdom these older women offered were those suggesting acceptance of self and promotion of enjoyment. Acceptance was the most dominant advice they offered to help young women deal with the aging process. As one woman advised, "You can't fight it, accept it with grace." Another woman echoed this positive approach to life when she stated, "Stay healthy when you're young so that you can *maintain* (Italics added) a better life in old age. Develop a good mental attitude towards aging."

Medicalizing a Woman's Midlife Milestone:

As was pointed out in the literature review, while the slim body symbolizes values of self-control and self-denial, the old body signifies failure, break down, decay and a lack of health. One of the ways the medical community contributes to the belief that women can and should remain youthful, slim and healthy rather than to visibly and behaviourally age is to promote the use of estrogen during menopause as a matter of course. While reading each interview in order to place each woman within her cultural and social context, it was found that all of the women interviewed were taking prescribed estrogen at the time they were interviewed, evidence of the prevalent belief among medical practitioners that hormone replacement therapy (HRT) is advisable. Indeed, HRT is one of the most commonly recognized treatments for menopause, by both women and physicians (Lewis, 1993; Schiff, 1996; Minkin and Wright, 1996; Carolan, 1992). The dominating argument in support of HRT by physicians is that it reduces the risk of osteoporosis, a disease which some doctors believe affects as many as 60 per cent of

untreated white women (Lewis, 1993). In a study done by Wagner and colleagues (1995) the majority of 252 women believe that HRT would reduce hot flashes and also prevent osteoporosis. However, only 10 per cent of the sample believed that HRT would actually decrease the risk of heart disease. Although hot flashes are one of the most commonly cited reasons for seeking HRT, a woman's decision is primarily based upon whether or not her physician recommends it. Also, women who viewed menopause as a medical condition were more likely to seek advice from their physician about HRT.

While overall, the women sampled in this study were satisfied with their present body physique and appearance, approximately 60 per cent had experienced radical hysterectomies and were prescribed on estrogen to help with menopausal symptoms. Women reported that the invasive procedure associated with a radical hysterectomy was accompanied by a number of side effects including weight gain, swelling and the tenderization of breasts. All understood that they had to remain on this contentious drug for the rest of their lives. Mary, a 64 year old homemaker stated that her menopausal sensations prompted her to consult with her physician but that, in the end, the estrogen made her feel worse.

> It was the beginning of getting estrogen, that was approximately in the late 60s, and um, I just didn't feel that I needed estrogen, so I went without estrogen for 5 years, but I should have been on it, so when I went to see my doctor, he was amazed that I hadn't been on estrogen, and right away I was put on estrogen, and from the estrogen you gain weight, your breasts swell and become tender, ah, that's what bothers me. Now I'm still on estrogen and I'm still carrying around estrogen, it's not pounds, it's the swelling, and of course my breasts are very, very tender, and my doctor feels that it's great. It's supposed to be good for osteoporosis and also for heart and other things. He certainly believes in it. But really I'm not happy with my shape now, because this is estrogen (points to her stomach) and this is estrogen (points to her breasts). It's not my own body.

One woman stated that "as much as he (her husband) didn't want me to have a hysterectomy, he was ordered by the doctor [to allow her to have a hysterectomy]." Following the operation, this woman was placed on estrogen even though at the age of 50 she felt that she was not subject to heart disease or cancer. When discussing estrogen, Alice confessed that she had initially flushed the prescribed pills down the toilet after having read that HRT could potentially cause cancer. Eighteen years following her radical hysterectomy at the age of 68, although still adamant about not wanting to take estrogen, Alice was put back on Hormone Replacement Therapy.

> They (the biomedical community) say that not taking them (estrogen pills) could probably cause a little bit of heart problems which isn't serious or anything, but when I was what age, maybe 68, they put me on estrogen. I never had a heart attack, and they asked me if I thought I had been on it [estrogen], and I told them I hadn't taken it, and they said that if you don't take estrogen you're going to have problems with your health, [like] arthritis. I said it doesn't bother me. I went on estrogen, I'm still on it. Estrogen causes things. You gotta put up with that. It causes your breasts to be bigger, but that's better than my heart, so I take it.

As this quotation, as well as evidence within other women's narratives, illustrates, the idea shared among medical practitioners is that estrogen is beneficial for post-menopausal women and it is so ingrained that a woman's own opinion of her health is often ignored or only partially addressed. Although doctors feel that HRT is the best treatment for menopausal symptoms, feminists take an opposing point of view. Many feminists believe that similar to so many other issues related to woman's health, menopause has become medicalized (McMaster, et al., 1997). Mainstream feminists argue that physicians exercise patriarchal control over women's bodies, by means of modern technology and the doctor/patient relationship (Lewis, 1993; Carolan, 1992; Wilbur et al., 1995).

While it is not my intention to criticize individual doctors, it is important to be critical of the medical community as a whole and to question their motivations for prescribing estrogen to many North American women when the effects remain a contentious issue both within and outside the medical community. Instead of treating menopause with estrogen, feminists think that women should be exposed to more 'natural' methods, which allow for the treatment of menopause without hormones. Non-hormonal treatments include both prescription and non-prescription medications, as well as alternative methods (Schiff, 1996). A word of caution must be mentioned though, according to the medical and scientific community, non-hormonal treatments do not treat menopausal symptoms as effectively as estrogen. Alternative techniques include such options as herbal remedies, biofeedback, acupuncture and yoga. These methods have yet to be supported by the Western medical world, however, anecdotally, many women support such measures.

Despite the fact that all of these women continue to take estrogen supplements, the women with whom I spoke neither questioned their doctors' decisions nor questioned the fact that they would have to continue taking estrogen for the rest of their lives. They also indicated that they did not subscribe to any alternative treatments that would help alleviate menopausal symptoms. Statements such as "this is not my own body, a lot of it is from the estrogen" were quickly followed by, "he [doctor] would never take me off of it [estrogen] because he believes in it and I believe in him because he's a very brilliant young doctor." Indeed, confidence in the medical community was very strong amongst the women interviewed since North American society has socialized women to revere their doctor's opinions. They believed in their doctors' abilities to help them remain

healthy as they aged despite the fact that the benefits experienced from estrogen remain questionable. Several reasons exist which may explain why the women interviewed opted for HRT as opposed to seeking alternative therapies. The first is the convenience factor associated with HRT. Estrogen is readily available to women from the medical community. It is also a commonly prescribed drug, of which most menopausal women are aware as opposed to some of the more obscure holistic therapies. In addition, because estrogen is endorsed by the medical community, it would be covered on a drug plan whereas holistic methods are not. Finally, another reason for the acceptance of HRT is that women want to remain healthy in their old age, an ideal that the medical community believes can be achieved through estrogen. This coincides with the literature, which states that the aging process must be treated so that the body does not break down at a faster rate than necessary. Indeed, the breaking down of the older body is difficult to cope with since we are no longer able to do the things we could when we were younger.

Aging Happens, Why Bother Fighting?

Beth, a 64 year old retired paralegal secretary, provided one of the most positive examples of a healthy attitude towards the aging process. I had observed Beth for several months while volunteering at the Senior Centre during the lunch - time meal. From my initial observations, she seemed very social and amiable. For example, she spoke to everybody she met and listening to some of her conversations with fellow senior members, she seemed very open, conversant and very involved with social events taking place at the Senior Centre. During the interview Beth stated that she did not like to be labelled as old since she did not feel old. Although I am of the opinion that younger

women (and men) continue to view 60 years of age as old. Beth, like so many of the other women with whom I spoke did not feel that 60 was old. While 55 continues to demarcate senior citizen status within our society, seniors themselves will state that one is not considered to be old until the age of eighty, sometimes even ninety.[23] During my time with Beth she discussed at length how her body had changed over the life course and that her old age, symbolized by her retirement "was the best stage of [her] life since I've been retired."

The phrase coined by Marcene Goodman (1994) that "Aging Happens, Why Bother Fighting" characterized Beth's perspective. Throughout my discussion of Beth's body over the life course and the changes that inevitably took place, she stated time and time again that it was not worth her time to fight the aging process. During the interview Beth asked what the point would be in fighting the aging process since those individuals who do fight are missing out on the present. The attitude of *carpe diem* -- live for today -- was strong throughout this interview. This is because Beth's attitude not only encompassed the realization that time and money would need to be invested in either living to 150 or retaining a youthful outer body, but also the realization that the alternative to aging would be death. Although not all of the women interviewed stated that death was the alternative to living, I sensed that many were living their lives to the fullest while their health was still in good order and while they could enjoy the things that made them happiest. As a result, many of the women clearly stated that "you can't change yesterday, you can't predict tomorrow, so live for today".

[23] This is a noteworthy observation since gerontologists, sociologists and anthropologists alike may want to reconsider the age definitions for middle age and old age while conducting future research.

However, it is important to note that all of the women interviewed were in good standing health. Each reported that she visited the doctor on a regular basis, took her medications when needed, adhered to a healthy, balanced diet and exercised on a regular basis. The women who participated in this research maintained the aspects of their health that they could and accepted those aspects that could not be changed. This approach to health is to be expected within our North American culture, since North Americans comprise a culture that is expected to be healthy. Within North America it is assumed that if we are equipped with the right tools health can and must be achieved. The elderly are no exception to this understanding. In fact, since health is a tool by which to measure and judge others, the elderly have a vested interest in remaining healthy and independent for as long a possible so that they are not rendered socially invisible and dependent on others within a nursing home setting.

During my conversation with Beth I discovered that in order to ensure that the attitude of "carpe diem" was adhered to another integral aspect of the "Aging Happens, Why Bother Fighting" attitude included a strong notion of acceptance towards the aging process. Acceptance for these women required an attitude that acknowledged what they perceive as the natural changes that occur as the body ages. Changes such as loss of skin elasticity, the greying of hair, as well as reduced mobility were all accepted as natural changes that took place as the aging process ensued. Although these women no longer looked youthful, they were able to accept the changes that the aging process brought about because such changes had not yet affected their health status. Furthermore, the women adopted the attitude of "Aging Happens, Why Bother Fighting" because they realized that only their outer appearance is altered by some signs of aging. Indeed,

contrary to what science might like us to believe, cosmetic surgery is unable to change the interior health status of an individual. Rather, it merely masks an individual's diminishing exterior appearance as they age. Since health was the primary concern for each of the women interviewed, fighting the aging process through cosmetic surgery was deemed unnecessary.

As with many of the women interviewed, the attitude of "Aging Happens, Why Bother Fighting" has contributed to the positive outlook they have embraced when speaking of the aging process they were experiencing. Very early on in the interview Beth stated that,

> I think that as you get older, you accept yourself. You know that you're not perfect anymore, you never were perfect in the least. You can't say to yourself, oh, I wish I was prettier, or I wish I was this, or I wish I were that. You don't say that anymore, or at least my friends don't...you can't change, so there is no point in being obsessed. You become happier, and you know that you're not going to change, and life is not going to get any better than what you make it for yourself. But um, yeah, I'm happy with myself, yeah, I can look at myself in the mirror and think, hah! You're beautiful.

Other women essentially echoed the same positive outlook concerning old age expressed in the above quotation as they discussed the aging process.

A second theme related to the "Aging Happens, Why Bother Fighting" is the notion of adjustment to the rhythms and changes that occur throughout the lifecycle as the body ages. Several of the women reported that they had adjusted well to their bodies over the years, which helped them enjoy their physicality in old age, a stage in life when they felt they were very well adjusted, if not almost completely adjusted. As suggested by Francis, a 75 year old, divorced Special Care Counsellor, "I think I've adjusted to my body... Adjusted, I'm more adjusted to my body. It (her body) doesn't bother me. It's a good part of me." Alice, a 75 year old widow echoes the above sentiments concerning

adjustment. While Alice's body was the subject of embarrassment during her teenage years and one of privacy during her married years, she feels she has adjusted to her body during her later years to the extent that she is now quite comfortable with it. She views her body's physique and appearance no longer as an object of embarrassment.

I met Alice through Beth, who recommended that I speak with her about my thesis topic. Beth stated that Alice was a joy to talk to and would be very pleased and happy to help me with my research data. Beth was true to her word. Alice was very kind and invited me over to her downtown apartment one spring evening. My first impression of Alice was that she was very neat and orderly. Her apartment was immaculate, with each of her possessions in their respective places. With respect to physical appearances, Alice was dressed in a nicely tailored pair of slacks with a colour coordinated sweater and matching jewellery. Her short hair was styled and in place.

My very first question for Alice was how she felt about her body during her teenage years. Immediately, she stated that her body was "sort of more of an embarrassment because we weren't told about life. What we found out about our bodies was through our friends." The notion of the body being an embarrassment, as well as a type of puzzling, unknown entity resurfaced several times as I spoke to different women. Indeed, many of the women attributed the enigma surrounding the body to a lack of education as well as a lack of open dialogue between parents and their children. This lack of dialogue between parents and children was the primary reason Alice provided for feeling embarrassed about her body. Interestingly, none of the women attributed their embarrassment surrounding their bodies to the dominant medium of their time, the radio, a tool that prior to the sixties and the seventies was not sexually liberated. Indeed, many

of the women stated that girls today were more aware of their bodies. As she aged, Alice became more informed about her body, a change she primarily attributed to her role as wife and mother. Hence, Alice reported feeling most comfortable and well adjusted to her body throughout her middle-age and old age years. As the interview continued, Alice told me that she "was quite happy with [her] body when [she] was 50, 60, and today I'm fine, I'm quite happy today." Indeed, as Alice grew older, she was able to use her life experiences to adjust to her body, helping her to enjoy her body more fully as the aging process continued.

A noteworthy observation is the notion that although each of the women interviewed was satisfied with their overall body and perception of their body image and had adjusted to their bodies as they aged, very few of the women attributed this satisfaction to the gain won by the second wave women's movement. This observation is even more intriguing when one contemplates the fact that the women interviewed would have been at an age when they would have experienced what Betty Friedan (1963) describes as the "Feminine Mystique," a type of melancholy housewives of the 1940's and 1950's felt yet were not quite able to articulate as to its true origin. In fact, when asked whether or not a woman felt that the second wave of feminism had contributed to her own perceptions of her body and more generally, to women's bodies within North America, women gave answers that the women's movement had provided women with too many opportunities within the home and the workplace. This is an intriguing finding considering the fact that the examination of the female body from a sociological perspective has primarily been brought about by second wave of feminism, when women fought political battles to have their voices heard and their right to equality recognized.

Yet, the question posed to the women concerning feminism, "Do you think that the women's movement had any effect on the way society perceived women's bodies" was on the whole, met with ambivalence. This ambivalence stemmed from the fact that most women agreed that, in general, women should be entitled to equality, but that particular freedoms achieved had had counter-productive effects on younger women and their bodies today. As my dialogue with Kate illustrates, while the women's movement did not effect Kate's perception of her own body, she does feel that the young women of today's generation dress too provocatively, a direct result of the women's movement.

> It's what I see outside, with the younger people, the way they dress. The young women I find, I find that I don't like it very much. It's just the fact that they are so half exposed half the time and I just, the winter I love because the young women have a [rosy] colour and they look beautiful in what they wear. In the summer it shows and they just scantily [dress] and that part of the movement I thought, to me it bothered me. I don't like to look at it. [While] I very much agree to go along with the women's movement for equality for women, I 100 per cent believe in that, that a woman should, we as women should have control over our own bodies, what we should and should not do, and what I should wear and what I should not wear. I think those things came through and that's why to me the women's movement to me was great.

While Kate appreciates what the women's movement has done for women's equality, she is bothered by the fact that younger women today "choose" to dress in very little clothing. Alice, who was bothered by what the women's movement did to influence younger women's bodies, echoes this sentiment.

> Well, I, I mean, I can't say, I, I really don't approve of it [the way younger women dress today]. You know, there are some beautiful young women and ah, but to go out half naked, I mean that embarrasses me. Well, for a girl to go braless, no, I mean that to me, that's something that was always very private. And well, that's hard for us [older women] I think that's hard for us at our age, seeing nakedness on television. It's embarrassing to me.

In the minds of Kate and Alice, the feminist movement altered the way that women dressed. This alteration was not always positive. In fact these women have identified two distinct manners of dress that they view as being particularly negative. One of these types of dress can be considered to be an attempt to expend their gender roles by women choosing to wear more androgynous clothing. For example, some women choose to wear loose "skater" jeans or pants that disguise feminine hips, making it difficult between the masculine and the feminine body. The other extreme encompasses those women who choose to celebrate their femininity by exposing as much of their female body by wearing very little clothing. It is possible to call the first form of dress androgynous and the second being provocative. In Kate and Alice's opinions, both these unfeminine, androgynous, and provocatively dressed representations of younger women today are damaging to what so many women had to fight for and for which they continue to fight.

Yet as asserted by Bartky (1988), the current idealization of the female body is one that is slim, taut, healthy, and youthful looking. In this idealization the breasts are neither too small nor too big. Cropped with a short hair-do, this sort of female body resembles that of an adolescent, an idealization that strongly suggests androgyny. In reality, however, the girls of today are not as different from the girls during the 1920s, when the Flapper was in style. Surprisingly, Kate and Alice were the only two women of the ten whom were interviewed who thought that the women's movement had any positive effect whatsoever on women today. None of the remaining women felt that the women's movement had affected their own bodies or the way society viewed women's bodies. It must be remembered though that these women's ages span a considerable time

gap. In fact, in 1963, when Betty Friedan's The Feminine Mystique was published the age range would have been between the ages of 23 and 53 (most being somewhere in their mid thirties).

Most of the women stated that they did not think that the women's movement had any positive effect on women's lives and many were hesitant to discuss the topic further. In fact, some felt that the women's movement had very little relevance to their own lives since the women interviewed had shelter, children to love and care for, as well as good husbands. These were the qualities that the women interviewed had for an "ideal" life. The women discussed in Betty Friedan's, The Feminine Mystique (1963) were very markedly similar to the women interviewed in thatmost of the women interviewed had shelter, were from middle class backgrounds, had husbands and children. Thus, one would expect that Friedan's writing would have been applicable or at least the women interviewed would have echoed the sentiments of Friedan's writing. Despite this fact, the women interviewed, in fact felt no sympathy with the ideas presented in Betty Friedan's, The Feminine Mystique, with which they all had familiarity. In point of fact, Francis actually read Betty Friedan's book and found it had no relevance to her life because she found happiness in her shelter, children and husband. There was an overwhelming consensus of dislike towards the second wave of feminism among the women interviewed despite the obvious conclusions that could be drawn from Fiedan's work. To ascertain more fully the effect of the women's movement on older women today, future research must also be conducted on those women who did participate in the movement and who are currently also experiencing the aging process.

Avoiding the Knife to Age Gracefully:

To introduce the topic of cosmetic surgery, I examined how older women approached the post-modern attitude toward sculpting, shaping and disciplining the female body to meet the beautification desires of each individual. The issue of cosmetic surgery is an intriguing one since modern technology allows us to virtually erase all external signs of aging. One only needs to look at a recent issue of the magazine "Health 2000" to illustrate how the media and surgeons are appealing to women to change their bodies. In a magazine that is only forty pages in length, I encountered a plethora of advertisements detailing how people, primarily women, should transform their bodies by removing every bulge, wrinkle, saggy breast and extra ounce of fat, especially as the aging process ensues.

Yet, in general, the views of the women interviewed can be summarized in the following quote: "Why hide wrinkles? Each one says the story of my life. Why hide my reality?" (Holland, 2000: 7). All women, but one, stated that they would not resort to cosmetic surgery due to its invasive and crude nature. Most of the women questioned how anyone, male or female, could willingly allow their bodies to undergo the surgical knife to erase their laugh lines, life experiences and their realities only to have to suffer through the painful recovery period for a procedure that is still in its experimental stages. The end results can be dubious and the probability of disfigurement unforeseeable. Liposuction has been related to death due to haemorrhages and embolisms, while breast implants block X-rays, making it difficult for doctors to interpret mammograms (Morgan, 1991). As stated by one woman: "Well, for facials and things, I can't see people having that done. Just for our age wrinkles, no, it's not worth it." Another woman thought that

cosmetic surgery was crazy and advocated that women should age gracefully. Indeed, according to Jill, growing old naturally was the way all older women should approach old age. "I think that it [cosmetic surgery] is crazy. We can't all look young. I think women should age gracefully."

Yet underneath the negative attitudes concerning cosmetic surgery, contradiction and ambivalence emerged as some women tried to justify their own disgust for the North American beauty ideal. While viewing it as acceptable for women in the limelight to alter their appearances, women neither discussed nor acknowledged the influence Hollywood women have on the average woman. For example, while many women stated that they would choose not to undergo cosmetic surgery to "hide their age," and that the procedure was the "biggest waste of money" they suggested that for women such as Cher, Elizabeth Taylor and Tina Turner, cosmetic surgery was quite acceptable and a viable alternative to aging gracefully. As Beth suggests:

> That's [cosmetic surgery] ok for women who are in the limelight, movie stars, people like that. But for normal people like myself, no, no. I think it's retarded. No, why suffer in life? Why go through the extra pain? You know, if you need to have it done fine, but if you don't, don't.

As Beth insinuates, women who are in the limelight have very little choice in deciding whether or not to age gracefully. Rather than reveal their "reality of life" Hollywood women are better off adopting popular beauty rituals to further their careers. This is particularly relevant within North America where stringent beauty rituals have been promoted as the ideal. Furthermore, there is also the idea that cosmetic surgery is more acceptable for those women whose living depends on their appearances than the lay women who alter their appearances in the name of vanity.

Other women suggested that it was quite acceptable to resort to cosmetic surgery if an individual was afflicted with an illness that disfigured them or if they were disfigured through an accident. Yet with the exception of being afflicted with an illness that would leave scars, such as cancer, cosmetic surgery was viewed as unacceptable for subjects.

> No, no. I don't believe in that [cosmetic surgery] for one thing because you know, afraid it might turn into something, which it did for some people. No, no. People have to have them [scars] removed for sickness, cancer, breast cancer, and things like that. No, but not for beauty purposes. No, the only thing I would ever have operations for are things that will help me

Only two women discussed the idea that women might resort to cosmetic surgery for reasons other than physical beauty. As suggested by Davis, (1995, 1997) some women might resort to cosmetic surgery for emotional and/or psychological purposes so that they feel normal and/or satisfied with their bodies that prior to surgery were deemed flawed or deviant. Indeed, as Jane (71) stated: "I think that if a person feels that it is going to help them, and uh, they are willing to go through a bit of pain that they have to go through, go for it! As long as they have the money, go for it!" Jane realized that cosmetic surgery, while remaining a contentious issue amongst feminists, is a procedure that allows many women (and men) to feel normal in their body image. In addition to Jane's comments concerning cosmetic surgery, Mary (86) voices the following opinion:

> Well, I've had friends who have had cosmetic surgery, and um, they've asked my opinion on that too [cosmetic surgery] and I feel if there was something about your face or well, your body to ah, if you had something that bothered you that much and you could afford it, because it's very expensive, go ahead and do it, that's my opinion. I mean, if there were something, when I get older and there is something that would bother me, I wouldn't think twice about having it fixed up or the surgery done.

Looking back: The Teenage Years:

While contemporary North Americans are accustomed to hearing words such as diet, weight, anorexia and bulimia, particularly with respect to the behaviours of teenagers it was very refreshing and intriguing to listen to these women describe their own youth as less problematic and less pressured than for teenage girls today. A combination of all of Mauthner and Doucet's principles revealed women describing a time of innocence, a time of enjoyment and a time when society was not as obsessed with the physical aspects of the female body as we are today in North America. While the body was surrounded with embarrassment during their youth due to a lack of bodily understanding, the pressure to be thin through dieting and the existence of bulimia and/or anorexia nervosa was virtually nonexistent for them.

Although women in their youth were predominantly assigned to the private domain and the domestic sphere of life, their bodies were allowed to be larger and they were permitted to consume and inhabit more public space than today. While listening to these women's voices, I was filled with envy. I envied the fact that they were able to live in a time when there was a virtual absence of obsessive concern with the "imperfections" of their bodies. This envy was heightened by the realization that by the age of three, today's little girls know what the word diet means. Moreover, many girls have gone on a diet or have been on diets by the tender age of nine (Wolf, 1997). Although women today have made great progress with respect to equality and entry into the public realm, it is my contention that with participation in the public realm more pressure has been placed on women to have bodies that look more and more androgynous. No longer are women with large busts and hips and dress sizes of 12 and 14 acceptable. Indeed, while the

women interviewed did invest time in their bodies. today we spend more time than ever investing into our bodywork. either through dieting, exercising. or cosmetic surgery in an attempt to maintain the average size four and six (Wolf. 1997). Not only are we expected to be thin. youthful and beautiful. our bodies must also be well exercised. revealing a well toned. taut body. Indeed. this type of investment was almost unheard of while the women interviewed were blossoming into young adult women. As the following passages will reveal. the healthy attitudes learned about a balanced diet during the teenage years remained consistent as the aging process continued for the women interviewed. In cases where perceptions of the self and body image were negative during the teenage years. the aging process brought about changes that allowed women to learn to adjust to their bodies and enjoy what their bodies had to offer.

While looking back over transcripts and analyzing women's life stories by reading for the "I" and the plot. I came to the understanding that these women were happy with their bodies and accepted and were pleased with their self. On the whole. most of the women were very happy with their bodies during their teenage years and stated that they "felt wonderful" about their bodies' physical appearances. Their bodies as teenagers were described as fit. vibrant and healthy since all of the women were involved in physical activity. a practice each of them has carried into their aging years.

Yet. while most of the women were happy with their bodies,[24] none felt that they had "perfect" bodies. Indeed. the majority felt that their bodies could have been

[24] One woman was the exception to this scenario. Unfortunately. this woman was not very happy with her body during her teenage years and unsuccessfully attempted suicide at age seventeen. This woman had a very low self-esteem when she was younger and blamed her low self-esteem on her inability to excel within academic endeavours as well as never having sufficient funds to invest in her body in terms of fashion (she always had to wear hand-me-downs) and cosmetics. to improve her self-image. Fortunately. this

improved, either with respect to its height, the particular shape of the legs, and/or the body being too skinny. However, these imperfections were reported to be only "fleeting thoughts" which had never evolved into mental obsessions.

An interesting theme that emerged when discussing the female body during the teenage years which is seldom heard of today is the fact that a minority of women (approximately 30 per cent) had thought that they were too thin. While today being thin is quite acceptable, if not expected and strived for by teenage girls, being skinny during the 1930's, 1940's and 1950's was less acceptable and hence more of a problem. This is because, generally speaking, women at the time were allowed, if not expected, to be larger busted and waisted. When I asked one woman about her teenage years and her body's physique she provided the following analogy:

> Oh, that was a long time ago. When I was a teenager, I was too skinny. Um, I wished that ah, I wished that I could grow boobs. I wanted boobs when I was a teenager. I had nothing. I was flat as a pancake. When I was ten years old, I was, I weighed 62 pounds. I was very thin. I was very tall and thin to the point that my mom thought that I had a tape worm because I was so skinny and I ate so much. No, I couldn't put any weight on. No, I had problems putting weight on. I was 27 and I went on the birth control pill and that's when I gained weight, it was just like, I gained weight all over, almost like another skin.

Jane echoes the same sentiments stating that she felt very "uncomfortable because I was tall and very, very thin. And at a time when still in high school, I was the tallest one. In those days, girls weren't quite as tall as they are today. In those days, when I was fourteen, I was 5.9" and very thin. I felt very self-conscious." Indeed, the theme of self-consciousness during the teenage period seems to transcend generations.

Only one woman thought that she was overweight as a teenager. Kate was self-conscious about her body since she perceived herself to be overweight as a teenager and

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woman was able to come to terms with her body following menopause and has since

was always comparing herself to her younger sister who she felt had the "perfect" body. When speaking with Kate about her body and the teenage years, she became very vivacious, and spoke at length about how she thought her body was overweight. In hindsight, Kate's thoughts troubled her since she realized that there is no such thing as the "perfect" body and that her body in actuality had fit the ideal of the time. As Kate states "I never looked at the scale. I guess I just always compared myself to my sister. I always thought that I was overweight, but I never had the encouragement from my mother to say that you're not overweight, so I thought I was overweight." An interesting theme emerges from this dialogue surrounding motherhood and how little girls' mothers affect their self-perceptions. As Kate suggests, her mother never encouraged her and never told her to stop worrying about her body; "if my mother had just once said to me, you're not overweight don't worry" Kate feels that the teenage years for her would not have been filled with insecure perceptions of her body image.

By the same token, those women who were very comfortable with their bodies throughout their teenage years as well as adulthood and old(er) age attributed their satisfaction with their body image to their mothers. When asked how Francis felt about her body she stated "comfortable. I've always been comfortable with my body. But I have to tell you right away, I had a mother who thought I was terrific. The minute I came near her, she hugged me. That does something for you. This is the greatest thing a mother can do for a kid."

While I do not want to make any sweeping generalizations or firm conclusions about the role of mothers, most of the women interviewed attributed their body image to their mother's roles in their lives. This is very likely the case for the time period during

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learned to accept and become satisfied with her overall physical appearance.

which these middle-class women were teenagers since women, especially mothers, were expected to stay at home and raise their families, while their husbands played the role of breadwinner and thus would have had little influence in the lives of their children. For example, Kate claims that as a result of her mother's lack of encouragement, she developed a grave inferiority complex that still bothers her even though she is now in her seventies.

> I said to myself this morning thinking about it [her weight] this is so ridiculous and I ask myself why? Why do I still have to worry about this [weight], in a certain way I don't want to be over, I know how people can look when you are overweight and I do not want to look so big (emphatically): I'm always conscious of it [weight].

While today, these older women claim they are concerned primarily about their weight for health purposes,[25] during their youth they were concerned about their appearances for aesthetic reasons. During their youth, these women related beauty to weight since as one woman summarized "I was conscious of my physical appearance because in my day, you dressed beautifully. That was how you presented yourself: in your dress."[26] Indeed,

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[25] While filling in the questionnaire (refer to Appendix II), the majority of the women indicated that they would want to lose weight on the questionnaire. During the in-depth interview it was discovered that those women who did want to lose weight, wanted to lose the magical ten pounds, stating that their bodies would function better, especially in the joint area. While not obsessed about the shedding of ten pounds, these women stated that the lost excess weight would make them feel happier with their body image and physical fitness of their bodies with respect to health.

[26] On the whole, all of the women stated that as teenagers they dressed in saddle shoes, white bobby socks, and a sweater, especially homemade sweaters that matched knee length skirts - hence the label "the sweater era." Evening wear consisted of ball gowns. Slacks, or rather pant suits, did not make their debut until the 1970's when these women were in their 40's and 50's. The style of dress that these women were exposed to during their youth can still be witnessed today, as each woman dressed very neatly and orderly. All suggested that they were very concerned about their appearances and took the time out of each day to lay out their clothing on the bed to ensure that each piece coordinated with the next. As well, each informant made sure that their jewellery matched their complete outfit.

presentation is still important to all of these women even though the task of dressing neatly is more difficult because clothing companies cater more to youth than to older North American women.

The women interviewed represent an interesting sample since they are one of the first cohorts of women to push the lifespan envelop to record heights. Many of the women interviewed will live well into their eighties and nineties, perhaps even reaching the age of one hundred or more. While these women are reaching old age and accept the milestone with grace and a positive attitude, North American society has yet to catch up with the optimism of this group or, for that matter, an understanding of the basic needs of female seniors.

One area within which North American productions that is lagging in its service to aging women is the clothing industry. With the exception of one woman, all interviewees stated that society caters primarily to our youth. For example, the clothing available to older women does not necessarily represent their figures, which have a tendency to be larger in the waist area, rather than the expected slim waisted figures of younger women. Although many of the women thought that the emphasis on youth would gradually recede and include older women, this change has yet to take place and may not take place until the baby boom cohort reaches the demarcated age of sixty-five. As the following quote reveals, advertisements, magazines and television all emphasize youth since the industry perceives youth to be a more viable market. When asked if the North American beauty ideal excluded older women, Jane responded with the following:

> I would say so because the emphasis is so much on youth. I think it will gradually change because the Baby Boom are reaching middle age right now and as each year goes by, ah, there are more people who are over the age of 65 and I think that gradually it will change. I think, I think it's the hype of advertising, its your TV..

its your radio, its your magazines, that, that um, place so much emphasis on young people, vogue, glamour, to be beautiful.

The Aging Woman vis-à-vis the Literature:

Within Western civilization, the old body symbolizes failure, break down, decay and a lack of health, while the youthful, slim body is desirable because it signifies health (Davis, 1995). Currently, the body can be cosmetically altered, and in the not too far off future, genetically altered, so that it will be able to meet the needs of the person who resides within. In this sense the body can be viewed as a machine that can be mathematically quantified and altered. Due to the increasing interest of science in the human body and its desire to prolong human longevity, biomedicine has become an institution associated with freedom from disease and illness (Turner, 1982b). Indeed, health within the Western world has become a sort of secular religion, an ideal to which all human beings must strive towards.

Related to this, the maintenance of health is extremely important within North America since one's health status has become an important measurement by which we judge others. In a society that does not exude very much respect towards the elderly, it becomes even more important for the aging woman to display to others as well as to herself that she is physically able so as not to be rendered invisible.

All of the women interviewed stated that they were in good health and acknowledged, as well as appreciated the fact that their health status played a central role in their being able to live independently. For these women, independence included being able to reside in their own homes, being able to get around, either by walking or driving, and being able to remain active participants within their communities. Moreover, these

women wanted to continue to exert as much control over their own bodies as possible, realizing that a lack of independence would further pathologize their bodies.

Unfortunately, these women's bodies have already been medicalized, especially with respect to the administration of estrogen during menopause, a drug that the medical community feels is beneficial to the general health of an aging woman. Many doctors, researchers, and drug companies believe that Hormone Replacement Therapy[2] (HRT) helps prevent heart disease, cancer and osteoporosis, in addition to its ability to manage perimenopausal symptoms including hot flashes, vaginal dryness and night sweats. Unfortunately, estrogen also causes breast tenderness, swelling and weight gain, requiring that women readjust to their body's appearance and physique.

The sentiment espoused by the medical community that estrogen is beneficial for post-menopausal women is neither uncommon nor obscure. Indeed, estrogen is the number one prescribed drug for menopausal women (Ouellett, 2000). Contrary to the belief of some feminist researchers that menopause should not be treated with Hormone Replacement Therapy, the biomedical model and the medical community strongly advocate that menopausal symptoms be treated with drugs such as Premarin even though not all women or their family members necessarily want to subscribe to HRT.

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[2] Hormone Replacement Therapy is the subject of an ongoing, contentious debate between many feminists and the medical community. While many physicians recommend that women approaching menopause take estrogen to lower their chances of heart attack, feminist researchers question estrogen since they believe it medicalizes menopause, a natural process that all women will experience. Furthermore, it is unclear whether or not a drop in natural estrogen levels is the direct cause of heart disease within post-menopausal women. According to Dr. J. Prior, "during menopause, progesterone decreases to 1/120 of baseline levels, while estrogen decreases only to one-half to one-third of premenopausal baseline levels." Nevertheless, estrogen remains the number one prescribed menopausal drug in North America. Thus, while doctors continue to prescribe estrogen to menopausal women, feminists are urging that more research be conducted to

While some researchers believe that estrogen offers protection against osteoporosis and decreases the risk of heart attack, others question its efficacy by pointing out that it may increase the risk of breast cancer by up to thirty per cent, cause fatal blood clots to occur as well as not reducing the risk of heart disease at all. In fact, in a study conducted by the *Journal of American Medical Association* on heart and Estrogen/Progestin Replacement Therapy, no difference was found in the number of heart attacks or deaths amongst those women taking HRT and those women who were not (in Ouellet, 2000). According to Dr. Jerilynn Prior, an endocrinologist at University of British Columbia, although "estrogen decreases only to one-half to one-third of premenopausal baseline levels" (in Ouellett, 2000: 28) it remains the most commonly prescribed drug for North American women. Consequently, there is not strong enough scientific evidence to suggest that so many women should be taking Hormone Replacement Therapy.

Estrogen supplements, such as Premarin[28] also cost $15 to $25 per month (Tanenbaum, 1998). Although each of the women interviewed was a Canadian resident and covered by Canada's national health insurance, the continuous annual cost of estrogen for many women, especially in the United States, where women have to pay for their own health coverage, does accrue for a drug that is heavily debated within feminist circles.

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determine the long-term benefits of estrogen, a drug that once taken must be consumed for life (Ouellet, 2000).

[28] Each year, three million prescriptions are handed out to women for Premarin in Canada while 44 million are prescribed within the U.S. This allows Wyeth-Ayerst, a U.S. based pharmaceutical company to make more than one Billions dollars in profit each year from the sale of Premarin, a questionable drug.

One final, noteworthy observation on this subject was the fact that none of the informants turned to popular complementary health therapies to help their bodies cope with menopausal symptoms or to maintain health more generally despite the fact that health was a primary factor when discussing the aging process. Alternative health therapies include: acupuncture, biofeedback, chiropractic and osteopathy, dietary supplements, medicinal herbs, homeopathy, massage and bodywork and finally, relaxation and meditation (refer to Appendix IV). In addition to not subscribing to alternative health therapies at all, the women interviewed were also adamantly against the utilization of cosmetic surgery to help them with the aging process and their health.

The literature states that an individual's acknowledgement of death is often associated with an increased emphasis placed on physical care (Hennessy, 1989) since as Elias argues (1985) we have great difficulty in watching our bodies deteriorate and become less mobile and more tired. However, the women in this study chose not to defy the aging process and accepted the fact that their bodies are neither as youthful nor as healthy as they once were. Predictably, these women rejected a postmodernist stance towards health. The postmodernist concept of health treats the body as everlasting, an entity that can be continually fixed when it is broken as well as changed to meet particular lifestyle needs and desires. Health maintenance in the postmodern scenario would therefore include cosmetic surgery, experimentation with gene therapy and hormone therapy to rejuvenate dying cells, as well as other remedial surgeries that would help the body achieve an age that well surpasses the current life expectancy for human beings today.

The fact that the women interviewed did not substantially resist the aging process is a reflection of the modernist viewpoint that more typically characterized their upbringing. Each woman realizes and accepts the fact that her body will one day die. As a group, these women accept the aging process and the changes that occur as a natural, inevitable stage of life. For them, rejuvenating the aging body in an invasive way would be unnatural and the feeling is that the return would not justify the investment. On the other hand, each woman has chosen to lead a healthy lifestyle encompassing a balanced diet and regular exercise that will help maintain her healthy state of being for as long as possible. In addition to taking sensible measures to ensure their physical health, as a group the women have also cultivated a remarkable positive attitude toward aging, living each day to the fullest.

The attitude of "Aging Happens Why Bother Fighting" is not surprising since the women grew up during an era when bionic organs, gene therapy, and/or hormone replacement therapy was either unheard of or too new to market. Procedures such as cosmetic surgery date back to the ancient Greeks, but have only been made less painful and more accessible over the last fifteen years (Morgan, 1991). In addition, while many aesthetic techniques now available to women allow them to construct a unique and individual look, one only need to randomly pull any magazine off a rack to observe that the fashion industry does not cater to middle-aged or older women in this respect. In fact, very few older women are found within the glossy magazine pages; those who are seniors look much younger than their actual age due to airbrushing and the application of make-up. On the one hand, this makes it difficult for older women to create a body image that is uniquely their own, since they must cope with a limited number of aesthetic choices.

Perhaps when society acknowledges the fact that healthy aging does occur amongst older women and that not all seniors are senile and reside in nursing homes, the fashion needs of older women will be addressed.

On the other hand, the current absence of older women in media portrayals may account in large for their more positive body image. Indeed, the beauty industry preys on younger women by promising much while delivering little since youth is highly valued by our Western culture which encourages, even requires rapid change and innovation due to capitalism, as opposed to tradition and ancient wisdom. Consequently, it shouldn't surprise us that youth is more culturally visible and aesthetically adorned. Conversely, because the elderly are not perceived to generate wealth the lucrative beauty industry virtually ignores women over the age of sixty-five. The high cultural visibility of younger female cohorts has made it far easier for the media and the beauty industry to prey upon younger women by promoting and feeding desire for a particular aesthetic ideal that is not attainable by most women.

Rather, older women, through a culmination of media absenteeism and their varied life experiences are able to invest their energies into health rather than beauty, a more valid concern since they grant primacy to remaining independent and mobile throughout their remaining years. Furthermore, our society doesn't view the post-menopausal, older women to be "beautiful" or "sexy." This is because we correlate beauty and sex appeal with reproductive capabilities a means by which younger women generate wealth within our capitalist, Western culture. Whereas younger women are encouraged to invest time and money into their external surfaces to present an image that they feel fits the North American ideal, older women are encouraged to concentrate on

their internal health to ward off fatal disease and illness, while their external beauty assumes a secondary position. Perhaps it is this health conscious awareness and lack of representation in the media that has allowed the women within this study to accept the aging process with grace and satisfaction. In other words, disqualification from the realm of beauty is liberating!

Finally, anti-aging procedures remain in the experimental stages and are thus foreign to the women interviewed. Indeed, these women are the first generation of aging women to live well into their eighties and nineties. Prior to this generation of women few could expect to live long enough or have sufficient funds to undergo age re-defining procedures. For example, in 1920-22, a woman at birth could expect to live to 60.6 years of age, while a woman born in 1940-42 could expect to live to be 66.3 years of age (Elliot, et al., 1996). Today the majority of women are faced with the prospect of living well into old age and the medical community has set no limits on the medicalization of the aging body. The aging body is rapidly becoming a major site for experimentation. The women presented in this research, however, have chosen not to participate in invasive procedures that alter the human body for cosmetic purposes. Such techniques appear to them intriguing at best and at worst, unacceptably invasive of the human body and fundamentally contrary to their definitions of health.

The Older Woman's Body: Insights and Conclusions:

This project has provided a feminist sociological analysis of the older female body within North America in relation to women's understanding of the life course. It has explored the notion of body image vis-à-vis the social construction of gender, health and femininity. At the onset of this project, having read so much literature that concluded that the majority of individuals, especially women, loathed the aging process I too felt that the women with whom I would be speaking would express extreme body dissatisfaction. I had started to believe the negativity espoused in the literature, much of which drew conclusions without interviewing older women to listen to their life stories in their own voices. Indeed, after reading the literature I could understand how a woman would develop an extremely negative body image after the age of 40 because of our culture that primarily values women for their youthful appearance. However, this research did not confirm such results. For example, following my interview with Betty, I was hesitant to believe her account of body happiness. After all, how could an arthritic 86 year old woman, who was hunched over, used a cane for mobility purposes and had lost about 3 inches in height due to a deteriorating disk in her back, possibly like what she saw when she looked in front of a mirror?

While different words were chosen to articulate feelings about their bodies over the life course, the women interviewed were surprisingly satisfied with their body image and accepted their bodies. Although the majority felt they had one physical feature that they would alter if they could, it was not considered a major problem. Indeed, many realized that the physical feature they wanted to change, primarily excess weight, was a result of the aging process and/or estrogen therapy. Those who complained of weight

gain primarily gain primarily due to estrogen replacement did not want to ask their doctors to take then off the medication because they believed in their doctors and in the medical establishment on the whole. In contrast, those who had gained weight simply due to the aging process realized that the weight could not be lost unless a great deal of time and energy were invested. This was considered time and energy better invested in other activities. Indeed, these women were accepting of their aging selves and were pleased with their self.

Body Image vis-a-vis the Aging Woman:

The most effective question used to elicit how each woman felt about the aging process and her aging body was: "When you look in the mirror and you look at your body, what comes to mind?" For example, Betty admits that her body isn't as straight as it used to be and realizes that this is due to the aging process yet when asked the aforementioned question she states, "Its not all that great. I know it isn't, it doesn't look like it did 30 years ago, even ten years ago, but I don't worry about that."

Indeed, the majority of women accepted the exterior manifestation of the aging process since they felt that it could not be changed unless they resorted to cosmetic surgery. Cosmetic surgery was viewed negatively because of the procedure's invasive and crude nature and also because it was not seen as a technique that could eradicate or postpone death. (Featherstone and Wernick, 1995). Women were therefore accepting and pleased with their bodies and hence choose not to invest the time, effort and money into cosmetic surgery and/or a strict beauty routine that would only alter the body to look

younger. As one woman stated "I look at myself and say, well too old, too old to be bothered, no, I just let it go, happy with my body, what's the alternative? You can't change it so accept it. I don't mind getting old." This quotation clearly contradicts Warren's (1998) suggestion that the contemporary elderly have an especially difficult time accepting their aging bodies and the aging process. He suggests that because their bodies are experiencing decay they would deem it an especially negative experience owing to the arrival of the post-modern era. Instead, this research finds that not only have the women accepted their aging bodies and the body's "imperfections" but they have constructed an amazingly positive attitude towards their bodies and the aging process more generally.

Re-ordering Beauty and Health:

The most dominant theme that emerged from the interview process with women over the age of sixty-five was the importance of maintaining health as one ages. In particular, these women subscribed to a definition of health that can be equated with able-bodiedness i.e. remaining mobile, being able to walk, carrying things, maintain balance, and/or not use a cane or wheel-chair. This was to be expected not only because it is difficult to maintain a healthy body in old age, but in North American society a healthy body is especially revered. While Lupton (1996) argues that in North American culture health, now more than ever before, has become synonymous with beauty, the women with whom I spoke each had their own style of beauty that did not necessarily correspond with the beauty standards of younger women. As well, these women did not pursue

health for aesthetic purposes. Rather, health was pursued in an attempt to maintain the body's capability to function at a level that would allow women to remain independent.

Much of the literature discussing aging and women describes a society that devalues the aging process and renders older women socially invisible. The aging experience consequently becomes obscured within our society because we don't see it, we don't think that it's important enough to investigate. While the invisibility of the old woman is in many ways unacceptable, it does appear to provide some advantages that are unavailable to younger women. By virtue of being rendered invisible and sexless older women no longer continue to be commodities for the sake of beauty. Indeed, older women are no longer forced by society to be trapped in a narcissistic role of youth and beauty that leads to women's subordination so they are no longer enslaved as commodities in the public domain.

Contemporary health discourse therefore targets older women's desire for physical independence rather than physical beauty. This shift is not a loss to capitalism, however, since women continue to invest in their bodies through health products and therapies, a potentially very expensive set of pursuits given the ever-expanding definition of health in contemporary North America. When asked what she feared about aging, Jane (71) responded:

> Hopefully I will be independent. I think of nursing homes and I just couldn't imagine being helpless because I've been independent all of my life and I think, I think that's what you think about aging that there might come a time when you can't do this and you can't do that, you're physically, or you end up in a nursing home because they all talk about it. They talk about it. You say well, oh golly, when is my time coming and so we all joke about it. That's the tough part about women and aging, the thought that you might not be able to do certain things.

Female physical beauty is therefore a minor consideration in the lives of older women and only discernible in qualities such as neatness and colour coordination when dressing as opposed to stringent sets of daily bodily practices. This is attested to by the fact that none of the women, except one, had or ever would resort to cosmetic surgery and that they invested very little time in beauty routines.

This research reveals that, for older women, a major reordering of what Lupton (1996) calls the beauty, health, and food triplex is necessary. Whereas Lupton essentially argues that for younger women, health, beauty and fitness are synonymous, this research shows that health is clearly not synonymous with beauty for older women. Instead, health is equated with the absence of disease, the absence of frailty and the presence of dependence since for the old women it is not beauty that symbolizes control but a healthy body. Thus, health, or in other words, able-bodiedness takes precedence over beauty because health is an avenue through which the women interviewed can remain disease-free, mobile and/or independent.

For the women interviewed their bodies were no longer seen as useful for wage labour, sex, reproduction, mothering or spectacle because of their age. Because their bodies are no longer useful in generating wealth, which is the marker of utility and value in a capitalistic society. Capitalistic society views people as sources of wealth or consumers of wealth. To be a consumer of wealth can be equated with being a burden to capitalism and is deemed to be negative. In maintaining their health, these women, while not generating wealth will not be seen as consumers of wealth either because they are still independent and mobile rather than living in a nursing home where others must care for them. Thus, while these women are rendered invisible, their focus on health and hence

their ability allows them to be viewed with ambivalence. While these older women are not looked upon as generating wealth, they are also not viewed as draining the capitalistic system because of their health status.

Exercise played a key role in each of the interviewed women's lives since it provided a way in which their bodies would remain independent and able-bodied. Implementing regular exercise and a balanced diet are ways to ensure that control over the body will be achieved in the name of health. Since health is used as a yardstick to measure an old(er) woman's degree of invisibility, health becomes the number one priority in an older individual's life. The image of a dependent woman in a nursing home symbolizes the aged individual as a societal burden. On the contrary, when an older woman is healthy and is able to live on her own, independently, her degree of deterioration due to aging is arguably not as severe. Because of this it should not surprise us that older women would be highly motivated to invest in bodywork that would foster their social status and self-esteem. Lupton's beauty, health and food triplex is consequently reordered for older women with health being the most important element, followed by food and beauty. Health is pursued to maintain independence so that the old(er) woman does not become a burden to her family or more importantly, to our capitalist society. The pursuit of health through proper exercise, diet and lifestyle in turn allows the old(er) woman to be happy with her body and the state of its beauty, a tertiary goal for the women interviewed.

Although Nietzsche (1984 in Turner, 1995) suggests that human beings have trouble accepting the aging process because we are inherently nostalgic creatures who are consciously aware of each passing year and our loss of youth, the women interviewed did

not want to change their chronological age. While unanimously stating that their subjective age was younger than their chronological age, none of the women wanted to re-live the past, particularly their teenage years. Rather, they suggested that they only thought about being younger in passing. The fact that these women were not exceedingly nostalgic about their past may explain their positive attitudes towards their bodies. For example, several women showed photographs of themselves during the interview to provide a visual image of what they looked like during their mid-life years. Doris (61) in particular, was very adamant about having me see what she looked like when she was younger. Before the interview began she whisked me upstairs to show me a facial photograph of her as a very attractive woman in her mid to late forties. While Doris reported that she felt 25 years old on the inside, she was not made unhappy by the fact that her chronological body no longer appeared to be this age. In other words, the tension Nietzsche describes between the older outer self and the younger inner self did not exist for these women. These results might have differed had the women experienced physical disabilities or had they been residing in nursing home settings because they required extra physical care. All of the women interviewed stated that they were healthy at the time of the interview thereby suggesting that maybe they don't have that much to feel powerfully nostalgic about.

The Modern versus Post Modern Body:

Theorizing the body in contemporary culture has been somewhat of a challenge since the arrival of sociology of the body. One contentious debate presently taking place

within the academe is whether the currently Western conception of the body is best theorized as a modernist or postmodernist way of thinking or even a combination of the two. Modernity speaks of the body in positivistic terms, treating our lived world as an objective reflection of reality. Under modernity there is a striving for transcendental reason that is felt to provide society with knowledge and politics. As quoted by Habermas (1983) in Harvey (1989) modernity launched the Enlightenment in "develop[ing] objective science, universal morality and law, and autonomous art according to their inner logic" (12). Thus, modernity can be viewed as rationalistic, universal, and concerned with linear progress, and absolute truths. Applied to the body this means that it is viewed as a machine that can be fixed when broken but only a finite number of times. In other words, the body is viewed as a natural entity, the life of which should not be prolonged to defy death.

Conversely, a postmodern world speaks of the departure from modernity; it exemplifies characteristics such as impermanence, fragmentation and continuous flux. Under postmodernity there are many realities and political relativism is imminent (Davis, 1995; Harvey, 1989). Postmodernity "privileges heterogeneity and difference as liberative forces in the redefinition of cultural discourse" as well as a general distrust of all universal discourses (Harvey, 1989: 9). The natural body, as one that has not been modified through technological innovations such as cosmetic surgery, virtually disappears under postmodern conditions as does the concept of "natural" itself. By definition the body becomes a resource to be continually altered to suit our rapidly changing world. Under postmodern conditions, we can selectively pick and choose how

we want the body to appear so that the outer surface accurately represents the inner self for a specific time and place (Harvey, 1989)

The older women interviewed for this research clearly subscribed to a modernist stance on the body rather than a postmodernist one. They felt that good health was extremely important to remain independent and to keep the body functioning and mobile. Yet the majority of women did not want to change their bodies unnaturally to subscribe to socially constructed beauty ideals of youth and beauty. The most plausible reason for these women's unwillingness to subscribe to cosmetic surgery is that the women interviewed will be the first cohort to age. Indeed, some will reach 100 years of age, and, perhaps more importantly, in a relatively healthy state of being. Yet while living well into old and old-old age, and thereby exceeding their mothers' ages, they are not part of the cosmetic surgery revolution. For example, the media has ignored this age group as a viable market for cosmetic surgery. As Wolf (1997) states: "the world is run by old men, old women are erased from the culture" (259). Consequently, older women may not subscribe to cosmetic surgery due to our culture's lack of interest in the crone's potentially unique expression of beauty realized through invasive means. This is because our culture equates beauty to be synonymous with youth and sexuality, especially where the female body is concerned. Since a woman is deemed within our North American culture to be sexless once she reaches menopause, she should no longer look beautiful. After all, the only thing that is worse than an old woman is an old woman who is beautiful according to North American standards and ideals. Consequently, the media has neglected to target older women as a viable market to be consumers of cosmetic surgery.

Although none of the women interviewed feared their bodies because of decay, they did fear the idea of losing mobility and becoming dependent. Consequently, each of the women exercised will-power over their desire to eat unhealthy or "bad" foods so that their bodies would continue to function. Women's perceptions support Turner's (1996) idea that capitalism and social order rest upon the healthy and controlled body. Hence, even though women's aging bodies signified failure, break down, decay and a lack of health according to contemporary North American standards, each woman understandably tried to exercise control over her body's deterioration. Indeed, in accordance with the modern medical view of the body, women treated their bodies as a machine: a type of input – output system that can be mathematically quantified and where the input equalled exercise and a balanced, healthy diet and the output symbolized a healthy body that was mobile and most importantly, independent.

Concluding Remarks:

While the results of this research are relevant to understanding women's perceptions of the aging body, due to the small sample size findings cannot be generalized to the entire population of old(er) women within North America. To make far-reaching claims, future research of many kinds must be conducted to build a more thorough and lucid understanding of how old(er) women with North America experience their bodies and the aging process. Failing to conduct this research would be an injustice to many women who will soon be over the age of sixty due to the baby-boom cohort. Moreover, a sociology of the aging body will fail to develop properly if researchers don't

systematically examine what it is like for an elderly person to be embodied within a chronologically, aging body that is subjectively young on the inside.

Thus far, studies have only incorporated a small percentage of older women in their studies on aging. More research such as that presented in this thesis project needs to be conducted. Feminist researchers, sociologists, anthropologists, and social psychologists alike, need to begin large scale qualitative research projects that focus on women over the age of sixty. Older women need to be asked how their bodies have changed not only over the life course, encompassing youth, mid-life and old age, but also how they have experienced various stages of old age, including young-old age, old age and old, old age. Indeed, since many bodily changes take place throughout all stages of old age, researchers must investigate those changes that most drastically altered a woman's perception of her body image. Researchers must also ask why she feels that these changes have affected her feelings of selfhood and image. Similar to studies which have examined childhood, the onset of puberty and the teenage years as separate research undertakings, older women and their stages of aging must also be examined separately. Indeed, as this study proves, listening to old(er) women's voices and to their life stories, a picture begins to emerge that previous research has failed to hear. These voices are stating that positive aging can occur and this may in fact help future generations of women help cope with the aging process.

Even more specifically, feminists need to conduct more research on the contentious side effects associated with Hormone Replacement Therapy. The majority of women in this study were currently taking estrogen and were fearful of stopping the drug due to its purported protective effect against heart disease and osteoporosis. Feminist

health advocates need to educate not only older women, but younger women as well, that Hormone Replace Therapy is not the only approach to managing menopausal symptoms. Indeed, investigations into alternative therapies must also continue. In addition, doctors must also be informed about alternative therapies that help with menopause since many of the women interviewed were not happy with the side effects associated with Hormone Replacement Therapy.

However, not only feminists should be responsible for the dissemination of material on healthy aging. The media must also change its outlook on and depiction of the aging process. Although earlier in this project I argue that one of the reasons older women may be happy with their bodies can be attributed to their invisibility within the media, I do believe that the media needs a facelift that portrays positive images of older women. Indeed, due to the older woman's invisibility within the media, older women have been marginalized within society, fostering stereotypes about aging and the fear of aging. Therefore, it is important for older women to be included in advertisements and television sitcoms that are indicative of positive aging and representative of what older women actually look like in old age. Models should not be made to look younger than their actual years, and air brushing should not be used to erase wrinkles. Most importantly, slightly heavier women should also be used as models, since a bit of excess weight has been shown to help women as they age not only in fighting against osteoporosis, but also in the cushioning of falls.

Although many studies have investigated cosmetic surgery, few have incorporated older women into their samples. While the women in this sample were adamantly against cosmetic surgery, studies need to be conducted on older women who have undergone

cosmetic surgery for health and/or beautification purposes. Comparison studies must also take place to determine why some women accept the aging process and are happy with their body image and why others would resort to cosmetic surgery. While cosmetic surgery studies conducted on younger women primarily conclude that women resort to this invasive procedure to alter their bodies to achieve normalcy (Davis, 1995), older women may provide different reasons that should not be ignored.

Another area that requires further investigation is how the loss of particular bodily functions affects women's (and men's) body image and their acceptance of the aging process. How do memory loss, the loss of eyesight and of hearing and the general loss of mobility effect our imminent and current aging population? Do older people accept such losses, or mostly resent them, and do such changes cause the aging process to be largely a more negative experience or one fraught with ambivalence. While quantitative research would be able to answer these questions, in my opinion a qualitative approach would be richer in content and would allow women's voices to be heard as they choose them to be heard, leading to more resourceful feminist research.

The sociology of the body, particularly the aging body, has far to go before the female body, across all age cohorts is well understood. Although scholars such as Foucault, Turner and Frank have contributed much to the burgeoning field of sociology of the body, the sociology of the aging body is just beginning. While the work of the aforementioned philosophers and sociologists is noteworthy, it is my contention that more feminist scholars need to contribute to the literature surrounding the aging body. This is particularly true where women are concerned, since feminist researchers may be more empathetic and better able to understand the barriers and obstacles aging women

are facing within a society that continues to render the crone to the margins of social acceptance. Indeed, research must continue until women no longer view their "bodies as problems that must be solved" (Joseph, 1989: 97).

Appendix I

Consent Form

Thesis Project: A sociological investigation into elderly women and their body image over the life course with specific reference to female standards of femininity.

Researcher: Clarinda Spijkerman
Graduate Student
Department of Women's Studies
Saint Mary's University
Halifax, Nova Scotia
In Partial fulfilment of a Master's degree

The aim of this research is to contribute to a fuller understanding of women and their bodies. More specifically, this research project attempts to determine how older women feel about their aging bodies and how these views have changed over the life course. My underlying aim is to discover whether older women are investing in body-work for health reasons or to comply with North American standards of femininity.

For the above purposes I will be asking you to answer a mini-questionnaire and a series of open-ended questions about your knowledge, experiences and opinions. At any time you may withdraw from this study and you are under no obligation to answer any questions that you feel are too personal, offensive in any way, or are a threat to your emotional well-being. If you wish to skip a question with which you feel uncomfortable, please do not hesitate to do so. While all of the answers to the open-ended questions will be tape recorded, only the researcher will have access to this confidential information. All names used in this study will be altered and will in no manner be linked to your interview. In addition, all taped information will be destroyed once the material has been transcribed. Complete anonymity and confidentiality are ensured. Thank you for your cooperation and involvement in helping me complete my study.

Sincerely,

Clarinda Spijkerman
Signed by Interviewee: _____ Signed by Interviewer: _____

Date: _____
Date: _____

Appendix II
The History of the Body
Questionnaire

Part I: General Information

This section of the interview is to ask you some general information about yourself. You do not have answer any questions you do not feel comfortable answering. Your name will in no way be attached to this interview and everything that is going to be discussed during the interview will be kept confidential.
Thank you for your participation!

1. You were born in 19_____

2. Do you have any brothers? Yes___ No____

3. Do you have any sisters? Yes___ No____

4. Were you the first, second, etc. child in your family? ___

5. What is your marital status?
   Single: _____
   Widowed: _____
   Common-Law:_____
   Divorced: _____
   Separated:_____

6. Do you have any children? Yes___ No____
   If yes, how many?_____

7. Did you work outside of the home when you were younger?
   Yes___ No____

If yes, what was your occupation?_____

If no, would you call yourself a homemaker?
Yes___ No____

8. What is the highest level of education you have completed?

Grade 9:_____
Grade 10:_____
Grade 11:_____
Grade 12:_____
College:_____
University:___
Other:_____

9. If married, did your spouse work outside of the home?

Yes___ No____

10. What was your spouse's occupation during his years of employment?_____

11. What was the highest level of education obtained by your spouse? .

Grade 9:_____
Grade 10:_____
Grade 11:_____
Grade 12:_____
College:_____
University:___
Other:_____

12. Your height is_____ft and _____ inches

13. What is your weight? ___lb.

14. Are you physically active?

Yes___ No____

If yes, in what sorts of activities?_____

15. If you could change on physical feature on your body, which would it be?

Face:_____
Weight:_____
Hair:_____
Height:_____
Any other physical feature?

Yes___ Which one?_____

16. Do you attend church regularly?

Yes___ No____

17. Do you consider your religion to be:

Not important to you:_____
Somewhat important to you:_____
Very important to you?_____

18. How long have you been a member of this Senior Centre?_____

19. How often do you come to this Senior Centre?

Everyday:_____
2 to 3 times per week:_____
Once a week:_____
Other:_____

Thank you!

Appendix III

Part Two: In-depth Interview:

The following questions are to get a fuller understanding of how you perceive your body and how you think others perceive your body. Once again, you are under no obligation to answer any questions with which you do not feel comfortable. All of the information discussed is confidential. There is no right way or wrong way to answer the flowing questions; I am only asking your opinion. Thank you for participating in this study.

1. How did you feel about your body when you were a teenager? As an adult? How did menopause make you feel about your body? How do you feel about your body today? What age do you feel on the inside?

2. When were you most satisfied with your body? During adolescence, adulthood, or old age? What was it about your body at this stage in life that made it the most satisfactory? What did you not like about your body in the other two stages?

3. Do you think that the women's movement had any effect on the way you perceived your body in adulthood? Do you think that the women's movement had an effect on the way society perceived women's bodies? If so, in what ways?

4. What do you like the most about your body in old age? What do you like the least about your body? What would you like to change the most about your body? Would you resort to cosmetic surgery to change this physical feature? What do you think about cosmetic surgery? What do you think about people who engage in cosmetic surgery? What would you like to change the least about your body?

5. What was the most difficult physiological change to cope with during the aging process? Why was this difficult to cope with? What was the least difficult physiological change to cope with? Why was this easy to cope with?

6. When you think of the North American beauty ideal, what comes to mind? Does this ideal apply to you, or does it exclude someone your age? Does your body resemble the North American ideal? By North American ideal I am referring to women who are expected to look healthy, young and beautiful? If not, why? If so, how?

7. When you look at younger women and their bodies what do you think of? Do they look like the young women of your generation? How do they compare? How do they differ?

8. What did it mean to be female when you were growing up? What did it mean to be a woman when you were growing up? Do you think that this has changed over the years? How were women supposed to look when you were younger? How were they supposed to dress? Do you think women look more appropriate today or during your generation?

9. Can you tell me what it was like for women when you were younger? What was it like for you? How did you dress? What was considered proper for women to wear? How has your dress changed over the years? Do you like to shop for new clothes? Do you find that there is a good selection of clothing for older women?

10. Can you tell me what your body looked like when it was younger? How do you think your body looks today? Are you happy with the way your body looks today?

11. Do you ever receive compliments for the way you dress? For your looks? Is there anyone in your life right now who makes you feel good about your body? Would you like someone in your life who would pay you compliments? Who is your best friend? What relation is this person to you? How does this person make you feel about your body? Would you feel the same about your body if this person weren't in your life?

12. How long does it take for you to get dressed when you go out for the evening? How long does it take you to get dressed when you visit family? How long does it take for you to get dressed when you have to run errands? Has this time changed since you were a teenager? As an adult?

13. Do you consider yourself attractive? Do you think you were attractive in your youth? Following menopause? Which physical features make you think that you are/are not attractive? Do you think that others find you attractive, men/women? How do you think that men perceive your attractiveness?

Weight History?

1. Does your weight fluctuate? How much? Have you always been the weight you are now? Do you like the weight you are at now? Do you wish you were heavier or thinner? By how much?

2. Do you diet to control your weight? Have you ever dieted to control your weight? What do you think of younger women who diet to lose weight? What do you think of older women who diet to lose weight? Would you ever diet to lose weight? Are you happy with your weight right now? Has your doctor ever told you to go on a diet? What kind of a diet were you advised to follow? What was the purpose of this diet?

3. Do you participate in any physical activities? If so, which ones? Do you exercise? If so, why do you exercise? If not, why do you not exercise? Do you think that exercise is important for your health? Do you think that a balanced diet is important for your health? When you think of the word health, what comes to mind?

4. What were your favorite foods when you were growing up? How often did you eat them? What are your favorite foods right now? How often do you eat them? Do you like to eat them by yourself or with family or friends?

5. What are you doing in your life right now to ensure that you are healthy? What has your doctor told you to change in your life to ensure your health? Has your doctor ever spoke to you about losing weight by exercising more frequently or changing your diet?

6. How do you think an elderly woman is treated within society if she is thin? How do you think she would be treated if she were obese?

7. What advice would you give younger women about becoming old? What are the things that bother you most about becoming older? What do you like most about becoming older? How do you think society treats older women? Older men? When you think about women aging, what comes to mind?

8. When you look in the mirror and you look at your body, what comes to mind? Which physical features make you happy? Which make you sad?

9. Can you tell me what you thought about getting old when you were younger? How do you think society thinks about older women?

Appendix IV

Acupuncture: As part of traditional Chinese medicine, thin needles are inserted into specific points on the body following meridians (energy channels). In acupressure, finger pressure at the same points replaces the needles.

Biofeedback: Specialized relaxation techniques, which use technology to learn how to control body functions such as pulse and blood pressure.

Chiropractic & osteopathy: Manipulation of the body to realign the bones. Osteopaths are also medical doctors.

Dietary supplements: Vitamins, minerals and whole foods are used to enhance health or to treat specific problems.

Medicinal herbs: Plants are used to treat problems or strengthen health. You can collect or buy the plants and prepare your own extracts or you can buy prepared products (tinctures, teas, creams, pills).

Homeopathy: Uses minute doses of substances, which in regular doses would provoke symptoms similar to the condition being treated (bee venom to treat sunburn, for example). Requires a lengthy evaluation to find the exact treatment for each person. Combined therapies for different conditions are now available.

Massage and body work: Different techniques of light or deep touch, which may include posture re-education, are used for general relaxation or specific therapy, including psychotherapy.

Relaxation and meditation: Different techniques are used for muscle relaxation and heightened awareness.

Adapted from **Menopause Handbook** Montreal Health Press, 1997

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