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THE AGEING PROCESS AND FEMALE IDENTITY IN MIDLIFE

EVA STAMOU

A thesis submitted to the University of Huddersfield
in partial fulfilment of the requirements for
the degree of Doctor of Philosophy

The University of Huddersfield

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Abstract

My research examines how middle aged women (35-54 years of age) who live in the UK experience the process of growing older, and it addresses in detail the question of whether, and if so, how, their sense of self changes during midlife.

In recent years it has been argued that it is not possible to offer an adequate theory of women's experience and self-understanding without addressing the bodily aspects of the constitution of identity in their social context. According to the 'double standard of ageing' hypothesis, women are not permitted to age in ways that men are; they are marginalised and ignored not only by popular culture but also by some sociologists and gerontologists. Thus, there is a need for rethinking current theory so as to ensure that middle aged women become more visible.

The themes explored in my project include: body image in midlife, participants' notions of middle age, methods women use in order to control or conceal the signs of ageing, female sexuality in midlife, life milestones, ageism, the double standard of ageing in British society.

The thesis contributes to the current debates within social sciences by offering new data that corroborate the hypothesis of the embodied nature of female identity, and the view that ageing is experienced as a defining factor in the development of personal female identity. Participants acknowledge that ageing is a feminist issue and their discourse confirms that there is a double standard of ageing in British society. In addition, my project challenges the idea that getting older is something pathological. It stresses the importance of diversity among women of different ethnicity and cultural background for the psychological, and social impact of ageing in women's life. Finally, this project suggests that social scientists need to re-consider their age cohort categorizations and the use of the term 'middle-age', which - given the currently popular and medical preconceptions - carries only negative connotations for participants.

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0. Introduction

0.1 Main Research Questions

In recent years there has been a noticeable increase in popular and academic interest in ageing, the psychology of the body image, and the embodied nature of female identity. Researchers and theoreticians from different disciplines have become interested in factors which influence the way we experience ageing in Western society, and the ways in which ageing relates to issues such as satisfaction or dissatisfaction with one's body, methods people use in order to acquire an attractive body shape, cosmetic surgery, fashion, and dealing with the menopause.

Most of the research to date is limited on two fronts: on the one hand, several researchers treat ageing as just one of the side issues pertaining to the more popular research topic of body image; on the other hand, systematic research in the area has been largely monopolized by the important period of old age -sometimes, though, at the expense of a thorough examination of other stages of the life cycle. My project aims to contribute to a better understanding of the complex reality that informs the experience of ageing during midlife.

As I moved in between two cultures and as I entered midlife, I was impressed by the fact that both in the UK and in Greece my friends and colleagues were thinking and talking a lot about ageing. The issue of growing older had become a recurrent theme in our conversations. Although I was not initially interested in talking about that issue I could not ignore the fact that the issue was very significant for women in midlife.

The aim of this thesis is to examine how middle aged women (35-54 years of age) of different ethnicities who live in the UK experience the process of growing older and in what ways, if at all, they think that their sense of self changes during the period of

midlife.¹ As part of my research I examine the embodied nature of female personal identity by investigating how participants feel about their body image during the passage of time. In addition, I explore whether participants believe that going through transitions in their lives leads to the reconstruction of personal identity and to a change of roles in mid-life, or whether they see their identity as something permanent and resistant to change.

Accordingly, my main research questions are the following:

1. How do middle aged women who live in the UK experience the process of growing older?
2. What is the relationship between the participants' sense of identity and their body image through the passage of time?
3. How do participants perceive mid-life and middle aged women?
4. How do participants think that they are perceived by others as middle aged women?

0.2 Theoretical Background

The fact that older women are considered as ‘other’ by older men who conduct research and write books about ageing calls for a less ‘phallogocentric’ analysis of women in old age (Gibson, 1996). Some feminist theoreticians claim that current

¹ Let me offer short definitions of the relevant terms.

Ethnicity: Identity with or membership in a particular racial, national or cultural group and observance of that group’s customs, beliefs and language.

Nationality: Membership that can be acquired by being born within the jurisdiction of a state, by inheriting from parents, or by a process of naturalization. Nationality affords the state jurisdiction of a state over the person and affords the person the protection of the state. As it will be shown in my data analysis, there might be differences in how national origin is experienced while living in another country and national origin is experienced while living in same country, especially regarding the cultural stereotypes prevalent in one’s current social environment.

Racialisation: Attributing fixed ‘differences’ to particular groups can be seen as an exercise of power, by which certain people are defined as ‘other’ and usually as ‘inferior’. ‘Racialisation’ can be described as the process by which people are defined according to apparent differences in skin colour, national origin or other attributes, and positioned as different from the (usually white) majority (Goldberg and Solomos, 2002).

sociological theories promote invisibility as regards the lives of mid-life women (Johnson and Bytheway, 1993; Butler, 2001). At the same time such theories fail to discourage the existence of the 'double standard' of ageing (Sontag, 1978) according to which women get marginalised and ignored not only by popular culture but also by social theory. The existence of negative attitudes based on age which social scientists and philosophers now recognise as 'ageism', a recent coinage on the model of 'racism' and 'sexism', defined as wrongful or unjustifiable adverse discrimination on the grounds of age (Lesser, 1998), is still prominent. Thus there is a need for rethinking current theory so as to ensure that middle aged women become more visible.

Social theory is often a reflection of popular culture. We tend to reproduce stereotypical notions about ageing in general and middle aged women in particular, since we share a youth oriented culture where a great number of positive mental and physical features are viewed as being directly linked to youth (Giddens, 1991; Bond, et al., 2007). Some of the positive characteristics associated with youth are physical attractiveness, sexiness, energy, vitality, creativity, constructive imagination, the ability to change and to take risks (Cole, 1992). Most people automatically link those qualities with either youth or with a youthful life style (Featherstone and Hepworth, 1990). Consequently, looking younger than one actually is, or 'looking good for their age' may seem to most of us a 'natural' aspiration for middle aged people and women in particular, due to the embodied character of female identity, on the one hand, and the double standard of ageing, on the other (Lakoff and Scherr, 1984; Andrews, 1999; Featherstone and Wernick, 2003).

Feminist theory has a lot to offer in the discussion of ageing women and female identity. In my research I use feminist accounts in order to challenge traditional notions and concepts which play a crucial role in the formation of sociological theories which, in their turn, shape both the scientific and every day understanding of ageing (Achenbaum, 1997; Bernard et al., 2000; Smith 2001). Feminist theory

attempts to challenge the myths of traditional female roles and expectations of ageing and thus increase awareness about the gendered nature of ageing (Jamieson and Victor, 1997).

In the last two decades there has also been a substantial body of feminist work on the construction of identity, which has centred on the idea of embodiment, and the implications of that idea for the conception of gender that we hold today (Bartky, 1989; Wolf 1991; Bordo, 1993; Butler, 1990 and 1993; Grosz, 1994; Davis 1995; Crossley, 1996; Kruks, 2001; Gamble, 2001; Shilling, 2005).

Contemporary social constructions of gender identity, and the association of beauty ideals with youth, have also been challenged by recent feminist research. The most interesting aspect of such research relates to the analysis of women's conceptions of body image, and their flexibility through the life-span. It appears that women's ideals about what is beautiful change as they get older. Body size satisfaction and weight satisfaction vary according to what women believe is acceptable or 'normal' for their age (Tunaley et al., 1999; Tiggemann and Lynch, 2001; Grogan, 2008).

In recent years there has also been a great interest in women's health issues. A good example of this new interest is the topic of the menopause and the importance of individual coping mechanisms and personality. In the late 1960's the menopause began to be defined as a hormone deficiency disease which can be cured and prevented, an illness with specific signs and symptoms which can be treated (Granville, 2000). However, recent findings from cross cultural studies which examine the experience of non white, non middle class women suggest that positive societal attitudes, as well as a personal positive outlook towards the menopause and the ageing process, may lead to a diminishing or even absence of symptoms we tend to associate with the menopause in Western societies (Davis, 1989; Chirawatkul and Mandelson, 1994; Berger, 1999).

The above issues relate directly to discussions in contemporary feminist literature on matters of gender identity, and to different conceptions of the body, with special reference to women's health issues. The work of prominent feminist writers on these issues employs a combination of different perspectives, including sociological research, feminist studies, and philosophical theories of the self (Butler 1989, 1993; Davis, 1989; Greer, 1991; Haraway, 1991; Grosz 1994; Berger, 1999; Bordo, 2003; Grogan, 2008)

0.3 Research Methodology

In contrast to quantitative research that places emphasis on statistics and controlling variables (Maynard, 1998) and which employs a value-neutral method in research, qualitative research views social life in terms of processes and is consequently concerned with the examination of the way events and patterns unfold over time, placing particular emphasis on change and flux in women's lives (Bryman, 2001). It seeks to articulate a significant analysis of women's experience, by allowing, enabling, and facilitating the personal expression of one's interaction with one's social world. Accordingly, qualitative work is characterised by the development of methods and research practices that maintain the priority of individual experience over the generalising tendencies of theoretical system-building.

By employing a feminist qualitative methodology the researcher attempts to create an equal relationship where she is open, honest and giving to, as well as receiving from, participating women during the course of the research (Wilkinson, 1986; Reinharz, 1992). One of the main characteristics of the feminist perspective is therefore that it allows for a more open-ended research strategy where theories and concepts are articulated through the research into the participants' experiences, instead of being imposed from the outside on those experiences (Stanley and Wise, 1983).

Another important characteristic of the feminist methodological perspective is that instead of focusing on the standard sample discussed in the literature about British society -the White, British, Middle-class, Heterosexual woman - it emphasizes the significance of diversity in terms of age, race, ethnicity, culture, health, language, class, profession, and sexuality. In this way, researchers ensure that the experience of women from diverse backgrounds and different lifestyles who live in the UK is included in social research (Stanley and Wise,1983; Nielsen, 1990; Brah, 1992; Bryman, 2001).

For the purposes of this project I am especially interested in the variable of ethnicity. As a Greek national who has lived and worked in England for the last twelve years I am interested in relating age to ethnicity, in order to see how women of different nationalities and cultures, who live and work in the UK experience the process of growing older, and how their perspective differs from that of British women. The sample used in this research is deliberately varied, with the aim of including women whose culture, ethnicity or life style differs from that of the majority. Seven out of the fifteen participants are women of different ethnicity (non-British nationals), two are of different race (non-white), two are of different sexuality (non-heterosexual), and three are of different health (chronically ill sufferers).

0.4 Synopsis of Chapters

In the first three chapters of my thesis I address the theoretical aspects of my project. In the first chapter I outline the main conceptual presuppositions that inform the current work in the areas of identity and the self in order to place these issues in the context of contemporary feminist research.

The notion of identity has acquired a central place in several disciplines within social sciences. The importance of this notion lies in the fact that the individual subject is understood as the agent of her own actions and as capable of self reflection. There are

of course specific theoretical themes, debates and positions concerning the status of the 'subject', trying to provide answers to the question of the nature of 'individuality', 'person', and 'identity'. The social scientific literature on these notions is replete with references to 'Platonic dualism', 'Cartesian dichotomies', or the 'empiricist conception of the self'; yet, we rarely find a clear explanation of what these terms mean, where they originate from, and why precisely overcoming those doctrines is relevant to the current debate. In order to explicate the conceptual presuppositions of the debate over female personal identity, I offer an analysis of those notions in the work of Plato, Descartes, and Locke, which, in chapter 2, is followed by a detailed examination of a prominent critique of traditional philosophical theories in the work of Michel Foucault.

This leads to a discussion of the ongoing debate among feminists concerning Foucault's genealogical analyses, which begin with an examination of the character of the body, modern power relations, and knowledge. Foucault (1988) has shown how, in the age of modernity, humans have been constantly oppressed by institutions of control and punishment, such as schools, hospitals, asylums, and prisons, and by systems of social manipulation, namely the social welfare apparatus, psychiatry and psychoanalysis. According to his perspective, the body is not situated at the level of social institutions, and we should therefore focus upon the diffusion of particular technologies of power and their interrelations in constructing the social identity of the body.

In the second chapter of my project I examine the importance of embodiment for our sense of self and how this sense of self is threatened by ageing itself, as well as prevalent popular notions and stereotypes about growing older and middle age. In recent decades, the institutionalisation of identity has acquired new forms that operate mainly on the basis of self-monitoring (Foucault, 1988; Butler, 1993; Bordo, 1997). Dieting, exercising and cosmetic surgery are probably the main ways of trying to acquire or retain a youthful appearance, which is promoted as the currently prevalent

conception of self-fulfilment. Anxiety over controlling or even erasing the signs of ageing is the focal point of understanding, and of evaluating life satisfaction and personal self-worth (Davis, 1995; Bordo, 1993; Bartky, 1998). It is thus important for my thesis to examine how the process of self-monitoring over ageing influences one's own sense of personal identity, and I undertake this examination first in chapter 3, then in my data analysis in chapter 7.

As already noted, in the third theoretical chapter of my thesis I explore what is usually described in feminist literature as 'passing' as a younger woman, as well as the theory of 'masquerade', and the 'mask of ageing' theory (Featherstone and Hepworth, 1991). My aim is to examine feminist research which indicates that many women have difficulty admitting that they belong to middle age (Bordo, 1993; Davis, 1995; Bartky, 2000; Bernard et. al., 2000; Jeffreys, 2000; Budgeon, 2003). Even when women privately recognise that they are going through physical and psychological changes they may choose to hide their age in public in order to protect themselves from ageism. Disguising themselves as younger women enables middle aged women to maintain an identity with which they are familiar and to continue playing roles with which they are comfortable (Mathews, 1979; Rich, 1984; Woodward, 1991; Coupland, 1991; Biggs, 1999).

In addition, I engage with the work of Morgan (1991; 1998), Davis (1995), Balsamo (1996), Griggers (1997), Jeffreys (2000) and other feminist theoreticians on plastic surgery. That work offers an exploration of women's notions of the self and body image, placing particular emphasis on the reasons behind women's decisions to have their appearance surgically altered. This sensitive issue has to be interpreted in its proper historical, social and cultural context in order to explicate the significance of power relations in the formation and evaluation of gender roles (Davis, 1995). It may further enhance our understanding of how women are involved in this process in a way that defies one sided views about the reasons behind their individual choices (Gilman, 1999; Budgeon, 2003).

In the chapter on methodology (chapter 4), I explain why I use a feminist qualitative methodology in collecting and analysing my data (Brah, 1996; Reinharz, 1997), and I highlight the significance for my thesis of the diversity among the participants, along a number of variables (Maynard, 1998; Bryman, 2001). I address the ethical considerations of the different stages of my contact with participating women, and I explicate some matters of importance related to the processes of sample recruiting and interviewing, as well as to the researcher's reflexivity. Finally, I outline the Interpretative Phenomenological Analysis employed in the discussion of my findings (Smith, 1995a, Smith, 2007).

In the first chapter (chapter 5) of my data analysis the exploration of the participants' own conception of middle age constitutes another of the central questions of my research (cf. Evandrou and Glaser, 2004, for related discussion). I want to see whether women of this age group (from 35 to 54) who are categorized by social scientists and gerontologists as middle aged, believe that there is such thing as 'middle age' and whether they identify themselves as middle aged. I am also interested in finding out when, according to participants, middle age begins and when it ends, and whether they associate middle age with specific social, psychological or physical characteristics or with a particular life style.

I also explore with participants the crucial topic of life milestones (Harding, 1986; Bernard et al., 2000; Segal, 2000). The ageing process is commonly conceived as a series of clear cut stages, often defined in exclusively physiological terms that pick up the events that all women are meant to experience, such as menstruation, pregnancy, childbirth, and the menopause. However, I want to see whether the data analysis will indicate that the ageing process might have a different 'shape' for each woman, in which ageing, and the changes brought with it, do not have a fixed beginning, and the successive 'stages' of ageing are experienced differently and at different times by different women.

I present my discussions with participants over the issue of ageism in British society and discuss whether they have either experienced ageism or behaved in an ageist way towards others. I was particularly interested in the phenomenon of gendered ageism, where women are ageists towards other (older or younger) women on the basis of age (Bernard et al, 2000). I wanted to see whether women participating in this project admit that they have been the victims of ageist behavior or of having felt prejudiced against other women on the basis of age, in particular in their working environment. Finally, I question the participants' views on an issue directly connected to the issue of ageism, that of the double standard of ageing according to which women in Western society are not permitted to age in ways that men are (Sontag, 1978)

In the second chapter of my data analysis (chapter 6), I explore the issue of body image, namely the way women feel about and think of their bodies through the passage of time (Bordo, 2003; Budgeon, 2003), and examine whether these thoughts and feelings change as they grow older. What is of particular interest to my project is what those participating women who have just had a child have to say about their body image; and what I have particularly explored is how their body image has changed due to pregnancy and childbirth. Another significant point is the way perimenopausal and menopausal women talk about the experience or expectation of the menopause and how it has influenced the way they feel about their bodies; a third significant point is provided by the body perceptions of participants who suffer from chronic illnesses.

The topic of body image is closely connected to the question of whether women use different methods and techniques in order to delay, prevent or cover the signs of ageing. Accordingly, I explore how women feel about cosmetics and make-up, clothes, diet, exercising, and plastic surgery, and whether they believe that the media and the fashion industry shape or influence their views on ageing and middle age (Jeffreys, 2000; Bordo, 2003; Grogan, 2008).

The theme explored in the third chapter of my data analysis (chapter 7) is that of personal identity, and whether mid-life women think that it changes at the passage of time or whether it remains the same regardless of age (Goldie, 2000; Noonan, 2003). Participants believe that their sexuality, relationship status, motherhood status and health constitute the most significant aspects of their female personal identity. It seems that when the participants of this study talk about 'personal identity', they refer to three different issues, which are of course linked to each other. First of all, they refer to the way others perceive them, secondly they talk about the way they perceive themselves, and finally they talk about the ways their personality has altered through the passage of time.

In the final chapter of my thesis (chapter 8) I present the conclusions of my data analysis and I highlight the main contributions of my project to contemporary research on ageing and female identity.

1. Traditional Approaches to Personal Identity and the Self

1.1 Introduction

Selfhood matters to us both in everyday life and in our theoretical inquiries. The issue of the self has acquired a place of prominence in several social scientific disciplines, giving rise to a wide variety of claims about the bodily, the psychological, and the social dimensions of the self (Nathanson, 2001; Bermudez, 2002; Ellis and Bochner, 2005).

In the first part of my thesis I shall look at the principles which inform much of the contemporary discussion over the nature of the self. Since my interest lies in the constitution of *female* identity, my analysis will focus on those aspects of philosophical theories that bear directly upon the formation of *women's* selfhood. In this chapter I shall address traditional theories which have obscured our view of female identity, and have led to a devaluation of women's experience. In the next chapter I introduce recent accounts about human subjectivity, which highlight the social and cultural dimensions of the embodied character of personal identity, and I explore some detailed proposals about the constitution of women's selfhood offered by feminist philosophical discourse.

One of the main aspects of feminist philosophy is to examine critically influential writings from the history of philosophy, looking for patterns of male biases, which present women in ways that propagate negative stereotypes (Bordo, 2003). Those stereotypes are to be excised from our inquiries, not only for being socially harmful, as they present us with a series of distorted ideas about reality which shape both our everyday relations and social research, but also because the principles on which they are grounded have been systematically challenged by recent developments in metaphysics, epistemology, and philosophy of mind (Stone, 2007).

In the following sections I will outline the major theories of subjectivity that have influenced contemporary feminist discussion over the nature of identity and selfhood. The reason those theories are of importance to my project is that their uncritical acceptance makes it impossible for us to think adequately about women's experience in relation to the ageing process and personal identity. Social scientists need to understand the obstacles posed by those theories, if we are to make genuine progress in developing a proper account of female experience of the ageing process. The main task of this chapter is, in a sense, that of articulating a critique: by reconstructing and criticising inadequate philosophical views of female experience, I may clear the theoretical path for the constructive accounts presented in the subsequent chapters.

In this chapter, I shall present three main views on the issue of personal identity, and explain why contemporary feminists stand critically against all three. First of all, there is a theoretical commitment to psychological dualism, which emerges from the traditional interpretation of Plato's writings; secondly, there is the view of ontological dualism, based on Descartes' mind-matter dichotomy; and thirdly, there is an ahistorical view of personal identity, rooted in Locke's empiricism.

However, the presentation of these major theories presents some difficulties of its own. While most feminist thinkers refer disparagingly to 'Platonism' or 'Cartesianism', not many of them have tried to explicate what those doctrines really mean, or how exactly they bear upon the issue of personal identity. Furthermore, very few feminist writers care to refer to the actual texts or to present the exact claims to which they are opposed, when the discussion turns to such fundamental issues.

The aim of the chapter is to present the basic philosophical assumptions that feminists should overcome in order to have a clear and coherent view on the topic of female personal identity. In the section that follows I will talk about the theories of Plato, Descartes, and Locke that form the philosophical background to the feminist discussion on the nature of the Self. My aim is to identify and reconstruct only those aspects of the philosophical theories which are directly relevant to the topics of this

thesis. An understanding of the main psychological and ontological claims derived from Plato and Descartes and opposed by contemporary feminists, and the claims derived from Locke which are critically adopted and further developed by contemporary feminists, may facilitate our comprehension and evaluation of the feminist theories which will be analysed in subsequent chapters.

1.2 Platonic Dualism

The idea that the human soul is structured in a hierarchical order finds its first statement in Plato's work. Plato's *Republic* and *Phaedrus* are responsible for a series of doctrines which have influenced the way we understand human psychology. Of particular relevance to the feminist debate are the following three claims. (1) The human soul is 'not one thing but many': it is composed of interacting faculties, with their distinct powers and characteristics. (2) In a well functioning soul, our mental and psychological states are placed in a clearly defined hierarchical order. (3) At the top of that order lies rationality, understood as the capacity to reason (see *Republic*, esp. 343b-391a).

Feminists are in agreement with claim (1), but take issue with either (2) or (3). They all accept that the human 'soul', or psychological make-up, is a complex entity.

However, some feminists deny that the elements that make up human psychology should be morally evaluated or ordered hierarchically (cf. Butler, 2001). Others accept that such an order should exist, but deny that it is *reason* that should be placed at the top, favouring instead some other psychological power, such as the capacity to care, to imagine, or to empathise with fellow beings (cf. Gilligan, 1982). In the next chapter we shall look at the feminist alternatives; for now, let me explicate briefly what Plato's views are, so that we appreciate why overcoming those views is a required step for moving toward an undistorted theoretical account of women's experience.

In the *Republic* Plato proposed what we would nowadays call an 'empirical psychology', based on systematic reflection on ordinary experience. The basic principle of Plato's discourse about the human psyche is that although each one of us appears as a unit, we are actually composed of several psychological parts. The three main parts of the soul are the rational, the spirited and the appetitive. It is the interaction among these parts, and, in particular, which part dominates the other two, that explains how people behave (*Rep* 434a-c).

Plato's dialogues initiate the idea of 'care for the self', a concern for oneself, which is already evident in the early Socratic dialogues (and which is to play a major role in Foucault's (1997) later writings). For Socrates, care for oneself is not a narrowly conceived pursuit of individual success. On the contrary, cultivating concern for oneself (as he would say, 'one's soul'), is an integral part of becoming a responsible citizen in a society that values the active participation of all of its full members. 'Care of the soul' is already prominent in the *Apology*, in which Socrates' self-concern is part of his desire to exercise successfully his tasks as a citizen. It is as a person wishing to persuade everyone to care for their selves or souls that Socrates presents himself to his judges (Copp, 2006).

Plato's proposal in the *Republic* is that we gain self-mastery when the 'higher' part of the human soul, namely reason, rules over the 'lower' part, which includes our needs, appetites, and desires, and also our emotions. Human beings, in other words, acquire self-mastery when ruled by reason and not when dominated by their desires. The dominance of reason is linked to a number of positive features, such as order, concord, and harmony, while desires are believed to reflect and cause chaos and conflict. Reason and physical desires are in potential, often actual, conflict, in what Plato calls a 'civil war' (*stasis*) (*Rep* Bk 4, 9). As Taylor explains in his analysis of Plato's notion of self-mastery, 'to be ruled by reason means to have one's life shaped by a pre-existent rational order which one knows and loves' (1989:142). The reasonable person is a good person; s/he is centred in her/himself. Mastery of the self

through reason brings calmness and unity within oneself. The passionate person on the other hand, the one dominated by desire is a distraught person, since the desiring element is 'by nature most insatiable' (*Rep* 442a, *physei aplestotaton*).

The third element in the tripartite soul, standing between reason and desire, is the 'spirit'. The 'spirited part' of the soul is the seat of emotions. Plato's views of emotions changed in the course of his philosophical inquiries. The rather negative picture presented in his early works gives way to a positive analysis of emotions as contributing to a well-rounded human life (see esp. *Philebus*): even in the *Republic* and *Phaedrus* spirit is the natural ally of reason in the struggle with desire. However, several of his negative remarks in the early works proved very influential in the history of thought, in devaluing passionate activity (exemplified, supposedly, by the not fully rational women). According to this line of reasoning (further developed by Stoic psychologists, and endorsed by the early Christian Fathers) passions are not an integral part of human psychology, but merely redundant, false, opinions about the good (Knuuttila, 2005).

Plato's view of the self is grounded in his ontology of being. There are two ways to characterise being: materially and immaterially. The material aspects of human existence include the body, its physiological processes, the senses through which we receive information from and about the material world, as well as the feelings and sensations that provide information about the body itself (*Phaedo* 9-13). Plato devoted considerable time to thinking about the body, and he offered detailed accounts of sense experience. However, his analysis points to the limitations of sensory perception. For Plato the deliverances of our five senses do not by themselves constitute knowledge (*Rep* Bk 4, 5). To acquire knowledge one should first gain understanding of what one wishes to know, and understanding is the province of reason. We understand by exercising our rational faculties. Our bodily senses can at most give us impressions of what there is. Reason alone can help us move beyond

impressions to secure knowledge. This is why according to Plato reason is higher than our bodily faculties (see esp. *Rep* Bk 5).

The epistemological supremacy of reason over the senses goes hand in hand with the ontological hierarchy between the immaterial and the material aspects of human nature. According to the standard interpretation of Platonist metaphysics there is a correspondence between *what* is known and *how* it is known (cf. Fine, 2005 for a critical reading of the tradition). Things that are known by pure reason are different from things known by the senses. To reason correspond the ideas, the forms, the structure, the essences of things, whereas to the senses correspond only the material and sensible features of things (cf. *Rep.* Bk 5, *Meno*, *Phaedo*).

The epistemological and ontological distinctions bear directly upon the ethical dimension of Plato's view of the self. Organising one's life around the pursuit of intellectual apprehension of abstract objects is considered more valuable than limiting oneself to the receiving and processing of information about material processes. The question for Plato was how to relate his insightful, empirical psychology with his metaphysical conception of reality. The answer he proposes in the Republic is that of showing that it is only by letting reason rule one's soul that one can avoid the internal psychological conflicts that affect human life (*Rep* Bk 4, 9)

Whether or not Plato himself was committed to the dualisms that characterise Platonist metaphysics in the history of ideas is not an issue that will occupy us here. What is relevant to this project is how certain dichotomies that are encountered in Platonist texts have influenced our contemporary understanding of women's nature. As we shall see in more detail in Chapter 2 feminist writers believe that the attribution of several negative features to women has its roots in Platonist metaphysics. The most important conceptual dichotomy that we inherit from Plato's system is that of the constantly changing body and the eternal, immaterial soul (Lane, 2006). The appropriation of Plato's views in subsequent centuries in both philosophy and

theology lead to the identification of the material body with the female and of the immaterial, rational soul with the male (Brisson and Pradeau, 2006).

Whatever Plato's specific views have been on these matters, he created certain theoretical principles that have been followed by the major accounts of the self to the present age (cf. Taylor 1999, for a critical discussion). The first major principle is that the analysis of human beings should be part of a general view of reality as a whole (cf. Beauvoir, 1989; Butler 2001). A second principle is that our metaphysical view of reality has direct consequences for our ethical and political discourse (cf. Bauer, 2001; Moi, 2005). Finally, theoretical inquiry is not an end in itself but should illuminate and facilitate the difficult process of 'caring for oneself' (Foucault, 1997, Atkins 2005). How these ideas were articulated in the modern period is the topic of the next section which examines Descartes' groundbreaking work on human subjectivity.

1.3 Cartesian Rationalism

Descartes' dualism is different from Plato's. He situates the moral sources within us and he is best known as the 'father' of substance dualism, the view that body and mind are composed of metaphysically distinct substances (Descartes, 1641). Descartes lived in an age that favoured the development of the scientific method; his contemporaries were Kepler, Galileo, and Francis Bacon, and it is thus no surprise that he became himself an accomplished natural philosopher (Gaukroger, 1995, Bordo, 1998).

Descartes is the thinker who moved subjectivity to the centre of philosophical and scientific inquiries, in his attempt to demarcate clearly the mental from the physical, and to stress the significance of the first person perspective of the self-conscious 'I' (Perry, 2008). The tension between reason and experience that characterised his substance dualism model continues to be prevalent in philosophical discussions about subjectivity and personal identity, mainly by offering a clear target against which

contemporary philosophers set up a monistic, bodily-centred, account of human beings (cf. Bermudez, 2002; Strawson, 2008; Dainton, 2008).

Descartes' reasoning was to prove extremely influential for contemporary feminist debates (Bordo, 1999). In his search for secure knowledge Descartes engaged in systematic reflections through which he set in doubt any claim that could be challenged, whatever its source (Descartes, 1637). He thus doubted not only the deliverances of ordinary experiences but also all the given theological, mathematical and scientific doctrines of his age, with a view to establish whether any of those doctrines can stand to reason (Cottingham, 1992) By employing this methodical doubt he came to the view that the only thing that cannot be doubted, while he is thinking of those issues, is that he is thinking of them. More precisely, it cannot be doubted that he, Descartes, exists while he is thinking - even if his thinking consists of doubting everything. This line of reasoning is summarised in the famous dictum *cogito, ergo sum* (Descartes 1641; Kenny, 2008). Even though this particular phrase appeared originally in Descartes' writings in French rather than Latin, it has acquired a life of its own as an expression of absolute certainty with regard to the reality of subjective existence.

Subjectivity is a major focus of interest for feminist thinking. Since de Beauvoir's time feminist writers have tried to grapple with the puzzle that Descartes bequeathed to the inquiry about human beings (Beauvoir, 1989) On the one hand, Descartes showed the way for defending the importance of personal experience, and the inner self against the oppressive practices of established theological or scientific doctrines that undermine subjective experience. On the other hand, Descartes' own way of developing his philosophy led him to a sharp metaphysical division between a self subsistent, immaterial mind and a thoroughly dependent, mechanical, material body (Sorell, 1987) This division, despite the fact that for Descartes himself the mind included the whole of consciousness, and he wrote a treatise on "The passions of the soul", led once again to the idea of a hierarchy, having on top pure reason represented

by the autonomous male agent and at the bottom bodily needs and desires represented by the female subject (Moi, 2005).

It is worth emphasising that the above reconstruction purports to highlight the views that feminist writers attribute to Cartesianism. It is far from certain that Descartes himself intended his work to be exploited in ways oppressive towards people of any particular gender, race or religion (Broughton, 2003). His emphasis on rationality, universality and personal worth paved the way for the Enlightenment project of establishing equal human rights. However, those ideas have also been put under critical scrutiny by feminists who argue, they advance a theoretical and political agenda that silences the distinctive character of female experience (Vogel, et al. 2001; Benhabib, 2003). The specific arguments put forward by feminists on these issues are explored in Chapter 2.

1.4 Lockean Empiricism

John Locke brought the issue of personal identity to the forefront of theoretical inquiry. He was not interested in the scholastic attempts of knowing the essential nature of things, but in the operations of human reason on data furnished by experience (Ayers, 1991). Locke's thinking placed personal identity at the centre of attention and at the same time opened up further questions about it (1690). His account of the self reflected his stance towards social life, politics, religion, and science (Yolton, 1970). He was keen to provide a new understanding of individuality which would be independent from the hierarchical social relations prominent at his time, thus providing a more secure foundation for his analysis.

The starting point for Locke's approach to the self was his rejection of 'innate ideas' (Locke, 1690). His famous description of the mind as *tabula rasa* at the moment that it comes at the world, and his insistence of the significance of experience in forming thoughts and beliefs, constitute the basis of his empiricism (Lowe, 2003).

This empiricism was not a one-sided account of the mind as the product of circumstances and conditions, since it went along with an unquestioned conviction that humans were active users of their reasoning capacities (Mackie, 1976).

In *An Essay Concerning Human Understanding* (1690), Locke maintains that we can have no innate idea of identity. Innate ideas are supposed to be simple, but the changes that pertain throughout the living world make the notion of identity too complex to be a simple idea given to consciousness. Locke was the first to cast in doubt the view that personal identity has to remain the same over time. How are we to say, inquired Locke, whether a person who consists of soul and body is the same in old age as in infancy, given all the physical changes that take place across a life? (cf. Gay, 1964 for a classic analysis of that point.) For Locke, when we refer to a human as the same being she/he was a year ago, we have in mind its organic, corporeal identity. Humans are beings animated throughout their life by the same vital force or impulse, organising their parts into a whole that has its beginning at a given time and place, and that continues as long as the being sustains its life (Lowe, 2003). As Locke states: 'man consists in nothing but a participation of the same continued life, by constantly fleeting particles of matter, in succession vitally united to the same organised body' (1690 I, 444).

People judge others by the external manifestations of their physical and mental life, having no access to the consciousness that makes an individual 'self to itself' (1690 I, 456-57) What we feel and think belongs to us in a special way. It is a matter of different access to them our first person awareness of our experience cannot be exchanged with or reduced to a third-person account of our life. Moreover, we bear a unique responsibility for our states and attitudes, since they are affected by the way we -as reflective agents - relate to them (Moran, 2001).

Locke's rejection of essentialism about personal identity had a two-sided effect on feminist thinking about subjectivity. On the one hand, it paves the way for pluralist and disjunctive accounts, which share an opposition to traditional models of a stable

and fixed self (Flax, 1990; Butler, 1993; McNay, 1994). As Tuveson (1990) acutely observes, the modern ideas of the 'dissolution of the ego', already found in romantics such as Coleridge and Baudelaire, and further developed in post-structuralist ideas of the death of the author and the subject (Butler, 2001; Derrida, 2002; Barthes, 2005), all have their source in Locke's empiricism.

On the other hand, Locke's particular version of empiricism takes no account of the social, cultural, and historical dimensions of human subjectivity. Charles Taylor (1989) identifies Locke with the appearance of a modern self that is 'punctual' or 'disengaged', devoted to its own 'radical remaking' and finding its dignity and independence in the absence of any reliance on a social order or source of values outside itself. Several feminists take issue with such an ahistorical account of subjectivity (Grosz, 1994; Bordo, 1999; Bauer, 2001; Benhabib, 2003). By presenting the formation of personal identity as a matter of unrestricted individual choice, one loses sight of the real, as well as symbolic restrictions within which women are called to construct their 'female' self. All too often, a-historical approaches simply take a very specific historical case of subjectivity - such as that exemplified by the middle-class male involved in specific economic relations of production and product exchange- and turn that particular case into the eternal model of 'personhood' or 'individuality'. A direct theoretical consequence of that approach is that anyone represented as different from the fixed model is considered as falling short of complete personhood. The negative repercussions of that approach for a proper understanding of women's own subjectivity, make classical empiricism another view that contemporary feminists are keen to resist (Hurley, 2003; Stone, 2007).

A similar problem arises with Locke's view of memory as a criterion for personal identity. In his discussion of the psychological dimensions of the self, Locke implies that memory is a secure guide to understanding the coherence and continuity that characterise personal identity through time (1690 II). However, feminists might want to take issue with that view. Even from an early stage in the formation of one's self,

which experiences are to be memorised, and which to be excised from the mind might be subject to certain implicit or explicit rules of what counts as 'proper' or 'normal' development for a boy or a girl at each age. Feminist work in cognitive psychology and psychoanalytic studies has questioned the alleged neutrality of calling to memory and re-enacting events formative of one's self (Chodorow, 1989). Recent work, also, on the phenomenology of bodily posture and philosophy of meaning shows very well that what gets registered in bodily memory and reiterated in later life varies considerably in relation to gender, and to cultural contexts (Crossley, 1996; Shilling, 2005; Young, 2005). Those various strands of research in philosophy and psychology converge in the view that, to an important degree, memory is itself institutionalised. Therefore, the classical empiricist account of limiting one's personal identity to what one now happens to remember as a significant moment of his or her life, might make us overlook the complex process by which only certain aspects of a woman's experience are to be seen as relevant or appropriate to who she really is. Hence, according to feminists, this approach might further distort our understanding of how female identity is formed in the passage of time (Flax, 1990; Bordo, 1999; Bauer, 2001; Butler, 2001; Moi, 2005; Stone, 2007).

1.5 Conclusions

I have reconstructed certain aspects of the work of Locke, Descartes, and Plato, with a view to identify those claims that seem to block the way to a theoretically sound account of women's experience.

The theories I examined in this chapter seem to suffer from at least two major inadequacies. First, they systematically ignore the living body from their description of human subjectivity. In the case of Platonic and Cartesian Dualism the body is simply denigrated, and its role in the formation of one's own identity is effectively dismissed (Bordo, 1999; James, 2000; Nussbaum, 2000). In the case of Lockean empiricism, the body makes an appearance, albeit in the merely physiological

dimension of a lump of matter extended in space and perduring in time (Taylor, 1989; Hurley, 2003 Shilling, 2005). In both cases, the multiple significance of the embodied character of human experience is missed.

In the light of the above, the theoretical task that lies ahead of us is twofold. On the one hand, we need a theoretical approach that reinstates the body in its pivotal role in the constitution of personal identity and the formation of one's sense of oneself. In chapter 2 I introduce a range of views on how exactly the body is involved in the creation, the maintenance, and the development of modern identity.

On the other hand, we should explore not simply how body and identity might be interrelated, in general, but how exactly the body - in its physiological, social, psychological, and cultural dimensions - pertains to the formation of *women's own* sense of themselves. In Chapter 2 I focus on this theme, by examining how the analysis of the embodied nature of personal identity bears upon a major topic of my inquiry, namely the constitution of female identity. I address the views of some prominent feminists with a view to clarifying and evaluating the main alternatives in theorizing about the female body. Chapter 3 brings the theoretical part of my thesis to its completion by examining another feature of women's experience that seems to evade the traditional accounts of personal identity: the fact that human beings are essentially temporal beings, the fact that they age, and that the way they experience the ageing process affects their sense of themselves, an issue that will occupy us at length during the presentation of my data analysis in chapters 5 through 7.

2. Female Identity and the Body

2.1 Introduction

Bodies have been a constant side-concern of social studies since the beginning of the last century; they became a focal point of discussion during the 1970's and 1980's, and have today acquired prominent status in social studies. The switch in theoretical attitudes toward the body took place for a number of reasons, some purely philosophical, some cultural and technological. To begin with, there has been a significant shift within philosophy towards the analysis of identity in its embodied nature (Bermudez, 1998; Noonan, 2003; Thomasson, 2005). Advancements in medical technology have also unsettled preconceptions about the position of the female body in Western society and the boundaries of gender identity (Giddens, 1991; Shilling, 2005). The new reproductive possibilities, the challenges posed by 'cosmetic'surgical interventions, and the gradual social acceptance of sex-change operations have placed the body firmly on the feminist agenda (Haraway, 1991; Featherstone, 1999; Butler, 2001).

Bringing to the fore the bodily dimensions of female identity made new demands on the theoretical apparatus employed by feminist writers (Reinhartz, 1997; Bordo, 2003; Estes et. al, 2003). The application of old conceptual categories would not allow for the articulation of new accounts of women's experience. The exploration of what was effectively a totally new area of research required the employment of new theoretical tools. Accordingly, during the late 80's and 90's, feminist thinkers turned to recent theories in the human sciences, which appeared to promise a novel and unprejudiced approach to the social, psychological and cultural significance of the gendered nature of human subjectivity. One of the accounts that proved particularly influential, initiating both positive and negative theoretical reactions, is the one found in the writings of Michel Foucault (1971, 1976, 1997). The feminist writers' engagement with Foucault's thought led to a veritable explosion of high quality publications in

philosophy and the social sciences (Diamond, 1988; Ramazanoglu, 1993, Hekman, 1996; Sawicki, 1991; McNay, 1992), and it gave rise to strong intellectual debates, some of which are far from being resolved (Nicholson, 1995; Butler, 2001; Sawicki, 2006; Allen, 2006).

An analysis of feminist approaches to the embodied nature of personal identity cannot ignore Foucault.. However, the main topic of the theoretical part of my project is not the interpretation of Foucault's work; it is how one may best conceptualize the constitution of female identity. Accordingly, I shall address only those aspects of his work that bear directly upon this issue. My discussion will proceed as follows. In section 2 I shall outline Foucault's views on modern subjectivity, the restrictive, as well as productive, functions of power, and the importance of the body as the locus of inscription of the cultural significations that govern the relation between society and the individual. Section 3 shows the development of those points in the writings of Bryan Turner (1989, 1992, 1993), whose work investigates the representational role of bodily regulation, manipulation, and appearance, in a way that has been very conducive to the theoretical objectives of many feminist writers. However influential those ideas might have been, they have not been accepted without criticism. In fact, several feminists have expressed serious doubt as to the practical and political consequences of the Foucauldean approach to the constitution of personal identity. After presenting the main objections raised against certain aspects of Foucault's work in Section 4, I proceed to a detailed discussion of the critical appropriation of Foucault's project by feminist writers who purport to articulate an unprejudiced account of the embodied character of female identity. Sections 5 to 7 address the major alternative contributions of contemporary feminist thought about the bodily dimensions of female identity. For now, let me pass to a reconstruction of Foucault's views on the constitution of human subjectivity.

2.2 Subjectivity and the Body

There are two main parts to Foucault's early philosophy of the subject: the theory of objective knowledge, and the analysis of systems of meaning (Foucault, 1966). He tried to create a “genealogy of the subject” by studying the constitution of the subject through history in order to understand how we reached the modern concept of the self (Foucault, 1965; 1981). For that purpose Foucault tried to analyse theories of the subject as a speaking, living, working being. At the same time he analysed the relationships formed among subjects in certain institutions such as hospitals, asylums and prisons, where subjects became objects of knowledge and of domination. Finally, he tried to study those forms of understanding that the subject creates about him/herself (Foucault, 1974; 1983).

In *Discipline and Punish* Foucault presents the disciplinary practices employed in the nineteenth century in asylums, prisons and armies in order to control the individual and to ensure the smooth running of such places (Foucault, 1977). He describes the series of rules and regulations and the strict regime imposed on individuals by the doctors, soldiers and guards running these institutions in order to manipulate the actions, emotions, movements and even appetites of those individuals. According to Foucault, capitalism employs the same techniques in order to control individuals and to increase production and financial gain. The praise by the capitalist system of such qualities as self-discipline, efficiency, precision, speed and punctuality are viewed by Foucault as disciplinary regimes imposed on labourers.

In accordance with Habermas' (1987) suggestions about the types of techniques which operate in human society, namely, techniques of production, techniques of signification and techniques of domination, Foucault talks about another type of technique which operates in Western societies, *the techniques or the technology of the self*. (Foucault, 1988) By that phrase Foucault denotes all the practices by which an individual transforms or modifies her/himself in order to attain what is considered, in

each culture, a desirable state, e.g., a state of happiness, financial success, ethical purity, or worldly perfection (Foucault, 1993).

It is worth emphasising that Foucault does not put forward the notion of ‘techniques of the self’ as a theoretical substitute for the more traditional notion of ‘techniques of domination’. Rather, Foucault proposes that in analysing human phenomena we need to take into account the interaction between the two types of techniques, and more precisely, “the points where the technologies of domination of individuals over one another have recourse to processes by which the individual acts upon himself (sic).” (Foucault, 1993: 214).

The interaction between techniques of domination and techniques of the self is aptly illustrated through Foucault's historical inquiries into disciplinary practices. Based on Bentham's design for an ideal prison, which he called ‘Panopticon,’ Foucault (1977) developed his ideas of spaces that control and restrict individuals (Gutting, 2005). A Panopticon should be built in such a way that the guards will not really be there but the prisoners would be unaware of their absence. They will think that they are being observed at all times and therefore will force themselves to work hard. According to Foucault (1977), prisoners are not the only people subject to this domination; on the contrary, this domination operates to control all individuals living in modern institutions. In places such as prisons, schools, factories, hospitals, and asylums, the individual's goal was to purify her/himself of unacceptable impulses, and to discover the sources of socially acceptable behaviour within her/himself; s/he made her/his body docile through solitary, but constantly observed work. It is exactly because such practices find their way into so many modern institutions that people learn to practise them on each other and even on themselves (Rouse, 2005).

According to this line of reasoning, the Panopticon model acts as a prototype for modern society in all its guises, taming individuals to its norms, and exercising a ‘capillary power’, invisible, unidentifiable, but able to insert itself into each person at the point where his or her autonomy was supposed to be manifest. This diffused and

unlocatable social power became the agent out of which individuality was constructed, making it the vehicle through which modern people were governed and controlled (Atkins, 2005).

In Foucault's later writings (1984, 1990), the genealogical critique of social institutions gave way to exploring ways of articulating a positive account of the modern self. It is actually worth noting that Foucault (1997, 2000) pursued the project of 'the care of the self' in ways not dissimilar to early Platonic and Stoic attempts to create a sense of personal identity along aesthetic and ethical lines (cf. David, 1986; Gutting, 2005).

Foucault's ideas found a fertile ground in the work of sociologists keen to explore the interrelations between power relations and the construction of modern subjectivity. In the following section I outline the work of a sociologist whose theory of the social body forms a reference point in feminist debates, not least because it shows a specific way of employing several of Foucault's insights to the analysis of contemporary social phenomena.

2.3 The body and society

In recent decades, the institutionalisation of identity has acquired new forms that operate mainly on the basis of self-monitoring. The influence of Foucauldian concepts on sociological thinking is evident in the writings of significant sociologists, such as Turner. In *Body and Society* (1999) Turner examines 'embodiment', the phenomenon of becoming a body in social space. He explores the visual culture of embodiment and the impact of visual representations on self and identity. *Body and Society* is concerned with questions about natural decay, disease, the process of ageing and death, and the consequences of the embodied nature of our modern bodies in every day living. It is also concerned with the complex relationship between existing, eating, food, sex and the body.

Turner has in previous work developed the notion of 'a somatic society', that is, a society within which all the significant personal and political changes and crises are expressed through the body (Turner et al, 1991). His work examines the role of the popular and consumer cultures, as well as the role that economy and politics play in setting the body in its current position. Dieting, exercising, and cosmetic surgery are probably the main ways of trying to acquire or retain a youthful appearance, which is promoted as the currently prevalent conception of self-fulfilment. Anxiety over controlling or even erasing the signs of ageing is the focal point of understanding, and of evaluating life satisfaction and personal self-worth. It is thus important to examine how the process of self-monitoring over ageing influences one's own sense of personal identity. It is also significant to examine how the importance of embodiment for our sense of self is threatened by social stigmatization, ageing, and disease (Turner, 1996).

Major changes in medical practice, science and technology have placed the body in a position of centrality and importance in contemporary societies (Estes, et al., 2003). As a consequence, the body has been turned into a project which is constantly under construction, and within which individuals express their own emotional needs and desires through that construction process. As Shilling (2005) points out, these medical and scientific advances have brought changes in the demographic structure of societies and have raised major philosophical and ethical issues, which are related to the nature of personhood and identity. Oberg (1996) takes this thought further by claiming that there is a body and identity paradox, namely that the body simultaneously dominates personal and social experience while itself being ignored by an avowedly social understanding of ageing.

Traditional philosophical questions concerning the relation between body and mind are now in the forefront of debates in the areas of feminist studies and sociology, due mainly to the work done by feminist writers, the women's movement, and the gay movement. Turner (1990) maintains that these theoretical, as well as political,

movements have questioned the relation between sex and gender and have thus helped to give the body a significance beyond traditional sexual functions.

However, the social dislocation of the body means that the body has been exposed to the manipulation of consumerist culture and has been used as a vehicle for the fashion, advertisement and public relations industries (Turner et. al, 1991). The modern self is directly connected to consumerism and the notion of an unlimited consumption of food and goods which give pleasure and which define one's identity. The notion of the self is now being examined in terms of the body-image that we project: a central part of which occupies the variety and abundance of the material and cultural products we consume - and which is being constantly examined and evaluated in the public arena, including mass media, fashion, social sciences (Turner, 1992; 1996).

The fact that the embodied self becomes the field of experimentation and the project of consciousness, may explain why the process of ageing is thought to stigmatize and devalue the body, and to constitute an aesthetic and ethical failure, in the modern societies of eternal youthfulness (Synott, 1993). According to Synott, natural decay, disease and even death are denied in modern societies since they are viewed as a threat to a system which is based on ideas of renewal, creativity, eternal strength and beauty. He argues that the notion that the self is a personal project and that the body is under the individual's total control are endangered by the reality of ageing and death, a reality which brings into the light the vulnerability of the self and the fragility of the body.

In the postmodern cultural context the boundaries of the self become uncertain. With the help of medical science and technology, the body can be restructured and refashioned in ways that result in the transformation of identity in terms of body shape, racial or ethnic characteristics, and gender. The body is today conceptualised as a fluid entity, - a notion which allows for these profound personal and social changes, -and not as a fixed, stable one (Turner, 1987). A positive body image is significant for

a positive self image, which is considered an inextricable part of modern personal identity. A slim and 'eternally young' body is considered a great asset which should be maintained through the life cycle with the employment of different techniques and methods. A slim and young body is at the same time a sensual and sexual body, a body capable of reproduction (Turner, 1996).

We have little direct control over the physiological process of maturation and decay and the changes to our way of living that these bring with them (Turner et al., 1991). In addition, we have to follow cultural expectations and unwritten rules on what is appropriate for different age groups and for different sexes. However, in contemporary society there is an assumption that we can successfully resist or delay both physiological and cultural changes by following a strict dietary regime and by adopting a healthy life style that will aid us in fighting the external signs of ageing. In that sense, the achievement of personal control over diet, of will over desire, is a source of self pride and satisfaction, an act which enhances self esteem (Turner, 1992 and 1996).

Turner's work attracts the interest of feminist social scientists because, among other things, it shows a way of employing Foucault's theoretical proposals in the analysis of women's own subjectivity. However, the mere employability of Foucault's ideas does not on its own provide an argument for their justification. Some feminists have expressed serious doubt as to the validity of Foucault's conceptual apparatus, and have distanced themselves from Foucauldian accounts, such as Bryan Turner's (Fraser, 1985; Allen, 2006; Sawicki, 2006). Thus, as we shall see in the following section, the feminist endorsement of Foucault's views has been far from uncritical. Several feminist theorists have questioned various claims found in Foucault's work, and have warned against a mechanical application of his methodology; a methodology which was indeed created for analysing only particular social and historical phenomena, very clearly delineated by Foucault himself (Butler, 1993; McNay, 1994; Allen, 2006; Sawicki, 2006).

2.3.1 Feminist Critiques of Foucault's and Turner's Work

A theme common to Foucault and to feminist thinkers is the emphasis placed on the importance of 'resurrecting subjugated knowledge', ways of thinking and doing that have been eclipsed, devalued or rendered invisible within subjective possibilities – 'their range of possible self-understandings' (Sawicki, 2006: 382-383). According to Foucault (1997) individuals are 'subjected', in other words they are categorised - usually by experts who have the authority - according to their identities and social practices. These categorizations are the outcome of the normalizing principles that Foucault analysed in his work.

Bartky (1990), who draws extensively on Foucault's analysis of disciplinary power to examine the micro-politics of gendered embodiment, points out a serious deficiency in his description of disciplinary power, namely its gender blindness. The disciplinary practices that Bartky brings to light concern forms of embodiment that are specifically feminine, namely technologies of the self that tell women how to talk, walk, wear clothes and make up, and how, with the use of diet, exercise and plastic surgery, to care for their bodies. These normalising practices disempower women and turn them into 'subjects' by imposing rules and developing norms.

Obedying the feminine technologies of the self, and acquiring the skills that have to do with these normalising practices, becomes a central component of female identity, and a synonym of sexual attractiveness. According to Bartky (1990), this explains the unwillingness of many women to get rid of the 'fashion/beauty complex' since they are afraid that by refusing to adopt these practices they are at the same time abandoning their femininity and their very sense of identity.

The fact that Bartky (1990) employs Foucault's account in order to talk about disciplined women reveals another weak point of his theory, namely his suggestion that in modern societies power does not stop at repressing subjects, but goes on to

actually produce them. This pessimistic view that individuals are the outcome of the power/knowledge apparatuses seems to block the way for human beings to resist and finally change the existing power relations. Bartky (1990) argues that Foucault's theory leaves no room for genuine progress, reaction and change.

As Amy Allen (2006) relatedly argues, Foucault's account fails to distinguish between different forms of power, such as 'power over', 'power to' and 'power with'. She states that all three forms of power are essential to feminist theory and that Foucault does not provide us with an account of people's collective capacities to criticise, resist and change existing power relations. Following the same thread of thought, Nancy Fraser states that Foucault does not provide us with any distinctions between better and worse types and forms of constraint. Fraser (1985) accuses Foucault of 'anti-humanist rhetoric' and claims that he does not take a position either in favour or against the universal, humanist enlightenment ideals of freedom and autonomy. Although he does not directly reject those ideals, he does not offer any philosophical foundations for his analysis of power domination, freedom and autonomy. Foucault's social criticism fails to articulate criteria for judging 'better from worse regimes of social practices... suggesting not simply that change is possible but also what sort of change is desirable.' (Fraser, 1985:43). More generally, it is worth noting that feminists express serious doubts as to whether any political emancipatory project can be realised using Foucault's analysis.

2.4 The Disciplined Body

Building upon the new ground of the sociological analysis of the body, some feminist thinkers, such as Grosz (1994) and Bordo (1989; 1993), assert that femininity can be viewed as a disciplinary regime used in patriarchal society in order to shape female bodies and sexualities. The feminine ideal is achieved through the systematic adoption of such disciplinary practices as dieting, exercising, attention to fashion, use of cosmetics, and plastic surgery (Bordo, 1993).

Susan Bordo (1989) talks about the significance of gender and race when studying and exploring issues which relate to the female body, such as ageing, dieting, eating disorders, exercising, and cosmetic surgery. According to her, the first question we should always ask while talking about body politics is: whose body is this? She emphasises the fact that in the West a white or male body passes as the norm for all; she claims that we need to state whose body we are examining, and at the same time we need to redefine our cultural constructions and interpretations of the normal body.

Drawing on Foucault's work, in her paper on anorexia nervosa Bordo (1989) argues that the disciplinary power of self-control, as this is exercised through the control of food intake for young women, operates in ways that bring to mind the strict regimes of the nineteenth century public institutions. In *Unbearable Weight*, Bordo (1993) refers to female bodies as 'docile bodies', a term first employed by Foucault (Foucault, 1979:135-69), while describing a body regulated by the norms of cultural life and not by its own instincts and desires. According to Bordo, female bodies and especially those of middle class women are shaped by social pressures so as to become 'docile bodies'. Women internalise to such an extent society's rules and regulations about the female body that these rules become part of their personalities, and their bodies become 'docile'. She argues that through the normalising of time and space, of the consuming disciplines of diet, 'appropriate' dress and make up, women became less socially oriented and more focused on self improvement and modification. She concludes that, historically, the discipline and normalization of the female body, which transcends age, race, class and sexual orientation barriers, remains the most successful strategy of social control (Bordo, 1993). Bordo (2003) claims that gender ideology is not new but is the continuation of a well-established tradition inaugurated in the Victorian era. As she points out, female bodies have historically always been more vulnerable than male to different forms of cultural manipulation of the body, something which continues to happen through medicine, fashion and the mass media.

In order to press her point that preoccupation with one's weight and body shape has to do with control, Bordo (2003) draws a parallel between anorexics and body-builders, claiming that both categories of women manipulate their bodies in order to feel that they have control over their lives, future and even nature, since both body-builders and anorexics refuse to accept their natural body shape and choose instead to intervene and to re-design its form. In their attempt to change their body shapes women have to fight not only against high calorie food but also against their natural physiology.

According to Bordo, the propagation of cultural stereotypes, which results in the reproduction of gender differences and inequalities, has as a goal the manipulation of female buyers which in turn assures the maximization of profit (Brownmiller, 1984; Steele, 1996; Jeffreys, 2000). As she states in *Unbearable Weight*, we live in a image-dominated culture where due to the embodied nature of the female identity women are not allowed to age: “‘Aging beautifully’ used to mean wearing one's years with style, confidence, and vitality. Today it means not appearing to age at all. And -like breasts that defy gravity- it's becoming a new bodily norm” (Bordo, 2003: xxiv).

Bordo (2003) maintains that the female body is a text of femininity, and argues that its textuality becomes evident in her study of the 'feminine' disorders of hysteria, agoraphobia and anorexia. By using the examples of bulimia and anorexia, phenomena whose medical and cultural-historical dimensions she has studied in depth, Bordo emphasises the importance of bringing into the light the significance of the examination of both culture and biology. A study of the symptoms of these disorders and their significance suggests that they all have symbolic meaning “under the rules governing the historical construction of gender” (Bordo, 2003:168). Female bodies, argues Bordo, do not learn the rules of femininity through verbal descriptions, guidance or advice, but through images of other female bodies which 'tell them' what behaviour, posture, movements, body shape, facial expressions, clothes and other fashion accessories constitute requirements of femininity. Bordo argues that, although

biology plays a very important role in shaping our life and destiny, its effect is never pure and unaffected by history and the culture we live in; she concludes that we are the outcome of both our biological make up and our social environment (Bordo, 2003).

Certain aspects of Bordo's analysis relate to the question of how body image is implicated in women's experience of ageing. Bordo (2003) discusses contemporary representations and images of beauty and health, which also serve as a set of regulations by which the body becomes trained, shaped, and socially adapted, so as to promote images of eternal youth. The transcendence of old age seems to be possible, as has allegedly been the transcendence of female appetite. Agelessness appears to be directly related to control, success and sexual, social and professional power; consequently, claims Bordo, female bodies 'master' their lives by remaining forever young, slender and beautiful. Strict dieting and exercise regimes, face lifts, breast enlargement and liposuction, girdles, makeup and high heels, which were traditionally seen as methods and processes of maintaining gender domination, are currently advocated as acts of empowerment employed by women in order to manipulate the system and to control their own future (Bordo, 2003). There are many rewards in a social and professional level by following the rules of femininity, and although women are aware today of being manipulated by patriarchy they may willingly choose to adopt these rules instead of fighting them, in order to reap the rewards (Davis, 1995).

However, some feminist writers do not seem to agree with Bordo's employment of the Foucauldean notions of disciplinary practices and discursive regimes in the case of femininity, on the ground that femininity does not appear to operate in an institutional context (Bartky, 1988). Bartky, for instance, points out, in her essay about anorexia nervosa, that there is no institutional agency that imposes and regulates the rules of femininity. Although Bartky does not doubt that there are elements of disciplinary techniques in femininity, she emphasises that no one in particular can be held

responsible for those techniques. This fact, according to Bartky, differentiates femininity from other targets of disciplinary practices (Bartky, 1988).

However, according to Foucault (1994), power is not always centralised and imposed on individuals from above. Indeed, modern society is characterised precisely by the absence of a clearly identifiable agent of dominant power over others. There is an interplay of power relations that move in various contexts and levels, personal and social, and which define how we live, act, work (Foucault, 1988). At the same time the ways in which we employ and manipulate power games and power relations is a defining part of the construction of our identity (Foucault, 1997). In other words, there is an interplay of powers in our society, that are not all imposed on individuals by the political system and do not operate in only one area or have only one aim, for instance, how to increase profit. As well as the rules and constraints imposed on individuals by certain power relations, there are also new possibilities and ideas, the acquisition of knowledge, and the ability to produce new forms of social interaction (Foucault, 1979 and 1988).

For example, the disorders of anorexia and bulimia, mentioned above, seem to offer a way out of the psychological pressure and emotional tensions female subjects experience in their socially and professionally demanding every day lives. But it has been noted that the sufferers of anorexia and bulimia continue to engage in an obsessive pattern of emotional and physical control, which renders them unable to effect any real changes in their lives; they thus remain faithful and obedient to traditional schemata of femininity - or, as Bordo might put it, remain 'docile bodies' (Bordo, 2003).

A different kind of critical worry is expressed by feminists who address the philosophical foundations of the conceptual distinctions employed by Bordo. Elizabeth Grosz (1994) argues that, although Bordo's psychological approach is useful, her analysis of beauty ideals and images leaves unexamined the very important dimensions of the ontological and socio-political status of the body. Grosz's work is

characterised by anti-Cartesianism, a rejection of the nature/culture or mind/body oppositions. She argues in favour of a dynamic rather than a static ontology, an ontology rooted in *becoming* rather than *being*. She admits that Bordo's exploration of the dietary and exercise habits of women, and the strategic employment of these habits in their professional and social lives as a vehicle for gaining control and achieving their goals, can help us to understand the position of the female body in contemporary society. However, Grosz contends that Bordo's approach could be guilty of advocating mind/body dualism; the body is viewed as the natural bedrock to which sociological and psychological analyses may be added as cultural overlays (Grosz, 1994).

Grosz is just one among several feminist philosophers who have denied the standard conception of such fixed ontological boundaries (Grosz, 1994; Fricker 2000; Stone, 2007). Indeed, some feminists begin with Foucault, but take his constructionist account to a new level, by casting in doubt even such apparently neutral categories as 'gender' and 'sex'. Most notably, Judith Butler, in a number of papers, argues for a redrawing of the theoretical terrain of gender and sex. To gain a better understanding of the contemporary debate about the constitution of female identity, in the next section I will reconstruct her pioneering account.

2.5 The Gendered Body

Butler (1993) radicalises the Foucauldian approach, by questioning the alleged fixity and stability of women's nature, in favour of a performative account of female identity. On the one hand, she appears to complete the project of undermining modern self-certainties, and of upsetting the conceptual complacencies of 'male-centred' thinking about the body. On the other hand, her reasoning seems to remove the ground from under the feet of feminist philosophers, for whom a positive account of women's selfhood is a normative prerequisite for redressing the various

inequalities, which still rule over women's lives (Bartky, 1990; Grosz, 1994; Stone, 2007).

In *Gender Trouble*, Butler calls the existence of the category 'woman' into question. Instead of accepting that the female subject is a pre-existing metaphysical entity, she describes it as a subject in progress, a performative construct in the sense that it is constructed in discourse by the acts it performs. Butler argues that there are ways of 'doing one's identity' and in her writings she addresses well established dichotomies such as male/female, masculine/feminine, gay/straight, black/white (Butler, 1993).

Butler borrows the notion of interpellation from Louis Althusser (1976) and she employs it in order to understand gender as the creation of a subject through its involvement in the practices established by the hegemonic ideological mechanisms. According to this approach, the materiality of sex is the constant interpellation of the materiality of sex within a hegemonic order of power which both produces and regulates bodies in social space.

“Originally intended to dispute the biology-is-destiny formulation, the distinction between sex and gender serves the argument that whatever biological intractability sex appears to have, gender is culturally constructed: hence, gender is neither the causal result of sex nor as seemingly fixed as sex.” (Butler, 1990: 6).

Butler's analysis is influenced by the seminal work of Simone De Beauvoir (1977). The French philosopher examined issues of identity and the nature/culture, sex/gender dichotomies. In her monograph, *Old Age*, she explores the issue of identity over the passage of time by asking: 'Can I have become a different being while I still remain myself?'. De Beauvoir thus explores one of the principal questions in relation to personal identity, namely, whether the self is some kind of fixed unity, which persists over time (Beauvoir, 1977: 283).

Simone De Beauvoir (1989) famously claimed that 'one is not born but one becomes a woman' (vol. II, p. 1). She argues that sex is something that we do rather than are.

Butler agrees with De Beauvoir that 'woman' is 'a term in progress, a becoming, an ongoing discursive practice which is open to intervention and re-signification' (Butler, 1999: 33-34). Butler attempts to disentangle sex from gender and sexuality, and fights against the common assumption that all three depend on each other. The fact that a person is born biologically a female does not mean, according to Butler, that this person has to display 'feminine' traits and to desire men. Similarly, the fact that a person is born biologically a male does not mean that has to display 'masculine' traits and to desire women. On the contrary, a person may be a 'feminine' male or a 'masculine' female. There is no necessary connection between body and gender, since, according to Butler, gender is a choice - not in the sense that the individual is able to choose at random her/his gender, but in the sense that "to choose a gender is to interpret received gender norms in a way that organizes them anew." (Butler, 1996: 128-9).

In order to make progress toward understanding these issues, Butler (1993) invites us to consider a basic conceptual question: Is the distinction between sex and gender necessary and relevant to our understanding of what a woman is? We might think that a woman is the sex-gender 'pair' but that does not adequately answer our question, since the concepts of sex and gender do not explain race, class, nationality and personal experiences. According to Butler (1993, 1996) a woman is not simply a combination of her sex and gender; she is a living whole made of her age, race, class, ethnicity, education, profession, sexual preference and idiosyncratic personal experience. So, when we examine female personal identity we should talk about all of the above, not just of sex and gender, and we should certainly avoid identifying gender with personal identity.

Nevertheless, Butler's critics, such as Nancy Fraser (1994) and Martha Nussbaum (2000), find problematic the claim that we 'are free to choose our gender' (Butler, 1993). They argue that to describe gender as 'doing' rather than 'being' might lead us to think of it as an activity that resembles choosing an outfit from an already existing

wardrobe of clothes, and they point out that it is not always easy to disentangle gender from biology, as is made particularly evident by the case of motherhood. Both social and sexual identity constitute parts of personal identity, and since sexuality and gender are linked in the case of motherhood to biology, identity is also linked to biology. It follows, therefore, that the phenomenon of motherhood is a serious obstacle for Butler's theory of performativity (Evans, 2003).

Butler, on her part, believes the standard way of conceiving these issues in English feminist literature is wrong. Most English speaking feminist thinkers usually consider sex a biological category and gender a cultural or social one; however by considering gender a social construction they are turning sex into an essence. Thus sex acquires certain qualities which characterise the essence; sex becomes immobile, stable, fixed, coherent, natural and ahistorical. Butler (1985) and Haraway (1992), along with other poststructuralists, reject the essentialist account, and view sex as a concrete social, historical phenomenon, and not as an essence. They oppose the traditional sex/gender binary, wherein sex stands for a series of notions such as 'biological', 'natural', 'essential', 'fixed', 'coherent', 'presocial', 'ahistorical', while gender stands for 'political', 'cultural', 'constructed', 'mental', 'unstable', 'non-coherent', 'social', and 'historical' (Moi, 2005: 33).

If we employ the sex/gender binary on a general, social level, sex becomes synonymous with concrete human bodies, and gender becomes synonymous with social norms or ideology. On a personal level however, sex is considered to be an elusive notion related to the actual body, while gender is often interpreted as subjectivity or personal identity. Butler (1993) rejects those dichotomies, and proposes that sex no less than gender is cultural, performative, unstable and discursive; in other words she claims that sex is as culturally constructed as gender.

In *Gender Trouble* Butler (1990: 30) addresses those critics who claim that her earlier work, (1986, 1987), ignored the 'materiality' of the body and she explores the links between gendered identities, gendered norms, practices and sexual orientation. In her

detailed analyses of those issues she argues that compulsory gendering leads to compulsory heterosexuality, given that gender is a central part of the self (Butler, 1990: 231-2, 240).

Commenting on Butler's *Gender Trouble* (1990), Bartky (2000:327) acknowledges that it constitutes 'the most thoroughly post-modern treatment of the body in the feminist philosophical treatment'. Instead of analysing the biology of being a woman independently of culture, Butler claims that both sex and gender belong to the realm of discourse. Bartky (1993) underlines the fact that, for Butler, gender is understood as a performance based on a socially and not biologically determined script and she points out that by being against rigid, hierarchical dualisms where everyone is either the one sex or its opposite, Butler manages to attack the 'naturalness' of the male and the female.

It is worth noting here the work of Elizabeth Grosz on the implications of Butler's philosophy for feminist practice. Grosz (1995) agrees with the view that identity is performed or produced through action, and not through identification as, for instance, is suggested by psychoanalysis. However, she maintains that there is a distinction between an action and a performance, since a performance, unlike an action, requires an audience. According to her own theory of the politics of imperceptibility, it is not the subject who acts, but rather various forces *in* and *through* the subject. These forces operate at various (biological, psychological and social) levels; these may include unconscious drives, biological activities or conscious deliberation. It is a theory of agency where the agent has the capacity to act whether or not there is an audience to receive the action, a theory which rejects the Butlerian notion of performativity, and asserts that acts have their effects even if no one receives them. It is a theory of agency which situates it beyond the level of the rational subject, at a primary, biological level (Grosz, 1989; 1994 ; 1998).

To be sure, Butler is not the only philosopher to dwell on the complex issue of femininity. In the coming sections I present two important alternatives put forward by

feminist writers, whose work on femininity combines empirical research with detailed theoretical elaboration.

2.6 The Embodied Self

The theme of female identity is also taken up by Shelley Budgeon, who examines the embodied identity of women, and more specifically the relationship between the sense of self of women who have not yet entered the stage of midlife, and the sense of their bodies (Budgeon, 2003). Among the women who inform Budgeon's study there is a recognition of the boundaries of embodiment, closely related to the notion of their body as unsatisfactory and as being in need of intervention and constant change and modification. The interviewees produce narratives about the self/body relation whose analysis makes it evident that, according to those participants, body manipulation and modification is connected with an individual's choice about how to live her own life and her desire to secure a better quality of everyday living. The reshaping of the body, using different methods and time schemes, ensures, according to the participants in that study, good self-esteem, happiness, success and a high quality of living (Budgeon, 2003).

Budgeon (2003) contrasts the dualistic approach, which treats mind as separate from and superior to the body, with a monistic approach that sees mental and bodily phenomena as aspects of one being, i.e., the embodied self. She suggests that in order to comprehend how young women today experience their embodied identities, we need to move away from the Cartesian dualism of body and mind, of materiality and representation, and to see the body not as an object but as an *event*, in other words as something that is constantly happening.

Budgeon (2003) begins her analysis with a critical examination of Giddens' work on the self. Giddens (1991) has talked about self-identity in the age of modernity and has explained how the conditions of high modernity affect and transform, first of all, our

notions and concepts of personal identity and, secondly, our actual identities. Changes in intimate aspects of personal life are directly tied to the establishment of social connections of a very wide scope. Personal and public, 'self' and 'society', are for the first time in history interrelated in the global milieu (Giddens, 1991). The relation between modern institutions and self-identity are directly influenced by the circumstances of high modernity. For Giddens, the Cartesian approach to mind and body presents the mind as occupying a higher place over the denaturalised body, which becomes an object of choice. In his theory of structuration, Giddens (1991) suggests that within conditions of late modernity reflexivity is accelerated, so that the body becomes a project and is treated by people as such. If we treat the body as a project we at the same time accept that it 'is open to human intervention, and subject to constant monitoring, significant alterations or revisions when needed' (Giddens, 1991: 218; cf. in this connection Foucault's (1998) analysis of the body as the *locus* of the technologies of the self).

Consequently, the self is freed from bodily determination, as the individual becomes responsible for any changes and modifications she considers necessary, in the light of current cultural trends, fashion, and politics. Bodies become projects of human management which follow certain regimes adapted to individual lifestyle options (Giddens, 1991). The female body becomes one more object upon which we can bring modifications according to our belief system, psychological or even professional needs, interests, current trends and personal tastes. This psychological and evaluative outlook is influenced by the socio-cultural setting in which people live and are socialised. Our body becomes a work of art upon which we can imprint and project our lifestyle choices. The embodied self has become the project of consciousness (and culture), a fact that explains why ageing and old age have at the same time become a source of fear and great anxiety (Budgeon and Currie, 1995). According to Ciscel and Heath (2001) 'a new form of patriarchy has arisen with women primarily performing gendered labour in the service sector of the capitalist market place, and the unpaid

domestic labour of the home. The face of patriarchy is now that of the virtual male where patriarchal rules and values are transmitted through the media, at home, at work, and in leisure activities'(Ciscel and Heath, 2001:407).

Budgeon (2003) also views the Cartesian dualism of body and mind as problematic. However, she believes that various Cartesian overtones survive in Giddens' (1991) account of the self-transforming self of modernity. In her critique, she mentions Turner's argument that, if we follow Giddens' positing of a binary self, "the body becomes the material upon which the mind acts, and by effectively placing the body outside the actor, the actor becomes fundamentally a thinking and choosing agent but not a feeling and being agent" (Turner, 1992:87). The body is consequently devalued and the individual, argues Budgeon, is viewed as a reflexive self but not an embodied self.

What does that mean for women, and for the embodied nature of the female self? According to Turner (1992), the modern individual is presented as a disembodied consciousness. Consequently, the feminine, which has been historically identified with the body, is passive and constantly monitored, transformed and directed by the application of disembodied masculine power and knowledge. What Budgeon proposes is that these phallogentric representations of femininity should be first of all reported and explored and, secondly, resisted or transformed (Budgeon, 2003).

Budgeon is critical of the tendency among feminist writers to present women as passive victims of cultural constructions of femininity and of the Cartesian body/mind dichotomy; furthermore she wonders what this means for women's agency (Budgeon, 2003). She acknowledges the work of Susan Bordo (2003) who claims that women are active agents and not passive victims, but in her analysis writes of 'docile bodies' and the constant external regulation, and 'improvement' according to contemporary images, of ideal female beauty, through the use of certain widely accepted regimes and the normalizing disciplines of diet, exercising, dress and make up.

Social pressure from family and peers about how a female body should look, as well as popular media and fashion images, may lead, according to findings based on Budgeon's (2003) account, to the internalization of body images constituted through male-centred representational economies. These young women may be aware that they are influenced by others' ideas and by media images, but that does not mean that they are able or willing to get rid of these ideas and accept their bodies for what they are. As Budgeon (2003) argues, merely by identifying the reasons behind the ways women think and feel about their bodies we do not deliver the solution to the lack of body satisfaction among women of any age group. She points out that, even when women realise that they are pressurised to follow current body ideals, they may not be willing to revolt against such beauty ideals, and may instead prefer to adopt these perceived ideals as a way of ensuring happiness, social acceptance and professional success.

2.7 The Feminine Body

According to Sandra Lee Bartky, 'femininity is a certain set of sensibilities, behavioural dispositions and qualities of mind and character.' (Bartky, 2000: 321). She agrees with Butler's account of femininity as "a mode of enacting and re-enacting received gender norms which surface as so many styles of the flesh." (Butler, 1985:11). In this way, claims Bartky, femininity also becomes aesthetic embodiment. She talks of a 'fashion-beauty complex' which she characterizes as a formulation of patriarchal capitalism, and which presides over women's lives and shapes their identities. On the surface there is a glorification of the female body by the fashion and advertisement industries, while their aim is to depreciate existing female bodies by continuously promoting unrealistic images of female beauty that go beyond race and age differences.

Bartky (1990) argues that these images of perfection create a sense of body deficiency for women, while they permanently place women in the status of sex objects in need

of improvement. A woman becomes her body and her self-worth is directly related to her body shape and weight. According to Bartky the norms of feminine body comportment, such as dieting, exercising routines, hair and skin care, could satisfy Foucault's (1978) criteria for 'disciplinary practices'. She points out that the fact that these practices may be oppressing and disempowering to women does not automatically cancel their appeal to females of all ages and of different socioeconomic status, since their employment may ensure for women acceptance, respect and even success on a personal, social and professional level (Bartky, 1990). The prospect of rejecting all these 'disciplinary practices' or beautification rituals could be for many women the cause of an ontological vertigo, since, in Western society, women are their bodies (Bartky, 1990). On that issue, Bartky agrees with Bordo's claim that women have little choice but to obey the beauty norms and to engage in individual self-surveillance, lest they become alienated from their peers (Bordo, 1993).

Bartky (1993) also agrees with Bordo that body monitoring and manipulation have to do with issues of control for women. She emphasizes that in patriarchal Western societies women are responsible for controlling their aggression, sexuality and normal emotional needs, which are commonly considered excessive and dangerous. An overweight body or a tired face with lines and wrinkles may show an inner weakness of will and a loss of control or, at the other extreme, may reveal the existence of strong emotions, intense reactions, sexual desire and pleasure. Both eating and ageing, claims Bartky (1993) have for women unwanted consequences. In contemporary societies women are willing to try anything, regardless of how painful, expensive or time consuming they may be, in order to erase or cover the signs of eating and growing older. The 'contemporary' body, she concludes, is a designer body which makes use of medicine and technology in order to maintain or regain its youthful appearance and, consequently, its power.

In this chapter I have presented alternative ways of theorising women's subjectivity, paying particular attention to the bodily dimensions of female identity. I have underlined the significance of embodiment for our sense of self and how this sense of self is affected by ageing. I have also discussed how in recent decades, the institutionalisation of identity has acquired new forms that operate mainly on the basis of self-monitoring (Foucault, 1988; Butler, 1993; Bordo, 1997). In the following chapters I shall address the theoretical issues that arise for the analysis of women's personal identity during middle-age, and I shall delineate the feminist debates concerning the methods middle-age women use to respond to patriarchal society's pressure in relation to the ageing process. In particular, I shall examine how the process of self-monitoring over ageing influences one's own sense of personal identity. I shall start by exploring what is usually described in feminist literature as 'passing as' a younger woman, as well as the theory of 'masquerade' and the 'mask of ageing' theory (Featherstone and Hepworth, 1991). My aim is to examine feminist research which indicates that many women have difficulty admitting that they belong to middle age (Bordo, 1993; Davis, 1995; Bartky, 2000; Bernard et. al., 2000; Jeffreys, 2000; Budgeon, 2003). I shall then try and see how these attitudes are related to the phenomenon of ageism in Western society (Sontag, 1978; Stoddard, 1983; Bytheway, 1993). I shall continue by exploring how the issues of female sexuality, motherhood, and menopause are analysed and presented by the biomedical model. In addition, I shall engage with the work of feminist theoreticians on plastic surgery (Balsamo, 1996; Morgan, 1998; Jeffreys, 2000) as I believe that this issue has to be interpreted in its proper historical, social and cultural context in order to explicate the significance of power relations in the formation and evaluation of gender roles in patriarchal societies.

3. Female Identity in Time: Women Ageing

3.1 Introduction

This research is concerned with comprehending what growing older means for middle aged women who live in the UK. I am interested in how participants in this project construct and reconstruct their personal identities during the period of middle age, and how the multiple roles that women develop as professionals, wives, mothers, carers and so on may shape their sense of self, in other words the way they feel and think about themselves.

Due to the nature of this topic I am interested in finding out how we, middle aged women, view our ageing, how we interpret our day-to-day experiences of ageing, and how we adapt to expectations of ageing prominent in British society. In addition, it is significant to know how women belonging in this age group (35 to 54 years old) deal with society's pressures and how they react to the existence of 'the double standard of ageing' (Sontag, 1978) and to the 'ageist standards of appearance' in Western societies (Gerike, 1990:41).

Personal identity refers to the identity of persons at a time and through time. The former denotes the unity of thinking, feeling and willing that characterise a human being as the originator of a particular activity (Du Gay, 2000). The focus here is on how the various mental, psychological, physical and other processes come together at each moment to form a stance, or a piece of behaviour, that is distinctively one's own. The second dimension of personal identity is the identity of a person through time (Noonan, 2003). We may distinguish here two main approaches. According to the first, each individual remains essentially the same, irrespective of changes in her

personal, family, social, or economic circumstances. Persons might succeed in adapting or fail to adapt to various circumstances, but changes occur in the circumstances, not in persons themselves (McCrae and Costa, 1990). On the contrary, the second approach eschews the essentialism implicit in the former account, by highlighting the aspects in which someone's thoughts, feelings and ways of behaving might change as she finds herself in different situations (Gould, 1978; Levinson, 1986). An important factor for the occurrence of such changes is that the temporal character of human existence is experienced as a process not simply of time passing but also - and, perhaps, primarily - as a process of ageing. Hence the question arises of whether the personal identity of a woman is unchanging or flexible during the ageing process.

It is important to examine whether personal identity allows for a certain degree of fluidity and to understand that when this fluidity becomes excessive it may put in danger the very essence of personal identity. According to Taylor: 'My identity is defined by the commitments and identification which provide the frame or horizon within which I try to determine from case to case what is good, or valuable, or what ought to be done, or what I endorse or oppose. In other words it is the horizon within which I am capable of making a stand' (Taylor, 1989:26).

Continuity theory, which is an approach within gerontology, examines the notions of fluidity and fixity and has significant implications for the relationship between ageing and identity. Continuity theory, which is developed by Atchley (1989, 1999), 'presumes that most people learn continuously from their life experiences and continue to grow and evolve in directions of their own choosing' (Atchley, 1999:vii). Atchley bases his view that adult development and adaptation are relatively continuous on the empirical findings of a longitudinal study spanning 20 years he conducted in a stable 'college town, relatively free of urban problems' with a population that remained unchallenged by important social and economic changes

(Atchley, 1999), a fact which creates some doubt about the applicability of continuity theory to different groups of people.

Continuity theory is seen as an attempt to justify stability of identity over time.

Another model of stability in identity maintenance over time is that of identity cohort (Riley, 1971; Antonucci, 1990; Sheehey, 1997) according to which age identity can be seen as the product of a cohort of people with a common socio-historical experience, such as the 'baby boomers' growing older together. Although cohort theory is often contrasted with the belief that personal identity is constant and unchanging, 'cohorts can be seen as means of carrying one's fixity along as ageing takes place, maintained by continuities of peer reinforcement' (Estes, et. al, 2003:32)

The body operates as a metaphor for culture, as a surface on which the central rules and hierarchies of a culture are inscribed, projected and even reinforced through the body's language (Foucault, 1977). The body serves therefore as a symbol and, at the same time, a medium of culture, and that is why examination of eating habits, daily rituals and dress codes is of great significance for anybody who studies the relation between identity and the body (Bordo, 2003).

The considerations presented in the previous two chapters paved the way for a theoretically sound approach to the interrelations between the construction of female identity and the ageing process. However, it is not uncommon to find theories which address female identity in the abstract, outside of the temporal dimension of human existence, and the all too real, socially conditioned, pressures created by the facts of ageing. In this chapter I will explore sociological and bio-medical accounts of how ageing is involved in middle-aged women's sense of themselves, beginning, in Section 2, with a discussion of how we may understand the meaning of the term 'middle-age'. Section 3 addresses the issue of ageism, followed by section 4, which explores how the bio-medical model constructs the topics of female sexuality, motherhood and menopause. Section 5 examines the many-faceted topic of youth-centred culture, and

the closely related issue of 'masquerade', and section 6 discusses in detail the topic of plastic surgery.

3.2 Middle Age

The standard conception of ageing is that of a fixed life cycle, made up of different life stages with distinct characteristics and potentialities (Erikson, 1982). Middle age is the period in the lifecycle which connects youth with old age, but although it is a period of change, both biological and psychological, it is a particularly under-researched area. Whereas there is a lot of information about childhood, adolescence and old age from the areas of developmental psychology, sociology, gerontology, and nursing, there is a paucity of research into middle age (Bernard et al., 2000).

In recent literature, middle age is conceived as a socially constructed life period that is defined not only by chronological age, but also by social and cultural events, characteristic of this period of time in a person's life (Browne, 1998; Gannon, 1999). These events often concern specific changes in one's personal and family life (such as children leaving home, the illness of a spouse, the death or illness of a parent, a divorce), as well as biological or bodily changes that take place during the middle years of life, such as the menopause. Due to these personal and biological changes there may also be a shift in roles for many middle aged women e.g., a woman may become the carer for an ill or invalid parent, change careers, re-marry, return to the work force or become a university student (Onyx et al., 1999).

There is a recent tendency in Western societies, remarked upon by social scientists, to blur the stages of the life cycle, especially the stage of middle age with that of old age. This tendency is evident both in social policy and cultural norms, and it mirrors a shift towards generational sameness, that wishes to deny age-based diversity (Polikva, 2001; Biggs et al., 2006). One of the consequences of this age shift is the creation of a new flexibility regarding our thoughts, and attitudes about middle age and middle aged life styles and the collapse of traditional social roles. Another is the existence of new types of social ageism based on the avoidance of difference between young,

middle aged and older adults (Biggs, 2005). Different stages of the life course are becoming difficult to tell apart. Age is eventually seen not as a natural process of physiological maturation but as a matter of cultural norms and social attitudes, or as a private 'state of mind' (Gilleard and Higgs, 2005).

In Western societies most people tend to think of ageing in negative terms because they focus exclusively on biological ageing, which, by definition, implies decline and deterioration (Lesser, 1998). Very often we forget to talk about psychological ageing and maturation, which is associated with positive characteristics as well (Strehler, 1962). These characteristics might include a person's better judgment, wisdom, and the ability to make mature decisions which are based on experience. It is therefore significant to point out that while biological ageing is degenerative, psychological ageing can be developmental (Coleman et al., 1990). However, we should be careful not to take this view to its extreme and unwillingly encourage the setting up of binary oppositions and stereotypes of ageing.

Cole's (1992) notion of bipolar ageism may provide an explanation for a view shared (as we shall see in the findings chapter), by participants in this project, according to which middle age is not a period of time connecting youth to old age but just a short period before old age. It is obvious that participants associate the term 'middle age' with a number of negative stereotypes that in Western society we usually associate with old age (Cole, 1992). The term 'bipolar ageism' refers on the one hand to all the negative stereotypes of old age and on the other hand to all the positive benefits that a healthy and comfortable middle class lifestyle might offer, namely agelessness, energy, creativity and eternal life enjoyment. The ideal of agelessness is viewed by social scientists as a denial of physical deterioration, disease and death (Turner, 1992; Giddens, 2001).

We are all used to seeing images of youth and beauty from the advertising and film industries. Cosmetic surgery and other popular methods used by people who work on TV and films, as well as picture manipulation, create the illusion that we can postpone

the first signs of ageing until very late into midlife. At the same time older people, and especially women, are heavily under-represented by the film industry and mass media (Carrigan and Szmigin, 2000). When they are not ignored, they are presented as caricatures, negative stereotypes constructed by the advertising industry. As a result, we all seem to live under the impression that there is no intermediate life stage between youth and old age, since in modern Western society the images we see are either those of young and young-looking people or those of very old people. It may seem therefore that it is natural to move directly from youth to old age rather than into the intermediate stage of mid-life (Hurd, 1999).

It would be interesting to see how these views relate to recent statistical data on UK population. In 2002 the average age rose to 38.2, a figure which is expected to rise further in the coming years (NS, 2004). If by middle age we understand the period of life that starts at the median age of a population, then the participants' view is not in tune with the statistical data.

Following this line of thought there is an attempt by social theorists today to establish a distance between the middle years of life, old age and death. As Hepworth and Featherstone point out (1993) the redefinition of 'middle age' as 'mid-life' is part of this attempt. 'Mid-life' is portrayed as an extendable phase characterized by new opportunities for life enjoyment, self development and fulfilment. Although the two terms are used currently interchangeably, for the purposes of this project I employ the term 'middle age,' a term traditionally used to signify the middle years of the life cycle, a term with which participating women are familiar, and that they all preferred to use during the interviews. It appears that the term 'midlife' which is today employed by many social scientists is not used by the participants of this study in their everyday conversations.

3.3 Ageism

As Johnson and Bytheway (1993) point out, ageism is evident in our everyday life, colouring most of our relationships; it manifests itself in the books we read, the movies we watch, the vocabulary we use, television and magazine advertising, institutional policies, discriminatory practices, even social theory. In the case of women most of the time ageism walks hand in hand with sexism, producing particular problems and pressures that suppress women and shape their feminine identity, while making it obvious to social theorists that we cannot ignore the gendered nature of ageing (Browne, 1998; Butler, 2001). According to Butler (1975:22) 'ageism is the systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender'. Therefore, ageism should be seen as interactive with other forms of oppression (Bytheway, 1995) and not examined apart from the context in which it operates (Moody, 1998a) .

The fashion and film industry often exploit the old/young polarity in order to promote particular body images: particular body shapes, ways of clothing, gesturing, talking, walking (Cole, 1992; Bond et al., 2000). These mass media representations are in turn used as points of reference for the classification of people and are eventually incorporated into our sense of self (Featherstone & Wernick, 2003).

In connection to that, the tendency of the bio-medical model to formulate and establish age categories with specific characteristics often creates stereotypical images of ageing, according to which people of different race, cultural and ethnic background, family status and personality are classified under the same category and are represented as a homogeneous social group, based on the sole fact of their common chronological age (Evers, 1981; Giddens, 1991; Featherstone and Wernick, 2003). The purpose of such stereotypes is to simplify and unify what is otherwise a particularly complex and diverse experience: the experience of ageing (Featherstone & Hepworth, 1993).

The issue of gendered ageism was explored in research conducted by Evers in 1981 on female carers and old women in their care, and by Granville (1992) on female health visitors. The findings of both these studies showed that sometimes women attribute to older women characteristics that only some of them possess and use these as grounds for stereotyping, ignoring or mistreating them. According to these studies young and middle aged women often find images of older women disturbing. As Evers (1981) points out, feeling that their own sense of self is attacked, young and middle aged female carers attempt to maintain their identities and distance themselves from these images (and the concomitant fear that they might themselves become frail and dependent in old age), by becoming indifferent or insensitive towards older women and their needs.

Susan Sontag (1978) was the first to talk extensively about the double standard of ageing according to which middle aged and older women are socially and professionally ignored or excluded and their status gets seriously impaired, solely because they are not young anymore. Public images of middle aged and older women are an important reference point in the way we think and talk about ageing.

Sometimes we tend to accept these images as actual descriptions of attitudes and everyday practices with significant implications for the social construction of ageing (Stoddard, 1983).

In a seminal research study conducted in 1984 there was evidence that women suffer more from negative stereotypes of ageing than their male contemporaries (Lakoff and Scherr, 1984). We may also assume that the propagation of these negative stereotypes about ageing women are a reaction to our natural fear of old age and to certain characteristics we tend to associate with old age such as dependency, passivity, incompetence, sexlessness, unattractiveness, deterioration of mental and physical abilities, powerlessness (Bernard et al., 2000). At the same time there is the existence of negative stereotypes which we associate with youth, such as lack of responsibility, mental and emotional immaturity, while in fact these characterize only some young

people but not all of them (Lesser, 1998). Due to societal expectations feminist theoreticians also point out that women may be more dependent than men on their looks and consequently the ageing process and the physical deterioration it brings with it are more painful for women (Wolf, 1991 and 1993; Andrews, 1999).

In addition, research has shown that there are inequalities in work patterns, relating to pay and promotional opportunities that women experience throughout the life course (Arber and Ginn, 1991).

According to radical feminists the fact that older men are 'allowed' to date and to marry women many years their younger is a reflection of the imbalance of socio-economic power between the privileged, superior male sex and the subordinate female sex (Dworkin, 1974; MacKinnon, 1989; Jeffreys, 2000). Women are subordinate to the male gaze and are trying hard to retain their youthful looks, in order to please men who in most cases have the 'right' to choose their partner on the basis of her looks (Wolf, 1993). However, as women gain in social and economic status relationships between younger men and older women are becoming a reality too (Jeffreys, 2000).

This ageist attitude toward women has made an impact even on social theory and medical research. As Gibson points out (1996), the emphasis placed by social theorists and gerontologists on the negative issues of ageism and social discrimination seems to contribute to the maintenance of the traditional and, in many ways, 'phallogocentric' analysis of women's experience of growing older. As we shall see, however, in the section on feminist critique of the bio-medical model, recent work by feminist theoreticians attacks this kind of traditional analysis of the female experience of ageing. As researchers we need to pay closer attention to the way women themselves think and feel about the ageing process, in order to inform theory and to correct popular myths about women's role in society (Arber and Ginn, 1991). These myths are based on sexist ideas that tend to ignore differences and to propagate ageist attitudes towards middle aged and older women (Browne, 1998). They also tend to ignore the uniqueness of each life stage, and to forget that there is a wide diversity in

people's attitudes and life choices, stemming from differences in their gender, sexuality, health, social environment, ethnicity, race and personal circumstances (Bernard, 1998). So, the first step toward this change of focus is including in research women of diverse cultural and ethnic backgrounds, class, health, and sexuality, so as to investigate a larger range of experience and to stop concentrating on the lives of white, middle class, heterosexual British women (Minkler, 1996; Blakemore and Boneham, 1998; Wray, 2007).

3.4 The biomedical model

Popular culture and the biomedical model present the ageing process as a series of clear cut stages, and consequently create hierarchies based on the succession of physical events that women experience, such as menstruation, pregnancy, childbirth, and the menopause (Bernard et. al, 2000). When women describe experiences and feelings related to menstruation, menopause, pregnancy, and birth, they may present these stages not as actions that they do, but as states that their bodies go through (Martin, 1993). Some theorists, such as Emily Martin, interpret this as an indication that women regard these phenomena as being completely separate from their personal identity According to Benhabib (2005) some of these stages are subject to the woman's will, and, therefore, should not be included in a definition of female identity that purports to express what is essential for all women. Benhabib's approach illuminates this issue in two ways. On the one hand, it shows that one's biological make up does not exhaust one's personal identity. On the other hand, it reveals that what counts as 'biological' or 'physiological' might itself be a normative conception that imposes a model of womanhood, instead of expressing women's own experience and attitudes towards bearing and raising children.

The less bodily experience is discussed, the harder it is for us to grasp the reality and uniqueness of others' experiences. As Marshall (1999) has noted, some feminist writers and social scientists tend to focus on the theorization of the body and not

much attention is paid to the lived experience. Radical feminists have focused on women's bodies as a main source of oppression. Evans (2003) has written specifically on bodies as corporeal as well as ideological. We avoid talking about how the body is experienced and little reference is made to empirical work. While talk about presentation, colonisation, inscription and clothing of the body is both necessary and useful, references to empirical work can offer us a different insight to the subject of the body. Instead of focusing on the study of the unusual, Marshall chooses to talk about the usual, namely the lived experience of pregnancy. In her article she proposes that we do the same, arguing that both the usual (e.g., menstruation or sexual activity) and the unusual (e.g. body mutilation) can give us insight to the female body and its lived experience. (Marshall, 1999.)

The work of prominent feminist writers on health issues employs a combination of different perspectives, including sociological research, feminist studies, and philosophical theories of the self (Butler 1989; 1993, Grosz 1994, Haraway, 1991; Kane, 2000). The bridging of feminist thought and of health-related research conducted by social scientists and gerontologists will ensure the avoidance of a one dimensional look and will provide a more satisfactory way of examining issues of body materiality and answering questions of gender (Kuhlmann, 2002).

3.5 Sexuality

An important question which stems from the participants' comments is whether sexuality is a matter of choice or whether it is 'inscribed' in someone's nature. Some prominent theorists (Foucault 1976, MacKinnon 1983, Butler 1993) maintain that the best way to approach this question is by thinking of sexuality as a political matter, in the sense that while sexual behaviour builds on human nature its exact expression in the course of history is to a large extent the outcome of social construction.

I will present three influential accounts on how to analyse sexuality in the context of feminist studies. I start with Foucault because his analysis is a reference point for discussions in this area. Then I present MacKinnon's approach that puts forward a radical feminist view of female sexuality; finally, I discuss Butler's famous position on the sex/gender dichotomy and conclude my presentation with some critical remarks.

Before I pass to the presentation of each theory let me start with a definition of sexuality: 'An individual's sexuality consists of their sexual desires and feelings, and the activities and relationships into which that individual enters because of those desires and feelings' (Stone, 2007:85) What makes certain desires and feelings sexual according to Stone is the fact that these are desires and feelings for bodily pleasures of a particular kind. In the same way, sexual activities are activities one engages in with the aim of experiencing bodily pleasures of a sexual kind or of giving pleasures of this kind to others.

This definition of sexuality makes evident that there is an analytic distinction between a person's sexuality, their biological sex -male or female, and their socially produced gender -masculine or feminine. What Stone (2007) means by making this distinction is that someone can be female without having to be feminine and someone can be male without having to be masculine. It is also the case that someone can be female or feminine without having to desire men.

Foucault in volume 1 of the *History of Sexuality* (1976a) maintains that sexuality is a modern invention, rather than something natural that every individual has. The fact that every person today thinks that she has a sexuality is according to Foucault the outcome of the existence of modern institutions. When suggesting that sexuality is a modern invention Foucault does not as such imply that sexual acts are a modern invention, but that in the early modern period certain institutions, such as the Catholic institution of confession, began encouraging people to monitor their feelings and inner thoughts and, in particular, the thoughts concerning various sex acts. Foucault points

out that, in the eighteenth century, in the interest of maintaining public health, a more systematic regulation of sex was begun by doctors, including those trying to treat mental disease. People started to believe that sexual feelings were significant for their sense of self and to consider themselves responsible for monitoring and controlling these feelings. The idea that each and every individual has a sexuality emerged, argues Foucault, during the nineteenth century, when people were classified into different classes according to the types of different sexual feelings they manifested, such as 'hysterical' women and homosexuals.

Foucault acknowledges that all human bodies have 'forces, energies, sensations, and pleasures' (Foucault, 1976:155), but argues that in themselves none of these energies or pleasures are sexual. However, if we think of some of our pleasures as sexual and we start monitoring these pleasures, as a result they feel more intense and as if belonging in a special class (1976:44). In other words these energies and pleasures become sexual if we think that they are sexual. Once certain feelings have started to be viewed as sexual, individuals construct their personal patterns of sexual feelings in ways that are influenced by the social institutions and people around them.

Despite its many important ideas, Foucault's approach has been found wanting, for failing to address issues at the core of feminist discourse. According to Sawicki (2006) some of his analyses have understandably been superseded by new research on female sexuality, including research that is well grounded on Foucault's general methodology. Foucault does not use the concept of gender and he does not integrate any understanding of the power relations between men and women into his account; it is therefore not clear from his account of the social construction of sexuality how gender might shape sexuality.

I will, therefore, continue with a feminist account of the construction of sexuality by presenting MacKinnon's attempt to outline a comprehensive theory of gender.

MacKinnon argues that institutions in modern western societies are based on a belief system which shapes individuals into two hierarchically defined genders: men are the

dominant gender and women are the subordinate one (MacKinnon, 1983:635). She claims that gender hierarchy is a sexual hierarchy, meaning that men are defined as sexually dominant while women are defined as sexually subordinate (1989: 130). According to this sexual hierarchy to be a woman is to be a sex object, in other words to be always sexually available and to exist in order to serve men's sexual desires.

According to this theory, in a patriarchal society the terms 'masculinity' and 'femininity' are intrinsically linked to this sexual hierarchy. A masculine person is one who dominates women mainly through sex, by imposing his sexual desires upon them, since it is men as a gender -a socially produced group - who dominate women sexually (1982: 532). MacKinnon believes that pornography, prostitution, sexual harassment and rape are phenomena which support these claims. Furthermore, she asserts that according to society's definition a feminine person is one who desires to be submissive and sexually available.

The main problem with MacKinnon's theory of gender is that it is oversimplified, since it suggests that all societies define masculinity in terms of sexual dominance and femininity in terms of sexual subordination (Stone, 2007) There is also in her theory the unwarranted implication that every society contains only one single masculine role. On the contrary we know that, in every society, there are many different masculine roles and that consequently many forms of masculinity exist which, in their turn, form a number of hierarchical relations. According to Harris (1994) for instance, the central claim of MacKinnon's theory of gender and sexual hierarchy is refuted by the hierarchical relation between white and black men. Harris points out not only that black men are subordinate to white men but also that in many cases black men are also subordinate to white women. In other words, racial and social hierarchy may proven to be more significant for our social reality than gender hierarchy, as it is simplistically presented in MacKinnon's theory.

MacKinnon also claims that the basic feminine role in every society is to be sexually available to men. However, in many societies a woman's main role is considered to be

to give birth and take care of young children, a role which appears to contradict her sexual availability since during childbearing and sometimes even during child caring a woman is considered to be 'above' sex (Stone, 2007).

MacKinnon's understanding of what sexuality is has also been also criticised (Stone, 2007). According to her, 'sexuality is whatever a given culture or subculture defines it as such' (1989:130). In other words sexuality is socially constructed and not a natural urge. She claims that individuals find sexually arousing what the society they are living in is encouraging them to find arousing and desirable. Consequently, since according to this theory in most societies gender hierarchy is defined as erotic, individuals come to derive sexual pleasure in gender hierarchy.

Gordon and de Bois (1984) suggest that MacKinnon overlooks the fact that sexual desires and acts can also be pleasurable for women. MacKinnon accepts in turn that women do take pleasure in sexual feelings and acts but only because they have been socialised to find their own subordination erotic (1989:135-6). According to Stone (2007) however, the pleasure that women take when engaging in sexual acts with men or women may also stem from feeling equal or more powerful to their partner and not necessarily from feeling subordinate to him or her.

The perceived inadequacies in MacKinnon's account necessitated the reconsideration of some basic concepts employed in the analysis of female sexuality. Perhaps no attempt at such a rethinking of basic concepts is better known than Judith Butler's redrawing of the conceptual map of women's sexuality. Butler argues that there are many ways of 'doing' one's identity, and in her writings she addresses well established dichotomies such as male/female, masculine/feminine, gay/straight, black/white (Butler, 1993). I gave a detailed account of Butler's views in chapter 2. Here, I will simply highlight the main points of her theory, which are directly relevant to the issue of sexuality.

Butler attempts to disentangle sex from gender and sexuality in order to question the commonly held assumption that all three depend on each other (Butler, 1990). She talks of 'feminine' males and 'masculine' females in order to point out that the fact that a person is born biologically a female or a male does not necessarily define her/his sexual behaviour and orientation. In that sense gender is a choice and we are all 'free to choose our gender' (Butler, 1996: 128-9), a claim which as I present in detail in chapter 2 has many critics among feminist writers.

Butler's critics (Fraser, 1994; Nussbaum, 2000; Evans, 2003) use the example of motherhood in order to point out that it is very difficult to disentangle gender from biology. Butler on the other hand (1993) claims that in order for us to understand what a woman is we should not limit ourselves to the examination of the sex-gender pair, since a woman is not simply a combination of her sex and gender but the outcome of her age, race, ethnicity, class, profession, sexual preferences and personal experience. Butler is trying to resist the sex/gender dichotomy, which links sex to the actual body while gender is interpreted as subjectivity or personal identity. To her sex is as culturally constructed, performative, unstable and discursive as gender (Butler, 1993).

Answering Rich's (1984) claim that our patriarchal society shapes sexuality in two main ways, namely by making heterosexuality compulsory and by taking sexual acts to be acts of male-dominant heterosexual intercourse, Butler (1990) replies by calling heterosexuality 'normative' instead of 'compulsory'. According to Butler, our society encourages heterosexuality, sometimes even by legal and physical force, but usually this encouragement happens in more subtle ways. (Hetero)sexuality sets the norms for guiding and evaluating human behaviour, not only assessing sexually relevant acts, but also, and most importantly, for defining what counts as relevant to human sexuality.

3.6 Motherhood

Motherhood was until recently linked to some essentialist notion of what it means to be a woman. Social scientists writing on motherhood from a feminist perspective are confronted with the following issue: how can the contribution that women-as-women make to society be specified without tying female identity to some essentialist notion of what it means to be a woman? (Stone, 2007)

Adrienne Rich (1993) points out that reproduction shapes women's lives and subjectivities in ways which regulate the lives of all women, those who are mothers and those who are not. According to Rich childlessness and infertility disrupt the regulatory discourses of motherhood. Although more than thirty years have passed since Rich's influential work in our society motherhood is still constituted as “compulsory, normal and natural for women, for their adult identities and personal development, and is regulated through binary oppositions in which the warm, caring and ‘good’ mother is contrasted with ‘bad’ mothers, selfish, childless and career women, and empty and deficient infertile women.” (Woollett and Boyle, 2000:309).

However, motherhood is not considered normal and desirable for all women (Croghan, 1998). Women who are not married or who are not in a stable heterosexual relationship, women who are not in the ‘right’ economic position, as well as those who are either ‘too young’ or ‘too old’ to become mothers are unfavourably criticised by the bio-medical model. There is also the tendency for pregnant women to be presented ‘as passive and protective vessels for their babies and as accepting without question the information provided by doctors and other ‘experts’ (Woollett and Boyle, 2000:308). Feminist perspectives have broadened the notion of difference to include differences that exist between different groups of women. This approach has been strongly influenced by post structuralism and Foucault's analysis of the relationship between knowledge and power. The case today is that although women often accept dominant bio-medical discourses they also resist and challenge those discourses and construe their subjectivities within their lives and social relations (Clarke, 2000).

It is interesting to note that since 1980 the percentage of childless women between 40 and 44 has doubled (Scrimgeour, 2006). According to Scrimgeour's analysis the increase in childlessness is linked to the increase of opportunities and choices for women and to changing patterns in work and personal relationships. In addition, she points out that the availability of contraception in Western societies and the extension of the dating life stage have given women the freedom to remain childless if they wish to. She concludes that middle aged women without children negotiate alternative identities, emphasizing their professional roles as well as their roles as partners and friends.

Bailey (1999) has argued that theories of high or late modernity examining self identity (Giddens, 1991, 1992; Beck, 1992) need to pay more attention to the gendered and embodied identity of women, and in particular to the stage of pregnancy and giving birth, since it is hypothesized that this might be a time when a woman's identity is subject to important change. Pregnancy may not be an unusual event but it is acknowledged as an exceptional state in a woman's life and therefore worth exploring in terms of personal identity (Bailey, 1999).

Motherhood is still considered women's main responsibility (Marshall, 1991), and mothers are still asked to lay aside other aspects of their identity in order to promote their child's interests. Women, whether mothers themselves or not, are defined in relation to motherhood (Letherby, 1999). In a research conducted in Bristol with women in the third trimester of their first pregnancy, aged from 25 to 38 (Bailey, 1999), it was found that while women after giving birth had a sense of continued self, their experience of self altered along a number of different dimensions. Taking under consideration that these discourses are context-specific, we should pay attention to the fact that 'women seemed to be experiencing a refraction of the self, in which their personality was felt to be revealing hitherto concealed and compounded elements' (1999:338). Research has shown that at least in some respects pregnancy had increased the participants' sense of self-worth, since many of the women

described their selves as more 'adult' and stated that their pregnancy was seen by them as a time of introspection and a psychological period of readjustment. They have also mentioned that the bodily changes they have been through have served as markers of their inner changes, and have admitted that as their physical shape changes the edges of the self become blurred, a statement which indicates the embodied nature of female personal identity. Working mothers have also said that motherhood has operated as a potential challenge to their working identity and have pointed out that their 'practices of the self' (Rose, 1990) have dramatically changed. These participants describe pregnancy as a full time job and admit that almost all new activities that have replaced their old ones have to do with the fact they are pregnant, and take care of the well being of the fetus. Finally, another important finding of that research is the participants' statement that what was of significance to their decision to have a baby was the right time and the right place. As it has also become evident by a study conducted by McMahon (1995), women of different ages invoked their age as crucial to the timing of the decision. An almost equally important factor was being physically settled, by becoming a home-owner either just before getting pregnant or before the end of the pregnancy.

3.7 The Menopause

We cannot examine middle age without paying attention to the experience of the menopause, since it is one of the most significant physiological changes that women go through during the middle years of their lives. Since the 1980s and 1990s there has been a lot of discussion about this issue. The dominant biomedical approach examines menopause as in effect a disease, with signs, stages and symptoms that need medical intervention. The language used is clearly medical, the focus is on the negative outcomes of the menopause, such as osteoporosis, Alzheimer's and heart disease, and certain therapies for the relief of symptoms –in particular, hormone replacement therapy- are proposed (Granville, 2000).

Currently, in the media, as well as in academic texts located in the biomedical model, the menopause is often referred to as a marker or as a transition from one stage to another, a 'passage' signifying a physical, mental and emotional change (Mackie, 1997; Sheehy, 1997). It was during the 1960's that the menopause was first defined as a 'hormone deficiency disease' with preventable and treatable signs and symptoms (Wilson, 1966). The classification of the most common symptoms of the menopause which are attributed to oestrogen deficiency appears today in a number of medical and academic journals, along with proposed treatment, usually in the form of oestrogen replacement (Gullette, 1997). Menopausal women are often regarded as sick and in need of medical treatment for the relief of symptoms such as loss of libido, insomnia, hot flushes, night sweats, headache, joint pains and depression (Coney, 1991). In a world wide study (1997) statistics showed that one in five women between 50 and 64 use hormonal replacement therapy (Vickers, et al., 1997; Bernard et al., 2000).

However, recent findings from cross cultural studies which examine the experience of non-white, non-middleclass women suggest that positive societal attitudes, as well as a personal positive outlook towards the menopause and the ageing process, may lead to a diminishing or even absence of the symptoms we tend to associate with the menopause in Western societies (Davis, 1989; Chirawatkul and Mandelson, 1994; Berger, 1999). One such study included interviews with and questionnaires completed by 170 women aged from 45 to 54. The purpose of that project was to assess personality, coping styles, stress related to the menopause, menopausal and depressive symptoms and use of hormone replacement therapy (Bosworth, et. al., 2003).

According to the findings of the research, the stress response to the menopause is multifactorial; rating the menopause as stressful is associated with women's individual personalities (higher levels of neuroticism), the ability to adjust (lower levels of agreeableness in unadjusted analyses), and individual coping styles. We should not forget, however, that the way women respond to the menopause depends on how the experience of the menopause is constructed in the society they live in. According to

Pines (1994), for some middle aged women the lack of possibility of unwanted pregnancies may mean that their sexual activity is freer and more pleasurable. It may also mean that the menopause allows these women to develop other interests and to become creative in other ways, to occupy new professional and social roles which will ensure them fulfilling lives.

3.7.1 Feminists against the bio-medical model

Radical feminists have been very critical of the biomedical model, pointing out that the menopause is a natural event and not a disease; there is therefore no need for medical treatment (Greer, 1991). They go as far as suggesting that the endorsement of the biomedical perspective is imposed on women by male dominated institutions that attempt to control women's ageing (Shapiro, 1989; Greer, 1991). They point out possible links between HRT and breast cancer, an issue which is under continuous medical research (Vickers et al., 1997) in order to show that the insistence of the medical model on viewing the menopause as a treatable disease can actually put women's health in danger. According to Germaine Greer (1991) middle aged women should welcome the natural event of the menopause, since it releases them from the sexual attention of the male gaze, while offering them the opportunity for psychological change and spiritual reawakening.

Post-modern feminist discourse however has been critical of both the biomedical perspective and the analysis proposed by radical feminism (Davis, 1989). The problem with both approaches, argue contemporary feminists, is that they both hold assumptions about what a 'normal' female body is (Carolan, 1994). There is a tendency to generalize and to categorize middle age women without taking into consideration individual variation (Martin, 1993). Post-modern feminists insist on the significance of cross cultural research for the examination of the experience of the menopause (Berger, 1999).

The emphasis of the post-modern feminist discourse on difference and diversity in terms of race, ethnicity, class and sexuality has had as an outcome the formation of new paradigms in the study of the ageing body. According to these new paradigms, the female body acquires meaning relative to social context and cultural practices, in a way that makes the various physiological, cultural and psychological factors that shape the experience of ageing almost impossible to separate (Zita, 1993). When studying the menopause for instance, contemporary social research examines it critically as a physical, psychological and cultural transition, that enables midlife women to re-examine their role in society and to redefine their personal identity (Carolan, 1994; Blakemore and Boneham, 1998).

The critique of the medical model which is located within the context of feminist theory can be understood as an effort to establish new paradigms stemming from women's experience and articulated in their own words (Dickson, 1993; Cross and Lovett, 1994; Berger, 1999; Clavel-Chapelon, 2002; Roberts, 2002; Benkimoun, 2004). These new paradigms for the study of the female body emphasize the embodied experience of middle age. The natural processes of reproduction, menopause and ageing are currently examined under a different light. Middle age and the changes it brings along are portrayed by sociologists of ageing and by feminist writers as a field for positive change and new opportunities for personal growth and self-fulfilment (Giddens, 1991; Featherstone and Hepworth, 1993; Bordo, 2003, Grogan, 2008).

3.8 Youth-centred culture and 'masquerade'

New consumerist life styles that promise the prolongation of youth are adopted by middle aged and older women, who are the main target group of the advertising industry (Johnson and Bytheway, 1993). Medicine and fashion are both employed for the maintenance of the illusion of eternal youth, since the body should not betray the 'stage' in life one has reached (Hepworth and Featherstone, 1993). As feminist thinkers

point out, in Western societies growing older is treated as a disease with symptoms and signs, and a wide range of treatments and products are available for its prevention and treatment (Wolf, 1991; Grosz, 1994). Middle age women are encouraged to diet, exercise, and use cosmetics in their everyday 'fight' against ageing. Make up, hair dye and 'age appropriate' clothes are also used as a cover up for the signs of ageing (Spitzack, 1988). Finally, cosmetic surgery is also employed when the physical damage due to ageing is in need of correction (Spitzack, 1988; Bartky, 1990; Davis, 1995; Bordo, 2003).

There is an assumption that physical appearance is not always in harmony with the way women feel and think about themselves and the 'youthful' life-style they may have adopted. The ageing body becomes a 'mask' that conceals the person's 'true' identity and private experience of growing older (Beauvoir, 1977; Featherstone and Hepworth, 1993). With the employment of fashion and cosmetic surgery women in the middle years of life attempt to harmonize their appearance with the perceptions they hold of themselves and with their 'state of mind' (Martin, 1993; Balsamo, 1996; Bordo 2003).

Featherstone and Hepworth (1993) have created a theory according to which ageing can be best explained as a 'mask'. The physical processes of ageing are contrasted with a real self which remains young through the passage of time (Featherstone and Hepworth, 1991) while the ageing body becomes a cage from which a younger self-identity cannot escape. Despite its initial theoretical attractions this theory of ageing seems to share the consumerist approach to ageing as something that needs to be resisted. It thus reinstates at an abstract theoretical level a sharp distinction between the real, internal self and the apparent external, material appearance. The internal self corresponds to one's mental essence that is a-temporal and ahistorical and ageless while the external self corresponds to the bodily, temporal and ageing appearance (Estes, et. al., 2003)

This view that the body is a garment, a veil or mask which should be modified and transformed in order to become congruent with changes in the self (Featherstone and Hepworth, 1990, 1991), coincides with the metaphor of 'masquerade' (Woodward, 1991), often used in sociological and gerontological discussions about ageing. In Western consumerist societies the images of middle aged women promoted by the film and advertising industries are those of women well into their forties and fifties who look and act many years younger than their chronological age (Bernard et al, 2000). This is in accordance with a tendency among middle aged and older women to refuse to give their age or to have difficulty admitting to middle age, and even to attempt to 'pass' as younger than their actual chronological age (Rich, 1984). The concept of 'passing' is usually associated with the metaphors of 'mask' and 'masquerade', which refer to how people put on a disguise in order to pass themselves off as younger than their years (Woodward, 1991). Passing off as younger may have for middle aged women many benefits in terms of how others deal with them socially and professionally and in terms of how women themselves feel about their identity. At the same time 'masquerade' proves the negative effects that ageism may have on women's self esteem and self perception (Arber and Ginn, 1991). Middle aged women with the use of 'masquerade' attempt to maintain a younger identity with which they are familiar and to resist the negative changes that are traditionally associated with being middle aged in Western society (Bernard et al, 2000).

The sociology of the body emphasizes the distinction between the objective and subjective body; between the physicality of the body and the subjective experience of embodiment (Featherstone and Hepworth, 1991). The same is evident in the sociology of ageing: the dichotomy between the objective process of growing older and our subjective experience of embodiment needs to be highlighted and thoroughly examined (Turner et al., 1991). This approach to ageing, which differs significantly from the traditional gerontological approach, provides researchers with the opportunity to explore more systematically the issues of personal identity, self image,

body image, consumerism and post-modern life styles and their impact on the phenomenology of ageing (Featherstone and Hepworth, 1993). This 'critical' social gerontological approach places ageing in a post modern context where the study and examination of the subjective experiences of growing older is directly connected to the examination of the experiences of increased leisure and early retirement (Hepworth, 1999).

The ageing process is a mask or disguise which covers the essentially youthful self beneath and thus conceals the essential identity of the person. As Featherstone and Hepworth (1991) point out, this concealment can bring about a disjunction of the body and the self.

All of the above views should of course be placed in their social context. As has been already noted, and will be further discussed in later chapters of the data analysis, we should not forget the significance of the variables of class and ethnic/cultural diversity on the way middle aged women experience physical changes due to ageing, and the meanings they attribute to these changes. Recognizing ethnic difference in terms of gender roles, family structures, attitudes and expectations of ageing is vital to the understanding of the experiences of middle aged and older women (Arber and Ginn, 1991; Blakemore and Boneham, 1998; Wray, 2007).

3.8.1 Feminist critiques of the youth-centred culture

Feminist thinkers talk of a masculine aesthetics that causes women to feel that their bodies are inadequate and in need of constant repair (Dworkin, 1974). Consequently, women engage in time consuming, expensive and sometimes painful or even dangerous practices in order to modify and control their bodies (Dworkin, 1974; MacKinnon, 1989; Jeffreys, 2000 and 2005) According to Bartky (1990) women in patriarchal societies are coerced into adapting such beauty practices by the fashion/ beauty industries: no exercise of actual force is used or required. She talks of a form

of psychological oppression in which the use of unrealistic images of female beauty by the fashion and film industries make a woman feel deficient, and that her body requires 'either alteration or else heroic measures merely to conserve it' (Bartky, 1990: 39). MacKinnon (1989) had already talked of the cultural expectation that women should demonstrate femininity by engaging in beauty practices. According to her, women incorporate the values of the male sexual objectifiers within themselves. MacKinnon (1989) calls this being 'thingified' in the head. As Bartky points out, 'subject to the evaluating eye of the male connoisseur, women learn to evaluate themselves first and best' (1990:28). Gallagher (1994) agrees with Bartky that in the contemporary West social control is not imposed on individuals by brute force but achieved through 'symbolic manipulation' which in the case of beauty practices can include such things as fashion magazines, movies and advertising.

As Foucault (1983) points out power is never seamless. There are, on the contrary, always new forms of culture and subjectivity and new opportunities for transformation, since where there is power there is also resistance (Crossley, 1996). According to Bordo (2003) it is more important today to concentrate on the study of race, economic, class, and ethnic differences between women as well as mass cultural representations of femininity and beauty, instead of talking about power imbalances in general. Addressing specific issues along different variables may also help us understand better the structure of women's agency in different social and professional contexts (McNay, 2000).

As Naomi Wolf (1990) argues in *The Beauty Myth*, women are coerced into the adoption of beauty practices by cultural expectations in the workplace. According to Wolf, in order not to be threatening to men professional women are required to adopt time-consuming and expensive practices of beautification, that are not required from their male colleagues, in order to get and keep a job.

According to liberal feminist writers, however, to talk about the oppressor/oppressed model, where powerful patriarchal institutions oppress powerless women, is today

rather inadequate and even naive (Wolf, 1993; Grosz, 1994; Davis, 1995; Bordo, 2003; Lehrman, 1997; Walter, 1999; Moi, 2005). Although there is no doubt that this situation has its roots in patriarchy, this does not necessarily explain why women still choose today to adopt painful and time consuming beauty practices or to have as partners men many years their seniors (Gamble, 2001).

In recent years feminist writers have examined cosmetic intervention, as plastic surgery is considered today one of the most controversial beauty practices of body correction and ageing prevention adopted by women in Western societies. I shall now turn to the examination of this topic.

3.9 Cosmetic surgery

Cosmetic surgery has been viewed by feminist theoreticians as an oppressive technology which colonizes women's bodies (Spitzack, 1988). Feminists argue that the desire to surgically alter the body is the result of the constant dissatisfaction experienced by some women due to the promotion of female images of 'perfection' by fashion magazines, the mass media and the movie industry, as well as the new kind of consumerism that targets mainly midlife and older women by promising eternal youth (Chapkis, 1986; Spitzack, 1988; Morgan, 1991; Davis, 1995; Balsamo, 1996 and 1999; Budgeon, 2003)

A prominent figure in the analysis of surgical intervention on the female body is Kathy Davis (1995). Davis attempts to turn the tables on the standard feminist view, by claiming that under certain circumstances the decision to have a cosmetic surgical procedure is an act of empowerment, whereby women attempt to gain control over their bodies and lives, rather than an act of oppression. According to Davis (1995) the compartmentalization of the body into segments, some of which are evaluated as beautiful or satisfactory while others are evaluated as aesthetically imperfect and in need of improvement and transformation, is one of the consequences of the situation

promoted by women's magazines and plastic surgeons. The fact, however, that women may realize that they have been manipulated by the fashion and cosmetics industry does not automatically mean that they have to resist and reject current ideals of beauty; on the contrary they may choose to adopt these ideals and use the situation to their benefit in order to ensure professional success and personal happiness.

In a similar vein, Morgan (1991) proposes that cosmetic surgery 'can be used in order to demonstrate the artifactual nature of the body'. She claims that we can use cosmetic surgery in a liberating way, in order to upset, change, or reject the fixed and stable norms of gender, femininity and beauty. We can destabilize these notions by employing cosmetic surgery in order to produce bodies that our western culture considers 'ugly'(1991:44-7).

The well known case of Orlan, a French performance artist who transformed her face contrary to Western ideals of symmetry and beauty, is an example of this. Orlan decided to have a number of surgical procedures which altered her facial features in front of an audience, transforming herself to an object, a work of art in need of repair (Orlan, 2006). In her attempt to replicate some of the standards of beauty which have existed in different cultures and at different times, namely pre-Columbian Mexican culture which found the squint and deformations of the skull beautiful and learned to cultivate them, Orlan challenges the conventional standards of beauty and, even, of normality (Griggers, 1997). In Western societies the face is taken as emblematic of our self-identity and enjoys a privileged status in relation to the rest of the body. We tend to identify the face with personal identity: 'The face becomes the site of signification and subjectification' (Deleuze and Guattari, 1988:167-91). What Orlan did was to break all those taboos that surround the integrity of the body and the face in Western society, 'undermining at the same time the notion of self-identity as something stable and unified' (Griggers, 1997:29-30.).

According to Kathy Davis (1997), Orlan's attempt to remake the body and the face aims to liberate the body and the face from fixity and conventionality, to question our

reactions to certain body structures and facial features, and to explore the disjuncture between identity and the body. Orlan appears with her acts to threaten not only our Western ideals of symmetrical beauty but also the notion of the unity of the self (Davis, 1997).

Orlan herself employs the principles of postmodern feminism in order to explain her decision to have her face transformed in front of an audience. She argues that what she attempts to do is take a stance against the ‘standards of beauty, against the dictates of a dominant ideology that impresses itself more and more on feminine (as well as masculine) flesh’(Orlan, 1996: 91).

However, there is another way of looking at Orlan's performance art and body modification. She can be seen as enacting the rules of dominance characteristic of a phallogentric society, according to which the female body should be controlled and punished (Jeffreys, 2005). According to this line of thought Orlan's work might be different from that of any other plastic surgery victim, or even of a porno star who uses cosmetic surgery in order to attract voyeuristic attention, only because it aims at an elite audience of art lovers (Kappeler, 1986).

While Orlan's particular stance of face transfiguration is considered by feminists controversial, a strong argument against the increasingly more common practice of cosmetic surgery is put forward by Spitzack (1988). She maintains that cosmetic surgery uses three mechanisms of social control, namely, inscription, surveillance and confession. Spitzack provides us with a parallel between Foucault's ‘medical gaze’ and the plastic surgeon's clinical eye and claims that in both cases we deal with a disciplinary gaze situated within an apparatus of knowledge and power which construes the female body as unruly, pathological, ‘flawed’ and threatening the dominant social order (Foucault, 1977). This clinical gaze disciplines the female body by fragmenting and isolating its parts and then by redefining those in need of improvement and correction according to current cultural aesthetic ideals (Spitzack, 1988). Spitzack claims that the acceptance of this process by women is a form of

confession. The female patient accepts and admits - in other words, confesses - that she is the owner of an unruly, unhealthy, 'flawed' body in need of alteration and in this way she refuses disease and agrees to transform her figure in order to acquire health and beauty.

Chapkis (1986:14) focuses on the characterization 'plastic surgery junkies', a term which appeared on *Psychology Today* and which labels women who have too many cosmetic alterations and who seem to be obsessed with surgical fixes. A beautiful body, argues Chapkis, appears to be a woman's responsibility. She points out that women are constantly valued on the basis of how close they come to embodying the ideal of beauty, while men who decide to have their appearance surgically altered are presented in the popular media advertisements and television programmes as serious business persons whose wrinkles or hair loss keep them from succeeding in their profession, gaining a promotion or even becoming more productive (Chapkis, 1986).

Spitzack (1988) and Davis (1997) present two strongly conflicting accounts of the phenomenon of cosmetic surgery. I think that a more balanced approach to that phenomenon is offered by Balsamo (1996:78-9). She is highly critical of the common employment of cosmetic surgery, yet she considers the possibility of its use as a tool by women seeking to subvert the dominant patriarchal ideals of feminine beauty. Cosmetic surgery could be used in order to create new gender identities and to redefine old ones. In her book *Technologies of the Gendered Body* (1999) Balsamo points out that women are most of the time the ones subjected to cosmetic surgery, while the agents performing the operation are men. Women are the typical patients of plastic surgeons, since their preoccupation with appearance is viewed by society as something 'natural'. Balsamo claims that cosmetic surgery for women in general and for older women in particular is not considered a luxury but a necessity, and it is consequently expected of women to have the time and money needed for the maintenance of their 'flawed' bodies. The natural characteristics of the ageing body are redefined as 'symptoms' and physical deformities which plastic surgery can 'cure'

and 'correct'. Middle aged and older women are considered responsible for the elimination of these external signs or 'symptoms' of ageing.

For Balsamo, the new visualization technologies used by plastic surgeons during the consultation meetings with their patients transform the material body into a visual medium and end up in its medicalization. She claims that with the employment of technological imaging devices the body becomes fractured and fragmented, so that isolated parts can be examined visually and criticised with the purpose of reconstructing the female body according to the aesthetic ideals of the time. The determination of these ideals in terms of symmetry, harmony and proportion is the outcome of the measurement of Caucasian faces. 'Difference' is thus turned into sameness, with the achievement of aesthetic perfection in mind.

Balsamo (1999) writes that through the application of the techniques of social control, namely inscription, surveillance and confession, cosmetic surgery serves as an ideological site for examining the technological production of the gendered body. She claims that the actual application of the technological reconstruction of female bodies produces bodies which are very traditionally gendered. According to her, one of the effects of these techniques, which work in different ways for male and female bodies, is consequently the production of a gendered identity for the body. Whether, argues Balsamo, they are conscious of that or not, during confession women devalue the material body while accepting and adopting the popular ideals of beauty. In this way, concludes Balsamo, the female body serves as a site of inscription of the dominant cultural meanings and ideology that it is to have in postmodernity, and cosmetic surgery illustrates a technological colonization of women's bodies.

Balsamo points out (1996:58-63) that plastic surgeons have been trained to follow and promote the white, Western ideals of beauty, the Western notions of proportion and symmetry. Consequently, non-white faces are usually criticised by society and evaluated by doctors in terms of ideal proportions determined by the measurements of identity used by those non white people who decide to have their bodies and facial

features surgically altered in order to fit into the beauty ideals of Western societies. The feelings of dissatisfaction and low self esteem may be eliminated with the use of surgery, but the alienation from the body that the individual is supposed to overcome, as well as from their racial and cultural heritage, seems to be inevitable.

Although Balsamo (1999) points out on more than one occasion that cosmetic surgery produces traditionally gendered bodies she does not accept that women are passive victims. While it is not entirely clear from her analysis whether she views cosmetic surgery as a form of oppression or an act of empowerment and female emancipation, she argues that women who choose to have cosmetic alterations consciously act so as to make their bodies mean something to themselves and to others. She suggests that we should start thinking of cosmetic surgery as 'fashion surgery' and women who decide to go through it as not being so different from those of us who elect to have a tattoo, a nose-ring or a hair sculpture in order to stage our cultural identity. There is also the possibility that women may choose to abandon conceptions of natural beauty and to have their face and body surgically re-fashioned, not because they do not have the right amount of information or because they are not conscious and aware of the implications of their actions, but because this is the way they choose to emphasize or even create certain aspects of their cultural identities.

Taking this further, some post-modernist feminist writers contend that beauty practices, in general, are to be understood as 'empowering' women (Lehrman, 1997; Walter, 1999; Frost, 1999). Beauty practices are seen as the proof of women's new power to choose how to present themselves and to use what fashion and cosmetic intervention has to offer to them.

In contrast to those views Bordo points out that cosmetic surgery is a temporary remedy (Bordo, 1993). Plastic surgery corrects 'the problem' but it does not offer any permanent solution to the feelings of dissatisfaction that women have with their appearance. The underlying causes for women's poor body image and their constant desire for 'improvement' remain unaddressed. We need to examine the individual and

social-cultural consequences of such a practice: not to morally condemn those women who decide to surgically alter their appearance but rather to try and understand the underlying societal forces (Turner, 1991; Bordo, 1993; Davis, 1995). We should, as Davis argues, 'give due weight to the agency of the individuals' (Davis, 1995:108).

Writing in the heyday of postmodernism, Grosz (1994) argues that the body is simply a 'text' which can be written on and that tattooing, piercing, and cutting are just interesting ways of writing on it. On the contrary, Sheila Jeffreys (2000 and 2005), who is sharply opposed to practices that 'require the breaking of the skin, spilling of blood and rearrangement or amputation of body parts' (2005:1), claims that beauty practices in western culture should be understood as harmful cultural practices and states that plastic surgery that removes body parts is similar to female genital mutilation. Jeffreys argues that all beauty practices, from wearing lipstick to invasive cosmetic surgery, despite any visible differences in their effects, 'fit the criteria set out for harmful cultural practices in United Nations understandings' (Jeffreys, 2005:28; UN, 1995). Jeffreys is also very critical of fashion's role in creating and maintaining sexual difference between the dominant sex class of men and the subordinate sex class of women (Jeffreys, 2005). She agrees with Steele (1996) that clothes reflect the power difference between the sexes and she points out that while men's clothes tend to be functional women's clothes tend to reveal the female body as a sex object to the male gaze.

It is worth emphasizing at this point that some social scientists agree with radical feminist writers that beauty practices carried to extreme can be classified as a form of mental illness called Body Dysmorphic Disorder (BDD). Among the symptoms of this disorder are 'frequent mirror checking, excessive grooming, face picking and reassurance seeking' (Phillips, 1998:48).

Deciding the 'rights and wrongs' of cosmetic surgery is not something that can be exhaustively explored in the space of one section. My aim here has been the more modest one of presenting the many alternative approaches to cosmetic surgery, so as

to appreciate the complexity of this phenomenon. As we shall see in the relevant part of my data analysis, participants in this research hold strong opinions on this issue, as do most of the theorists discussed in this section.

Regarding the feminist reception of Foucault's work it is worth keeping in mind the positive as well as the negative aspects of his theoretical approach. I share the concern of some feminists that his analysis of sexuality does not take sufficiently into account the distinctiveness and complexity of female identity (McNay, 1992; Ramazanoglou, 1993; Butler, 2001; Sawicki, 2006). While his discussion of embodiment can be usefully employed to illuminate the human subjectivity in general it does not provide a fully adequate model for women's experience; hence it leaves untouched some principles that still govern relations in a patriarchal society.

In chapters 1 to 3 I have examined some of the most influential approaches to issues pertaining to female identity and the ageing process. The topics outlined in the three first chapters will be addressed, analysed and further illuminated in the light of my empirical research, presented in chapters 5 to 7. However, before entering into the details of my analysis, it is important to explicate and clarify the main principles on which my empirical research and data analysis have been organised, which is the topic of the next chapter, on methodology.

4. Methodology

4.1 Introduction

The aim of this project is to examine how women of different lifestyles and cultural background from 35 to 54 who live in the UK experience ageing as a psycho-social process. I am examining whether they believe that their personal identity, in other words the way they feel and think about themselves, changes at the passage of time. I am interested in finding out whether participants link their personal identity to their body and to what extent they think that physiological changes due to the ageing process are connected to changes in terms of personal identity.

Addressing the question of change of women's personal identity requires the employment of theoretical constructs and methodological tools that come from several different disciplines, including women's studies, psychology, philosophy of mind, gerontology, sociology, fashion theory and health studies. The interdisciplinary agenda of the project made it all the more important to avoid applying a fixed set of methodological rules, and to consider the importance of endorsing an open research strategy that would be conducive to the aim of the particular project.

The present chapter addresses the feminist approach to interviewing techniques and the researcher-participant relationship by analysing certain aspects of the process of in-depth interviewing. The discussion is grounded on the experience of interviews conducted during February and March 2006 in Lancashire and Yorkshire. The interviews lasted between 60 and 90 minutes. Fourteen of the fifteen interviews were audio taped and later transcribed, coded and analyzed by the researcher. One of the interviews was not audio taped, due to the participant's refusal to consent to a tape recording. Instead, the researcher kept hand written notes which were later coded and analyzed.

4.2 Feminist Qualitative Methodology and diversity

I have approached my research topic from a feminist perspective, so as to pay proper critical attention to women's experience of the ageing process. Feminist perspectives combine the main principles of feminist theory with a qualitative research methodology. That combination gives rise to a number of issues that exercise contemporary feminists and social scientists (Wilkinson, 1986; Brah, 1992; Reinharz, 1997). In what follows I outline those aspects of feminist qualitative methodology which are directly relevant to my project.

Qualitative research views social life in terms of processes and is consequently concerned with the examination of the way events and patterns unfold over time, placing particular emphasis on change and flux in women's lives (Bryman, 2001). It purports to articulate a significant analysis of women's experience, by allowing, enabling, and facilitating the personal expression of one's interaction with one's social world. Accordingly, qualitative work is characterised by the development of methods and research practices that sustain the priority of individual experience over the generalising tendencies of theoretical system-building. By contrast, the emphasis of quantitative research on statistics and controlling variables, the use by quantitative researchers of pre-determined categories, as well as the employment of a value-neutral method in research, are viewed by feminists as part of a masculine approach which results in the exploitation of women (Maynard, 1998). As Keller points out, being objective in social research has been associated with being male and with adopting a distant, uninvolved position (Keller, 1986). Women's experiences are turned into objects controlled by the researcher's technical procedures and exploited by him, while their voices are ignored (Mies, 1993)

Feminist writers support the combination of feminism with qualitative research because it allows women to express their thoughts and talk about their experiences in their own words. Women find themselves in an equal relationship, where the researcher is open, honest, and giving to them as well as receiving from them, during

the course of the research (Wilkinson, 1986; Reinharz, 1992). A feminist perspective allows therefore for a more open-ended research strategy in which theories and concepts are articulated through research into the participants' experiences, instead of being imposed from the outside on those experiences (Stanley and Wise, 1983).

In feminist qualitative research the emphasis is on the interpretation and analysis of the other's perspective through words, concepts, meanings and actions (Strauss & Corbin, 1990) One of the basic elements of qualitative methodology is the representation of reality as seen by the study participants rather than the imposition on the study of the reality of the researcher (Coolican, 1999). As a consequence, qualitative interviews are much less predetermined than quantitative interviews (Stanley and Wise, 1993).

We should not of course forget that there is a gap between feminist theory and feminist research as there is between social theory and social research (Maynard, 2002). As Maynard states, theoreticians tend to reflect on the nature of, and the prospects for, social sciences, while researchers are focused on 'producing' social research and social theory. The question, therefore, remains of whether and how the gap between theoretical discourse and research practice can be bridged. While designing this project I took into consideration the fact that feminist theory cannot always be successfully translated into social research. I adopted the values and certain of the theoretical concepts of feminist theory, while bearing in mind that the successful employment of feminist views and ideals would depend very much on the participants' characteristics and real life circumstances, as well as on my features as a social researcher and how I positioned myself (Wolf, 1993).

Although women at this stage of life think frequently about ageing, they are not necessarily interested in talking about this issue with other women of the same age group. In addition, sometimes they talk about certain phenomena, such as ageism and the double standard of ageing, without clearly stating that this is what they are doing. As a result, there sometimes appears to be a discrepancy between their accounts of

particular events and their general statements. I addressed this issue by highlighting the discrepancies and trying to understand their meaning, rather than ignoring them (Reinharz, 1997).

I believe that a research project that inquires into the significance of ageing as a *psycho-somatic* process may benefit substantially from a qualitative methodology that stresses the importance of the ways in which individuals interpret their multiple social contexts and the different and contradictory meanings generated through specific bodily practices (Gatens, 1991; Corrigan & Meredyth, 1997). Moreover, as is argued in detail in chapter 3, ageing is not a gender-neutral phenomenon, given the social bias which generates the double-standard of ageing (Sontag, 1978). All in all, the gendered nature of ageing, and the fact that I am a woman interviewing other women, make appropriate the use of the feminist perspective combined with qualitative methodology for the purposes of this study.

The standard sample discussed in the literature about British society is that of the White, British, Middle-class, Heterosexual woman (Stanley and Wise, 1983; Nielsen, 1990; Brah, 1992; Bryman, 2001). However, the feminist paradigm emphasizes the significance of diversity in terms of age, race, ethnicity, culture, health, language, class, profession, and sexuality in order to ensure that women from diverse backgrounds and different lifestyles who live in the UK are included in social research. Feminist theoreticians claim that, unless we do that, we shall not have a clear idea of what is going on in a multicultural society such as the UK.

For the purposes of this project I was especially interested in the variable of ethnicity. As a Greek national who has lived and worked in England for the last twelve years I was interested in relating age to ethnicity, in order to see how women of different nationalities and cultures who live and work in the UK experience the process of growing older, and how their perspective differs from that of British women. However, I should point out that my research is in no way limited to comparing British middle-aged to Greek middle-aged women.

In addition, it is important to try and understand the variable of age within specific cultural contexts. Feminist cross-cultural research conducted in the UK has examined the variables of gender, race and ethnicity but has not always been free from constructing hierarchies and from viewing the practices of some cultural groups as bizarre and deviant from the norm (Mizra, 1997). However, as Brah (1996) points out, diversity can itself be experienced in diverse ways; it can be celebrated and affirmed, rather than setting itself as the locus of oppressive and conflicting practices. In my view, we should not disregard difference among participants in terms of life experience and culture, but at the same time we should not attempt to form hierarchies based on this difference.

Abstaining from hierarchical evaluations might perhaps be feasible in the well-defined context of social scientific research. However, in real life, it would be imprudent to pretend that different social groups do not connect to each other through relations of power, hierarchy, and even inequality (Maynard, 2002). We should not, therefore, overlook the fact that the distance between the social research and real life contexts is not one that can always be bridged by the researcher's good intentions.

Understanding diverse ageing experiences requires that we explore both oppression and privilege, in terms of health, class, education, or economic status (Calasanti, 2004). It is worth keeping in mind, for example, that not all middle aged women have the time and means to preserve or modify their bodies as they grow older, or even to reflect extensively on the process of ageing.

Finally, it is worth pointing out that even when feminist research design, analysis, and interpretation pay proper attention to diversity, they cannot totally escape the limitations created by the pre-defined categories of age and ethnicity employed in social theory and gerontology (Cole, 1993). Although there are no fixed, or commonly agreed, definitions of age boundaries and of their significance for different ethnic groups, there are certain notions and pre-conceptions that may influence the feminist researcher's approach to such matters (Arber & Gin, 1991).

4.3 Ethical considerations

It is my responsibility as a researcher to ensure that the participants' names and other personal details will remain confidential and will not be revealed during either the stage of data analysis or the stage of publication of the findings. During the period of recruitment I explained to potential participants that, although fragments of their conversation will be available for others to see and although some of this material may later on get published, the identity of the speakers will be known only to me. I also explained that the audiotapes of our conversations will be locked in a safe place at my main supervisor's office at the university, and that pseudonyms of their choice will be used for the transcripts. I assured participating women that their privacy would not be threatened at any point of data collection, interpretation and publication (British Psychological Society Code of Conduct, 1993). Participants signed a consent form which ensured their anonymity and their right to withdraw at any stage of the research process and which also informed them about all the basic stages involved in the processes of interviewing and data analysis, as well as about any possible use of the material in future.

At the same time I made every effort to ensure that I did not in any way confuse or mislead the participants about either my motives as a researcher, or about my intentions as far as the findings of this project are concerned. I answered honestly all questions participants had about those matters, providing ample information about why I was interested in the issues of ageing, middle age and personal identity, and how I intend to use the findings of this research. I pointed out that participants have the right to withdraw at any stage of the research process without being required to explain why they decided to do so (British Psychological Society Code of Conduct, 1993; Smith et al., 1995).

Understanding that such sensitive issues as those of ageing, ageism, health, sexuality and body image could be the cause of psychological distress for some of the

participants I was very careful not to cause offence, embarrassment, discomfort or mental stress with persistent questions and insensitive comments, so as to protect the participants' psychological well being (Keller, 1986). In addition, I contacted a counselling centre and made arrangements so that any participant who wished to talk with a counsellor about any thoughts and feelings linked to these sensitive issues would have the opportunity to do so. I was careful to make clear at the beginning of our meeting that my role in this particular case was that of a researcher and not of a counsellor. At the same time I pointed out that if they felt the need to talk to a counsellor about any of the issues that we discussed during our interview I would be glad to refer them to a counselling service in their area.

4.4 The Recruitment process

4.4.1 Sampling Issues

I gained access to participating women by employing the snowball sampling approach. I approached a small group of people who could be interested in my research topic, and then used them in order to establish contact with others, so as to increase the diversity of my sample (Bryman, 2001). I contacted a number of friends outside academia, as well as some university colleagues who were interested in discussing this topic and offer their personal perspective on the issues explored in this study. These friends and colleagues helped me to establish contact with other potential participants. However, I was not happy in terms of diversity since all the women willing to participate in this project were white, middle class, and university educated. Consequently, in order to ensure diversity, I decided to employ a different method of recruiting participants.

I posted announcements at different places around Manchester, namely the City of Manchester Gallery, the Community Centre of Sale -- the area where I live -- the main Public Library, two other local libraries and community centres in Manchester, and

the public libraries of Headingley and Leeds. These areas are quite different in terms of population synthesis. They include working class areas where there are prominent Asian and Afro-Caribbean communities, as well as more traditional middle class areas with a homogeneous White British population.

My announcements generated a lot of interest. I received a number of phone calls as well as electronic messages from women who were interested in finding out more about my project. One third of these women, 15 in all, decided to meet with me and to participate in my research.

The research project addresses the experience of middle aged women. However, this brings us already to the contested topic of how exactly one should define the notion of middle age or midlife. It is commonly agreed that midlife covers the period in someone's life that connects youth and old age. The age cohort that falls under this category may change according to the standards and conceptual frameworks adopted by various theories in different disciplines that examine questions of age (Cockerham, 1991). According to some theorists, midlife or 'middle-age' starts around 30 and extends until 60, while others argue that midlife does not start before 40 or 45 and extends until mid-sixties (Evandrou and Glaser, 2004).

The present work addresses the experience of middle age in women from 35 to 54 years of age. My focusing on that period is guided by several considerations.

According to social scientists it is an important period in women's lives that is seriously *under-researched* in social studies (Featherstone and Hepworth, 1991). It is also my belief that instead of generalizing and labelling as 'mid-lifers' all women from 30 to 60, we need more detailed distinctions between different age groups that belong in this particular life stage; this will enable us to get a better understanding of the ageing experience of women. It should further be noted that the decision to categorize women from 35 to 54 as middle aged and to divide them into two age cohorts, far from being arbitrary, is supported by relevant scientific data. Let me point out that, according to current research by social gerontologists, in Western societies

old age starts today as early as 55, while a few years back it used to be 60 or even 65 (Bond et. al., 2007). This has to do both with early retirement, a choice made more often today by middle class professionals who have ensured economic independence and high standards of living and secondly with the fact that in Western societies life expectancy has in recent years been diminished.

Age considerations were the first, but by no means the only, factor in choosing participants for this project. An important goal of the feminist researcher is to offer the opportunity to less well represented section of female population to voice their thoughts and experiences on the themes of the project, so that they may be included in social research. The paucity of research on this age group makes it all the more important that my project can contribute to filling an important gap in the feminist analysis of women's experience of middle age.

As already mentioned in the first section of this chapter, the standard sample discussed in the relevant literature about British society is that of white, British, middle class, heterosexual women. The sample used in this research is far more divergent, with the aim of providing a more accurate account of women's experience in contemporary British society. Seven out of the fifteen participants are women of different ethnicity from the 'standard' (non- British nationals), two are of different race (non-white), two are of different sexuality (non-heterosexual) and three are of different health (chronic illness sufferers).

For analytical purposes, I have divided the participants into two cohorts according to age. According to both popular ideas and social theory the age of 45 constitutes a 'passage' to a different stage of life, probably due to the fact that the majority of women enter peri-menopause or menopause around this time. I have therefore decided to divide participating women into two cohorts: the first cohort includes seven women from 35 to 44 years old and the second eight women from 45 to 54. Of the seven younger midlife women five are non-British (one German, one Greek, one French, one Irish, one Portuguese), two are non-heterosexual (they are bisexual) and one non-

white (she is an Arab of French nationality). Only one woman from this group of participants has children. Only one of these women is single. Two of these women are working class and five of them have identified themselves as middle class. Only one of these women lives in a village. Six out of the seven women in this age group live in a large city.

From the eight older midlife women who participated in this project three are non-British (one American, one Indian, and one Spanish) , three are chronic illness sufferers (two British, one Spanish) and one non-white (an Indian woman). Among them there is one single woman. Seven out of the eight women belonging in this age group have children. The participant who does not have children cannot do so for health reasons. All women belonging in this age group have identified themselves as middle class.

Given the make-up of my sample, it was all the more important to ensure that the techniques employed in the interviewing process were appropriate for accommodating the diversity among participants by allowing both differences and common features to be clearly identifiable.

Some of the women who replied to my 'Call for participants', were Black and Asian women of different nationalities. What became evident when I started exchanging e-mails or phone calls with potential participants was that I had to give more explanations and reassurances to these women about the character of the project. I was of course happy to do that, and to supply as much information as possible, but this slowed down the recruitment of non-white women. Initially I had communication with four , and in the end two of them (an Indian and an Arab of French nationality) participated in my project.

4.4.2 Focus Group

Initially I had decided to conduct a focus group discussion as well as individual interviews (Morgan, 1997; Stewart, 2007). I assumed that most participants would be happy to participate in a group discussion where it would not be expected of them to talk for the duration of the meeting. In addition, I thought that most participants would be interested to hear what other women have to say about the issue of ageing.

However, my initial assumptions proved to be faulty, since all women who expressed interest in my project wanted to give individual interviews and were very reluctant to take part in a focus group.

In my attempt to explain this unwillingness to participate in a focus group, I asked a few participants whether they would like to express their reasons for not taking part in a group discussion. From what these women have said, I concluded that some of them felt embarrassment in the thought that they might have to talk about their personal experiences in front of women they had previously never met. They were aware that all participants would be women belonging in the same age group, but other characteristics seemed to be more important here than gender and age cohort, for instance the variables of health and sexuality. Esther, a British 48 year old participant who suffers from a chronic illness, said that her lifestyle and way of thinking are intensely affected by her illness, and, although she is interested in finding out whether other middle aged women are facing similar health problems, it is of greater significance to her to protect her privacy and psychological wellbeing by avoiding discussing a sensitive issue in a group of unknown people. Alice, a British 37 year old participant, when asked whether she would be willing to participate in a focus group discussion, stated that her participation in a focus group discussion in which women of the same age cohort would discuss their feelings, concepts and experiences of middle age would not be empowering to her identity, but would on the contrary make her close in on her own thoughts, because of her feeling so self-conscious about midlife and ageing.

4.4.3 Interviewing

4.4.3.1 Location

I conducted 15 individual semi-structured interviews. For the purposes of the interviews, I used different coffee shops of the participants' choice based in Manchester and Leeds. I should note that I judge it preferable to meet with the participants at a neutral place, and *not* at my university office or at one of the coffee shops attached to the University, in order to safeguard the power balance of our contact, and to disentangle my professional role as a university tutor from my role as a researcher.

In my view, it was important that the participants had the choice of venue (subject, of course, to various safety precautions). I wanted to ensure, as far as it is feasible, that the participants would feel safe, relaxed and comfortable, and ready to open up and talk about their experiences, in places where they would feel in control and not intimidated.

4.4.3.2 The researcher-participants relationship

One of the main concerns of the feminist qualitative researcher is to achieve rapport with participants of different ethnicity and language (Reinhazr, 1992; Kelly et al., 1994). I am of Greek nationality, coming from a non-British cultural background. Moreover, the language used during the interviews (namely, English) is my second language. This particular aspect of my identity played a central role in the way I communicated with the participants of this project.

Participants engage in more self-disclosure with an interviewer they think is similar to themselves in terms of age, education, ethnic and cultural background, life experiences and lifestyle. Even the researcher's more superficial characteristics such as her accent, demeanour and dress interact with the topic of the interview and

determine how the interviewee will respond (Breakwell et al., 2000). Non-British participants who live in the UK were keen to participate in this project and seemed to trust me and to feel good talking to me about their personal experiences. They felt comfortable talking about things they found objectionable or undesirable in British society. What became fairly clear during the interviews was that women of different ethnicities felt that I could empathise with some of the feelings they expressed and the thoughts they presented. It became also evident that participants of different ethnicity did not always feel part of British society, but instead separated themselves from British people and felt closer to the researcher. This fact indicates that the researcher's personal details (race, nationality, language) play a significant role in shaping her relation to the participants, especially for a project that involves participants of various ethnic or cultural backgrounds (bell 1993; Wolf, 1993).

Most of the women who talked to me -- regardless of ethnicity and cultural background -- were professional, educated, middle class women who had a general knowledge of the issues addressed in this project. As a researcher my power was restricted concerning the amount and type of information I could reveal or conceal about the project, regarding, for instance, information about various scientific facts and theories. In some cases, the lack of power imbalance benefited the communication between me and the participants, as it made them feel relaxed, secure and willing to discuss with me sensitive issues and to go into details that are of direct relevance to this project.

During my interviews with some of the British participants I felt however that there was a shift in power balance. My different ethnicity, the fact that English is my second language and, in some cases, my younger age, made me less powerful than them (Wolf, 1993). However, I believe that this has not influenced the content of my data. British participants were keen to talk extensively about the issues under examination, occasionally providing some background information on aspects of British culture which they thought might not be known to me, given my different ethnicity and

cultural background. Such aspects included some popular TV programmes, the Church of England, and changes in fashion trends.

For qualitative research, language plays a central role. It is through the interpretation of language that the qualitative researcher can achieve an understanding of the other's perspective (Strauss & Corbin, 1990). Face-to-face qualitative interviews have been described as 'conversations with a purpose' in which the researcher aims to discover the different concepts, perceptions and feelings of the interviewees (Bond, et Al., 2007). It is therefore understood that the language of both the participants and the researcher is of great significance for the analysis of the other's perspective.

The researcher's language is an important aspect of the qualitative interview (Oakley, 2000). When referring to the researcher's language we are also referring to how the researcher's methodological, scientific, and philosophical reading, which has inspired and shaped her questions, can be translated into an everyday language understood by all participants, without at the same time losing its scientific status (Verhoeven, 2000). As already noted, the majority of my participants were professional, educated, middle class women who had a general knowledge of the issues addressed in this project. In one case, however, while conducting the interview I realised from a participant's answers that she lacked knowledge of the meaning of the term 'ageism', and later on it also became obvious that she was doubtful about the meaning of the term 'middle age'. Instead of pointing out that the meanings of the above terms were not clear to her, the participant (a white, 36 year old, working class, college educated, professional woman) tried to answer my questions according to what she thought that I would like to hear about the particular issues of ageism and middle age, attempting, perhaps, to 'please' me, and acting out of fear that she would not give the 'correct' answer -- a kind of behaviour mentioned in a similar context by Oakley (1981).

4.4.3.3 The role of the counsellor and the role of the researcher

For the purposes of this research I employed some techniques suggested in the relevant literature as well as certain ways of communicating that draw upon my experience as a counselling psychologist (Palmer et al, 1996). Here I focus on features that concern the facilitation of interviewing participants belonging to a diverse sample.

As a counsellor I value listening, but as a researcher I may need to ask intrusive questions about sensitive issues. While in the counselling process listening what the other has to say is very useful, during a research interviewing good listening as such is not sufficient. Part of a good research interview is asking questions directly relevant to the research project, trying to gain more information within a single session - rather than during several sessions if and when the participant might be ready for providing such information. A researcher may thus need to interrupt and re-direct the participants' talk back to the project theme if necessary. So, while during a counselling session the therapist steps back and allows the client to use the time according to personal needs and idiosyncrasy; during an in-depth research interview the researcher may need to control the process in a more open and direct way.

In my project, for instance, some participants would give a 90 minute interview, although they had stated at the beginning of the session that they could only stay for 45 minutes. Most importantly, several participants would spend considerable time going into personal details about their emotional life and other personal experiences, which, although valuable in a different (counselling) context, were not directly relevant to the research issues at hand.

As a researcher I was asked by participating women a number of personal questions including, for instance, why I was interested to explore the topics of ageing, middle age, and body image, and how these issues may be relevant to my own life. In some cases I was also asked to give information about myself (age, relationship status, sexual orientation, nationality), as well as about my views on certain issues, such as

ageism in British society. This does not usually happen in a counselling session, even if the client is not forbidden to ask about the counsellor's personal details as long as counsellor and client do not get involved in a lengthy and in-depth conversation regarding the counsellor's life choices and circumstances (Seden, 2005).

At the interviews, I was willing as a researcher to answer questions based on my experiences of certain issues, such as, for instance differences and similarities between Greek and British societies regarding ageism and conceptions about ageing. I was, however, at the same time careful not to disclose more information than necessary in each situation, so as not to increase my vulnerability as a researcher, and so as not to disturb the dynamics of the researcher-participants relationship (Oakley, 1981 ; Reinharz, 1992).

My role as an interviewer was to ensure that most of the themes of the project were addressed in each interview, without of course leading the discussion to any specific theoretical direction, or moulding the conversation on any fixed conceptual types or ideas.

4.4.3.4. Techniques used during the Interviewing Process

Interviewing is a complex process that involves several parameters. I present here some techniques that when employed by the researcher can facilitate the process of in-depth interviewing and I propose and evaluate specific ways in which participants can act as co-researchers by expanding their role during the interviewing process.

My main concern was to establish trust and to help participants to relax and open up. Developing trust has been proved to be more difficult when researcher and participant do not share the same culture and/or language (Elde & Allen, 2005). It has also been mentioned by social theorists that even when the culture of researcher and interviewee seems to be very similar it can be very difficult for the researcher to fully understand the social behaviour and practices of different social groups (Thomas, 2001).

Verhoeven has pointed out that 'a cross cultural context should not be defined simply as a difference between the culture of the interviewee and the interviewer, but should be approached as a gradual difference between the culture of the two parties involved.' (Verhoeven, 2000:3) Although the cultural differences between the researcher and the majority of participants of this project were easily bridged, I had to work hard to overcome the initial fears and mistrust of some of the participants.

After the initial introduction, I started talking to women about the project, explaining to them why I was interested in this topic and proceeding by answering their questions. At the same time I reassured them about issues of confidentiality, and explained to them why recording the interview is useful and important for the process. In three cases the participants had second thoughts about recording our interview. In the first case one of the participants who suffers from a chronic illness believed that her experience was quite unique and felt embarrassed to talk about it on tape, probably out of fear of identification. In the second case, for similar reasons, a participant who identified herself as bi-sexual was reluctant to talk on tape. At the end, both participants agreed to the recording, after I pointed out that keeping a record would be fairer to them, since - among other reasons - it would be more difficult while keeping handwritten notes to write down or to remember everything of importance they may say. In addition, I reassured them that the tapes are kept in a safe place and will only be available to myself. However, during my last interview with a French national of Arab descent, who lives in the UK, the participant insisted on her initial stance, out of fear that her sexual identity could be revealed (she is bisexual); I thus had to turn the tape recorder off, and keep handwritten notes.

What I found very useful and effective during the interview, whenever it appeared that the participant did not feel comfortable talking about a particular issue, was moving on to a new subject instead of persisting with the same question. I returned to the 'hot' issue at a later stage, as many times as necessary, and then asked the relevant questions again, sometimes phrasing those questions differently. Participants often

need time to decide whether they want to open up about certain sensitive issues. In addition, in some cases it may not be clear to them from the beginning how these issues relate to the particular project under consideration. Consequently, the researcher should be very careful about the way she phrases questions, in order to avoid upsetting or offending participants.

At the end of the interview I made sure to talk for a few minutes about myself and my work, and to express briefly how helpful were several of the points participants had made during the discussion. Through this practice -a practice often adopted by counselling psychologists at the end of a session - I hoped to ensure that when the participants think back about the interview they won't feel uncomfortable about having opened up and shared their personal experience and thoughts, but will on the contrary realise the importance of their contribution for the particular research.

I also offered participating women the opportunity to read a copy of the interview transcript and to make any additions or corrections to the text. That offer was taken up by only two participants. One of them made some minor additions to the original interview text.

4.4.3.5 Participants as Co-researchers

We often read or hear the suggestion to get participants actively involved in our projects (Bryman, 2001). However, it is not always clear what this suggestion means and, most importantly, how exactly it can be put into practice. The relevant literature notes several ways in which participants can get involved with a project *before* or *after* the interview (Mies, 1993; Miles and Huberman, 1994). What I present and evaluate here are two specific ways through which I got participants actively involved *during* the actual interview.

The first technique was simple but powerful. Towards the end of each interview I asked participants what they would like to know about other midlife women and their

experience of ageing, and what they would like to ask other women if they were in my place, conducting research about those issues. I then used their questions while interviewing other women (Stamou, 2007). My aim was first of all to give participants a sense of ownership of the project, by offering them a more active and dynamic role in the whole process. Furthermore, I felt that it was significant to involve participating women in a way that would allow them to benefit from each other's experience. The fact that participants were acting as co-questioners enriched my study by including different perspectives from my own. I had not realised for instance how significant the theme of sexuality would be for this project until two of the participants expressed interest to know how other mid-life women feel about this issue. As a result of employing this method, some important similarities and differences between participants became evident more quickly, and some common themes and categories for the purposes of my data analysis were successfully formed.

I believe that by being permitted and encouraged to ask their own questions, participating women felt empowered and a valuable part of the research process. The issue of sexuality and the issue of looks are of great interest to participating women, even though each participant expresses her interest differently, depending on personal experience and idiosyncrasy. A few of the participants were also interested to know more about the issue of social comparison or 'female competition', as they call it, namely why mid-life women are critical of, and competitive with, each other. There were also questions on issues of life style (for example, how women who do not exercise and do not have a balanced diet feel in terms of confidence and well being), the experience of the menopause (how women deal with it), and chronic illness (for instance, whether there are other chronically ill women in this age group and how they deal with their health problem).

More specifically, what Nandine, a 41 years old French participant, wanted to know was why women are so critical of each other, given that they very well know how difficult it is to look good and at the same time to have a nice family and a successful

career. Angie, a 37 years old Greek participant, wanted to know why it is so important to women whose career has nothing to do with show business to present themselves in an immaculate way in their everyday life or in their profession. Sharon, a 54 years old Indian participant, pointed out that she considered the topic of sexuality very important and, while I should be careful not to offend or to scare women, I should include questions about it. Finally, Helen, a 52 years old British participant, talked about the taboo subject of female masturbation, and pointed out that sexuality is as important for older middle aged women as it is for younger women.

The second way of getting participants actively involved during the interview is of more theoretical nature, and its employment required proper attunement to the participants' discourse, and the ability to initiate further discussion in a subtle, non-intrusive way: participants were invited to define themselves in terms of some important research variables - in the present study, in terms of ethnicity, class, and sexual orientation (Stamou, 2007). Through this move women were given the chance to identify themselves according to their own views, notions and beliefs, and not to be placed by the researcher under fixed categories. For instance, it is commonly expected that the researcher will categorise participants' ethnicity on the basis of information provided by the participant and general assumptions about how this information is usually processed. However, giving the participants the opportunity to categorise themselves can have a novel and interesting outcome. For example, one participant of Scottish origin defined herself in terms of ethnicity as 'British'. If I had not invited the participant to identify herself along the variable of ethnicity -to specifically ask her how she would like to be referred to in terms of ethnicity -I would have followed the not uncommon practice of categorising her as Scottish. By respecting the participant's classification the researcher is given the opportunity to come across issues about, and in this case aspects of, the participant's ethnic identity, issues which would otherwise not have arisen.

To be sure, the fact that participants are called upon to categorise themselves does not necessarily mean that the researcher ought to accept their categorisation without any thought (Stamou, 2007). In the present project, some of the participants stated that they live in a working class environment, and they had been brought up by working class parents; later in the discussion, they identified themselves as middle class. However, in some of those cases it wasn't clear why the participants believed that they had moved class; whether they considered it to be, for instance, a matter of a better education, higher income, professional career, or marriage. In another case, one of the participants who had been in a relationship with the same male partner for almost a decade identified herself as bisexual, based on the fact that she once had a short affair with another woman. Whether that classification reflected also the participant's current feelings about other women is something that she never clarified during the interview. Therefore, the fact that participants form their own classifications does not entail that these are to be endorsed and reproduced without any critical consideration from my part. What it does entail is that both I (as a researcher) and the participants have the chance to present our different perspectives in the hope that this will enrich the research data. At the same time, it gives participating women the opportunity to take a dynamic role in the research process and, in that sense, contributes to their empowerment.

4.5 Post-Interview Reflexivity

My research questions, as well as the data analysis, may be influenced by my age, past experiences, perceptions, class, ethnicity, sexual orientation, and education. I am also aware that I may have influenced, and been influenced by, the interviews with the participating women (bell, 1993; Reinharz, 1997). In order to remain self conscious and critical of my relationship with the participants, and of my particular role in the research process at all of its stages, I keep a self- reflective diary (Bourdieu, 1993; Finlay and Gough, 2003).

According to Strauss and Corbin (1990), a careful reading of the formal transcripts of interviews or documents is not enough. The feminist researcher is also required to read and re-read, and then reflect on, the field notes or memos in order to gain familiarity with the subject matter and to comprehend the way her relationship with the participants as well as her situation in the world may have shaped both the processes of interviewing participants and of interpreting the gathered data.

My diary entries reflect some of the above points, as indicated in the following extracts:

“I wonder how my own conceptions of ageing might influence the interview process” (Research Diary: 7.2.2006)

“I wonder whether all my research themes-questions are appropriate for women with different life-styles; I am afraid that I might ignore alternative viewpoints because they do not form part of my own life experiences. Chronic illness, for instance, has not been part of my life or the lives of close relatives and friends, and I wonder whether I am approaching this subject correctly” (Research Diary: 19.2.2006)

“In my care not to offend the participants, I did not put emphasis on how they view their sex life in middle-age, but the participant this morning told me that it's a very important issue for her, and that she thinks about it a lot - include it as a separate sub-theme, avoid direct questions on specific aspects of their sexual life.” (Research Diary: 12.3.2006)

Some of the participants discussed painful life experiences that had to do with cancer, chronic illness and physical disability. Their accounts have made a deep impression in me.

“I keep thinking about my discussion with Esther. I admire her for her courage and patience, but I also feel depressed to know that her life has been a constant struggle due to her chronic kidney failure condition. I hope I did not let my emotions interfere with my research questions” (Research Diary: 18.3.2006)

Feminist theory places particular emphasis on the researcher's situation in the world, in other words on the researcher's age, race, ethnicity, class, sexuality and life style (Oakley, 2000). While I was conducting the interviews I was at many points aware of the ways in which my identity was influencing the communication with different participants, as well as the outcome of the research. I am a white, middle class, heterosexual woman of Greek nationality who lives and works in England. My age placed me in the group of younger middle aged women (35 to 44). The fact that I am not British but I am conducting research in the UK was also a significant aspect of my identity that influenced my relationship to the participants, the way they perceived me and responded to me, my own perspective on the issues of being middle aged in British society, and the interpretation of the findings.

In addition, as Bourdieu points out, part of the qualitative researcher's reflexivity includes the practice of disclosing to readers her own theoretical assumptions, so as to allow them to discuss and criticise the analysis and to be able to consider possible alternative interpretations (Bourdieu, 1993; Bond et al., 2007). While this did not happen in every single case, I was very open and honest with those participating women who did ask me about my standpoint on the issues of ageism, the use of the term 'middle age', and anything else directly relevant to the research project.

4.6 Qualitative Data Analysis

I found the process of transcribing the interviews particularly useful. I transcribed each interview not long after the session, usually within two days from the meeting. That experience gave me the opportunity to become better aware of the participants' emotions, as these were appearing through the words they used, their repetitions, silence, or laughter. Most importantly, I learned a lot from listening not only to the content of the discussion, but also to the way I was conducting the interviews. My thoughts and observations on each transcribed session would feed back into

subsequent sessions, thereby constantly improving the quality and structure of the interviewing process.

The 15 individual interviews were used to obtain data about subjective meanings of female identity, the ageing process, midlife, embodiment, sexuality and ethnicity. As soon as I completed the transcriptions, I tried to think of a system to organize my data. After studying the relevant literature, and exploring various routes, I thought it best to follow Interpretative Phenomenological Analysis. IPA, pioneered by Jonathan Smith in the mid '90s, is an approach especially conducive to identifying common themes, the presence or absence of patterns, and the coherence, as well as the tension, between available data, with the overall aim of revealing the meaning of the personal experience of participating individuals.

IPA is strongly influenced by phenomenology, a philosophical method for exploring 'phenomena'. In philosophical parlance, a 'phenomenon' is anything that figures in the content of a subject's experience (Husserl, 1900). Phenomenology is a discourse on 'phenomena', i.e., an analysis of anything that is experienced by, or that appears to, a particular subject, to the extent that, and in the exact way in which, it appears (Husserl, 1913). According to phenomenology the starting point of our analysis should be the ordinary experience of the life-world (Husserl, 1936). What is distinctive, though, in phenomenological analysis is that it brackets both scientific doctrines and popular assumptions about subjective experience, so as to describe that experience without invoking any preconceptions (Husserl, 1913, Ricœur, 1992, Sokolowski 2000).

IPA recognizes that different people perceive the world differently, depending on their individual life stories, cultural backgrounds, goals, and idiosyncrasies (Smith, 1995a). Accordingly, IPA attempts to make sense of the subjective meanings of the events/experiences of the individual participants in social research, by trying to interpret accurately each participant's perspective on reality.

In order to achieve this kind of interpretation I read my material several times, and then decided to divide the data into different themes, according to its content. I employed, therefore, a thematic content analysis with a view to reducing the data of my project to manageable proportions. I isolated, for instance, all participants' references about ageist attitudes, sexuality, methods they employed in order to delay the signs of ageing, fashion and so on; and for these different topics I formulated different thematic categories, using the cut and paste facility of my computer.

At a second stage, I re-read my material and started drawing connections between these different thematic categories. At a third stage, I supplemented the different themes with systematic quotations from the interviews, so as to illustrate the participants' points. Finally, in order to justify my assertions, and to make, overall, my interpretative analysis comprehensible to the readers, I made the links between participants' comments and feminist theory, explaining what feminist writers argue about these particular points, and providing references from the literature (Smith & Osborn, 2004). In this way, it has been made clear both to me and to my readers whether participating women agree or disagree with the findings of current sociological research and with feminist work on these issues.

Findings

General Introduction

The feminist paradigm endorsed in this study believes in letting women talk about their experience in their own words. Drawing on the interviews, I have tried to define and categorize the participants' experiences, offering a systematic reconstruction of interview data in a way that highlights their own views. Accordingly, I have asked participants to explain how they understand and make use of the notion of 'middle-age', as well as which roles of their everyday lives, and which aspects of their personal history, they perceive as constituting defining parts of their personal identity for the period of middle age.

Participating women have referred to a number of factors as constituting integral parts of their personal and female identity, including their relationship status, motherhood, sexuality, experience of menopause, and health. These factors are also addressed in participants' discourse about what they think of as turning points in their life. As it is shown in the relevant sections devoted to 'Life Milestones', the participants link their sense of identity to specific changes regarding their sexuality and motherhood status, as well as to various achievements in their personal, social, and professional lives (see chapter 5).

An important thread that runs through several of the views expressed in feminist theory is the role of the embodied nature of female identity. However, that is a huge topic in contemporary debates, which can be best presented and analysed in relation to more specific themes in dieting, exercising, clothing and other methods women use to control their bodies. Therefore, these issues will form another major unit of my data analysis (see chapter 6).

The theme that connects the two parts, namely female personal identity and embodiment, is midlife women's experience of the ageing process, along a number of dimensions, all of which are explored in the third part of the data analysis (see chapter 7).

Before proceeding it is worth reminding the reader of the significance of diversity for my project. To paraphrase Bordo's remark, one of the first questions we should ask when we examine women's sense of self is 'Whose Self is this?' and relatedly 'Whose Body is this?' (Bordo, 2000). Accordingly, the present research has included women of different race, ethnic and cultural backgrounds, lifestyles, and sexual orientation, so as to go beyond the examination of what might pass as 'the norm' in social studies, i.e., the British, white, middle class, heterosexual woman (Reinharz, 1996). The significance of cultural differences is particularly evident in participants' views on issues addressed in my data analysis. Therefore, the question of diversity will be noted and discussed throughout the data analysis.

5. Perceptions of Middle Age and Ageism

5.1 Participants' Conceptions of Middle Age

For women from 35 to 54 years old who participated in this project the term ‘middle age’ carries only negative connotations, and -- with the exception of two participants, who happen to be the youngest—they refuse to identify themselves as ‘middle aged’. Most of these women do not agree with the now standard classification of the life stages according to which the stage of mid-life starts as early as 30 or 35 (Evandrou and Glaser, 2004). Even those who accept that classification do not necessarily accept that the term ‘middle-aged’ should be employed for the characterization of ‘mid-life’ women.

The promotion by films, television programs, magazines and the advertisement industry of an eternally youthful lifestyle achieved through the use of cosmetics, fitness regimes, dieting and the acquirement of fashionable clothes and accessories gives women the impression that staying young is a matter of choice, which depends mainly on the ‘right’ lifestyle (Featherstone and Wernick, 2003). Participants seem to believe that belonging to a certain life stage is not necessarily a matter of chronological facts, but rather a matter of looking and acting as expected when belonging in the particular life stage.

‘I really strongly avoid, well consciously anyway, all the connotations of a kind of settled middle aged style and psychological makeup and identity. You know, I want to try and avoid that, I want to try and keep changing’ (Alice, 37, British).

And:

‘I think it has a lot of negative connotations. In a way for me when I speak about it, it is just a little bit...² it might be my perception of the words ‘middle age’, you know, it means, not necessarily that you've done everything but that you've aged’. (Maureen, 36, Irish).

² “...” = missing text or pause.

Participants admit that sometimes they use the term ‘middle age’ when talking about others, but never when talking about themselves and their position in the life cycle. This is understandable, if we realize that the term has only negative connotations for most participants, who refuse to identify themselves as middle aged and who might think growing older is a process that can be controlled by adopting a healthy regime and a ‘young’ lifestyle (Bond et al.,2000).

‘I think it is a concept that people have about other people, not a concept that they necessarily have about themselves’ (Kathleen, 47, British).

Only two of the participants in this research (Angie, 37, Greek and Frida, 35, German) who happen to be the youngest, identify with the characterization ‘middle age’. Angie points out some of the positive characteristics she associates with the term ‘middle aged’- namely, social and professional achievements - and Frida states that for her the term ‘middle age’ has negative connotations, but accepts that she is now in the life stage of mid-life and therefore a middle aged woman. Both participants are not British nationals, a fact which may help explain why they do not find the use of the term ‘middle age’ as threatening or insulting as do British women. The analysis of the variable of ethnic identity can be very significant in forming an accurate perception of how women view the life cycle (Blakemore and Boneham, 1998; Wray, 2007). Angie is Greek, as am I, and I should point out that according to my personal experience, in Greek culture the term ‘middle age’ does not carry as many negative connotations as it does in the UK. Middle aged women in Greece enjoy, for instance, more respect and power in their social and professional environment than younger women do.

‘I believe that I have achieved many things and that I have established myself, socially and professionally. So, I would say that I am middle aged now that I am in my thirties... Yes, I definitely feel middle aged and I agree that when you are thirty-five you are middle aged. I keep thinking and revising my life, so, yes’ (Angie, 37, Greek).

And:

‘I am afraid that I agree, it does start... even though... I am not middle age, I am young, but I do think it starts, I mean the way I see it once you hit the figure of the years that when you double them you die, I would think of myself as a minimum of life expectancy the seventies, so yes, unfortunately I would say yes, I am now at the middle of life, even so I'd say that personally I don't feel it’ (Frida, 35, German).

Another significant finding of this research is that participating women do not view middle age as an extended period in time that connects youth with old age, but rather as a short period of time just before old age.

‘People think it's half way through life, but I think it's more what happens before old age. Whatever happens before old age, to me it's like middle age... to me middle age is just before retirement, you know, before sixty something’ (Maureen, 36, Irish).

And:

‘A middle aged person is acting older. I don't think that there is such thing as middle age. I think that you are young and then you are old because I don't feel any different than I used to feel’ (Irene, 45, British).

Participants do not seem to see the need for the existence of an intermediate stage between youth and old age (Cole, 1992). For most of the participants ‘you are either young or old’, in other words you are either active, energetic and creative or settled in your ways, old fashioned, conservative and passive (Hurd, 1999).

An interesting outcome of this research was the fact that participating women, regardless of age group, associate middle age with a conservative lifestyle. According to them, a middle aged person is someone resistant to change, unwilling to try new things and to take risks, someone who has reached a stable condition in their life.

‘A middle aged person is a person whose life revolves around the same routine for years and years and who does not have a flexible life style, a person resistant to change, new experiences, especially new sexual experiences, a person with a conservative life style. It has to do more with life style than anything else’ (Nandine, 41, French).

And:

‘Slowing down, giving up, not being as enthusiastic about life, stop trying new things, stop broadening your horizons, you know, the world shrinks, there is a whole thing about memory, how memory gets as you get older... You are doing less new things’ (Laura, 52, British).

It is obvious that stability does not constitute a positive characteristic for participants of this study. They rather see it as a sign of passivity, lack of energy and interest in life, features of an attitude they associate with old age.

‘I think that when people are middle aged they have reached a stable condition in their lives, they have become more quiet, kind of not taking risks anymore, not changing, and I hope that I am not at that particular stage. I think that is probably a lifestyle thing’ (Kathleen, 47, British)

Participants in this research and in particular those belonging in the age group of younger midlife women also associate middle age with a particular look: a face with wrinkles, grey hair, extra weight, and frumpy clothes.

‘Well, I do not think that if you have no wrinkles or white hair people can perceive you as being middle aged, so in that sense a 50 year old woman who is wrinkle free and in good shape is not middle aged, while a 40 year old woman with wrinkles, grey hair and extra weight can be classified as middle aged’ (Nandine, 41, French).

And:

‘When we look for physical characteristics I'd say that a middle aged person may look tired, may have grey hair and a few wrinkles’ (Angie, 37, Greek).

The fact that participants of this research view ‘middle aged’ women as a homogeneous group, with shared life style, psychological and physical characteristics based on their common chronological age, and not as individuals experiencing ‘mid-life’ according to their personalities, past experiences and ethnic-cultural identity, may show how British and Western society in general feels about the ageing process (Bernard et al., 2000). The mass media tend to attribute homogeneity to the way people are experiencing the process of growing older, a process which to a great

degree depends on someone's idiosyncrasy and personal circumstances. This tendency to attribute homogeneity leads in turn in the creation and propagation of negative stereotypes about ageing, 'mid-lifers' and old people (McHugh, 2003).

It is worth emphasizing that participants' views of middle age and, more specifically, their views about when it begins, change according to their place in the lifecycle. For instance, a thirty-seven year old participant stated that middle age may start after forty or even later, a forty-five year old woman said that it does not start before fifty-five, and participants in their late forties and early fifties believe that it definitely starts after fifty-five or even sixty. However, let me point out that, as mentioned in chapter 3 of the literature review, the majority of participants' views are not in tune with the statistical data (NS, 2004).

'Technically, it starts around forty, I think when you are thirty-eight you can say it has not quite happened and I'd say it lasts until sixty-five or seventy, until retirement. I suppose when I say forty, that's how society constructs middle age. It's like a boundary between youth culture and adulthood' (Alice, 37, British).

And:

'I am 45 already and I feel exactly the same about myself as I always did when I was younger. When I was 30 I thought that middle age started at 45. Now that I am at that age I am thinking that when I am 55 I'll be middle aged. Now at 45 I don't feel any different at all than what I used to feel when I was 35...You cannot tell if someone is middle aged because people look younger. People tell me I look younger than my age' (Irene, 45, British).

And:

'Well to me it starts obviously at fifty...things have changed because of life expectancy. People used to die when they were fifty and thirty was of course the middle of your life' (Laura, 52, British).

And:

'Women today look fantastic in their fifties and sixties. I would say that middle age does not start before fifty-five or so because people live differently today' (Sharon, 54, Indian).

Participants belonging to the older age cohort point out that 'middle age' is an old fashioned term that was used in past decades to describe the life style, psychological features and physical characteristics of those who were not young anymore (Cole, 1992; Turner, 1996; Giddens, 2001).

'The concept 'middle age' is probably outdated...I think it is a concept I would apply to maybe my mother's generation' (Kathleen, 47, British)

And:

'I don't think I'll ever use that term. No, no I don't. I actually think that the notion middle age existed in the fifties' (Jennifer, 47, British)

And:

'Occasionally when you give a description of somebody and it is a little difficult to explain their age you say middle aged, after fifty... It has to be around this time I would say, around fifty, absolutely because I think that after fifty and sixty people are very different. When I describe someone as middle aged it is looking about fifty, fifty-five, yes. I would never refer to a thirty-five year old as middle aged' (Miriam, 49, Spanish).

5.2 Milestones and Female Sexuality

As I have explained in chapter 3 of the thesis, the medical model which is still prominent in our culture presents the ageing process as a series of clear cut stages. Consequently, there is a creation of hierarchies in women's lifecycle based on physical events, such as menstruation, pregnancy, childbirth, and menopause (Benhabib, 2005). One aim of this research was to understand whether participating midlife women view these physical stages as significant moments in their lives and as events that shaped their personal identity. Feminist writers highlight the fact that not all women choose to go through the stage of childbearing. It is also reasonable to assert that, in reality, ageing and the changes brought with it do not have a clear beginning,

and that successive 'stages' of ageing are experienced differently (and at different times) by different women (Harding, 1986; Haraway, 1991; Segal, 2000).

From the fifteen participants of this research eight have mentioned as turning points and markers in their lives events that are linked to their female sexuality and female identity like their first menstruation, motherhood and the menopause. Seven participants have talked about events which related to their personal choices and experiences, such as the death of a parent, leaving home, migration, getting their university degree, being in a permanent relationship for the first time or buying their own house.

'Yes, becoming a mother was a milestone. I mean it was quite unexpected as well because I had always been a little ambivalent about having children mainly because I was into things that I loved, you know, travelling, I liked the things I had and I delayed, so I was in my late thirties when I had my children. Yes, it came as a shock to me... The sheer enormity of the emotional bond that you have with your child; it was amazing. It's still amazing. I think it is emotionally perhaps the biggest experience. It's very difficult having a family; having children is something that changes your life completely' (Miriam, 49, Spanish).

And:

'I had my first period when I was nine which is ridiculously young, really, really, really young, so I was very... that was difficult. I think that girls who look like women but who are really girls, I mean I was a thirty-four D when I was nine! (Emphasis). I looked like I was fifteen... I definitely had a woman's body. That was difficult, you know... Yes, it was a massive marker for me' (Laura, 52, British).

The participants of this research did not appear to experience a radical separation between themselves and their bodies (Martin, 1993). They rather emphasize how these physical changes became part of their identity, how those events affected the way they think about themselves and the ways in which such phenomena were integrated into the formation of a changing, developing, self. It seems on the contrary that for the participants of this project such biological events as menstruation, birth

and menopause are very important for the formation and shaping of their personal identity and, in that sense, an integral part of it.

Laura and Miriam talk about two physical events which are different in nature in the sense that, while Laura had no control over the timing of her first menstruation, it was Miriam's choice to have children and to have them later in life. Giving birth is a physical event, but is not completely out of a woman's control, as is the case with menstruation and the menopause, since in most cases giving birth is based on the conscious decision of two people to have a child. However, both women speak about these biological events, the emotional changes and the changes in terms of personal identity they brought with them, in a similar manner. They emphasize the shock, the surprise, and the awe they felt as a result of the impact that these events had both on their everyday lives and on the way they thought about themselves.

5.2.1 Personal Experience

'I would call milestones, for example when I finished my degree, when I finished my PhD another milestone, when I moved to England, definitely a milestone, losing my father and my brother were milestones as well because a milestone is something that marks you. I used to live with an Englishman for ten years and we are very good friends now - when we decided to live together it was a milestone and when we separated I think it was one as well. A milestone is something that has an impact on the way your life develops' (Anna 39, Portuguese).

And:

'Being a responsible citizen and buying a house, the sort of commitments in life and making a commitment, being, working on a relationship, possibly more significant as well' (Deborah, 38, British).

Anna lists as milestones both events and actions which are based on her choice and achievements, such as getting her first degree and then her PhD, migrating from Portugal to the UK, being in a permanent relationship and later deciding to separate,

as well as certain natural events, namely her father's and brother's deaths which, although being out of her control, deeply influenced her sense of self.

According to Deborah, making commitments in life, such as buying a house, becoming a responsible citizen, and being in a permanent relationship, 'life style' decisions, in other words, constitute important life milestones which shaped her personal identity. Both participants avoid listing biological events as being significant for the formation of their personal female identities.

What becomes evident from the account of participants of this research is that, for midlife women, changes that have to do with their sexuality and female nature are not more significant than changes that are linked to their personal experiences. In most cases, women refer to events which they consider to be markers and turning points in their life regardless of who or what caused these events, whether it is the result of a physiological process (e.g. menstruation), of life circumstances (e.g. death in the family), or personal choice (e.g. migration). Participants do not present a hierarchy where certain life changing events (e.g. those resulting from personal decisions) are considered more valuable than others for the formation of their personal identity (cf. Benhabib, 1996 and 2005)

5.2.2 Menopause

The older midlife women who participated in this research seem to agree with the view that the menopause is a 'turning point', a milestone that marks and shapes their personal identity and signifies their 'passage' from youth to middle or older age (Sheehy, 1997; Gullette, 1997; Bernard et al., 2000). They have talked about an 'end of possibilities', a 'second phase', a 'scary period', a transition to an unknown physical and psychological 'state' that may make some participants feel depressed, old and insecure about their femininity, sexual attractiveness and female identity (Mackie, 1997)

‘As you grow old I think that sometimes you lose your confidence. When you get menopause sometimes your confidence goes. You have to get back your confidence. You have to do little things to get your confidence back. You have to think that you are smart and you can cope. I had a hysterectomy when I was quite young and the doctors didn't prepare me. The nurse suddenly tells me ‘you'll start going through menopause’. And my mother died at that time... You know women are not prepared because with your hormones your emotions are up and down. I think it is a very scary period in a woman's life. It is the scariest thing to go through. When you get through this, I think you get your confidence back and then you are able to do your things. While you go through it you feel... for me it was the scariest thing in my life. Even more than having babies’ (Sharon, 54, Indian).

And:

‘I think that the fact I am not particularly keen on learning about it, reading about it, getting better informed, is because I probably do think that it is going to be a milestone. It does mark an ending. An ending of possibilities. In terms of fertility. Not that I am in a position to get pregnant because I probably couldn't carry a pregnancy but I can see why it (menopause) becomes a big thing’ (Esther, 48, British).

Esther, although not able to have children due to health reasons, points out that the menopause and the physical changes it brings with it are very significant to a woman's life in terms of fertility and everything that fertility symbolizes. Some participants who associate the menopause with fertility feel that the end of the possibility of reproduction is solely something negative even if they already have children or even if they are not able to have children. (Gullette, 1997)

Other participants -both younger and older middle aged women,- also view the menopause with fear and anxiety and it seems that in their minds menopause is firmly associated with getting old.

‘I do worry about menopause and I don't want to think about it. I believe that everything changes with menopause. I also do not think about old age right now. It's something unimaginable’ (Irene, 45, British).

And:

‘I recently had two miscarriages since I’ve had my son which I would say is really quite traumatic and also I am very concerned about the fact that I am getting older and having that happened because I am getting older... I think I will be quite aware of it (menopause) because it affects your fertility and you cannot have a child and I am sure it happens to most women subconsciously as there are certain times or periods in the month when a cycle, you've got hormonal changes. I think it must affect the way you think of yourself’ (Deborah, 38, British).

Both Irene, a mother of an adolescent girl, and Deborah, a mother of a young boy, although in different age groups, seem to link menopause to getting older. Irene admits that she worries a lot about both experiencing menopause and old age and Deborah associates her problems in having another child with the fact that she is now middle aged. Deborah also points out that having regular periods (in other words, being young and fertile) influences the way she perceives herself (Granville, 2000)

However, this is not always the case. There are among the participants those who have a very different view of the meaning of the menopause for their lives:

‘You know, I have some friends who can't wait for their periods to stop, they think that to never have a period again would be fantastic and I look forward to not having periods, definitely’ (Laura, 52, British).

And:

‘Yes, I have thought about it; I can't say I worry about it, it is just a logical thing, you know, what would it mean? I don't think that I have to miss work because of some sickness, I don't think it means anything like that, and psychologically has no meaning for me. My partner has had a vasectomy. I associated it with infertility, so I think of infertility. I had my child when I was thirty-six, my only child was born and my partner got sterilized because we made a joint decision that we wouldn't have any more children and now we can't, so infertility is not an issue’ (Elaine, 46, American).

It appears that for some women menopause may be a relief (Benhabib, 2005). Laura and Elaine are professional women whose sense of self esteem is not grounded exclusively in their youth and feminine attractiveness, but also in their professional skills and achievements, which grow with experiences. For them post-menopausal

experiences and the sexual freedom that comes with menopause may be very rewarding (Pines, 1994).

In the case of younger midlife professional women this attitude can be evident in their comments about the menopause where it is clear not only that they are not preoccupied with the menopause but also that they feel confident they can deal successfully with its symptoms when time comes.

‘No, menopause certainly not. It’ll come, I’ll deal with it’ (Frida 35, German).

And:

‘I do not think that menopause is very close to me right now, I hope it isn’t. I am a little scared because of all the awful stories about the physical symptoms but I am also curious to find out how is life without periods. I might like it, I might enjoy life more without periods’ (Nandine 41, French).

There is tension in Nandine's account since she apparently expresses contradictory feelings. On the one hand she feels scared about menopause and on the other hand she is curious to see whether her life would be more enjoyable without periods. It seems that the participant has internalized negative feelings about menopause due to all the negative conceptions prevalent in Western society about menopause and menopausal women (Roberts, 2002; Benkimoun, 2004) However, Nandine is a career woman with an active, interesting professional and personal life and she is confident that she will continue to enjoy herself after the menopause.

A significant finding of this research was that younger midlife women who have not yet experienced any menopausal symptoms have their mother's experience to rely on, in their attempt to understand and to imagine how life without periods might be. In most cases participants who are worried or afraid about menopause have had to deal with the negative feelings and attitudes of their mothers who have experienced menopause as a traumatic event, both physically and psychologically, which changed their female identity in undesirable ways. These participants' conceptions and

expectations of menopause are directly linked to their mothers' experiences of menopause:

'Well, my mother (laughter) she's had menopausal symptoms for nearly twenty years, quite serious ones and so I see the impact that has in her life. I haven't got any close friends who talked to me about it' (Alice, 37, British).

And:

'My mother also...she is in her seventies now, she is seventy-five and I think I remember when she was going through menopause; she was awful. I was around my mother quite a lot, it was a very difficult time, I think she was in her fifties and I remember that it took a significant amount of our lives the fact that my mother wasn't very well' (Maureen, 36, Irish).

In cases where participants have seen their mothers experiencing menopause as a natural event that did not have a negative impact on their female identity, health, and sexuality seem more confident and relaxed about the process of menopause and less anxious about the future:

'My mother did not go through menopause before her mid fifties and dealt with it very well. She did not have most of the scary symptoms we hear about. I do not remember her complaining or talking a lot about it. I think that she was glad that she had regular periods until her mid-fifties because her younger sister went through menopause in her early forties, so I guess that my mother thought it was a natural process. I hope that the same will happen to me' (Nandine 41, French).

Another factor that seems important is how fit and healthy participants are, how, in other words, they feel about their body image (Shangold, 1994; Todd, 1998). Frida sees menopause as part of a natural process that can be dealt with the use of appropriate medical advice and medication. She attributes her lack of anxiety and fear first of all to her mother's experience and secondly to the fact that she enjoys painless periods and is physically fit. Frida feels confident that when menopause starts she will be able to deal with it successfully, and gives the impression that she believes menopause is under her control the same way her body is. Here is her account:

‘[My mother went through menopause] without any fuss whatsoever, the only change I think was that it caused a bleaching of calcium, so she was on those hormone tablets... I'll go get the advice I need. I think part of the reason why I don't worry is that I don't have any period pain at all, it's not something I feel scared about and I am physically very fit’ (Frida 35, German).

The discussion of menopause aptly shows how the body is implicated in the experience of middle-age. However, menopause is not the only, or even the most crucial point of intersection between female identity and awareness of one's bodily existence. There are a whole range of other issues of great interest to feminists, social scientists and psychologists which can be more fruitfully analyzed under the general heading of body image. To these issues I shall now turn.

5.3 Ageism

Participants of this research, regardless of age cohort, have said that British society is an ageist society and have given a variety of examples which highlight the existence of ageist stereotypes (Johnson and Bytheway, 1993). The accounts that follow prove that the power of visual imagery in shaping people's views about midlife women should not be underestimated. Participants seem to agree with the view that prevailing public images of the ageing body influence our personal perceptions of old age and our attitude towards old people (Featherstone & Hepworth, 1993).

‘My mother -in-law used to present on TV. And when I met her she was coming up to fifty and she said that-it's just extraordinary- that on a regular basis they'd get letters from viewers asking to take her off...and they did take her off- it's amazing- and on to production. Things have changed since then, in terms of news readers for example, but chat shows still use very attractive young women, because for them a woman is considered old at the age of forty-five’. (Jennifer, 47, British).

And:

‘Definitely we live in an ageist society. There is this television programme ‘Ten years younger’. Why do you want to look ten years younger, why? Helping people get happier is one thing, but ten years younger, why would you do that? It doesn't make sense, you are who you are. I am not saying, don't

ever try to make the best of yourself, but what makes you feel good of yourself, not what makes you look good in the eyes of other people, there is a massive difference'. (Laura, 52, British)

Both participants are using the example of television programmes in order to prove their point. This is indicative of the power of television compared to other means of mass communication (Johnson and Bytheway, 1993; Bond et al., 2000).

The television programme called 'Ten years younger' (ITV, 2006) is mentioned by Laura and also commented on by other participants. In each episode a female participant, after being subjected to criticism and ridicule by members of the public and by various 'specialists' (stylists, make up artists, cosmetic surgeons etc.) who are invited to comment on her looks and age, is supposedly 'metamorphosed' into a ten year younger version of herself through a number of surgical procedures, stylistic and make up changes. At the end of the episode she parades in front of the television audience armed with brand new clothes, hair and make up and changes to her body parts. All my research participants who talked about this programme have been very critical about its content and the ideas it promotes and about the way the female body is exploited and manipulated in order to fit with the beauty and youth ideals promoted by Western advertising industries (Bartky, 1990). What participants have said constitutes evidence for the theory that female bodies are more likely to be targeted by the cosmetics and diet industries and to be portrayed as deficient and in need of repair than male bodies (Wolf, 1991; Grogan, 1999 and 2008; Bordo, 2003; Jeffreys, 2005). 'I mean the media in this country is so obsessed with youth. You see fashion, and the advertising and celebrities, I mean the television is sickening. There is an obsession with body youth, with body perfection, with youth, I think it's quite sad. I don't think that in Spain there is such prevalence'.

(Miriam, 49, Spanish)

Participants from non-British cultural and ethnic backgrounds often comment on the fact that, where they come from, the glorification of youth and the negative stereotypes about age are not as dominant as these are in British society. Miriam uses the examples of the fashion and advertising industries and of television to explain that

British culture has been manipulated by the media into a youth adoring culture whose main ideals are those of body perfection and eternal beauty at all costs (Bordo, 1993; Jeffreys, 2000 and 2005).

It is interesting to note that most participants who were critical about the role of the mass media in the way women are portrayed in British culture belong to the age cohort of older midlife women, namely those aged from 45 to 54 years old. What this suggests is that the older participants are, the less they are able to identify with images of women as these are presented by the mass media in general, and the more aware they are of the way the female body is exploited by the fashion and advertising industries (Bartky, 1990; Wolf, 1991; Giddens, 1991; Woodward, 1991; Bordo, 1993; Bernard et al., 2000; Budgeon, 2003).

However, it would be wrong to conclude that women who are critical about the way the female body is presented by mass media always remain unaffected by these dominant societal views and assumptions about women and about ageing, and are always able to resist the temptations that the fashion and cosmetics industries offer (Davis, 1995; Bordo, 2003; Budgeon, 2003). Some of these women when asked about the methods and techniques they employ in order to prevent or to cover up the signs of ageing have mentioned that they use expensive cosmetics, make up, hair dye, the 'appropriate' clothes, and even plastic surgery in order to look good for their age.

5.3.1 Attitudes towards older people

Participants also talked about social attitudes and the general tendency prevalent in British society to ignore, to devalue or to mistreat older people (cf. Lesser, 1998). It is interesting to note that participants who talk about ageism belong mainly in the age group of younger midlife women, namely those aged from 35 to 44 years old. Older women, who may have experienced ageism more often than the ones belonging in the younger group, in order to avoid victimization appear sometimes reluctant to talk

about this issue, as they might find it too difficult to deal with. There is also the possibility that older participants might be unwilling to talk about something so sensitive and painful because they do not wish to elicit unpleasant memories. We may assume that younger midlife participants distance themselves from the distress of ageism, since they see it as something that concerns women many years their seniors. For these women ageism is something that other people have to deal with.

‘I don't think there is a lot of acceptance of the fact that there are different stages to life, I don't think that there is really acceptance. I think that in traditional societies older people had a role to play more than they do now when they are elders. I mean they had like, they were paid attention to, given attention because they had experience and they had wisdom and I don't think that we care enough for our old’ (Maureen, 36, Irish)

And:

‘There is no respect for older people, especially women, and British are worse than us in that. In France there is more respect for old people, at least where I come from which is a traditional society. In Paris things are different... We live in a youth oriented culture and everybody who is not very quick, alert or modern may upset our hectic life styles. We cannot easily tolerate old people, we are afraid of losing our pace or perhaps we are afraid of old age and mortality. Pictures of old people upset us because they remind us of illness and death. It is very scary, so we reject it altogether - Old age, death, illness, dependency’ (Nandine, 41, French)

It is worth noting the comparison made by Nandine between British and French society in terms of ageism. From what she says, however, it seems that ageist attitudes towards old people between these two societies are a matter of degree. She speaks of Western society in general and, whilst she recognizes there is a problem, she does not distance herself from it but, on the contrary, identifies with the way people who have negative views and attitudes about old age feel and think. She speaks as if it is inevitable to have such attitudes since we all share a youth oriented culture (Granville, 1992; Bernard et al., 2000). It is evident from Nandine's account that in Western

societies we cannot ignore the influence of the bio-medical model in shaping people's views about old age (Featherstone and Wernick, 2003).

5.3.2 Ageism in the workplace and personal experiences

All but one of the participants of this project stated that British society is an ageist society. They have talked about professional situations and have offered a variety of examples from the workplace to support their view:

'I think there is ageism in all sorts of ways. Culturally men and women are judged by these standards and I think there is also institutionalized ageism that has to do with jobs, career and so on... They'll make comments and they'll judge you in respect of things like stamina, values and outlook. I think that generally there is the assumption as people get older that they get more fixed and less able to adapt and I don't believe that's necessarily the case'. (Alice, 37, British)

And:

'I am hoping that in the future and with all the initiatives that are happening through the government older people are valued more than what has happened so far. So, I am hopeful for the future, you know, that people work longer, they can go back to work after they retire, but I do see at the moment that there is something like ageism, as I said I haven't experienced it myself, personally or in the environment I am living or working, I am hoping for my future when I get older... I think a law is coming into place as well.' (Frida, 35, German).

As we can see, younger midlife women, although aware about ageist attitudes in the work place, are mainly worrying about their future and are not referring to present situations. While these women may have been witnesses to injustices in the workplace due to ageism (Arber and Ginn, 1991) they have not personally experienced such injustices.

'I get annoyed when people ask me my age because I want to prevent them from drawing conclusions based on my age... I avoid giving my age. I tell people who ask how old I am, my age, if I am sure that they don't have a hidden agenda, it has to be clear why they ask me' (Angie, 37, Greek)

It appears that it is not always clear to participants whether some kind of behaviour is ageist, and, since most people will not admit to it, participants who want to protect themselves from ageism know that they will have difficulty proving it (Lesser, 1998). Sometimes participants talk about ageist attitudes and practices which affect their professional and social lives without realising it. In some cases they even state that they have never experienced ageism on a personal, social or professional level while at the same time offering evidence for the opposite:

'I haven't experienced ageism. My own experiences are not negative. I know that in school they prefer to hire very young people in order to pay them less than older people but apart from that I haven't, not really' (Irene, 45, British.)

This may happen because participants either refuse to deal with the painful and diminishing experience of ageism, or because they do not understand in depth the issue of ageism in all its dimensions. In the case of Irene one might get the feeling that she fails to see the connection between her personal situation and a general discriminatory practice against both younger and older teachers, based on age. Teachers of younger age are underpaid and teachers of older age have difficulties to find or retain a job (Arber and Ginn, 1991).

With the exception of Kathleen, a 47 year old British woman, participants, while eager to talk about ageism in general -in terms of practices and social attitudes - ,could not relate an incident where they had been the targets of ageist comments and behaviour or the victims of ageist policies. As I have mentioned in the previous section, this can possibly be explained by the fact that ageism is a sensitive issue for women, and its admittance on a personal level could make some participants feel uncomfortable, since it could elicit painful memories (Bernard et., al, 2000). From Kathleen's account it is obvious that although she has no doubts that she was refused a job due to ageist preconceptions, she states that people would not admit to it, a statement which shows that discrimination based on age is difficult to prove (Lesser, 1998). Here is how Kathleen herself puts it:

‘Well, I just didn't get a job and I think that partly they wanted a younger person. Even though I have a lot of experience I think that they preferred someone new coming in. I suppose that it has to do with age. But if the new person had been my age and well qualified I wouldn't mind. So, definitely there is some ageism but I believe that people wouldn't admit to it’. (Kathleen, 47, British)

One of the participants has also mentioned that after a certain age it is very difficult for older midlife women in the UK to find a job but she has not linked her comment to personal experiences:

‘There is definitely ageism against the old in our society. I think you can see that professionally because women in their fifties cannot find jobs. I think it's only supermarkets like Sainsbury's and B&Q that are employing older women. I think that in a regular job people are very ageist’. (Sharon, 54, Indian)

5.3.3 Gendered Ageism

Some of the participants do admit however they have felt prejudiced against other women on the basis of age, especially in their job environment.

‘I think women are ageist against other women as well. Sometimes I think even I am and I think that it must be subconscious. It's when you think afterwards that you realize how awful it is but I think that it happens’. (Sharon, 54, Indian)

Participants have said that in certain occasions they feel that a woman is inadequate for her post, simply because she is too young for her job, or too old, conservative, and old-fashioned.

‘I myself have observed myself being ageist which I find very worrying. ..I've been assessing this issue because it's illegal now(laughter)... It's the assumption you make about somebody. That is considered illegal, is as if someone is black and you treat him differently. It is a stereotype... So, I've grown to think that I have to be careful about students and age is not the thing, it's their experience and their past and I am thinking also about the staff, and I am trying to be very respectful with older staff, because I have noticed that sometimes I am not very respectful with older staff’ (Elaine, 46, American).

It is interesting that Elaine admits to having ageist thoughts and feelings both for younger, in the case of students, and older women, in the case of older staff. During her interview she has acknowledged of making assumptions about students' 'lack of experience and emotional maturity', while at the same time assuming that older staff do not respond as readily and satisfactory to her queries due to the supposed 'mental deterioration' that accompanies ageing (Evers, 1981; Lesser, 1998). These stereotypes may stem from the prevalence of the dominant medical model (Kane, 2000) and negative theories of ageing (Oberg, 1996 and 1999); such theories tend to emphasize the negative aspects of ageing such as ill health, physical and financial dependency, depression, decrepitude, loss and so on and to concentrate on the biological aspect of growing older while ignoring the psychological maturity and experiences that may come with ageing (Bernard et., al, 2000; Roberts, 2002)

Both Sharon and Elaine said that their ageist thoughts and attitude make them feel embarrassed but it is not clear, especially in the case of Elaine, whether they realize that their behavior is based on wrongly formed stereotypes about young and elder people or whether they still believe they are justified in attributing these stereotypes to both age categories (Evers, 1981).

According to the participants' accounts there seems to be a 'right' age in Western culture. People who are either younger or older than this 'right' age cannot claim the benefits stemming from being at this 'ideal' stage of the life cycle, since they are viewed by others as either immature and inexperienced or as old fashioned, settled in their ways and even intellectually 'slow' (Lesser, 1998).

'Yes I do and I have got prejudices about women who dress way outside their ideal age dress category. So if I see, lets say a woman in her mid or late fifties dressed like twenty something with a cropped top and a short skirt type, that's not... I think that a very young woman can get away with a mini skirt, high heels and a short, cropped top and it can just be tasteful but often it isn't...but this is also gender, I suppose it could just happen with men but I wouldn't make the same judgments' (Alice, 37, British)

Alice's account provides also evidence for the existence of a double standard in British society according to which women's ageing is judged more harshly than men's (Sontag, 1978). Many of the participants said there are 'age appropriate clothes' for different age groups of women (Wilson, 1985; Wolf, 1991; Jeffreys, 2005). Midlife women who are dressed outside their 'ideal dress category' are heavily criticized by other women of the same age cohort. Most participants who talked about this issue stated that a middle aged woman should avoid both revealing clothes -as those are only appropriate for young women - and old fashioned, frumpy clothes - as those are good for women over 60 (Brownmiller, 1984). While some participants may not realize that such comments may constitute an indirect admittance of ageist views and attitudes, for Alice it is clear that such thoughts qualify as gendered ageism. One may think that there is an internalization of society's prevailing assumptions about women and about age and this internalization does not leave participants of this study unaffected. (Bernard et al., 2000).

5.3.4 Social ageism and the double standard hypothesis

I questioned the participants' views on the 'double standard of ageing' according to which women in Western society are not permitted to age in ways that men are (Sontag, 1978). All participating women confirmed that there is a double standard of growing older in British society, according to which women are not permitted to grow older in the same ways that men are. The most common example participants offered was that it is acceptable for men to have as partners younger women, and that it is easier for them to find attractive partners regardless of their age cohort. On the other hand, participants said that it is very difficult for midlife and older women to find a suitable partner and that they usually have to go out with men who are many years their seniors, since their contemporaries seem to prefer younger partners. Participants' accounts of experience are in agreement with the outcome of Bytheway's (1995)

research, according to which the male is the older partner in the large majority of heterosexual partnerships.

‘It’s not only that men are allowed to age differently, there is a double standard because a fifty year old man can still be judged attractive for all sorts of characteristics but fifty and sixty year old women are solely judged by their age, by their looks, not by any other characteristic... they are not judged in the way they would be if they were women’ (Alice, 37, British)

And:

‘I think it’s much more acceptable for example for older men to have younger women partners and I don’t think it’s that acceptable for younger men to have older women partners.’ (Maureen, 36, Irish)

And:

‘In terms of ageing they have it better of course. Nobody thinks that a 45 year old man is old, nobody thinks that a 40 year old man without a permanent relationship is stupid or a failure, or desperate, nobody finds it strange that 60 year old men parade around with 30 year old women. At least men don’t’. (Nandine, 41, French)

Alice, Maureen and Nandine believe that the ‘double standard’ hypothesis (Sontag, 1978) is right and the argument they use to support this is that it is socially acceptable for men to choose as sexual partners women who are many years younger than they are, while the same is not acceptable for women. Nandine also points out that we do not easily accept younger midlife women without a partner, and that their situation provokes either pity or criticism, and is considered a failure on their part.

In addition, in the example that follows the participant claims that it is difficult even for younger midlife women to find a partner who belongs in their own age group, since younger midlife men –always, according to the participant - prefer as sexual partners younger women. Anna implies that biology has something to do with her claim that younger midlife men prefer young women, since a woman approaching 40 is not capable of producing offspring as easily as are women who have not yet entered midlife. One may say that her way of seeing things is influenced by the bio-medical

model and the age categories imposed on us by it (Berger, 1999; Bernard et al., 2000; Clavel-Chapelon, 2002; Roberts, 2002; Benkimoun, 2004). According to this model, there is homogeneity of ageing regardless of race, ethnicity, cultural background, class, and personal idiosyncrasies.

‘I am thirty-nine and single, I am not in a relationship and I don't have children. Now if I am a woman that wants children, you start thinking and if you are lucky to find somebody...you know what I mean? ...If you are a guy you don't feel this pressure. They can afford to wait. The other advantage is that they find partners easier. There is more likelihood for a guy my age that he is going to find a partner; because men my age or men older can go for younger women’.(Anna, 39, Portuguese)

Another example offered of the existence of the double standard is that both men and women are critical of women who dare to show grey hair in public or who are overweight, since both grey hair and extra weight are viewed as a sign of ‘letting one's self down’ and of ignoring social norms (Bordo, 1993). On the other hand, participants point out that people rarely comment on a man's weight or appearance, not to mention the stereotype of the charming, successful midlife man with the grey hair. Men are judged for their professional and social success while women are also judged for their looks (Brownmiller, 1984; MacKinnon, 1989; Bartky, 1990; Gerike, 1990). In Western patriarchal culture, ageing is more frequently regarded as problematic for women than for men (Bordo, 1989; Wolf 1990; Holland 2004).

Participants of this research seem to agree on this point with feminist writers. Here is what they have said:

‘Men can grow white hair and most of them do and have white beards and they are seen as kind of, I don't know, I was looking at the awards, the BAFTA awards and some of the men that came on had white hair and so on and there was something of the elder of the community about them. They were people in their late fifties and sixties and so on and there was air of kind of you know, elder of the tribe which sometimes I don't see in a comparable situation with women... For them signs of ageing... reinforce experience and maturity; while these signs of ageing for a woman could be a sign of ‘oh, look at her, she is old’ ’ (Miriam, 49, Spanish)

And:

‘I always had partners who, I suppose aren't as fit as they could be (laughter), might be classed as overweight men and yet they are not judged as such really. I suppose people make comments on them but they are not judged in the way they would be if they were women. And also they might be two stone overweight and aware of that and quite self-conscious about it and then they'll see a woman who is two stone overweight and they'll comment on them and I'd say (laughter), you know, people in glass houses shouldn't throw stones’ (Alice, 37, British).

The existence of a double standard of ageing, in which women are judged differently than men, is evident in both accounts. In Western consumerist patriarchal societies, the male, white body still stands as a norm for all, while the female body is a body in need of constant repair or maintenance in order to fit the ever changing ideals of beauty and fitness imposed by the fashion industry (Bartky, 1990, Bordo, 2003; Jeffreys, 2005). Men judge while women get judged.

We accept today that a positive body image is significant for a positive self image, which is considered by many an inextricable part of modern personal identity (Taylor, 1989; Giddens, 1990 and 1991). As Turner has argued, in modern society the self is a ‘representational self’, whose meaning and value is ascribed to the individual through their body image (Turner, 1992 and 1996). It is therefore natural to expect that the way women feel about their body image will influence their sense of self, or, in other words, the way they feel and think of themselves. The research conducted for this project appears to corroborate that theoretical hypothesis, while my data analysis shows that how exactly body image is implicated in the formation of personal identity may vary greatly, along the variables employed in my research.

5.4 Summary

In this chapter I explored participants’ views on the standard classification of the life stages by social scientists. It seems that the term ‘middle age’ has only negative

connotations for the majority of participants. Only two of the fifteen women, who happen to be non- British and the youngest participants in this research, identified themselves as middle aged. Contrary to what scientists say, middle age is not, according to the participants, the life stage which connects youth with old age, but a short period of time before old age. When questioned about milestones that have marked their life so far, participants have talked both about milestones linked to their physiology and milestones linked to personal experiences. Contrary to popular views propagated by the bio-medical model, participants consider milestones linked to personal experiences or circumstances to be equally if not more significant for the shaping of their female identity as milestones linked to their physiology.

Finally, when asked about the issue of ageism, participating women have talked about the existence of this phenomenon in the workplace and in their social life, admitting at the same time that they are sometimes behaving in an ageist way towards both younger and older women; in this way they provided evidence for the existence of gendered ageism, an issue which is particularly under researched. Participants have also talked about the double standard of ageing existing in Western society, and have provided as examples of its existence both the fact that men are 'allowed' to show grey hair in public, while women are heavily criticized if they do so, and the fact that middle aged and older men are 'allowed' to date women many years younger, something which, although things are changing, is not yet as easily accepted for middle aged women, at least in most European countries.

6. Body Image in Midlife

6.1 Women's perceptions of their bodies

In this chapter I shall present an examination of the participants' accounts of how they think and feel about their bodies, what kind of techniques they employ, if any, in order to 'look good' for their age or to minimize and cover the signs of ageing, and their views and experiences on the issue of surgery for cosmetic purposes.

We accept today that a positive body image is significant for a positive self image, which is considered an inextricable part of modern personal identity (Turner, 1996). As Turner has argued, in modern society the self is a 'representational self', whose meaning and value is ascribed to the individual through their body image. It is therefore natural to expect that the way women feel about their body image will influence their sense of self, or, in other words, the way they feel and think of themselves. In the account that follows the participant admits exactly that:

'Changes in my body relate to how confident I feel about myself' (Angie 37, Greek).

Taking this as a starting point we can perhaps understand Bartky's (1989) view that in patriarchal societies body monitoring and manipulation relate for women to issues of control. Another participant in this project, in recounting how problems in her marriage affected the way she perceived her body before and after her relationship reached a critical point, indicates the subtle, yet all important relations between what is considered (in)appropriate and (un)desirable for a woman in Western societies:

'He's found that wonderful woman, everything I wasn't, and then things changed radically. I lost weight. I've got my body back and that transformed everything. Certainly, I know I became more attractive to him and also I became more loving because of that. That was huge. I know I have aged, I know I have changed, but I do feel now that my body is more under my control than it ever was' (Jennifer, 47, British).

Jennifer talks not only of the way her husband's attitude towards her changed since she lost weight, but also about how she became more loving, how, in other words, the way she felt about her partner and their relationship was influenced by the way she felt about her body image - how her good feelings about her body were projected in the way she felt about her relationship. Jennifer's account shows the expectations that a middle aged woman in British society faces, in other words the expectation to retain her youthful body and weight and to stay in control of her feelings under any circumstances (Wolf, 1991; Budgeon, 2003). Retaining a thin, beautiful body is a sign of being in control not only of one's looks but also of one's relationships and life (Bartky, 1989).

Jennifer thinks that her weight loss empowered her and seems to believe that this new, empowered self stems from her new slimmer body. In addition, it is important to note that in consumerist patriarchal societies a female's sense of well being and control is often linked to the way the male gaze focuses on her body (Foucault, 1988). Whether the male gaze is that of admiration, indifference or disapproval appears to be directly related to how women perceive their own bodies and to how satisfied they are with their self image (Wolf, 1991). As Bartky (1989) points out, women in patriarchal societies learn to control their bodies and at the same time to manipulate their desires, needs and feelings. In some cases - as is evident in Jennifer' discourse - they may also believe that by controlling their body weight and shape they can control not only their feelings and desires but also other people's feelings and reactions towards them and, hence they change the future of their relationships.

6.1.1 Younger midlife women

In this research I was interested in examining whether participants belonging in both age cohorts, namely younger midlife women, from 35 to 44, and older midlife women, from 45 to 54, are aware of changes in their body image due to ageing and if they are, how they react to these changes. Younger midlife women definitely think

often about the issue of body image, but not in a homogeneous way. They do all admit to being aware of certain body shape and weight changes. Some of the participants perceive these changes as negative.

‘I think that the only area that's changed a bit is my stomach, it's got bigger and that wouldn't fit with some of the clothes, some of the trousers’ (Alice, 37, British).

However, this is not always the case. Four of the seven participants belonging in this age group have said that now they feel more comfortable with their body image than they used to when they were younger. Some of them state that the positive feeling is due to exercise and a healthy lifestyle (Deem, 1986; Green, 1998; Markula, 2003).

However, in most cases participants expressed satisfaction with those changes, because they felt that their body has become more sexual and feminine. The acquisition of a fuller and curvier figure, due to the ageing process, is experienced by younger midlife women as something positive.

‘It's changed quite a bit for the better I guess. When I was a teenager, I was very tomboyish and I did everything to not be a woman and it's taken me a long time to come to terms really with the shapes, the womanly shapes, the curves,... I feel more sexual, sexier... if anything has changed it is the bit of sex appeal’ (Frida, 35, German).

It is also worth stressing that in some cases there is tension between different parts of a participant's discourse on this issue. Maureen, for instance, talks about the negative body changes that she experiences as a result of growing older, such as weight gain, but at the same time she admits that because of these changes she has acquired a curvier body and that this fact makes her happy.

‘Yes, I don't feel as youthful as I used to, I don't feel as youthful. When I look at my body I think it doesn't look like a young person's body anymore... I started thinking about it in relationship to things like wanting to find a partner, wanting things like stability and wanting to have a child and I thought whether changes in my body would make me still attractive to people. I was always quite tall and quite slim but I didn't quite have a womanly figure and I think since my metabolism has slowed down, and now, well I do to some degree watch what I eat, when I didn't use to do that, and now I have a more

curvy body and I quite like that. It's a positive thing (laughter) because I wasn't used to it and now I am not the shape that I were' (Maureen, 36, Irish).

One explanation for this tension in Maureen's account may be that her way of thinking is influenced by the ideal of slimness promoted by the fashion and advertising industries, in which the female body should be thin regardless of race, age, or body shape (Gerike, 1990; Wolf, 1991; Budgeon, 2003; Bordo, 2003; Jeffreys, 2005). Maureen enjoys her new curvier body shape but at the same time due to the societal ideals she has internalized she feels uncomfortable with her changing body.

6.1.2 Older Midlife Women

It appears that although participants belonging in this age group spend a lot of time thinking about their body image they are in general relaxed and accepting about their bodies. Realizing that their weight or shape has changed due to ageing does not necessarily mean that these women feel bad about their body image or that they used to feel more comfortable when they were younger. The majority of participants in this research do not seem to agree with Bordo's (1989) point that since body shape changes due to ageing and weight gain have for women undesirable consequences, no measure is too extreme when these unwanted changes need correcting, covering or even erasing. It seems that feeling comfortable in one's body, for older midlife women, has more to do with their psychological outlook than with things like weight, the condition of their skin, or what others may think about them.

'I would like to lose two stone (laughter)! Other than that I feel more comfortable with myself than I felt before. Definitely' (Sharon, 54, Indian).

Sharon admits that, although she is not satisfied with her weight, she feels more comfortable about her body than she used to when she was younger. Although she is older than Maureen, there is a similarity between both statements, in the sense that there is also tension in what Sharon says about her body image. One can claim that

the reason behind the dissatisfaction she expresses about her weight is due to the thinness ideal promoted in western society by the fashion industry (Bartky, 1990; Bordo, 1993; Jeffreys, 2005). Maureen is 36 years old and white, while Sharon is 54 and black, but their statements make evident that the Western thinness ideal prevalent in British society influences the way women feel of themselves regardless of age, race or body shape. In addition, the fact that Sharon would like to lose weight and her claim that she feels more comfortable with her self than she used to, do not strictly speaking, contradict each other.

I did not observe any difference on this issue among women of different class, life style, health, sexuality, motherhood or relationship status. This seems to lend support to the idea that prevailing consumerist patriarchal beauty ideals are so strong in British culture that most participants' way of thinking, regardless of personal characteristics, is shaped by them (Turner et al., 1991; Johnson and Bytheway, 1993; Budgeon, 2003). There is however an important difference between British and non-British participants in the group of older midlife women; there are, therefore, differences in terms of age and ethnicity. While participants of non-British ethnicity and cultural background have said they are not as worried about their changing body images and the way others see them, British women belonging in this age group have admitted to being preoccupied with their body shape and body image.

This difference between British and non-British participants makes evident the significance of ethnic and cultural diversity in the shaping of the experience of ageing of midlife women who live in the UK (Bernard et al., 2000). Non-British participants often come from a culture that respects midlife and older women and their role in the family and in society in general, a culture not as youth oriented as British culture. Consequently non-British participants may feel more relaxed about losing their youthful looks, given that, at the same time, they are gaining in power and respect (Wray, 2007).

So, although both British and non-British participants, regardless of age cohort, accept the existing beauty and thinness ideals promoted in British society, non-British participants belonging in the older age category state that they are happy with their body shape, not because they consider it to fit with those ideals but because they consider other things in life to be of more importance than youthful looks. The fact that most non-British participants are middle class, professional women who do not follow traditional roles and are therefore well integrated into the cultural ideals prevalent in British society, may explain why there do not always exist striking differences in the ways participants perceived the beauty and thinness ideals prevalent in British culture (Arber and Ginn, 1991).

In the accounts that follow the British participants admit to being worried about retaining their youthful body shape and to comparing their bodies to those of other, often younger, women:

‘I am starting to get quite neurotic about my belly and seriously starting to consider that I should have some surgery on it.’ (Jennifer, 47, British).

And:

‘Actually my body it's fine when it's covered up. Going on holiday when people wear less definitely I am not happy about that. I'd never wear now a bikini because I do have more of a tummy than I used to have, so I would say that I am quite aware of things while when I was younger I didn't cover and I knew that I looked all right but now I am more aware of all the other beautiful young things’ (Kathleen, 47, British).

The importance of sample diversity in social research is also evident through the accounts of experience of three participants who suffer from chronic illnesses. These women are more interested in talking about the effects that chronic illness and medication have on their body than of the effects of the ageing process. This corroborates the contention that midlife women of different lifestyles who live in the UK experience ageing in different ways (Maynard, 1996; Wray, 2007). In Esther's account changes due to illness and due to ageing interconnect in ways that make the

changes due to growing older seem less important and more natural. She focuses on changes that have to do with her health problem, and admits to being very conscious of how others see her, because of the bodily scars linked to her condition.

Physiological changes due to ageing take second place in her thoughts. The same seems to be true for Laura, who admits that she would like to lose her extra weight, yet she is not harsh to herself about that matter, since her priorities are governed by issues linked to her health.

‘Well, it has changed and it is mainly due to illness. Obviously I begin to have wrinkles and the hair begin to get grey but all the other major changes have been due to illness and to drugs. Because of the treatments, yeah... I feel very conscious of myself. I mean I know that I look normal from the outside but I have lots of bodily scars because I've had twenty operations and if I have things like that... this is what has to be done. So, yes, I am very conscious of it but in summer people see that but they don't see any of it normally. It is my intimate relationships, my partner sees it. Well, I am very conscious about it.’ (Esther, 48, British).

And:

‘I'd rather not carry this weight, I don't look as good as I could do but I am not going to knock myself for it... I think when you are ill you become more sensitive to yourself’ (Laura, 52, British).

Most of the participating women, regardless of age cohort, do not equate body satisfaction with happiness (Gerike, 1990; Oberg, 1996 and 1999). They do admit that their bodies have changed as a result of growing older but they are not preoccupied with covering the signs of ageing and even when stating that they need to lose weight, they emphasize that they feel comfortable in their skin, confident and happy.

Participants of this research equate happiness with feelings of success in their personal, social and professional life and not with a thin and young body. I consider this to be a significant finding of my research since it contrasts both with the mask of ageing hypothesis (Featherstone and Hepworth 1989, 1993; Featherstone, 1995) and the metaphors of ‘mask’ and ‘masquerade’ (Woodward, 1991; Biggs, 1999), which I presented in the third theoretical chapter of the thesis.

6.2 Methods Women use to Control the Signs of Ageing

The examination of women's methods of delaying or even erasing the signs of growing older relates to the issue of ageing in contemporary feminist theory; it is an issue that concerns the day to day experiences of growing older, and women's ways of dealing with the visible signs of ageing and with each society's 'ageing standards of appearance' (Gerike, 1990). What I am inquiring about in this section is whether women who use make up and hair color, or have cosmetic surgery, as well as those who engage in exercise or dieting, do so in order to 'stay young', or in order to pretend they are younger than their age, or as part of their efforts to adapt well to the ageing process (Woodward, 1991; Featherstone and Hepworth, 1991; Schaie and Hendricks, 2000).

Women are socialized to see themselves as objects of desire (Dworkin, 1974; Bartky, 1990; Wolf, 1991; Bordo, 2003). While others have the 'right' to look at them and to evaluate them on the basis of their appearance, women often feel they have a responsibility to constantly examine, monitor and to maintain their bodies so as to keep themselves and 'others' happy (Foucault, 1984 and 1988; Fredrikson and Roberts, 1997).

In my analysis I present the main methods in order of frequency, beginning with applying make-up, as the least used technique, and concluding with clothing, that all but one participant have noted as the main way in which they present an image that is considered 'good' or 'appropriate' for their age.

6.2.1 Make-up and hair colourant

Of the 15 participants of this study only 4 said that they use make-up. Two of these women belong in the cohort of younger midlife women and two of them in the cohort of older midlife women. In the account that follows the participant asserts that,

although she has nice skin, she uses make-up as a method of looking glamorous and trendy, and she admits to not feeling 'dressed' without it. It could be suggested that this is a sign of modern consumerist societies' attempts to create desires that do not relate to genuine needs (Brownmiller, 1984; Turner et al., 1991; Hepworth and Featherstone, 1993; Jeffreys, 2005).

'I use a lot of expensive cosmetics and I use make-up, it works well for me, I love make-up. I do not understand women who do not use it, I don't feel dressed and ready to go out without my make-up on. My skin is really nice, I don't use make up as a cover up, I just enjoy using it. It makes me look glamorous and trendy' (Nandine, 41, French).

Of the 15 participants 5 admitted to using hair dye. Three of these women are younger midlife women and two belong in the older age group. In *Unbearable Weight* Susan Bordo (2003) refers to female bodies as 'docile bodies', a term first employed by Foucault (1977) while describing a body regulated by the norms of cultural life and not by its own instincts and desires. It appears from Alice's account that although she does not herself wish to go through the process of dyeing her grey hair, her social milieu, namely her female friends and colleagues, pressurize her to do so, or at least this is how she interprets their stance. During our interview Alice has employed many examples to explain to me why she feels that it is not acceptable for a young midlife woman to show grey hair in public, and this is one of her examples.

'Two of my closest friends are left-wing, academics, they are a lesbian couple with children, they are very radical in their lives, and I said to one of them 'what do you think: shall I leave my hair to go grey?' and she said 'well obviously not, it will add ten years to you'. I mean she is a feminist academic but she was seeing that from the point of view of me and people's reactions,... , she is also quite a pragmatic person and as far as I am concerned she's advised me not to do it' (Alice, 37, British).

6.2.2 Exercise

Of the 15 participants 7 said that they exercise on a regular basis. Five of these women are under 45 years old and two of them are over 45, a number which shows

that exercising as a method of retaining an ideal body shape and weight is mainly used by younger midlife participants in this research. Objectifying the body may result -especially for young women- in feelings of shame, anxiety and anger, depression, low self esteem and self-hate (MacKinnon, 1989; Budgeon, 2003). This is due to peer pressure, as well as to the images of beauty promoted by the mass media, the fashion and film industries, so characteristic of patriarchal, consumerist societies (Johnson and Bythway, 1993; Bordo, 2003). These ideals of beauty have been internalized by women and have consequently become an integral part of their female identity since a young age. This internalization may also result in adopting the view that the body is a 'project' that needs constant repair (Turner et al., 1992; Fredrikson and Roberts, 1997). In some cases participants of this research seem to subscribe to that and to try to maintain their ideal weight and body shape through different methods.

In the account that follows, the participant, when asked how she tries to keep her ideal weight and youthful appearance, states that in order to remain young and thin she engages in different forms of exercising:

'I cycle to work every day, which is about an hour of cycling, I do Pilates, I do dancing, I might do kayak or climbing, hiking now as well' (Frida, 35, German).

However, what the majority of participants in both age groups say is that they do not exercise solely in order to stop time or in order to acquire the perfect shape but mainly in order to be fit and healthy (Todd, 1998).

'I started going to the gym because it is cardiovascular, keeping fit, you know and I am trying to tone my body a bit, because I am kind of fluffy' (Maureen, 36, Irish)

And:

'I just don't see it in terms of form, my shape, I see it in terms of what you can do, so I became a very good sports person, and compared with women of my age group I must be the top end. I am not fast or anything but I can do triathlon, I can swim a mile, I can do running.' (Elaine, 46, American).

Bordo (2003) argues that through the time consuming disciplines of diet, dress and make up women become less socially involved and more focused on self improvement and modification, since the repetition of these techniques produce feelings of belongingness, self-worth and social success. She goes as far as claiming that the discipline and normalization of the female body is a successful strategy of social control which transcends age, race, class and sexual orientation barriers. From what older midlife participants of this project have said, it seems that they consider taking care of their bodies to be part of taking care of their general physical and psychological well being, something which can also be enjoyable (Foucault, 1984; Markula, 2003).

‘Now I go for a body treatment or a facial. It feels right as you get older... I think women go more for pampering themselves, you know, and it's more holistic. I have a nice cup of coffee and a cake and I go and have a body treatment’ (Sharon, 54, Indian).

And:

‘I am doing yoga today while for ten years I didn't do any exercise’ (Kathleen, 47, British).

6.2.3 Cosmetics

Of the 15 participants of this research 9 said that they regularly use face creams and skin moisturizer, a fact which clearly indicates that the use of this kind of cosmetic (unlike make up) is one of the most popular methods of controlling the signs of ageing among midlife women, regardless of age cohort.

‘Over the last few years I think more about the quality of my skin cosmetically, that sort of thing, so I would try to buy the right cosmetics, so I would spend a little more than ten years ago’ (Deborah, 38, British).

And:

‘I tend to buy good skin care products also because my skin is very sensitive, very dry and I tend to have lot's of problems with itchy, flaky skin and I have to take care of my skin; otherwise it gets not very comfortable’ (Miriam, 49, Spanish).

6.2.4 Diet

Of the 15 participants, 10 said that they have either employed in the past some form of food control (dieting, detoxing, limiting eating), or have followed a healthy diet on an everyday basis and are careful not to put on weight (Bordo, 2003).

‘I don't like dieting but I like detoxing once in a while, every six months and is really helpful, it helps you get back in control’ (Nandine, 41, French).

And:

‘I did detoxify last year from the January first when usually people start dieting, I went to a detox recommended by my friends, because when you diet you are suffering and I didn't want to suffer, so detox is different and I tried it and I really enjoyed it’ (Elaine,46, American).

And:

‘Things like diet I do take seriously although I do treats every now and then’ (Deborah, 38, British).

The belief that they should control their bodies in order to remain slim seems to be prevalent among participants in this research regardless of age cohort. Although Elaine and Deborah do not clearly state, like Nandine, that they are attempting to keep a careful eye on their body weight and shape, it is evident from their statements that they are constantly ‘monitoring’ their bodies. One may even say that these women are treating their bodies as ‘projects’ in need of constant modification and repair (Foucault, 1977; Turner, 1992; Bordo, 2003). Deborah's statement that she ‘does treats now and then’ is also interesting as it shows that women may reward themselves when happy with the outcome of their efforts to maintain a slim body.

However, participants with health problems may follow a diet regime for different reasons than the majority of midlife women:

‘I don't diet in order to be thin but for health reasons because I want to eat good food and avoid toxins’ (Miriam, 49, Spanish).

And:

‘I do as far as diet is concerned because it is part of the treatment as well, to have a healthy diet and I am very conscious of things like bone health as well because of my medical condition and my age and I recently had a scan because there is a suspicion that my bones may well be deteriorating’ (Esther, 48, British).

These participants are also very careful with their diet but for medical reasons, since they are both chronically ill. In that case a balanced diet is one of the ways these women have to protect their bodies from further deterioration and to ensure that they do everything in their power to control their chronic conditions. We may see here another aspect of the influence of the bio-medical model in the way white, middle class, middle aged women in Western society take care of their bodies, and the degree that they feel responsible for their health (Roberts, 2002; Clavel-Chapelon, 2002). However, it should be underlined that the findings of this research did not show any difference between the way white British women and participants of different colour and/or ethnicity feel about dieting.

6.2.5 Fashion

Fourteen of the fifteen participating women have agreed that fashion plays a significant role in their lives. Most of them have said that they wear ‘age appropriate clothes’ in order to look good for their age, and therefore they consider the use of appropriate clothes to be perhaps the most common method midlife women employ in order to cover or minimize the effects of the ageing process (Bartky, 1990; Woodward, 1991; Steele, 1996; Eicher, 2001; Bordo, 2003).

Foucault's work made evident the importance of paying attention to the context in which bodies move and recreate themselves. To create a history of the body we need

to observe and analyze the way in which the body is moving in its environment, since clothing, dieting habits, and the typical activities of the body may vary historically, and construct particular kinds of body which perform particular activities and tasks according to its gender and social status. Foucault's analysis of power relations can provide us with significant insights on this issue (Foucault, 1980).

Closely following upon that, in her analysis of gender ideology, Bordo (2003) argues that the pages of fashion magazines and the advertisements promoted by the mass media play a major role in the creation and propagation of cultural stereotypes which form a specific gender ideology that works both in conscious and unconscious ways.

‘We French are very critical about these things. You need to have a nice haircut, color coordinated clothes, a manicure, a nice pair of shoes and a handbag to match it. It isn't the same everywhere but it is like that in the circle where I move in, the circle of the middle class, professional people’ (Nandine, 41, French).

In her discourse, Nandine appears to agree with Bordo (2003) that there is a certain ‘gender ideology’ which can be more or less oppressive depending on the culture, class and social milieu one is moving in. She believes that it is not easy for a midlife, professional woman to ignore the cultural norms and standards of her particular society, even in the form of choosing not to present herself in the ways considered right for her age, class and profession. In this way femininity becomes a matter of aesthetic embodiment. Nandine's account seems to provide evidence for her notion that fashion not only presides over women's lives but also shapes modern female identity (Bartky, 1989 and 1998).

6.2.5.1 Age

‘Look at the fashion that's coming recently, that has been age distinct, it's a fashion of jeans and cropped tops and if you've got a really flat belly you can get away with it. If you had kids and have stretch marks you can't do it. It's the only divisive thing. It has to do more with your body shape, you

know the whole trend of trying to look thinner. It's more of a cultural thing, than a fashion thing' (Laura, 52, British).

Many participants have mentioned that the fashion industry in the UK today is youth oriented, targeting mainly young women while ignoring midlife and older women. Instead of finding clothes appropriate for their body shapes and lifestyle, midlife women have to adapt -through exercising, diet and plastic surgery - their bodies to the existing trends (Eicher, 2001). This suggests, that instead of creating fashion for midlife and older bodies, we are trying to change these bodies in ways that would make them fit with current fashion standards and beauty ideals.

Participants of this project believe that there is a strong association between a woman's age and the way she is dressed. They have said that there are appropriate clothes for different age groups and that dressing outside your age group may result in making you look older, less attractive, even ridiculous (Fairhurst, 1998).

Participants commented that they pay close attention to new fashion trends and that they are careful to avoid looking 'too young' or 'too old' for their age. They also admitted to being critical and to having ageist thoughts about women who dress too young for their age. This is probably due to a culture where women are under a lot of pressure to comply to a set of rules and beauty ideals (Jeffreys, 2005). As a result they become critical themselves towards other women who do not seem to care to comply to the norm. It has also to do with the internalization by women of ageist and sexist ideas promoted by the fashion and advertising industries (Brownmiller, 1984; Fairhurst, 1998; Bartky, 1990; Jeffreys, 2000 and 2005).

Six of the fifteen participants have pointed out the significance of dressing within your age group. Four of these six participants belong in the younger midlife women category.

'I think there is, specific clothes for specific ages within limits; five years up or down is fine but it looks funny when you dress really young when you are ageing. ..You know, clothes can make you look younger but only within a certain margin, then they become silly' (Frida, 35, German).

And:

'I definitely wouldn't buy clothes that I think are too young for me. I think I wouldn't get away with this, but even in a much younger age I wouldn't buy that kind of clothes... I am more aware now that I wouldn't buy those clothes because I am too old for them. My primary thing would be 'do they fit, are they stylish?'' (Maureen, 36, Irish).

Sometimes participants seem to accept unquestioningly certain stereotypical conceptions about midlife women and fashion (Steele, 1996; Jeffreys, 2000). They admit to being critical with other women who dress 'wrongly' for their age cohort and at the same time, they appear to monitor their own choices in order to avoid looking 'silly' or 'too young' for their age (Bartky, 1990). In their discourse these participants reproduce prevalent cultural ideas of how midlife or older women 'are allowed' to dress and to present themselves; these ideas guide the participants' manipulation of their own image (Jeffreys, 2007).

We may conclude that for midlife women who live in the UK there is social pressure to conform to certain choices as far as clothes are concerned and to avoid dressing outside their age group (Bartky, 1990). We may also conclude that culturally fixed ideas about clothing are one of the most common means of controlling and restricting women in general (Bartky, 1990; Bordo, 2003). As Turner (1999) points out, we have little direct control of the physiological process of maturation and decay, and the changes on our way of living that these bring with them. In addition, we have to follow cultural expectations and unwritten rules on what is appropriate for different age groups and for different sexes.

'And as far as dress is concerned I think there are problems around dress... Increasingly it is very difficult to find clothes because they are rather marketed at a very young age group and you don't want to look too young or they are designed in such a way that they look frumpish. I don't want to look frumpish, I want to look young but I don't want to look absurd...I think it's very difficult for a woman in that thirty-five to fifty-five age group to actually strike a balance in terms of dress' (Esther, 48, British).

Esther points out the difficulties that midlife women might face when trying to make the right dress choices, since according to her there are no appropriate clothes for midlife women in the market. The fashion industry in modern consumerist societies is mainly targeting young people (Wolf, 1991; Bartky, 2000; Eicher, 2001). As a result women from 35 to 54 have to choose between either clothes only good for the very young, or old-fashioned, frumpy clothes appropriate for older ages.

Miriam uses as an example a popular TV programme, in order to talk in general about fashion and the cultural standards promoted by the mass media and the fashion industry in the UK. It seems important to her that she keeps her personal style, as she believes that she knows better than any stylist what kind of clothes fit her body shape, self image and personality, and, most importantly, as she is trying to resist the fashion and cultural ideals of consumerism prevalent in Western societies (Giddens, 1991; Turner, 1992; Johnson and Bytheway, 1993; Bordo, 2003). There have been references to this programme by other participants, as I have mentioned in the previous chapter of my data analysis.

'I've watched it a couple of times. (The ITV programme 'Ten years younger') I mean in a way I feel is very sad; you wouldn't have that about men. I thought it was so humiliating because these women were desperate too, in many cases it is a psychological need, people go desperate to gain their self-respect and the way to gain their self-respect is by changing their appearance and I thought it was gross...I don't believe in fashion, being obsessed with fashion; I think each person should find clothes that they suit the person and feel comfortable with, because it is part of the image, I think. There are things I see in shops that I would never buy. I know my style, I know what I like and I am not willing to change. So, they feel dreadful and then when they change, of course they feel better, I mean you can see people feel fantastic' (Miriam, 49, Spanish).

Of the five participants who have talked about fashion in relation to television programmes, four are younger midlife women. I should also note that the three participants that comment on the role of TV in the shaping of our views about fashion

and the dressing codes of midlife women are not British (Johnson and Bytheway, 1993).

‘I think of the ‘Ten years younger’ TV show, and find that hugely problematic because the show relies on plastic surgery to make people look young, but also what it sometimes does, it simply puts people into clothes that I find aren't appropriate to their age. They make them look younger, yes, but I think there is a discrepancy between their facial, neck, hands, knees, whatever, and their clothes, so I think there is specific clothes for specific ages within limits; five years up or down is fine but it looks funny when you dress really young when you are ageing’ (Frida,35, German).

Frida is very critical of the beauty and fashion ideals propagated by this particular programme, not only because it promotes cosmetic surgery, but also because the programme stylists are trying to help participating women to look younger by advising them to wear clothes that are according to Frida, ‘too young’ for their age. Looking from a different perspective, one might think that this participant's ideas are conservative and ageist. In some cases participants do not seem to notice that certain cultural norms are controlling or even restricting women's lives and at the same time (re)creating or propagating negative stereotypes about ageing (Granville, 1992; Fairhurst, 1998).

6.2.5.2 Public roles

It is an important finding of this research, offering support to existing feminist and sociological theory, that participants have talked about a connection between clothes, age, weight and body shape and the significance of the social setting for the way women today should be dressed (Gerike, 1990; Wolf, 1991). Some women have said that the way they dress is directly linked to their profession and they believe that there are ‘right’ clothes for the right setting.

‘When my mother was my age she had a completely different life than I have, you know, she was a housewife and I don't really think that she thought so much about what she wore; maybe I do because I am out in the world everyday, everyday! I think there is a relationship between the context of where

you are and, for me anyway, because with what I wear I am influenced by the environment' (Maureen, 36, Irish).

Maureen makes a comparison between her lifestyle as a professional woman and her mother's lifestyle as a homemaker. She points out that the relation between modern, professional women with fashion is to a great degree shaped by the fact that these women are out in the world on an everyday basis making a living, and are consequently very aware of their public image (Finkelstein, 1991). Like Maureen, other participants have also mentioned the significance of manipulating their image in order to fit cultural standards of what is appropriate for a professional woman to wear (Wolf, 1991).

'I try to wear clothes that are not too old, too frumpy. When I am at work I have to dress conservatively. I've got to have a specific image because I am the teacher' (Irene, 45, British).

One can conclude from Irene's account that she does not seem to question cultural norms and fashion standards which might influence or even shape her everyday choices. Irene feels that part of her role as a teacher is to make the appropriate stylistic choices which will reinforce her status as an authority figure (Townsel, 1996).

'There are so many ways in which I play that game. The clothes that I wear at work are very varied and I mean sometimes I wear clothes that are appropriate to a certain setting but as I grow older things are changing, so I have to conform to that. I try conforming because if I don't wear a suit when I am meeting students then I'll get a lot of complaints that I am not taking this seriously and they are not impressed, students... their respect does depend on the clothes I am wearing. So, it has changed. And I look at myself and I think that I even wore a pleated skirt in my work, which I associate with over fifties... If I had a choice I'd just wear jeans everyday, it's better but I can't do that' (Elaine, 46, American).

What is interesting in Elaine's account is her admission of 'using' clothes in order to present herself the way she wishes according to different settings and occasions. She admits to conforming to social norms but at the same time she is conscious of the reasons behind her actions (Wilson, 1985; Wolf, 1991). It could be argued that even

though she is aware that her clothes and the way she presents herself have nothing to do with the essence of her profession as a lecturer and are just a superficial part of her role: she is unable to disregard social rules and standards (Townsel, 1996; Jeffreys, 2005). However, we may also claim that women today are using make up, fashion clothes, and even plastic surgery not because they are forced to do so but in order to gain more rewards in their professional and social life. In that sense, beauty practices as such, instead of subordinating women, end up empowering them (Wolf, 1993; Davis, 1995; Walter, 1999; Etcoff, 2000).

'I bought a suit, I hadn't worn one for a long time. I used to wear suits to go to work and it wouldn't necessarily made me feel any older, but I thought 'actually, I look older in this suit' and I chose a more casual approach to dressing. I think because of the changes in body shape, I feel naturally a bit more...I feel like a mother. It sounds like a stereotype but it's true. Again I think it's probably the weight' (Deborah, 38, British).

Deborah is also making a connection between age, weight and body shape, and her new role as a mother. Participants seem to believe that the 'right' clothes help us to adapt successfully to certain roles as any role we might choose to play seems to come with a particular outlook. However, this is perhaps not a neutral social fact; one may claim that it is a product of the way that the fashion and advertising industries operate in order to promote their products and to create new needs matching the consumers' different roles in life (Gerike, 1990; Wilson, 1985; Bordo, 1989; Bartky, 1990).

What follows from the examination of the participants' discourse is that midlife women employ different methods not in order to 'pass for younger' or to cover the signs of ageing but as a result of their attempt to stay fit and healthy and to adapt to the ageing process. There is also evidence that participants have internalised the prevalent ideals of beauty to the point that they constitute an integral part of their female personal identity (Gerike, 1990; Bartky, 1990; Wolf, 1991 ; Grosz, 1994; Schaie and Hendricks, 2000; Bordo, 2003). Even when participants realise that it is hard work to try and fit existing ideals of beauty, they do not always reject or resist

those ideals but are on the contrary willing to manipulate their image in order to achieve that at least partly. This is because women believe that by following those ideals of beauty they will be socially accepted and even rewarded in their personal, social and professional lives (Wolf, 1993; Davis, 1995; Walter, 1999; Budgeon, 2003).

Participants admit to being influenced by consumerism, in that they use social comparison as a technique of understanding whether their appearance and behaviour fits with current norms for their age group (O'Neill, 1985), and that they like 'to pamper themselves', but they do not see themselves as overly concerned about staying young and beautiful. Western, consumerist culture is a youth oriented culture that seems to equate beauty with youth, in order to sell more products to women who would like to control the signs of ageing and to ensure that by retaining a youthful body image they will continue to enjoy the benefits of being young, both socially and professionally (Bartky, 1989; Turner, 1992; Hepworth and Featherstone, 1993).

However, as noted in the sections on 'Ageism', middle aged and older women do not enjoy those benefits to the same degree that younger women do, due to the ageist ideas prevalent in Western society (Johnson and Bytheway, 1993; Browne, 1998; Butler, 2001).

6.2.6 Plastic surgery

A common theme in contemporary feminist theory concerns the examination of women's involvement in cosmetic surgery. Feminist writing offers an exploration of women's notions of the self and the body image, placing particular emphasis on the reasons behind women's decision to have their appearance surgically altered (Budgeon, 2003).

In the account which follows the participant states that although she does not presently consider plastic surgery, she does not wish to make a definite statement about how societal pressure will affect her decision in the future. It is significant to

realize that participants of this study are aware of the pressures our consumerist culture puts on women, but that does not necessarily mean they can or want to resist these pressures (Davis, 1995).

‘Probably about five years ago I would have said that politically I am completely, absolutely against it, you know, and it's not something that I look forward to, but I don't know what kind of pressures I am going to feel, when I get older, do you know what I mean, I don't think that I can kind of plan what I am going to do’ (Maureen, 36, Irish).

Nine of the fifteen participants of this research are unequivocally against plastic surgery, while two of them are ambivalent. Most of the information they have about plastic surgery comes from newspapers and TV shows and not from discussions with friends who have relevant experiences, or from consulting the relevant medical literature. The participants who are against plastic surgery prefer to rely on clothes, cosmetics, diet and exercising in order to look good for their age. They view plastic surgery as something extreme and unnecessary -- however, they make an exception for cases of disfigurement.

‘I think that unless you have a physical problem, something that is wrong with you, I find cosmetic surgery the highest vanity. I just can't stand it. I am totally against surgery, I would never do something like that, and I know that many people do it.’ (Irene, 45, British).

And:

‘I don't like surgery at all because a surgery does not last for thirty or forty years. I think that if you have one thing done, when you go down that road, every five years you have to get something new done. I don't like faces that look blank because everything has tightened up and also if you do one thing it doesn't match the rest of your face, so... when you start there, then you need something else and something else and then what happens?’ (Sharon, 54, Indian).

Participants who are against cosmetic surgery offer different reasons to explain their stance. Irene considers plastic surgery ‘the highest vanity’ and believes that unless there is a physical deformity, women should never take such measures. Sharon seems to agree with Bordo (1993), that plastic surgery is not a permanent solution but in

need of continuous renewal, and in that sense only a temporary remedy. According to Bordo cosmetic surgery may correct the ‘problem’, but it is not a permanent solution to the feelings of dissatisfaction from which most women who decide to have cosmetic intervention suffer. Alice points out that the pain and effort involved in cosmetic surgery are reasons enough to turn her against such procedures.

‘I happen to have the television switched on, and there is one on, and see a surgery that is taking place, I think “what pain, and what effort these people go through-- looks hideous, people having face-lift looks horrible....”(It looks) Very painful I think even if I desired it if I thought you know I'd really like to have a face-lift, the actual act of doing it would be a major step because I would feel quite scared about it and not very keen on what they'll put me through it. I don't think I actually will.’ (Alice, 37, British).

It is interesting that these participants do not appear to believe that surgery for cosmetic reasons may be a form of exploitation to which women are subjected by the medical establishment and the advertising industries (Jeffreys, 2000). However, contrary to Davis' (1995) suggestion, these women also do not seem to consider the employment of plastic surgery to be an act of empowerment.

In the statements that follow it is evident that participants with serious health problems view the issue of plastic surgery under a completely different light. Although the two participants reach different conclusions their perceptions have been shaped by experiences based on their health conditions.

‘No, I wouldn't because I've been to surgery so many times, I think having it for vanity reasons is just not right and you are putting yourself under a lot of risk. So, I wouldn't do that. I do have a very basic make-up routine and I do try to look after my skin and I think the diet I have and what I drink helps with that.’ (Esther, 48, British).

And:

‘I am ambivalent in a way because I just had breast reconstruction because it was important for me to regain my body or not to feel disfigured. So, you know in that way I am positive. I think that in certain

cases like these because of their self esteem, this is a disfigurement. I do make a difference about disfigurement or feeling extremely unhappy about your body' (Miriam, 49, Spanish).

It appears that these participants know from personal experience how painful it can be for women to feel unhappy about their bodies. Esther is against plastic surgery, because to her, who has been through surgery for health reasons many times, it is just an act of vanity. Miriam on the other hand can see how the results of successful plastic surgery may positively affect the psychological wellbeing, body image and self esteem of someone who has to live with a disfigurement.

In the account which follows the participant, who has had plastic surgery in order to remove a scar, talks about the reasons behind her decision to have surgery for cosmetic reasons:

'I had surgery in fact, on a scar on my face. I was performing, and I was about twenty-five, twenty-six and I cut my mouth quite badly, and when I was coming up to forty I was producing a piece of art work where my mouth was projected twenty feet across the stage and all I could see was this fluffy bit of scar tissue from where my face was cut. So I went to the doctor and I explained this and so he referred me to a surgeon, a plastic surgeon and they cut it up and miraculously it changed my view about the knife' (Jennifer, 47, British).

The following statements are those of two participants who are not against plastic surgery and who admit that they are thinking about it either in the near or the remote future. It appears that some participants, even if they decide for the present not to have surgery for cosmetic reasons, are not against the principle of surgery for such reasons and want to keep their options open for the future.

'I am not against plastic surgery. I might even have a face-lift later on in life; let's say in ten years from now. Or botox if I need it. I do not have wrinkles yet but I might have some day. No, I am not against plastic surgery and I do not blame women who have plastic surgery as long as they are not doing it to please a man. The problem is that some women use plastic surgery as a substitute for diet, exercising and cosmetics and that is wrong' (Nandine, 41, French).

And:

'I have thought of having lipo sculpture, I know of a friend of mine who had it during the summer. But I think I can do it myself, although it is very hard work... Yes, yes, I may do it. I look forward to things developing and becoming easier... Less painful and more developed, more advanced, absolutely, I am not against it, I might do it. Yes, I have thought about it myself. Other... I thought of having botox injections but I don't think it's going to make an important difference, it might take one year off or six months off, or a month off' (Angie, 37, Greek).

Two of the participants in this research are in favour of plastic surgery and admit that are thinking about it as an option for the future. They seem to agree with Balsamo (1999), when she claims that cosmetic surgery for women in general and for older women in particular is not considered a luxury anymore but a necessity. Nandine and Angie belong in the age group of younger midlife participants and are both non-British, middle class, professional women. One may think that they have been familiarised through the mass media with the issue of surgery for cosmetic purposes and that in their environment they have been exposed to cases of women who have had successful plastic surgery (Davis, 1995). For these participants there is no stigma attached to plastic surgery. On the contrary, it seems that it is seen by them as an acceptable method of controlling and minimizing the effects of ageing. Budgeon (2003) is critical of the tendency among feminist writers to present women as passive victims of cultural constructions of femininity. She states that even when women realise they are pressurised to follow current body ideals they may not be willing to revolt against such beauty ideals and may instead prefer to adopt these ideals as a way of ensuring happiness, social acceptance and professional success.

Almost two years after our initial interview, Angie, the Greek participant who was 37 at the time of the interview, contacted me through e-mail in order to let me know that she had just had liposuction on her legs, something that she was indeed contemplating during our discussion about cosmetic intervention. Here follows part of Angie's message to me:

'There are several reasons why I decided to do it: Because I still exercise intensively, and I eat healthily as much as possible I felt I reached a dead-end when I could not "get rid of" of a couple of "stubborn pounds" around my hips... Two of my male friends had gone through the procedure one month before but around their stomach...I had tried in the past, ... to lose these two pounds and I had managed to; but this time it was different because I did not want to go through the strict regime again... I am almost 40 years old now and I did not want to deprive myself too much, i.e. not being able to have a social drink in the evening with a friend. Then there were psychological reasons: My father died six months ago from cancer... I wanted to change something to at least make me feel better about myself... It also happened that the plastic surgeon is a friend of my brother's and that he had also treated the other two male friends of ours... Now a few weeks after it I feel OK, I exercise as I used to and my psychology is slightly better' (Angie, 39, Greek).

It seems that Angie did not want simply to lose the extra pounds but to actually change her body shape, something that is achievable only through surgical intervention. According to Bordo (2003), body builders and anorexics are trying to change their body shape in order to fit with current cultural ideals of slimness and beauty; it appears that some women who diet and exercise on a daily basis may have the same desire. Angie states that although she exercises regularly and is very careful with her diet, her efforts to change her body shape with these methods were not successful, and so she decided to have the cosmetic procedure. She points out that two of her male friends, who encouraged her to go on with the surgery, had already gone through a similar operation with the same plastic surgeon, who happens to be a friend of her brother. This shows the influence of the social environment in shaping women's thoughts and feelings about plastic surgery, as well as the way women perceive their body and consequently themselves (Giddens, 1991). Angie admits that the strict exercise and diet regime she has been following had in the past a negative reflection on her social life, for instance she could not drink socially due to her strict diet. However, in addition to social reasons she states that there were also psychological reasons behind her decision to have the operation, namely her father's death six months before she had the procedure. Angie explains that she decided to have the

surgery in order to change something about herself that would make her feel better psychologically, admitting in this way the significance of a good body image for her self esteem and her personal identity (Turner, 1992; Oberg, 1996 and 1999; Seigel, 2005).

I have devoted a separate section to plastic surgery because it is an issue that brought out strong reactions from all participants, and because it is a phenomenon that has generated considerable discussion within feminist theory. There is, though, another issue arising in most of the participants discourse, which seems to be less thoroughly addressed in the literature. In the following section, I attempt an analysis of the data collected from the interviews on the topic of competition among women.

6.3 Female Competition: Social Comparison

One aim of this project was to question whether social comparison is still evident during the middle years of life. Do midlife women compare themselves to other women of their age cohort or to women in general regardless of age group, in terms of how beautiful and youthful they look? (Bordo, 2003).

One form such comparison may take is adversarial. Although it was not in my initial research planning to explore the issue of 'female competition', five out of the fifteen participating women talked about female competition and criticism. Three of these women belong in the older midlife women category and two in the younger one. They have all given specific examples in order to make a point, and it is evident that they consider social comparison or 'female competition', as they call it, to be something negative and problematic. These participants seem to believe that competition in terms of appearance is not so much a male characteristic but rather what women do to each other (Wolf, 1991).

'I call it fatism. Yes, it is. A woman should have a thin body. In general that is the aspiration. And then the thin body should have large breasts, so many women have a breast increase, it's a race to compete

against other women. Why, why should they compete with each other? I know women who feel more uncomfortable around a pretty woman than they would around several fat women. I just think it's terrible. And they admit it, they admit it. They'd say it to a pretty woman they see her in the pub that 'actually I feel uncomfortable because you look so good'. I just feel like I am, you know... Competition and insecurity go together' (Elaine, 46, American).

Elaine avoids talking about herself; instead she makes general comments about women's behavior towards each other in British society. Although she is critical of women's tendency to criticize and to evaluate each other in terms of how thin and sexy they are, she agrees that a thin body is a beautiful body since she contrasts beautiful women with fat women. She calls this phenomenon (to evaluate other women based on their looks) 'fatism' but she does not offer any explanation for this situation.

In the account that follows, Nandine points out that according to her the main reason women are so interested in looking beautiful and fashionable is not to attract a sexual partner but rather to impress other women or to look good in order to avoid negative criticism coming from other women. (Wolf, 1991)

'I don't think that men care about fashion so much when finding a woman attractive...I believe that we dress in order to impress other women, not men. We dress nicely because we are afraid of other women's comments. I do not want to look very sexy, for example, because I know that women do not tolerate that, they are afraid; they get jealous and insecure about their own looks. It is like that all over Western society, not only France' (Nandine, 41, French).

If we accept that in Western consumerist societies, as well as movement and facial expressions, we also use clothes, fashion accessories and our bodies (through tattoos, hairstyle, body building, make-up) in order to project our personality characteristics, it is reasonable that we use others as mirrors of ourselves in order to compare and often to improve our self image (O'Neill, 1985; Giddens, 1991; Bordo, 1993; Jeffreys, 2007).

Participants point out that female competition is evident not only in the social, but also in the professional arena. According to some feminist writers this could be explained by the fact that there are not many opportunities and rewards for women in our society, definitely not as many as there are for men (Wolf, 1991; Bordo, 1993; Jeffreys, 2000).

‘Men are always supporting each other even if they do not like each other very much. They support each other in their work and they succeed. I think that women are in competition and I don't know if it is unconscious or if it is conscious, but when women are together sometimes there is tension or negative energy. Men trust and support each other and are doing well. I mean why aren't there more women professors, why are always men getting the best jobs? I am just wondering why it is always a man who gets the job unless the woman is...perhaps, performing like a man?’ (Angie 37, Greek).

Two of the participants have talked about their thoughts and feelings of other women and have admitted to being critical with them. In the first case Kathleen admits to being critical about women who do not make an effort to dress well. It is also evident from her account that it is important to her to be well dressed in order to ensure the respect of other women (Brownmiller, 1984; Wolf, 1991; Etcoff, 2001). It is interesting that Kathleen does not for a moment question society's prejudices against women who might not be well dressed--to her this kind of attitude appears to be natural.

‘I think that some of them could look so much better and I suppose it doesn't really matter...but....you do get treated better when you look good, I mean it has a lot to do with the way you look. I mean I never go shopping without being reasonably well dressed because I know that in certain shops I'll be treated differently. I see a couple of women and I think ‘you really should try and be better dressed, change your hair or...’. I mean most women I think try to look good’ (Kathleen, 47, British).

In the second case Jennifer admits that her insecurities and her tendency to compare her achievements with those of other women's influence to a great degree the way she thinks of herself and the way she lives her life. She does not however question her attitude towards other women, as she believes that competition, social comparison and

criticism constitute unavoidable characteristics of Western, consumerist societies and of the concomitant modern identity (Turner, 1991; Giddens, 1991; Featherstone and Hepworth, 1993).

‘Yes, I think that people are critical with people, we live in a very competitive society, we are constantly criticized. So, unless we move into Buddhist monasteries...I certainly feel that I am not as bad as some other women because I do think it but I do not tend to voice it. I was brought up as a nice Christian girl... I am not there yet but I know that if I let that fear of running around in circles or of not being able to do certain things, or of not finding the opportunities, I can see how that becomes an embittered attitude to life and I do, I am aware I've got a chip on my shoulder, a sense of running out of time and that I need to rush, I need to work harder. Every time I read about women who didn't achieve their greatest work of art, or haven't produced until they were forty I feel good. When I hear that women are not doing things until they are in their mid-thirties, or until they are forty I am relieved, because there are all these stereotypes, you know’ (Jennifer, 47, British).

The fact that Jennifer realizes that in British culture there are certain ageist stereotypes, (for instance, that women should succeed both professionally and socially while they are in their twenties and thirties, or it is ‘too late’) that define how midlife women should live their lives does not mean that she has the power or the desire to resist or reject these stereotypes (Wolf, 1993; Walter, 1999). On the contrary she may find it easier or more rewarding to try and fit such stereotypes both in her professional and personal lives, since in most cases it is easier to try and fit than to either try and upset or ignore existing stereotypes. There are personal, social, and professional rewards for ‘fitting in’.

6.4 Summary

In this chapter I have explored how participants feel and think about their bodies and what kind of methods they use in order to minimize or cover the signs of ageing. The chapter places particular emphasis on the issues of fashion and plastic surgery, and their role as techniques for controlling the ageing process for middle aged women

who live in the UK. The most significant findings presented in this chapter are: first of all, that all participants said that they used certain methods not in order to look younger but because they were trying to look good for their age; secondly, that younger midlife women seemed to worry more about their body shape than participants from the group of older middle aged women; and thirdly, that in the group of older middle aged women those who felt more accepting of their body image were non-British participants, while British participants admitted being preoccupied with their bodies. So, although there seem to be no significant differences among participants in terms of health, class, sexual orientation, relationship status, motherhood status, and life style, there are differences in terms of the variables of age and ethnicity.

7. Identity, Relationships and Sexuality

7.1 Change and Stability in Personal Identity during Midlife

In this section I will focus on participants' views on whether and if so, how, their female identity changes with the passage of time. The majority of participants, when asked about their personal identity, mention three aspects that have changed significantly since they were younger, namely: the way others see them, the way they perceive themselves, and their personality. They attribute these changes to the ageing process, experience, and the psychological maturity that -according to participants- ageing brings with it (Erikson, 1959).

'When I was younger I was painfully shy. To be in a room with lots of people I was always nervous, I was really I suppose lacking confidence. It is a process as you grow old. I do believe that people change a lot, the self changes since we are adolescents or very young, life teaches you, relationships change because you do have less friends as you grow older, you chose your friends more carefully, you want people that you can trust truly and be comfortable with. When I was young I wanted to have as many friends as possible. You are more particular, you change a lot'. (Miriam, 49, Spanish)

According to Miriam life circumstances and the experience which stems from these circumstances are responsible for shaping and consequently changing a person (Levinson, 1986). To her it is a process that happens to everybody, from adolescence until maturity (from what she states at other points of her interview, she considers midlife- and not old age- to signify maturity). The process of growing older and life circumstances change a person and in return the person changes the way she conducts herself, and the way she thinks and feels about life circumstances, about other people, and about her own self (McAdams, 1996).

The majority of participants think of themselves very differently as time passes. They see changes in terms of personality, their attitude towards others, the way they go about achieving things, the way others perceive them, and the way they feel about themselves (Sedikidis and Brewer, 2001).

Yes, yes, I mean I definitely have done the relationship to work. I feel I really changed you know, between thirty and thirty-five. I do feel that very, very crucial things changed. There was a period of time that I really wanted things to be different, and that I wondered how to go about it, changing them, and, you know, I'm kind of living it out now; it feels like a coming of age time really, and I stopped being young, I guess (Maureen, 36, Irish).

Maureen believes that she is responsible for the changes in her life and she offers the example of her relationship with her partner. She says that she made this relationship work and she sees that as the outcome of her growing older and consequently becoming more responsible and emotionally mature. To Maureen, leaving her youth behind and entering middle age means that she has changed in ways that ensure she has control over her life circumstances (Sedikidis and Brewer, 2001). According to her these personality changes which are attributed to the ageing process can only be viewed as positive.

It will help our understanding of this issue to consider that these women refer to two kinds of change. On the one hand, there are changes that are not under their direct control, such as changes in the circumstances of life, as well as the natural changes that ageing brings with it. On the other hand, there are changes brought about by the participants, such as changes in their personal and professional life. The participants feel that both types of changes affect their personal identity, and that such changes are directly related to the ageing process (Levinson, 1986). Contrary to what McCrae and Costa (1990) claim, participants believe that changes in life circumstances do not leave them unaffected but influence the way they think and feel about things in general, as well as the way they think and feel about themselves. It seems that the majority of participants are more in agreement with Levinson's (1986) approach according to which personal identity, namely the complex set of a person's feelings, thoughts and behaviors, does not remain unchanged but is marked by flexibility and adaptability to different situations.

However, there are 3 women out of the 15 who participated in this research who asserted that their sense of self has not changed over time. These participants admit that there is change, but they associate this change with varying circumstances and different roles they have to adopt as they grow older; their personality is perceived by them as being fixed and unaffected by the ageing process (Goldie, 2000).

‘What has changed is what I want to achieve, not me. My relationship with people has changed, not my actual character. That is definitely the biggest change’ (Irene, 45, British).

This distinction that Irene draws, between what she wants to achieve and her actual character, is very interesting. Although she says that her relationships have changed, she does not link this fact to changes in her personal identity, but to what she wants from others on a social and personal level. This distinction between personality, in terms of what we project to others and how others see us, and character, the unchanged core of the self, is a distinction that finds support in theory (Goldie, 2000). According to Goldie as we grow older we adopt different roles, both in professional and social life, but that does not necessarily mean that the core of ‘who we are’ changes. Thus we remain substantially the same, despite apparent change in the pattern of our behaviour, which merely reflects how we face up to life's demands.

‘I don't think there have been any differences, actually, I don't feel any different. Professionally I don't feel any different. ... I still see myself as young, I am still within a twenty year pocket really, I haven't really broken out of, I don't see any great distance from the way I felt twenty years ago... My relationships with close friends have not changed’ (Alice, 37, British).

Alice says that the way she feels and thinks about herself has not changed due to the process of growing older: she is the only participant in this study to claim that her personal identity has remained unaffected by the passage of time (Du Gay, 2000). But at another point in our discussion Alice stated that becoming an archaeologist was something that totally changed the way she sees things and feels about herself. This kind of tension, between general statements and particular examples, in the

participants' accounts is a common phenomenon of the interviewing process that researchers should not overlook (Reinhartz, 1992).

Younger midlife women (35 to 44) who participated in this study tend to talk more about changes in terms of personality, their way of thinking, life choices and professional decisions, and do not concentrate so much on physiological changes and the effects these might have on their personal identity (Du Gay, 2000). One explanation for this may be that younger midlife participants have not yet experienced any dramatic physiological changes.

'I can say for sure that I have changed a lot since I was twenty three and twenty five. The way I think of myself has changed a lot but I cannot say that my personality has changed very much; I mean basic things haven't changed but some things have. Maybe because I had to adjust and because I had different relationships. ... The fact that I am assertive has not changed but the way I go about it has; because I had to adapt and certain characteristics of my personality have changed but I do not know if they have changed forever' (Angie, 37, Greek).

Older midlife women (45 to 54) concentrate on physiological changes (e.g. the effects of menopause, body image) and the psychological effects of those changes on their personal identity. One explanation for this may be that older women, on the basis of their personal experience, believe that after a certain age (which might of course be different for different people) any change in terms of personality and character is not as dramatic as in the earlier years of the life cycle (Du Gay, 2000).

'The quality of my skin has changed a lot. I am putting more cream on my skin. I've read enough to know that it doesn't really make much difference but I definitely moisturise day and night' (Laura, 52, British).

Twelve out of the fifteen participating women believe that they change as they find themselves in different circumstances and as a result of the physiological and other changes that ageing brings with it. To these participants personal identity does not remain unaltered and stable through time but is on the contrary flexible, fluid and adaptable to new situations depending on life circumstances, biological change, social

conditions and the individual's idiosyncrasy (Marcia, 1980; Taylor, 1989; Giddens, 1991).

7.2 Relationship status

Participants in this research have stated that their relationship status, namely whether they are in a long-term relationship or married, is a defining part of their personal identity and have pointed out that being in such a relationship has shaped both their life style choices and their sense of self (MacAdams, 1996)

Being in a long term relationship seems to play an important role in the participants' self-conception. I would identify three important issues encountered in the participants' discourse: the first concerns the sense of responsibility that comes with the commitment to a partner and which, according to participants, is one of the characteristics of a mature middle aged individual. The second concerns the sense of security that participants claim that being in such a relationship may create. The third issue concerns a change in sexual habits and attitudes and is explored in detail in the section on Sexuality. The following quotations illustrate the first two points:

‘Is a matter of responsibility (being in a stable relationship) We have made our choice; I mean we are both more confident, we know why we are there. We have made a commitment’ (Angie, 37, Greek).

Angie seems to believe that making a commitment to a partner is a matter of responsibility and confidence, a matter of knowing what you want. To her being in a long term relationship is directly linked to the process of growing older and what she sees as positive aspects of that process, namely more confidence, commitment, responsibility, as well as certain characteristics implied by this commitment such as maturity, stability and security (Erikson, 1959; Brewer, 1991; MacAdams, 1996; Scrimgeour, 2006).

‘I've been in this relationship for the last two years, so it is not that long and I remember before I get in I didn't enjoy the fact that I was getting older and I wasn't in a relationship, I didn't enjoy that at all. I

think I felt a lot of pressure. I just felt like there was a lot of competition, you know what I mean? It was difficult...not really a good time' (Maureen, 36, Irish).

Maureen compares her past status as a single woman with that of a woman in a stable relationship, which she presently enjoys. She concludes that being single was not a happy time in her life due to pressure - although she does not clarify whether this pressure was coming mainly from family and friends or from herself and competition from other single women. She also points out that the fact she was getting older and was without a partner made her feel uncomfortable. This is understandable if we take into consideration the negative stereotypes about women that result in a double standard of ageing prevailing in Western society (Sontag, 1978; Lesley and Sundquist, 2003).

Two out of the fifteen participants of this research are single women who state that the fact they are living without a partner constitutes a significant aspect of their female identity. They were keen to talk about this issue because they feel they are the exception to a rule. The majority of women in mid-life are in some type of relationship and when this is not the case a woman perceives herself as different from what appears to be the norm (Scrimgeour, 2006).

'I tend to be on the conservative side. I've been separate for two years and I haven't, well, possibly because there was family bereavement, haven't tried to find somebody. Also I didn't want to look so soon because I didn't want to do something on the rebound. I think I would like to find a boyfriend now, I would be ready but having said that I am not one of those people who'll go out in search, I just hope that I'll find magically someone who will land on my lap... I am thinking what is going to happen will happen; particularly with what has happened the last year in the house I am just thinking if there is someone else there for me somehow we will meet, if it isn't it just wasn't meant to happen' (Anna, 39, Spanish).

Anna is eager to explain why she is presently single. She attributes the fact that she is without a partner both to life circumstances (bereavement) and to her overall attitude to this particular subject. As she attempts to find the reasons behind her single status

and to provide explanations about it, it becomes clear that she considers this issue a very important component of her personal identity, since it influences to a great degree both the way she thinks and feels about herself and the way others perceive her (Feathersone and Wernick, 2003). It seems as if Anna is holding herself responsible for not being in a permanent relationship, and that being single is, for her, indicative of a personal failure.

Laura comments on this matter:

‘I am the only single person I know in Manchester, all my other friends live in London. All my friends here have been married for thirty odd years. They don't go out that much, they may go out for a meal. They spend time at home, they'll invite me around. Their life has a lot to do with their family. And one thing I have noticed-- I don't have family apart from my son-- for most of my friends in their fifties, their family becomes so much more important as they grow older... Women of my age who are single, I think we do more, we work more, all the other women I know of my age now, they probably have retired, or they work part-time, because it is generally the bloke who still in the old fashioned way brings the money; so if they work it is mainly part-time’ (Laura, 52, British).

Laura points out that her life style is very different to that of her contemporaries due to the fact that she is single. Her social life is very different to that of her married friends. For example, she likes to go out for a drink or a meal while her married friends prefer to spend time at home with their families; most importantly, she has to work full time while her married friends have either retired, or they work part-time, as a result of leading more traditional life styles, where the male partner is still the main provider. One could say that her life style choices are more modern than those of her contemporaries and that they resemble those of a younger woman (Bond et al., 2000; Feathersone and Wernick, 2003). Laura thinks that finding a partner at this stage of her life would mean a big change in terms of lifestyle. She also mentions that due to the personal history and commitments that both partners will bring to the relationship they will have to compromise, something that will threaten her way of life.

Researcher: How do you think that your life would change if you met a new partner now?

'I think if you met someone you really wanted to be with, they may have to compromise a bit...Oh, yes, it would be a big change. Also if you are going out with someone more or less your age you've both got this history, do you know what I mean, while when you are going out with someone younger you are still fairly...you know...you are probably not married or divorced, haven't got kids...it is very different' (Laura, 52, British).

The fact that relationship status is considered a significant aspect of midlife identity is also highlighted in what participants, who are in long term relationships have noted about single midlife women (Giddens, 1991).

'I can talk of a friend of mine who I talked to a couple of months ago and she desperately wanted a man but she wanted the right one, she said 'I am not just going with anybody, I want to wait for the right person', which I hope she's now found, and she wanted children-- well, again she thought that there was absolutely no point in having a child on her own, and she is waiting for the right person. Having said that, I have friends who have gone the opposite route, and say 'well, I don't want a man at this age, I want a child', and they put everything in place, went and got pregnant, possibly didn't even tell the man, and they went on with child-bearing and single motherhood. I find that incredibly selfish for the child but it is their choice again' (Frida, 35, German).

The way Frida talks about her single friends is quite critical, and that was clearer to me since I was in a position to observe her facial expression and to attend to the tone of her voice. In the first case she is critical with the friend who, although seeming desperate to find a partner, appears at the same time to be careful and exacting with her choice, and who insists that she is waiting for the right man. In the second case, Frida is more openly critical, stating that single motherhood is selfish. Frida's attitude is indicative of the prejudices against midlife single women and of gendered ageism (Bernard et., al, 2000). It seems that Frida considers these women responsible for failing to have a stable relationship. She takes it for granted that the norm for a midlife woman is to be part of a couple and she thus feels comfortable to share with the researcher her perceptions about these two friends of hers.

‘I think I have one friend who is single, and I have one who may well be single in her older age, and they both are concerned because they are responsible for themselves and they don't have anybody else to support them, yes’ (Esther, 48, British).

Based on the way single midlife women in her social milieu feel about their single status, Esther identifies what she considers to be the reasons behind single midlife women's disappointment for being without partners: fear and insecurity of being without (psychological, financial) support in their old age (Bernard et al., 2000). We may conclude from her comment that this way of thinking also reflects her own perceptions of a single woman's position in British or Western society in general (Giddens, 1991,1992).

7.3 Motherhood

7.3.1 Changes in lifestyle

Until recently it was commonly thought that being a mother is a ‘natural’ and ‘necessary’ step in a woman's life, a feature that is identical to being a woman, the ultimate expression of femininity (Pines, 1994; Benhabib, 1996). Most participants in this research said that being a mother or being childless in midlife constituted a significant part of their identity, and they were keen to talk about this. The objective of my inquiry on this issue was to understand how being a mother relates to midlife identity, and whether the desire to have and to raise a child is important to all women of this age group. I was also interested in finding out whether childless midlife women who have decided not to have children or to postpone having them until their late thirties or early forties are happy with their choice.

Age seems to be a defining factor on whether midlife women are already mothers, are thinking about it or are undecided. Of the fifteen women participating in this research eight have children: seven out of these eight are over 44 years old, and only one of them is a younger midlife woman. The only older midlife participant who does not

have children cannot do so due to health reasons. Of the six younger midlife women who do not have children three are planning to have children, one is undecided and two do not wish to have children.

One common theme among participants with children is how their life-style and even personality has changed since they became mothers (Turner, 1991; Giddens, 1992; Feathstone and Hepworth, 1999; Clarke, 2000; Woollett and Boyle, 2000). They talked about new responsibilities and different priorities that have consequently played a significant part in changing their female and personal identities (Croghan, 1998; Bailey, 1999; Stone, 2007).

‘My life-style changed when I had a child. The last ten years I concentrated so much on her that I find myself much more tired than I used to be and I cannot go and do things I used to do... Your life has to change. You have to say that ‘I cannot do this as much as I would like to’. It just happens really. There are enormous, huge changes in life-style and changes in priorities. For example, at work I used to be ambitious. Last year I was asked if I wanted to be deputy head and I thought, ‘Well, if I do this my daughter won't have the chance to do all these things’ ’ (Irene, 45, British).

And:

‘It is, absolutely, and I think it's the change of life-style that happens as a result of it, the reduction ,not the lack of it but the reduction ,of time to myself, to think about myself and to concentrate on my own self image and appearance. It becomes less important to me because my role is fairly divided now between being a mother and having a full time job, you know running a house and all the commitments. Certainly, I don't ever regret not having that time to myself but sometimes I sort of think every now and then I ought to think about myself and the way I am’ (Deborah, 38, British).

Both Irene and Deborah point out that the fact they have less time to themselves since they became mothers is the most important change that motherhood has brought in their lives. (Deem, 1986; Green et al., 1990; Green, 1998; Woollett and Boyle, 2000). They do not concentrate directly on changes in terms of their personal identity but rather focus on changes in terms of life style. Of course one may claim that there is a link between the life stage of midlife and a particular life style in which women,

because of the adoption of many different social roles, have limited time for relaxation and leisure (Featherstone and Hepworth, 1990; Rich, 1993; Bailey, 1999; Bernard et., al, 2000; Bond, 2007; Stone, 2007).

Researcher: Do you think differently about yourself, now, as a result of becoming a mother?

'I wouldn't say I am any more confident, because priorities have changed, I do feel more responsible and more able to deal with issues-- anything that requires decision making, issues of life changing decisions. I feel more able: it is my priorities that are different, and it is not just about myself, it is about a family as well. Just feel slightly easier in a way. I am more comfortable in making those choices really' (Deborah, 38, British).

Deborah points out certain ways in which her personal identity has changed since she became a mother. She talks about changes in terms of personality and in terms of behaviour, and she considers these changes to be directly linked to her role as a mother and not to her age and midlife identity.

For participants with adolescent or adult children, mostly older midlife women aged from 45 to 54, the sources of anxiety are different. These women talk about peer pressure on their children, and fears that their adolescent children have become the target of exploitation by the mass media and fashion industry advertising (Johnson and Bytheway, 1993). Their fears and anxieties are explicable when placed in context: these women believe that the fashion and music industries are very powerful in Western society and, along with the mass media, they shape the views, expectations and aspirations of adolescents and young adults, and they create models of behaviour which very often threaten or negate the ideals that parents are trying to instil in their children (Budgeon, 2003). These women do not talk so much about time management and the burden of responsibilities, but wonder whether they are good mothers, able to protect their children from peer pressure and potential exploitation by the mass media and fashion industry advertising. It is therefore worries about how successful they are in their role as mothers that preoccupy participants who belong in this age group (Marcia, 1980).

‘It’s incredible the pressure the children have... it is peer group but also from the music industry: presents the singers extremely sexy and their clothes are extremely sexy, and they try to copy that because they think it is cool. It is just very, very difficult to go against that. I have discussed that with her, you know, clothes, make-up, and that it is not the most important thing in the world, and I try to make her understand that. It is quite difficult to stop watching these programmes’ (Miriam, 49, Spanish).

Some other participants worry more about their own relationship with their adolescent children who are in the process of becoming young adults, especially in cases where their child's life style choices seem to be very different from their own. It is possible that midlife women with adolescent or adult children are more aware of time passing, as well as of the psychological/physiological changes it brings. It is also possible that these women are in a position to separate their lives, plans and aspirations for the future from those of their children, something which is not possible for mothers with young, dependent children (Marcia, 1980; Clarke, 2000). Older midlife women may be therefore in the process of re-defining their role as mothers, and of adopting new life styles, as their tasks and responsibilities are very different to those of mothers of young children (McAdams, 1996).

‘My oldest child is quite difficult, so I am quite happy for him to leave. I wouldn't want him to come back because I am aware that parenting takes up a huge amount of time. I wanted to have children, I really wanted to have children and I do love my boys, they can be lovely. With the oldest we had a lot of trouble at school and it changed so much of my life that actually when he'll leave home maybe I will have some more time for me. So, I am quite looking forward to see how he deals with life, how he deals with actually being an adult’ (Kathleen, 47, British).

We may conclude from the above quotation that being a mother is not necessarily what all women perceive as the most important or most defining thing in terms of personal identity (Segal, 2000; Benhabib, 2005). These are ‘career women’, and becoming a mother is just one of the essential components that constitute their multi-faceted identity. Older midlife women do not deny the significance of motherhood for

their identity or the fact that their relationship with their children is very close, but at the same time they point out that this is not the only relationship of importance in their lives, a fact which is also evident in Elaine's words:

'I would say that I am more like a constellation and my son is definitely in that constellation with ten other people there. And we are all close' (Elaine, 46, American).

7.3.2 Childless women

Some of the younger midlife participants of this project stated that they feel societal pressure to have children, and noted the blame they believe is attached to women who decide to become mothers when in mid or late thirties or even later. They talked about a 'blame culture', created both by medical professionals and the mass media, in which women are presented as irresponsible and irrational, if they postpone having children until later in life (Kane, 2000; Roberts, 2002).

As a childless woman belonging in the age group of the younger midlife women, I could easily relate to these participants and their experiences and understand how they feel. In recent years I myself have felt the pressure to either have a child or to 'explain' why I am not presently willing to become a mother. I would also like to point out that this pressure is stronger when I visit Greece, my country of origin, a more traditional society, where childless women are still considered less 'powerful' and less accepted than women with children.

'I don't like doctors commenting on how women's fertility drops after thirty-five, which is obviously a medical and scientific fact but then they are kind of blaming women for not choosing that... It is a little bit of a blame culture when in fact they make you feel responsible like that' (Maureen, 36, Irish).

And:

'The issue of children is the main reason, and my partner and I discussing should we, should we have children now, and then there is questions about...because you hear so much in the media about women leaving it so late and always in your mind is 'what if we try to have children and we can't?', there is

always that. And I think there is a very specific window, actually, you know, from thirty-five to forty-five there is a lot of pressure on what to do. I mean if I had the choice, if my body wasn't ageing I would probably not have children in ten years' (Alice, 37, British).

Through the participants' accounts we can see the power of medical scientific discourse in shaping how women of diverse cultural backgrounds and life styles think and feel about themselves and about their life style choices (Roberts, 2002). It seems that -as I have already explained in the third theoretical chapter of the thesis- in Western societies the medical model shapes our views about what is morally right and wrong and it influences the way we perceive female identity (Rose, 1996; Kane, 2000; Furedi, 2004) .

In the account that follows, the participant, a 39 year old Portuguese woman, reproduces in her talk the traditional ideas about gender roles and female identity that are still prominent in Western society, especially in more traditional societies such as Portugal. Anna does not talk about her own desire to become a mother or of what motherhood means to her. She points out instead in a detached way (using in her narration the second person and not the first) that this is what everybody (family, friends and society) expects from women and this is what women internalize and learn to expect from themselves as well (Marcia, 1980; Bordo, 1997; Bartky, 2000).

'Name me a girl who wasn't brought up thinking that she'll be a mother and she'll have a happy family. Is what every body wants for you, so you grow up thinking of that too' (Anna, 39, Portuguese).

While most participating women without children are thinking of having a child in the near future, and attribute the fact that they are childless to life circumstances or a demanding professional life, this is not the case for everybody. The two youngest participants in this research do not wish to have children.

'I don't think that I am ever going to have children. They don't fit in my life style and plans' (Angie, 37, Greek).

And:

'I simply don't have a bond with children ... I always had this tomboyishness as a child... I don't find anything handsome, pretty, beautiful about a small child until the age-- I don't know--of seven or ten. I don't know what to do with them. I guess there is probably some selfishness in there as well, I don't want to be bound down by a child, I want to be able to do my thing, but it's more that I simply don't know what to do with them, and I don't have that maternal feeling or motherly love, no, there is nothing there. ...I have no natural instincts and...I don't think I'd be a bad mother, I think I'd be a good one, but it is hard work, because I don't have that natural' (Frida, 35, German).

Angie states that she does not wish to change her future plans and life style by becoming a mother. During our discussion she was not willing to engage in a deep analysis of her stance, probably because it is something she has thought over: she regarded it as something final that she does not wish to negotiate with her partner or her self (Bailey, 1999; Scrimgeour, 2006).

Frida on the other hand feels that she has to offer explanations of the way she feels about motherhood and her lack of desire to have children. She does not deny the commonly held belief that wanting to become a parent is something which comes naturally. She even states that her stance and feelings may be selfish, given that she sees children as a kind of burden on her life style. What Frida claims instead is that she does not possess the 'natural instinct' of motherhood and the skills to communicate with children (Harding, 1986; Haraway, 1991; Segal, 2000). Frida seems to have internalized society's views on the subject of motherhood as 'natural' and consequently to see herself as the exception to the norm--although we might conclude that her feelings on the matter may support the view that, contrary to commonly held beliefs, motherhood is not something that comes naturally to everybody (Pines, 1994; Benhabib, 2005). And of course in Frida's account we can see again the influence of the medical-biological model (Kane, 2000; Furedi, 2004). We may identify two reasons that inform these participants' attitudes. The first is the life style choices that do not allow women the time and commitment required for becoming a mother (Green, et al. 1990). Secondly, there may be an absence of -the

socially constructed- 'natural instinct' to bear and raise a child. This seems to support Benhabib's (1996) view that not all women have to go through some fixed physiological stages (menstruation, pregnancy, giving birth, and menopause) in order to develop their female identity .

7.3 Sexuality

The notion of sexuality picks up a set of ways of behaving, stances, feelings and attitudes a person has towards herself as an agent and towards others as potential partners in sexual activity (Rich, 1984; Lesley and Sundquist, 2003). An important issue, not often addressed in the relevant literature, is how, if at all, the sexuality of women changes during midlife. In this research I explore such possible changes, as well as the personal, physiological, or social factors that affect women's sexuality. This section presents participants' own account of how and why their sexual attitudes have undergone certain changes during midlife.

7.3.1 Younger Midlife Women

A very important feature of the participants' discourse is that the place and role of sex in their life changes. For younger participants (35 to 44) the most important change is that they are now in permanent relationships, and have only one partner, where in the past they used to have more sexual partners and, in that sense, enjoyed a more active and exciting sexual life.

'In general I was more active then. My sexuality was different at the time; I have not been as sexually active since that time. All these relationships I had are in the past now, because I have the same partner for the last eight, er, ten years...we have made our choice, I mean we are both more confident, we know why we are there when we are into bed, what we do into bed stays into bed and there is more to it' (Angie, 37, Greek)

And:

'I'd say I am a serious monogamist, I don't engage in promiscuous behavior outside of the relationship, I only have one partner, so that's all in the context of the relationship I have' (Alice, 37, British).

Both Angie and Alice point out that the most important change in terms of their sexuality is the fact that they are in a stable, long term relationship, instead of having sexual encounters with different partners, as they used to a few years ago. They do not clarify whether they link this to their midlife identities or whether they see it as an independent fact. Maureen, while commenting on the same issue, however, says that she cannot decide whether the changes she experiences in terms of sexuality are the result of her being part of a couple or a feature of her midlife identity, since the two could be interconnected.

'Yes, yes, I think things have changed. I am not sure whether it is because I am now in a stable relationship, or because of my age, I am not sure if I can separate these things but I actually am much more comfortable in that context, you know,...yes, in the context of sexuality' (Maureen, 36, Irish).

Some participants have also said that they do not have sex as often as they used to when they were younger because (i) their busy life styles and priorities do not permit it (Deem, 1986) or (ii) because in long term relationships the element of sexual excitement is not as strong as it is between new partners (MacKinnon, 1983; Stone, 2007). However, these women do not see a connection between the decline of sexual activity in their life and 'middle age' defined in purely biological terms. They think that this decline has to do with the nature of their relationships and not with the ageing process. It is worth noting that most participants affirmed that they have experienced no decline in the actual enjoyment of sexual activity (Lesley and Sundquist, 2003; Stone, 2007):

'I feel what makes a difference is how long you know somebody and it happens with long term relations that at the beginning there is a lot of sex and then cools off... Sex is still as good and as satisfying but things have got to be a hundred percent... Conditions have to be good. I don't think it has anything to do with sex, it's still enjoyable, but it has to do with the length of time you know your partner. Basically after three years it drops off'(Frida, 35, German).

And:

'My sexuality has not changed. I do still enjoy sex the same, no more, no less. I do not like having sex as often as I used to because as you grow older your interests and responsibilities change. Now I am in a permanent relationship with my husband and although we enjoy sex very much we do not have sex as often as 5 years ago, when we first met, because there are other priorities in our lives' (Nandine, 41, French).

Frida and Nandine do not attribute their different attitude towards sexual activity to their midlife identities but rather to personal circumstances. They do not seem to believe that their decreased interest in sex is a feature of midlife or an outcome of the ageing process (Oberg, 1996). They both state that it has to do with the form of their relationship, their busy professional life style, their priorities and responsibilities (Rich, 1984).

7.3.2 Older Midlife Women

'Because of the age where I was growing up, the late sixties and the seventies, when Franco fell and the government changed' there was a huge push for change in the society; it was a new generation of people in Spain that opted for freedom and if you knew a doctor you could go and take the pill. I had quite an active life at that time because you didn't have to be afraid of getting pregnant. Everybody was experimenting a lot; young people were very much together. So, that for me was the time when I was sexually active. Then as I was getting older it changed, because I had long term relationships and then I met the person who is now my husband and when in a long term relationship you are less sexually active. You are more active when you are looking for different partners. I became less active. It just becomes less important in your relationship, you know having kids and things change... Yes. Maybe you shouldn't but certainly it isn't a priority, there are other things you have to think about. (Laughter)' (Miriam, 49, Spanish).

Miriam gives an account of her sexual behavior through the years. Similarly to other participants, she points out that when she was younger she used to be more sexually active, mainly because she was experimenting with more than one partner. She also

refers to the importance of the availability of contraception for women of her generation when she was growing up in Spain, her country of origin. As it is also stated by other participants, Miriam asserts that since she's been in a long term relationship her sexual attitude has changed. She attributes this change to new priorities and roles, such as motherhood, and to her demanding professional and social life (Featherstone and Hepworth, 1990; Stone, 2007). So, to Miriam changes in sexual behavior are linked both to her busy schedule, the new social roles she has adopted, and the end of sexual experimentation with different partners due to the formation of a stable, monogamous relationship (Foucault, 1976; Rich, 1984; Bartky, 2000).

Although she does not state that this change in sexual attitudes connects to her being at the middle stage of the life cycle, the reasons she gives for this change, -multiple social roles, busy life style, stable relationship - can all be considered features of female midlife identity in Western society (Bernard et., al, 2000; Bond, 2007).

My interviews with older midlife women made me realise the significance of sexuality in this age group. Two of the participants, who are over 50 years old, pointed out that the subject of sexuality is very important, though often misunderstood. One of them commented on the common sexist and ageist stereotypes about older women and sexuality according to which women in midlife are neither sexy nor as interested in sex as they used to be when they were younger (Lesley and Sundquist, 2003).

'Fundamentally you do not change but your sexuality changes. You have many inhibitions when you are young. You lose your inhibitions as you grow older, especially after menopause. You think that you do not have many things to lose any more and maybe not too many years before you get really old. Have you seen the movie 'Shirley Valentine'? I believe that it is like that. Women in their fifties feel more free, more sexually active... Sexuality is very important.' (Sharon, 54, Indian).

And:

'I think I've gained more confidence than when I was younger; I don't feel as self-conscious, much more confident. I think it's probably increased more than decreased... The other day I embarrassed a

few of my friends because we were talking about sexuality and I said I am masturbating when I have sexual feelings, because if you are without partner what do you do with all those feelings? Do you just wait till they go away or do you pleasure yourself? And that was interesting. They were really embarrassed! (Emphasis) I don't think from their reaction, that they do it; I think that they push the feelings away; they pretend they haven't got them. If I don't pleasure myself I am not going to have sex, I rather keep sexually active...That's the whole thing with the stereotype of the older woman, they wither up or they dry up, not only does the world stop seeing them as sexual, they stop seeing themselves, but you can go on as long as you want. But I thought these feelings will go away and they didn't, which is interesting' (Laura, 52, British).

These participants state that sexuality is very important to them and to how they think of themselves. They point out that their sexuality has changed a lot since they were young women, and they attribute the changes to the fact that their confidence and experience have grown and their psychological maturity has increased, due -according to them- to the ageing process and the physiological changes it brings with it, such as the menopause. We may assert, therefore, that for these participants, personal identity (in the dimension of sexuality) changes, a finding which I consider very significant, given especially the paucity of references to this issue, even in the feminist literature.

It is interesting to note the cultural difference between the two women, a fact that once more provides support of the significance of race and ethnic diversity for this thesis. The participant of Indian origin talks about inhibitions and gives the impression that her sexual attitudes have undergone recent changes for both physiological reasons (the sexual freedom that the menopause may bring) and psychological ones (the feeling that she may not have too many years left to enjoy sex) (Pines, 1994). Although she has been with the same partner for the last twenty-five years, Sharon reports changes in sexual activity and sexual enjoyment, which she links solely to her own change of attitudes, and not to changes stemming from her relationship.

The British participant talks about masturbation, a sexual activity which is considered by many a taboo and in which she says that she engages mainly because she currently does not have a partner. Her account raises questions about what type of sexual activities are considered 'normal' and acceptable for midlife women in Western society, as well as about whether there is an 'age limit' for women in relation to sexual feelings and activity (Foucault, 1976; MacKinnon, 1983; Rich, 1984; Bartky, 2000). According to prevalent stereotypes middle aged and older women are not as interested in sex as they used to be or as middle aged and older men are (Lesley and Sundquist, 2003). They are viewed as sexless, and perhaps some of them internalize these well held beliefs and start behaving accordingly, or try to hide their true feelings and sexual desire in order not to feel that they are different from most women (Oberg, 1999).

Participants in this age group also talked about the importance of life style in shaping their sexual lives and desires. They mentioned that as an outcome of their busy life style, new social and professional roles and more responsibilities, they experience a decline in the frequency of having sex (Featherstone and Hepworth, 1990; Giddens, 1991). This was the main element which younger and older midlife participants had in common regarding sexuality. So, the decline in the frequency of sexual intercourse was attributed by participants of both age groups to their busy lifestyle and not to the decline of sexual feelings and desire due to the process of growing older.

'I am not very interested in that now and I used to be very interested-- my partner doesn't have that change, he is very interested at sixty-one, and for me it just gradually declined, nothing in particular, nothing concrete that caused that, and I don't have any changes in my hormones, I am one of those very regular people, so then I ask myself why am I not very interested in sex, and one thing is that I am overworked, I do too many things. For the last three years I had to deal with a bully in my work, so gradually I got out of the bullying relationship, but my sexuality had definitely declined by then because I was so much worried and stressed... I just wasn't getting enough sleep. If you don't sleep at

night because you are worried, then you don't have enough energy for your partner at night (Elaine, 46, American).

Elaine attributes the decline in her sexual desire to personal circumstances, such as working too hard and worrying about the colleague who was bullying her. She does not link her lack of sexual desire to her midlife identity or to physiological reasons that have to do with the process of growing older. Neither does she connect the change in sexual interest she experiences to the fact that she is in a long term relationship or to her partner's behaviour.

So, in contrast to popular ideas - resulting from the influence of the bio-medical model -which link female midlife identity with a decrease in sexual desire- (Bernard et. al., 2000; Furedi, 2004), participants in this research claim that they have not noticed any decrease in their libido due to the fact that they are now in the middle stage of life.

7.3.2 Positive Changes due to Ageing

Most of the participants of this project, when referring to changes regarding sexual attitudes and activities, talk about a number of social, personal, and physiological reasons for these changes, which can be linked to female identity in midlife (Bond, 2007). However, not all the changes in sexuality attributed to midlife and therefore to ageing are negative. Two out of the fifteen participating women have directly linked sexuality to the ageing process and said that they have experienced some positive changes in sexual desire and enjoyment due to the changes that the ageing process brings.

‘Yes, definitely. My fortieth birthday present was a libido. Along with that come very sensitive nipples and the peri- menopausal state. In a sense my sex life has been transformed, became far less inhibited, so yes, I have noticed an important change’ (Jennifer, 47, British).

And:

‘When I was young I had many inhibitions, I was very modest, I was always expecting that the man should do the first move. Young women today are completely different. They have no inhibitions. It is something universal, something global’ (Sharon, 54, Indian).

Jennifer links the positive changes she experiences in terms of sexuality to the hormonal changes that age may bring for older midlife women. Although such assumptions which are linked to the medical model are today disputed by feminists (Butler, 1993; Segal, 2000; Benhabib, 2006) she claims that, due to physiological changes associated with the peri-menopausal stage, she enjoys more intense sexual activity and she experiences a decline in her inhibitions (Mackie, 1997).

Sharon (54 years old), an Indian participant a few years older than Jennifer but belonging to the same age cohort (45 to 54), states also that she experiences a decline in inhibitions, but the reasons she offers are psychological and not physiological (Grogan, 2006). This has perhaps to do with cultural differences between the two participants, which may also become evident in their individual styles of speaking about the issue of sexuality. Jennifer is more open and direct while Sharon talks about women of her age group, and what she believes to be their attitude towards sexuality, in more general terms. The fact that Sharon was brought up in a more traditional way can explain why she states that as she grows older she feels less sexually inhibited and why she sees that as a trend of young women's attitudes towards sex (Blakemore and Boneham, 1998)

7.3.3 Women of Different Sexuality

Two of the participants of this research are bi-sexual women who in the past have been in relationships with persons of the same sex. These participants believe that in Western society there is still discrimination and misunderstanding about people of different sexuality; and although they identified themselves as bi-sexual they had difficulties in talking to me about this issue during the interviews, especially taped interviews (Rich, 1984; Burkitt, 1998). One participant was willing to provide more

information about her sexual habits, but only off the record. It is also worth noting that both women are non-British but currently live and work in the UK.

‘Another milestone was a relationship I had with a girl. She was gorgeous. She was a D.J. and we were together for two weeks and then I told her that I wasn't interested in her that way anymore. But we remained good friends for a long time. I have lost her now, I think she is in London, but definitely it was a milestone for me...I felt differently about myself, it gave me a different insight, I changed’ (Angie, 37, Greek).

To Angie her sexuality is an integral part of her female identity and any changes in terms of sexual experience and attitudes are therefore considered to bring changes to her self perceptions. The way Angie feels and thinks about herself due to her sexual experience with another female is directly linked to the way she thinks of her personal identity (Foucault, 1976; MacKinnon, 1983; Butler, 1993).

The following is a rather long quotation that raises a number of important issues:

‘As I told you earlier I am bi-sexual. Before I was married I used to have affairs and relationships both with men and women. That of course has changed since I got married, because I do not want to be unfaithful to my husband. So, my sexual behavior has changed’ (Nandine, 41, French).

Researcher: Are you open about your sexual preferences?

‘Yes and no. My husband, close friends and family know, but my colleagues and acquaintances don't. I have to protect myself and my husband from gossip and misunderstandings. He would be very upset if his family or friends knew about my past. We live in a society where people pretend that they are accepting and open-minded. In fact they are very critical and uneducated about these things. I dislike being classified as a lesbian or even worse as someone who is not sure about her preferences, because that is what some people believe a bi-sexual person is’ (Nandine, 41, French).

Researcher: Has the way you think of your sexual identity changed over time?

‘I always thought that it is natural to like both men and women and still do. I fall in love with the person regardless of sex, age or race. I fell in love with my husband not because he is male, or because he is white and English, but because of his personality, his character, his charm. Because of whom he is as a person. I used to be open of my sexual identity but not anymore, I want to protect myself, I have

learned that the hard way, because no matter what people say there is a lot of prejudice in England and in France. I have to really trust someone to talk to them about my sexuality. So, my sexual identity has not changed with age, just my attitude about these things. I have become more secretive and careful around people I don't know very well than I used to when I was in my twenties and thirties. I was very talkative back then and that has gotten me into trouble especially in my professional life more than once (Nandine, 41, French).

According to Nandine, her sexual identity, namely the way she sees herself in terms of sexuality and her sexual preferences, has not changed over time. What has changed is her sexual attitudes and activity (Butler, 1996). The participant does not link these changes to the ageing process or to any fundamental developments in terms of personality and sexuality. She associates these changes, firstly, to the fact that she is now in a permanent relationship and, secondly, to the fact that she is trying to protect herself and her husband from social prejudice (Sawicki, 2006). That protection takes the form of covering part of her sexual identity to fit with what Western society considers to be the norm - hence, she does not claim that the way she feels and thinks about sex has changed (Rich, 1984). However, the way someone presents herself to others constitutes a significant part of her identity (Taylor, 1989; Giddens, 1991; Noonan, 2003). It should be noted, therefore, that by not revealing the whole truth about her sexuality, and by not living openly as a bi-sexual woman, the participant has not left her personal identity unaffected.

7.4 Female Personal Identity and Chronic illness

Due to the fact that chronic illness is not part of my life experience or part of my siblings' and friends' life experiences, I had not realized the significance of this issue for different aspects of my project. Three of the older midlife participants are suffering from chronic illnesses. These women have said that their everyday lives are shaped by their illness, and their experience of ageing is coloured by it. They have also pointed out that their illness has become an integral part of their personal identity,

since their quality of life is directly linked to it. Health is very significant: when they spoke about a number of different matters, such as ageing, body image, sexuality, life milestones, and future plans, they would bring into the discussion the issue of health.

Although some of the younger midlife women have said that they are trying to exercise and to lead a good life style in order to remain healthy, health issues do not seem to be so important for women from 35 to 44 years old. Older midlife women on the contrary are more aware of health related issues and when talking about ageing, middle age, and body image, they often refer to health. Participants over 44 admit to being worried about their health and think about it more often than they used to when they were younger (Grogan, 2006). In the quotation that follows, Elaine links these health worries to the fact that she is middle aged, and it appears that according to her being middle aged automatically means that she should be more careful and attentive to her body (Roberts, 2002; Benkimoun, 2004).

‘Menopause. It is clear that I do not have that, I am very regular with periods, I am pre-menopausal, but these pains were extraordinary...so, it was something else, you know, just joint pains, it is more likely that the cold weather and the wet weather has brought all that. Maybe it is arthritis or just hormones. I hope it does not come back because that certifies it as middle age(laughter)’ (Elaine, 46, American).

For the three chronically ill participants of this study the issue of health is of great importance. These women when talking about the issues of sexuality, relationships, body image, menopause, life milestones, ageing, and plastic surgery, always refer to their fragile health and point out its significance for every aspect of their lives.

‘I mean I am overweight now, because I have been very ill, and I have put on two stone. If this had happened to me when I was younger it would mean the end of the world and now, I go, er, ‘well, if being ill means that I put on weight that's fine’...I hate using this stick, but if I don't people won't stand next to me on the bus. (Laughter). I think when you are ill you become more sensitive to yourself, you know what I mean? So, I don't beat myself up about that, I'd better do something about it(the weight)’ (Laura, 52, British).

It should be noted, though, that the way these women think of the ageing process is different from the rest of the participants; for them growing older is viewed as something positive because it means that they have succeeded in fighting their illness and in living longer. All three participants admit that when thinking about growing older they also think of their chronic illness and how the development of this illness in the years to come may influence or even shape their experience of ageing. These women do think of the effect of ageing on their body, but they also think of the effect that chronic illness has had or will have on their bodies, way of life and personal identity as time goes by (Bernard et al., 2000; Grogan, 2006). One could say that worries about ageing and their illness are interlinked, a fact which demonstrates the importance of sample diversity in terms of health.

‘I also think that because my outlook is so colored by the illness it's had a huge effect, because there is a discipline to dialysis alone which governs your life in the number of hours that you do it, how often etc. That really does color my experience of ageing’ (Esther, 48, British).

It could be argued that due to their situation these participants seem also to have come to terms more successfully with physiological changes, ageing and mortality. This attitude is evident in the account that follows:

‘The second time I had cancer it made me think that I've aged; it is the progressive deterioration of the body. In a way is a fallacy to think that you are going to be young forever and it is entirely human that your body does not function the same. There is deterioration related to ageing and it brought home the truth’ (Miriam, 49, Spanish).

By way of concluding this section I would like to add that a common misconception is that chronic illness is necessarily linked to depression, dependency on others, lack of control and loneliness (Bernard et. al, 2000). While this may be true in some cases, especially in later life, the three middle aged participants who suffered from chronic illnesses are very active and lead interesting, busy, social lives. Two of these women are mothers and all three of them are professionally successful. Their illness is something that, as they all note, colours the way they see and experience things, but it

is they themselves, not their illnesses, who give shape to their personal lives and careers.

7.5 Summary

In this chapter I have explored in what ways and for what reasons personal identity changes with the passage of time, as well as the different aspects of the embodied nature of female personal identity. Participants have identified three important aspects of their identity that change as they grow older, namely the way others see them over time, the way they perceive themselves, and the way their personality changes due to the ageing process.

Participants have point out as defining parts of their female personal identity that need exploring their relationship status, their motherhood status, and their sexuality.

Significant findings of this chapter are as follows. As regards relationships, most of these middle aged women have said that they are in a stable relationship and they consider this to be a positive aspect of midlife. As regards motherhood a significant finding is that childless women talk about a 'blame culture' against middle aged women who have no children, while participants who are experiencing motherhood say that, although very important, it is not necessarily the most defining part of their female identity as that has developed and changed through the years. As regards sexuality a significant finding is that older midlife women's accounts do not support the popular belief that these women are not as interested in sex as they used to be when they were younger.

Finally, an important finding of this research, as regards female identity and embodiment, is that participants who suffer from chronic illnesses face ageing and its effects on their body, life, and identity differently from the rest of the participants. For these women the effects of chronic illness and ageing are interlinked, and growing older is something positive since it means that they have succeeded in living longer.

8. Conclusions

In this concluding chapter I draw together the main threads of my discussion from the previous chapters. In the first section I outline the key findings that shed light on three major research questions. In the second section I highlight the project's contribution to social science and its research methods, and I offer some thoughts on how certain parts of the current project might be developed in the future in order to advance our understanding of women's experience of ageing.

8.1 Theoretical Research Questions

There were four theoretical questions that drove my research:

1. How do women between 35 and 54 who live in the UK experience the process of growing older?

This is the major question addressed in this thesis. I hoped to shed light on the nature of female personal identity through time, female experiences of ageing, and women's perception of their own bodies through time.

First of all, I examined whether ageing is important to women in this age group, and whether it is something they tend to think often about and to talk about with their friends and acquaintances. One important issue I examined is that of ageing in relation to female identity, attempting to explore how women think that their personal identities are linked to physiological and psychological changes brought about by growing older, in other words whether participants think that their sense of self changes through time (Taylor, 1989; Du Gay, 2000; Atkins, 2005). Given the embodied nature of female identity it is of importance to comprehend how embodiment is experienced by middle aged participants and how in turn it shapes the development of female personal identity through time (Bartky, 1990;; Bordo, 1993;

Butler, 1993; Foucault, 1993; Turner, 1999; Abbey, 2000; Budgeon, 2003; Jeffreys, 2005).

In addressing those issues, I examined which components of their selves and which aspects of their lives participants viewed as constituting their personal identities. I then tried to find out whether participants felt that these aspects were fluid and changing or whether they remained fixed and stable over time (Synott, 1993; Grosz, 1995; Noonan, 2003; Shilling, 2005).

Conclusion: My research establishes that the majority of participants think that their behaviour, thoughts and feelings do not remain unchanged over time but are characterized by flexibility and adaptability to different situations (Gould, 1978; Levinson, 1986). Contrary to what McCrae and Costa (1990) claim, participants argue that changes in life circumstances do not leave them unaffected, but influence the way they think and feel about things and about themselves. So, according to these participants their personal identity does not remain unaltered and stable through time but is on the contrary flexible, fluid and adaptable to new situations, depending on life circumstances, biological change, social conditions and their own idiosyncrasy. According to participating women the core components of their personal identity are: their sexuality, health, relationship status, and motherhood status (Bergeron, 1998; Bernard et al., 2000).

It is worth stressing that when participants talk about personal identity they talk about three different issues which are of course linked to each other. Firstly, they refer to the way others perceive them, secondly they talk about the way they perceive themselves, and thirdly about the ways their personality has altered with the passage of time (Brewer, 1991; Stewart, 1998; Goldie, 2000).

Participants believe that as they grow older the way others perceive them changes significantly, mostly due to the fact that they assume different social and professional roles with added responsibility (Onyx et al., 1999). The majority of the participating

women speak of thinking of themselves very differently over time, apparently due to changes in personality which they attribute to the process of growing older and the experience and psychological maturity that they consider ageing brings with it (Clarke, 2001). They also see changes in the way they go about achieving things and in their attitude towards others.

When participants talk about changes they refer to two kinds of change: namely to those changes that are not under their direct control, such as changes in the circumstances of life and the natural changes that ageing brings with it, and to changes brought about by the participants themselves, such as some of the changes in their personal and professional lives. They feel that both types of change affect their personal identity, and that such changes are directly related to the ageing process (Bartky, 1989).

It is of interest that while older midlife women (45 to 54) concentrate on physiological changes (e.g. the effects of the menopause, and of ageing in their body) and how these changes affect their personal identity, younger midlife women (35 to 44) tend to concentrate on changes in their ways of thinking, life choices and professional decisions, and generally in their personality. One explanation for this may be that older women, because of personal experience, believe that after a certain age (which might of course be different for different people) change in terms of personality and character is not as dramatic as in the earlier years of the life cycle (Bernard et al., 2000). It might also have to do with the fact that physiological changes due to ageing are more intense and easily perceivable after the age of 44, as well as the possible fact that the prevalence of ideals such as good looks, slimness, and 'agelessness' in British society forces women over 44 to concentrate on the significance of physiological changes for their personal identity and sense of self (Bartky, 1988; Giddens, 1991; Bordo, 2003; Stone, 2007).

A key finding concerns 'life milestones'. Participants talk of life milestones which have affected not only their lives but also the way they feel and think of themselves.

While some participants mention as milestones biological and physical events linked to their female sexuality (first menstruation, motherhood, menopause), others talk about events linked to their personal experience (getting their university degree, buying a house, migrating) (cf. Benhabib, 2005).

Of the 15 participants in this research, 8 have mentioned as turning points and markers in their lives events that linked to their female sexuality and female identity, while the rest have talked about events related to their personal choices and experiences. When women describe experiences and feelings related to their female sexuality -for instance, menstruation, menopause, pregnancy, and birth- they may present these stages not as actions that they do, but as states that their bodies go through. Some theorists interpret this as an indication that women regard these phenomena as being completely separate from their personal identity (Dickson, 1993; Martin, 1993). The participants of this research did not appear to experience such a radical separation between themselves and their bodies. They rather emphasise how these changes became part of their identity, how those events affected the way they think about themselves, and the ways in which such phenomena were integrated in the formation of a changing, developing, self.

According to the participants in this research, for midlife women, changes that have to do with their sexuality and female nature are not more significant than changes that are linked to their personal experiences (Pines, 1994; Berger, 1999). In both cases, women refer to events which they consider to be markers and turning points in their life regardless of who or what caused these events, whether it is the result of a physiological process, of life circumstances, or of personal choice.

Contrary to the bio-medical model that presents the ageing process as a succession of physical events that women experience during the life course (Braidotti, 1998; Benhabib, 2005) participants in this project do not present a hierarchy in which certain life changing events (either those resulting from physiological processes or those

resulting from life circumstances and/or personal decisions) are considered more valuable than others for the formation of their personal identity (Granville, 2000).

Consequently, one may conclude firstly, that in reality, ageing and the changes brought with it do not have a clear beginning, and that successive physiological 'stages' of ageing are experienced differently and at different times by different women, depending both on their cultural and individual characteristics. Secondly, we may conclude that for participants in this research changes related to female sexuality are not considered more significant for the formation of female personal identity than those related to life circumstances.

2. What is the relation between the participants' sense of identity and their body image through the passage of time?

With the second major question of this research I intended to explore, among other things, what methods participants use in order to look good, and whether they are trying by using these techniques to fight ageing or just to look good for their age and to adapt to current beauty ideals prevalent in British society (Turner, 1992; Frost, 1999; Budgeon, 2003). In addition, two significant issues, of direct relevance to the collection and analysis of my data, are the relation of ageing to fashion and to plastic surgery. What I have inquired about in this section is British society's 'ageing standards of appearance' (Gerike, 1990; Rudd, 1997), in other words the day to day experiences of dealing with the visible signs of ageing (Foucault, 1977; Butler, 1985; Bartky, 2000).

Conclusion: According to participants' answers, the most popular methods women use in order to look good are, in ascending order of popularity: the use of make-up, and of hair colourant, exercising (mainly used by younger participants in this research), the use of cosmetics and skin moisturizer, mentioned by the majority of participants (Etcoff, 2000), and the two most popular methods, namely some form of food control (10 of 15 participants), (Bordo, 1993) and fashion, mentioned by 14 out of 15

participants, a fact which makes clothes the most popular method of covering the signs of ageing or of adapting to midlife, according to the women who took part in this research (Bergler, 1987; Davis, 1997; Blaikie, 1999; Eicher, 2001).

One of the significant issues in feminist literature is plastic surgery (Spitzack, 1988; Morgan, 1991; Haiken, 1997; Negrin, 2002; Sullivan, 2002) When asked about this issue most of the fifteen participants of this research were unequivocally against it. They view plastic surgery as something extreme and unnecessary, also claiming that it is not a permanent solution but in need of continuous renewal, and point out that the pain and effort involved in cosmetic surgery are reasons enough to turn them against such procedures (Davis, 1995; Gilman, 1999; Bordo, 2003).

There were, however, two participants, who happen to be the youngest (both non-British, middle class, professional women), according to whom there is no stigma attached to plastic surgery. On the contrary it seems that it is seen by them as an acceptable method of controlling and minimizing the effects of ageing, not a luxury any more but a necessity (Balsamo, 1990; Frost, 2001). One of these participants, a Greek woman who was 37 years old at the time of our interview and was contemplating liposuction, has finally had the operation two years later. In addition, one of the other participants, a British 48 year old, had already been through surgery by the time of our interview in order to remove a scar from her face.

One may conclude, firstly, that participants employ these different methods, not in order to pass for younger women or to cover the signs of ageing, but as part of an attempt to stay fit and healthy and to adapt successfully to the ageing process (Brownmiller, 1984; Browne, 1998; Foucault, 1998). Secondly, we may conclude that participants prefer the natural methods of dieting and exercising to cosmetic intervention and that clothes seem to be of great importance to middle aged participants of this study (Steele, 1996)

The third and the fourth questions of this project explore issues regarding women's own perceptions of middle-age at both a personal and a wider social context, including ageism in the work place, social and personal life, as well as gendered ageism.

3. How do participants perceive mid-life and middle aged women?; and, relatedly:

4. What is the participants' view on how women are perceived by others in terms of their age?

The core issue proved to be that of how participants think that *others* perceive them as middle aged women. All but one of the participants in this research support what the theorists have said, and say that British society is an ageist society (Johnson and Bytheway, 1993; Ginn and Arber, 1993); and they have given a variety of examples which highlight the existence of ageist stereotypes. They agree that in Western culture, ageing is more frequently regarded as problematic for women than men (Smith, 2001; Holland, 2004). They use the examples of different types of ageism and of the existence of a double standard of ageing to support their views (Sontag, 1978) and point out that ageism against women manifests itself in many different ways, such as in discriminatory practices in the workplace, in institutional policies, the mass media, TV programmes, and fashion (Featherstone and Hepworth, 1990; Carrigan and Szmigin, 2000).

Participants have talked about different types of ageism. First of all they referred to ageism against the old. Participants who talk about this type of ageism belong mainly in the age group of younger midlife women, namely those aged from 35 to 44 years old. An explanation for this could be that these participants distance themselves from the issue of ageism, since they see it as something that concerns women many years their seniors, and do not therefore feel uncomfortable talking about it. For older midlife participants (45-54), on the contrary, ageism is a sensitive issue, one they may have experienced both socially and professionally, one they do not wish to talk about

because it makes them feel uncomfortable or sorry for themselves, and places them in the position of the victim (Bernard et al., 2000).

Ageism in the workplace is the second type of ageism participants have mentioned. Older midlife women seem more aware of specific problems that have to do with ageist and sexist attitudes in the work place. Some of them have mentioned that after a certain age it is very difficult for older midlife women in the UK to find a job, thus agreeing with research that has shown that there are inequalities in work patterns, relating in particular to pay and promotional opportunities, that women experience throughout the life course (Arber and Ginn, 1991; Carvel, 2001).

Finally, some of the participants have mentioned the issue of gendered ageism, an issue that remains under-researched. The findings of studies on gendered ageism (Evers, 1981; Granville, 1992) showed that sometimes younger women attribute to older women characteristics that only some of them possess and use these as grounds for stereotyping, ignoring or mistreating them. According to these studies young and middle aged women often find images of older women disturbing, out of fear that they may themselves become frail and dependent in old age.

The studies which have already been conducted in this area are rather limited. It is therefore significant that participants have said that on certain occasions they feel that a woman is inadequate for her post, simply because she is 'too old' or 'too young' for her job. Participants have admitted feeling prejudiced against older women because they feel that they are conservative and old-fashioned, while at the same time they have admitted feeling prejudiced also against younger women on the ground that they are too young, and allegedly too emotionally immature and inexperienced, for their job.

Many of the participants said that there are 'age appropriate clothes' for different age groups of women (Wolf, 1991). Midlife women who are dressed outside their 'ideal dress category' are heavily criticized by other women in the same age cohort. Most

participants who talked about this issue stated that a middle aged woman should avoid both revealing clothes -as those are only appropriate for young women - and old fashioned, frumpy clothes - as those are good only for women over 60 (Jeffreys, 2005). Some of the participants may not realize that such comments from their part may constitute an indirect admission of ageist views and attitudes, and may in fact qualify as gendered ageism.

For these women the term 'middle age' carries only negative connotations (Hepworth and Feathersone, 1993). They do not agree with the social scientists' classification of the life stages and argue that the term 'middle aged' - a term they consider old fashioned - should not be employed for the characterization of mid-life women (Evandrou and Glaser, 2004; Bond et. al., 2007).

Participants in this project have agreed that there is a double standard of ageing (Sontag, 1978) in British society. The most common example given of the double standard in British society was that it is acceptable for men to have as partners younger women, and that it is easier for them to find attractive partners regardless of their age cohort (Bytheway, 1995) while the same is not true for middle aged women. Another example offered of the existence of the double standard is that both men and women are critical of women who dare to show grey hair in public or who are overweight, since both grey hair and extra weight are viewed as a sign of 'letting one's self down' and of ignoring social norms (Wolf, 1991; Jeffreys, 2007), but they are not critical of similar men.

It is of importance that participants from non-British cultural and ethnic backgrounds often comment on the fact that in their country of origin the glorification of youth and the negative stereotypes about age are not as dominant as in British society, a fact which supports my view that ethnicity and culture are of great importance for the issue of ageism.

8.2 Contributions to social science and its research methods

8.2.1 Theoretical Contributions

First, my analysis of the participants' accounts supports the view that identity (in the sense of how a person sees herself) is subject to significant changes: it depends on the ageing process and the physical and psychological changes it brings with it, it varies according to social circumstances, and it is affected by the different social and professional roles we adopt in our adult life (cf. Taylor, 1989; Synott, 1993; Du Gay, 2000; Noonan, 2003; Atkins, 2005; Goldie, 2005).

Secondly, the analysis supports the hypothesis that female identity is of an embodied nature. This hypothesis in its turn both supports and helps to explain the theory of the changeability of personal identity: my analysis supports the theory of embodiment by giving evidence of the phenomenological fact that bodily ageing is experienced as a defining factor in the development of personal female identity (Butler, 1993; Csordas, 1994; Crossley, 1996; Davis, 1997; Budgeon, 2003).

Thirdly, the analysis of the interviewing sample indicates that the participants believed that ageing is a feminist issue, and confirms that there is a double standard of ageing in British society (Sontag, 1978; Lakoff and Scherr, 1984); it thus explains why ageing is more painful for middle-aged women (Wolf, 1993; Andrews, 1999) than for men.

8.2.1.1 Indications for future research in social science

This critical analysis indicates various ways in which the study of women's experience by social scientists can be advanced. First of all, it shows that we need to explore what women themselves think of the scientific classifications and categorizations of ageing. Secondly, the evidence suggests that social scientists need to re-consider both their age cohort categorizations and their use of the term 'middle

aged', which - given the current popular and medical preconceptions - carries only negative connotations for participants.

To my question whether they identify themselves as 'middle aged' thirteen of the fifteen participants in this project gave a negative answer. Participants seem to believe that belonging in a certain life stage is not necessarily a matter of chronological facts, but rather a matter of looking and acting as is expected when belonging in the particular life stage. In other words what makes someone middle aged is not her chronological age but her lifestyle and looks (Biggs, 2005). Consequently, most participants who refuse to identify themselves as middle aged think growing older is a process that can be controlled by adopting a healthy regime and a 'young' lifestyle (Bond et al.,2000).

The only participants in this research who identify with the characterization 'middle age' belong in the age cohort of younger mid-life women and are non-British nationals, (one of them is German and the other one is Greek), a fact which may help explain why they do not find the use of the term 'middle age' as threatening or insulting as British women, and which proves that the variable of ethnic identity can be very significant in forming an accurate perception of how women view the life cycle (Blakemore and Boneham, 1998).

Participants also do not view middle age as an extended period in time that connects youth with old age, but rather as a short period of time just before old age (Gilleard and Higgs, 2005). For most of the participants 'you are either young or old' in other words you are either active, energetic and creative, or settled in your ways, old fashioned, conservative and passive (Hurd, 1999). Participants do not seem to see the need for the existence of an intermediate stage between youth and old age-- a fact which proves that the idea of bipolar ageism, which is promoted by the mass media, the film and advertising industries has become an influential way of thinking about ageing and the life cycle (Cole, 1992).

It is also worth emphasizing that the participants' views of middle age and, more precisely, their views about when it begins, change according to their place in the lifecycle. For instance, a thirty-seven year old participant stated that middle age may start after forty or even later, a forty-five year old woman said that it does not start before fifty-five, and participants in their late forties and early fifties believe that it definitely starts after fifty-five or even sixty. This finding is of great importance both for this current project and for future projects I intend to pursue, since, to the best of my knowledge, there is no directly relevant discussion of this issue in the literature of social science.

8.2.2 Methodological contributions

The project includes two main methodological contributions. On the one hand, it stresses the importance of studying women of different ethnicity and cultural background in order to understand the psychological and social impact of ageing on women's lives, as well as the importance of allowing participants to define themselves in terms of variables such as sexuality, ethnicity and class. On the other hand, it proposes specific techniques that may allow participants to have a more active role in the research process. Let me explicate briefly each point.

8.2.2.1 Enhancing the participants' role

A central contribution of my project has been the design and implementation of two techniques that enable participants to take an active role in the research process. We are often advised to get participants actively involved in our projects (see for instance, Bryman, 2001). Although in the relevant literature there are examples of ways in which participants can get involved with a project before or after the interview (Mies, 1993; Miles and Huberman, 1994), it is not always clear what this suggestion means

and, most importantly, how exactly it can be put in practice when we are trying to get participants involved in the actual interview.

The first technique offers participants the opportunity to set part of the research agenda for the current project, as well as for future inquiries in social science. At the end of each interview I asked participants what they, themselves, would like to know about other midlife women and their experience of ageing, and what they would like to ask other women if they had the opportunity to take relevant research interviews. As I explain in chapter 4, my study was thus enriched by perspectives different from my own in terms of both data collection and data analysis: in some cases the questions proposed by the participants were integrated into the project, and were used in subsequent interviews with other women.

The second way of getting participants actively involved during the interview is of a more theoretical nature: participants were invited to define themselves in terms of some important research variables -in the present study, in terms of ethnicity, class, and sexual orientation. This approach is arguably at odds with the standard view that it is the researcher's prerogative to classify her participants in set categories. For instance, it is commonly expected that the researcher will categorise participants' ethnicity, sexual orientation, and class on the basis of (i) information provided by the participant and (ii) general assumptions about how this information is commonly processed. However, giving the participants the opportunity to categorise themselves according to their own views, conceptions or belief-systems, and not to be placed by the researcher under fixed categories, had some very interesting outcomes (see chapter 4, section on 'Participants as co-researchers'). By paying due attention to the participant's own classification, the researcher is given the opportunity to come across issues about significant variables which would otherwise have not arisen.

As I have already pointed out in the Methodology chapter, the fact that participants are called upon to categorise themselves does not necessarily mean that the researcher ought to accept and reproduce their categorisation without any consideration (Stamou,

2007). However, the present project indicates that a self-reflective and critical employment of the two techniques may contribute to the development of social-scientific research that addresses the actual ideas and concerns of its participants.

8.2.2.2 The significance of ethnic diversity

As I have already pointed out in the chapter on methodology and at various places in the findings, the issue of ethnic and cultural diversity is of much significance to this thesis. The standard sample discussed in the literature about British society consists of White, British, Middle-class, Heterosexual women (Stanley and Wise, 1983; Nielsen, 1990; Brah, 1992). However, the feminist paradigm emphasizes the significance of diversity in terms of age, race, ethnicity, culture, health, language, class, profession, and sexuality in order to ensure that women from diverse backgrounds and different lifestyles who live in the UK are adequately represented in social research (Maynard 2002; Bryman, 2001). In addition, the exploration of both oppression and privilege (Calasanti, 2004), in terms of health, class, education, and economic status is necessary in order for social scientists to properly understand the ageing experiences of middle aged women who live in the UK.

I was particularly interested in ethnic diversity, and the ways age is related to ethnicity, as I am a Greek national who has lived and worked in England for many years. It was worth exploring, for example, whether middle aged women of non-British nationality and culture have the time and means to preserve or modify their bodies as they grow older, or even to reflect extensively on the process of ageing.

The outcome of this research is that women of non-British ethnicity who live in the UK state that, unlike their countries of origin, British society is a more youth oriented and ageist society; in support of their statements, they offer several examples both from TV shows and the fashion industry. At the same time, British participants admit of being preoccupied with ageing and of being ageist against other women who do not

‘look good’ for their age or who do not wear ‘age appropriate’ clothes. Let me point out, though, that of the two participants who admitted that they have had an operation for cosmetic reasons, one is British from the group of older middle aged women and the other one is Greek, from the group of younger middle aged women.

Another important finding of my research in relation to diversity is that there is a difference among participants in terms of health. Chronically ill participants have provided evidence according to which women with long term ill-health have a different outlook from other women on issues such as body image, plastic surgery, methods they use in order to take care of their body and, in particular, dieting. In general, chronically ill participants view the process of ageing in a different light, since to them growing older means first of all that they are alive, surviving their medical condition.

Finally, I should note that an important outcome of this research is that, although particular ideas about beauty dominate stereotypes of ageing in the UK and in Western society in general (Blakemore and Boneham, 1998), there are many different conceptions about ageing and the life cycle among middle aged women, depending on their age, class, ethnicity and culture, health, sexuality and individual life experiences. The fact, however, that most women of different ethnicity who participated in this research are middle class, professional women who do not follow traditional roles, and are therefore well integrated into the cultural context of British society, may explain why there were no striking differences in the ways participants perceived the beauty and slimness ideals prevalent in British culture.

8.3 Indications for my own future research

I would like, first of all, to conduct further research among women of the age group 35 to 54 who live in the UK, this time placing emphasis on variables different from that of ethnic diversity, in particular class and economic status. In light of the

participants' responses to some of my research questions, it will be interesting to explore in more detail how class affects women's stance towards a variety of important issues. It is significant that several participants, regardless of age, ethnic background, motherhood, and marriage status, have demonstrated a similar perspective, due mainly to the fact that they share a middle-class background. I would, therefore, like to see how the variable of class interrelates with those of gender and age.

I would also like to interview women who live in other European countries in order to see how middle aged women in societies with some similarities to, as well as differences from, British society, experience ageing, and what they think about the issues of female personal identity, life milestones, body image, and ageism.

On a rather different plane, I am very keen to explore how the outcomes of my research relate to the experience of ageing in men. Over the last two decades social scientists have become increasingly interested in male embodiment and in men's body image (Grogan, 2008). This is largely the outcome of the fact that the male body has become more visible in popular culture and although there is today important research on the issue of men's body image (Pope et al., 2000; Grogan and Richards, 2002; Thompson and Cafri, 2007), I think that conducting research on male personal identity and the ageing process will advance both my work, and the exploration of male embodiment. I would be interested to advance further the existing research on behaviour men may engage in to reduce body dissatisfaction (Cash, 2002), and to link the issues of men' body image and the social construction of masculinity to the issue of male personal identity at the passage of time.

The above mentioned issues are the three major topics on which I wish to focus in the coming period of my research activities. However, the basis of my future explorations

is my current project of acquiring a fully adequate social-scientific understanding of women's experience of the ageing process.

Appendices

Appendix 1

The Research Ethics Committee Approval Document

THE UNIVERSITY OF HUDDERSFIELD

School of Human and Health Sciences - School Research Ethics Panel

OUTLINE OF PROPOSAL

Please complete electronically and return to:

Shirley Murray, School of Human and Health Sciences, SREP Administrator:
s.a.e.murray@hud.ac.uk

Proposal received from: Eva Stamou

Title of study: The Ageing Process and Female Identity

Department: Human and Health Sciences Date sent: 25th October 2005

Issue	Please provide sufficient detail for SREP to assess strategies used to address ethical issues in the research proposal
Researcher Details	<p>Eva Stamou, Philosophy, University of Manchester, M13 9PL, Tel. no: 0161 2754897. Email: estamou@yahoo.co.uk</p> <p>Current posts: Teaching Fellow, Philosophy, University of Manchester, Counselling Psychologist, in private practice.</p> <p>Academic Qualifications:</p> <p>MSc in Counselling Psychology, Manchester Metropolitan University, 1996-1997</p> <p>MA in Philosophy, University of Leeds, 1992-1993</p> <p>BA in Psychology and Philosophy, American College of Athens, 1985-1990</p>
Supervisor details	<p>Dr. Sharon Wray, Department of Clinical and Health Sciences, Health and Sports Division, Telephone no. 01484 472796.</p> <p>Dr. Vivien Burr, Department of Behavioural Sciences, Division of Psychology, Telephone no. 01484 472454.</p>

Aim/Objectives	<p>I shall conduct this research with a view to illuminate the issues of female personal identity, of the ageing process as this is experienced by middle aged women living in the UK, and of ageism in British contemporary society. My purpose is to develop a critically reflective approach to both the experiences of growing older and the experiences of change in terms of personal identity.</p> <p>My research takes into account the theoretical background of the current debates in social and human sciences. The fact that older women are still considered as 'other' by older men who conduct research and write books about ageing calls for a less 'phallogocentric' analysis of women in old age (Gibson, 1996). Some feminist theoreticians claim that traditional sociological and gerontological theories promote invisibility as regards the lives of mid-life women (Bernard, et al., 2000). At the same time such traditional theories fail to discourage the existence of negative attitudes based on age that we now recognise as 'ageism', a recent coinage on the model of 'racism' and 'sexism', defined as wrongful or unjustifiable adverse discrimination on the grounds of age (Lesser, 1998). Ageism against women manifests itself in many different ways such as in the androcentric vocabulary that we use, visual imagery, discriminatory practices and even institutional policies (Johnson and Bytheway, 1993). According to the 'double standard of ageing' hypothesis, women are not permitted to age in ways that men are; they are marginalised and ignored not only by popular culture but also by sociologists and gerontologists (Sontag, 1978). Thus there is a need for rethinking current theory so as to ensure that middle aged women become more visible.</p> <p>I plan to examine the participants' notions of personal identity in order to understand whether they perceive their identity as something stable and independent of the process of growing older, or as a dynamic entity, flexible and fluid through time. Furthermore I shall explore how these notions of identity are related to: (a) the participants' views about physical change and the signs of ageing, (b) their possible attempts to control or even to erase those signs, (c) the participants' views about psychological change, and (d) their perceptions of how others see them as women of their age, so as to address the sensitive issue of social and personal prejudices and ageism. I aspire to bring midlife and the experiences of middle aged women into the limelight.</p> <p>In particular, my project will address the following research questions:</p> <ol style="list-style-type: none"> 1. How do middle aged women who live in the UK experience
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<p>Brief overview of research methodology</p>	<p>Overview of research methodology</p> <p>I will approach my project from a feminist perspective, using qualitative research methodology (Bryman, 2001). I shall first collect and analyse my data and then formulate any theories which might stem from the data analysis. In that way, I wish to avoid ungrounded 'assertions', and to follow the feminist research approach, according to which, each participant is unique and her account of her experience is worthy of equal attention (Stanley and Wise, 1983).</p> <p>Research Variables</p> <p>Adopting a feminist perspective requires the study of diverse groups of women within society (Maynard, 1998). For my project I purport to include interviews with participants of different racial and ethnic identities, of different class backgrounds, different levels of education and employment, of different sexual orientation, and of different lifestyles (e.g., women who have children as opposed to those who either cannot or choose not to have children, professional women vs. stay at home women, women who live in rural environments vs. those who live in the city).</p> <p>Procedure/Data Collection:</p> <p>I plan to combine individual and group interviewing, using a preliminary focus group interview as the starting point for the focus group and the individual interviews (Morgan, 1997). The central idea is to use one exploratory focus group which will serve as a pilot to a second focus group, and which will set the agenda of the topics that I need to discuss with participants in both the group and individual interviews. It will also provide participants with information about the research and an opportunity to ask questions and gain informed consent. For the pilot focus group I do not intend to use more than four participants. I am not going to use a questionnaire but I shall suggest some key topics for discussion. I expect that the pilot focus group and the focus group will help identify the range of topics relevant to the subjects of ageing process and identity that women would like to explore and to talk about.</p> <p>For the focus group of 8 women I intend to bring for discussion some key themes and questions based on the main issues and questions examined in my research and stemming from the analysis of the pilot.</p> <p>I will proceed by conducting semi-structured interviews with twenty participants. I will give them a list of questions based on themes arising from the data analysis of the focus groups discussions. The individual interviews may not necessarily</p>
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Permission for study	N/A
Access to participants	<p>For my pilot and focus group interviews I intend to approach friends and colleagues which will bring me in contact with women who would be interested to participate in my study. For the individual interviews I intend to place an advertisement at the local newspaper in order to assure that a wide range of participants will inform my study.</p> <p>I shall prepare a letter inviting subjects to participate; the letter will be accompanied by an information sheet (about the nature, aims, objectives of my project, and the dissemination of my research findings), and a consent form to be signed by the participants.</p> <p>I shall explain to each participant which issues I am interested in, and which general topics I would like to discuss with them, in order to provide them with a clear picture of what the interview will involve. I believe that this will enable potential participants to make an informed judgement and to give or withdraw their consent as appropriate.</p>
Confidentiality	<p>Access to the information will be restricted to myself and my supervisors. Participating women will also have access to information that is directly related to their contribution to the project, and to the final report of findings.</p> <p>All the information pertaining to the research interviews, including tapes, transcripts and my reflexive diary will be stored in a secure location at the University of Huddersfield. The interview tapes will be wiped after they have been transcribed.</p> <p>The above information will be noted on the information sheets and consent forms.</p>
Anonymity	<p>I shall ensure the participants of their anonymity through all the stages of my research project. I will employ pseudonyms (which I will ask the participants to choose) in order to protect identities.</p>

Psychological Support for participants	<p>I do not foresee that my research will raise any major problems for the interviewees. However, I will take under consideration the fact that some women may find the topic of ageing sensitive, and in particular any questions related to ageism and social discrimination.</p> <p>I will make sure that the interviewing project is carefully designed to operate in a non intrusive, non threatening way. My role in this context is that of researcher, rather than counsellor. However, I shall use my experience as a counselling psychologist to ensure that the participating women feel free to talk about only those issues they are comfortable to discuss in an interview, and that they do not reveal any aspects of their experiences or thoughts they do not wish to present publicly.</p> <p>I have also made arrangements for post interview support for any participant who might wish to talk to a counsellor about her experiences, as well as about their thoughts and feelings related to the interviewing process. The participants will be given information about a Manchester based counselling service that has agreed to offer psychological support to any participants, should they require it.</p>
Researcher safety/ support	<p>The pilot, focus group and individual interviews will take place in Manchester. I intend to arrange meetings at the University campus in Manchester. The venue is open to the public and provides a comfortable, calm and pleasant environment for business meetings. The sitting arrangement allows very large space between tables, in a way that minimises noise and ensures privacy for the participants.</p>

References	<p>Bernard, M., Phillips, J., Machin, L., Harding Davies, V. (2000) <i>Women Ageing: changing identities, challenging myths</i>. London: Routledge.</p> <p>Bryman, A. (2001) <i>Social Research Methods</i>. Oxford: Oxford University Press.</p> <p>Gibson, D. (1996) 'Broken down by age and gender - 'the problem of old women' redefined' <i>Gender and Society</i> 10: 433-48.</p> <p>Johnson, J. and Bytheway, B. (1993) 'Ageism: concept and definition', in J. Johnson and R. Slater (eds) <i>Ageing and Later Life</i>, London: Sage.</p> <p>Lesser, H. (1998) 'Ageism', in R. Chadwick, ed. <i>Encyclopedia of Applied Ethics</i>, London: Academic Press.</p> <p>Mason, J. (1994) 'Linking Qualitative and Quantitative Data Analysis' in A. Bryman and R. G. Burgess (eds) <i>Analyzing Qualitative Data</i>. London: Routledge.</p> <p>Maynard, M. (1998) 'Feminists' Knowledge and the Knowledge of Feminisms: Epistemology, Theory, Methodology and Method.' In T. May and M. Williams (eds) <i>Knowing the Social World</i>. Buckingham: Open University Press.</p> <p>Sontag, S. (1978) 'The double standard of ageing', in <i>An Ageing Population</i>. V. a. L. Carver, P. London, Hodder and Stoughton.</p> <p>Stanley, L. and Wise, S. (1983) <i>Breaking Out: Feminists Consciousness and Feminism Research</i>. London: Routledge and Kegan Paul.</p>
Please send copies of all relevant supporting documentation electronically or explain if not available	
Information Sheet	
Consent Form	
Letters	
Questionnaire	
Interview Schedule	<p>December 2005: Pilot focus group interview</p> <p>January to March 2006: Focus Group interview</p> <p>April to August 2006: Twenty Individual Interviews</p>

Dissemination of Results	<p>I will make the findings of this research available to all participants who might wish to consult them. The PhD text will be available to study through library services. Furthermore, I purport to have parts of my work published in a number of formats, including:</p> <ul style="list-style-type: none"> • research articles in refereed journals in the area of social sciences, • abstracts of presentations at conferences in the relevant discipline areas, and, at a later stage, • a book that will develop and elaborate the main points of my thesis into a publishable research monograph. <p>I hope that my work will make some contribution to the literature on the issues of ageing, ageism and personal identity.</p>
Other Issues	

Appendix 2

Information to the Participants & Consent Form

University of Huddersfield

School of Human and Health Sciences

Title of Project: The Ageing Process and Female Identity

Researcher's details

Eva Stamou, Philosophy, University of Manchester, M13 9PL,

email: estamou@yahoo.co.uk

Supervisor details

Dr. Vivien Burr, Department of Behavioural Sciences, Division of Psychology,
Telephone no. 01484 472454.

Dr. Sharon Wray, Department of Clinical and Health Sciences, Health and Sports
Division, Telephone no. 01484 472796.

Information sheet

Title of Project: The Ageing Process and Female Identity

Contact details: Eva Stamou, Philosophy, University of Manchester, M13 9PL,

email: estamou@yahoo.co.uk

Aims/objectives: This research aims to illuminate the issues of female personal identity, of the ageing process as this is experienced by women aged 35 to 55, and of ageism in British contemporary society. My purpose is to develop a critically reflective approach to both the experiences of growing older and the experiences of change in terms of personal identity. In particular, my project will address the following research questions:

1. How do women aged between 35 and 55 who live in the UK experience the process of growing older?
2. What is the relation between the participants' sense of identity and their body image through the passage of time?
3. What is the participants' view on how women are perceived by others in terms of their age?
4. Is it possible to effect a positive change in society's understanding of women's experiences of the ageing process?

Overview of research methodology: I will approach my project from a feminist perspective, using qualitative research methodology. I shall first collect and analyse my data and then formulate any theories which might stem from the data analysis. In that way, I wish to follow a feminist research approach, according to which, each participant is unique and her account of her experience is worthy of equal attention.

Dissemination of findings: I will make the findings of this research available to all participants who might wish to consult them. The PhD text will be available to study through library services. Furthermore, I purport to have parts of my work published in

a number of formats, including: (i) research articles in refereed journals, (ii) abstracts of presentations at academic conferences, and (iii) a book that will develop and elaborate the main points of my thesis into a research monograph.

Time commitment for participants: Although there is no fixed time schedule, it is expected that individual interviews will last approximately one hour and the focus group meeting around 90 minutes.

Confidentiality: Access to the information will be restricted to me and my supervisors. All the information pertaining to the research interviews, including tapes, transcripts and my reflexive diary will be stored in a secure location at the University of Huddersfield. The interview tapes will be wiped after they have been transcribed.

Anonymity: The participants will remain anonymous at all stages of the project and pseudonyms will be employed in order to protect identities.

Psychological Support for participants: I have made arrangements with an independent counselling service based in Manchester, in case any participant wishes to seek post-interview counselling and to talk further about issues raised during the interview sessions.

University of Huddersfield
School of Human and Health Sciences
The Ageing Process and Female Identity.

Eva Stamou

Consent form

I have been fully informed of the nature and aims of this research and consent to taking part in it.

I understand that I have the right to withdraw from the interview at any time without giving any reason, and a right to withdraw my data if I wish.

I give my permission/do not give my permission for my interview to be tape recorded.

I understand that the tape will be kept in secure conditions at the University of Huddersfield.

I understand that no person other than the interviewer will have access to the recording.

I understand that my identity will be protected by the use of the pseudonym in the research report and that no information that could lead to my being identified will be included in any report.

Signature (interviewee)

Date

Signature (researcher)

Date

Appendix 3

Announcement

I am a PhD student at the University of Huddersfield conducting research on the 'Ageing process and Female Identity'. The project examines how women over 30 years old who live in the UK experience the ageing process and whether/how their sense of self changes during that process.

As part of the project I would conduct both group and individual interviews. If you would like to participate or to find more about my research please e-mail me at this address: estamou@yahoo.co.uk or call me on 0161 2754897

The time schedule of the interviews would be flexible and adapted to the participants' individual needs.

Eva Stamou

Appendix 4

Participants age cohorts

Cohort I

Younger middle aged participants

	Age	Ethnicity	Class	Sexuality	Health	Marital Status	Children	Residence in the UK	Education
Frida	35	German	Middle	Heterosexual		Long-term partner	No wish	10 years	PhD
Maureen	36	Irish	Working	Heterosexual		Long-term partner	Undecided	16 years	College degree
Angie	37	Greek	Middle	Bisexual		Long-term partner	No wish	14 years	PhD
Alice	37	British	Middle	Heterosexual		Long-term partner	Undecided		MA
Deborah	38	British	Working	Heterosexual		Long-term partner	1		MA
Anna	39	Portuguese	Middle	Heterosexual		Single	No partner	18 years	PhD
Nandine	41	French	Middle	Bisexual		Married	Undecided	5 years	BA

Cohort II

Older middle aged participants

	Age	Ethnicity	Class	Sexuality	Health	Marital Status	Children	Residence in the UK	Education
Irene	45	British	Middle	Heterosexual		Married	1		BA
Elaine	46	American	Middle	Heterosexual		Married	1	21 years	PhD
Kathleen	47	British	Middle	Heterosexual		Married	2		BA
Jennifer	47	British	Middle	Heterosexual		Married	1		BA
Esther	48	British	Middle	Heterosexual	chronic illness	Long-term partner	Due to health reasons		BA
Miriam	49	Spanish	Middle	Heterosexual	chronic illness	Married	2	24 years	PhD
Laura	52	British	Middle	Heterosexual	chronic illness	Single	1		BA
Sharon	54	Indian	Middle	Heterosexual		Married	2	40 years	College degree

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