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### Original Citation

Wray, Sharon (2007) To what extent do ethnic & cultural diversity influence women's experiences of growing older? In: Age & Gender, Ikaantyminen ja Sukupuoli edited collection. The Age Institute, pp. 1-13. ISBN 978958529255x

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# To What Extent do Ethnic & Cultural Diversity Influence Women's Experiences of Growing Older?

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*Published in: Age & Gender, Ikaantyminen ja Sukupuoli edited collection Arto Tiihonen and Ilkka Syren, Helsinki, Finland. ISBN 978-958-5292-55-X*

## Abstract

Although women predominate in later life, their diverse experiences of growing older have often been neglected within social gerontology and the sociology of ageing. Instead, the significance of gender and ethnicity and the interrelationship of sexism, racism and ageism, remain under theorised. More recently, some feminists have highlighted the neglect of gender issues and have examined how gendered power relations in society influence women's experiences of growing older (e.g. Arber & Ginn, 1991, 1995). This has provided insight into why older women are often significantly materially disadvantaged in comparison to men. Additionally how, despite the inequalities they face across the life course, older women are far from being passive victims. However, although feminist scholarship has made older women's accounts more visible, how these are influenced by ethnic and cultural diversity and the experience of migration remains neglected. Even the concepts used to understand experiences of ageing tend to be western centric and are often applied universally as though they are unchanged by culture. For example, there is a tendency to assume that what it means to age 'successfully', and the underlying concepts attached to it such as independence, agency, empowerment, disempowerment and autonomy, will not vary amongst and between ethnic groups. A potential effect of this is the exclusion of those accounts that offer alternative insights into the experience of ageing. In this paper, the accounts of ethnically diverse midlife and older women will be drawn upon to highlight different perceptions and experiences of later life. It will be argued that theories of ageing have to be sensitive to those different voices that construct and make sense of growing older.

The life expectancy of both women and men is increasing throughout European countries. In Finland life expectancy for women is 81.8 and for men 75.1, in the UK it is 80.7 for women and 76.2 for men (Eurostat, 2005). Demographically we are, then, moving towards a society that is ageing and

also has a higher number of older women in comparison to men, so that women predominate in later life.

Women's experiences of ageing reflect the gendered roles, relationships, and inequalities they have encountered throughout the life course. They are, for instance, more likely than their male counterparts to experience widowhood, material constraint, and health limitations (World Health Organization (WHO), 2002). We know that the complex mixture of patriarchal and structural disadvantages that many women encounter throughout their lives is mediated by age (Bernard & Meade, 1993). One example of this is what Susan Sontag (1978) named the 'double standard of ageing', whereby the ageing male is viewed less harshly than his female counterpart. Research suggests this is still with us after nearly thirty years (e.g. Grogan, 1999; Macdonald, 1995; Wolf, 1991).

Gender and ethnicity have been relatively absent from theories of ageing and it is only quite recently that feminist writers have begun to consider the interrelationship of sexism and ageism and how this affects women (e.g. Arber & Ginn, 1991; Bernard & Meade, 1993). Feminists have also drawn our attention to the gendered nature of ageing and have highlighted the neglect of gender issues in social gerontology (e.g. Arber & Ginn, 1995; Bernard & Meade, 1993; Ginn & Arber, 1993; Hockey & James, 1993). Their research on women's experiences of ageism and sexism has shown that the consequences of these vary across the life course.

For the purpose of this paper, ethnic difference is conceptualised both as a social relation that exists within systems of power that underlie gender and ageing, and also as experiential diversity (Brah, 1996). It is used to refer to the cultural characteristics such as language, history, customs values and beliefs that define a group of individuals (Banton, 1988). It will be argued that ethnic and cultural difference influence, who we are who we become and how we resist inequality and constraint to construct strategies of resistance across the life course. Further, that it is not only through difference and heterogeneity that ethnic identities are constructed, but also through a sense of cultural continuity. This is particularly important when the effects of migration are considered in relation to ageing.

In this paper I have chosen to focus on two main areas; different perceptions of mid life and the usefulness of current theories when applied across ethnic and cultural diversity, and the impact of those inequalities and constraints often associated with migration on experiences of later life. The first section provides a conceptual framework for the rest of the paper. The intention here is to examine key theoretical issues in social gerontology and the extent to which these might usefully capture women's diverse experiences of ageing. The second section outlines the methodological approach to the research studies on which this paper is based. The third section draws upon empirical data to show that perceptions and experience of ageing are mediated by ethnic and migrant identities. The paper concludes by arguing for a consideration of the influence of ethnic, cultural and migrant identities on women's experiences of ageing.

## Theories of Ageing: The Neglect of Gender & Ethnicity

From the mid 1940s onwards, social gerontology has been strongly influenced by the biomedical model of ageing with its focus on the deterioration of mind and body and a view of later life as a time of disengagement from society. This way of thinking about ageing has influenced societal expectations of the capabilities of older people. For example, functionalist ideas underpin disengagement and role theories both of which emphasise the importance of individual adjustment to the changes in lifestyle and role, that are supposed to accompany 'normal' ageing (e.g. Cumming & Henry, 1966). Here, the image of ageing that is presented is one of withdrawal rather than engagement and a waning of personal, physical, and material resources, which eventually contributed to a wider exclusion from society. This process was thought to differ for women and men due to their proscribed gender roles which tended to locate women, particularly those who married, and men in opposite domestic and public spheres. The normative expectations that accompanied these gender stereotypes influenced the life-course choices available for both women and men. For example the so called 'empty nest' that occurs when children leave their parental home is theorised as a time when women in particular, have to adapt to ageing and role change. In retrospect, it is not difficult to criticise these perspectives for their focus on the problems associated with ageing and their neglect of the more empowering aspects of what it means to grow older.

More recently, an attempt has been made to move beyond such theories towards an understanding of ageing as a politically and economically situated experience (Estes, 1979; Estes et al., 1984; Phillipson, 1982; Phillipson & Walker, 1986). Here the emphasis is on the significance of socio-structural factors such as retirement, class differences, and material constraint and how these might place older people in a position of structured dependency. One argument is that this occurs because economic and knowledge producing institutions, such as those involved in healthcare, are able to influence and control understandings of ageing. For example, the medicalisation of old age with its focus on ageing as problem filled has shaped societal and individual expectations of health and physical capability in later life (Vincent, 2003). Indeed, medical and clinical knowledge often provide justification for a range of medical and technological interventions into the ageing process. Although some of these have benefited people as they age, one of the negative outcomes has been the increasing commodification of ageing (Vincent, 2003). In western societies in particular, this commodification process has led to a stigmatisation of bodily signs of ageing and the creation of ever expanding markets for anti ageing and health products. Although this has relevance for women and men, the effects of such discourse are far more likely to influence women's experiences of ageing where a 'double standard' persists (Sontag, 1978; Wolf, 1991). Thus, whilst it cannot be denied that political economy perspectives on ageing remain influential in social gerontology and have usefully highlighted the role of capitalist economies and class in shaping what it means to grow old, they tell us little about the effects of gender and ethnic

background. Where these are noted this tends to be limited to statistical differences in the labour market.

The recent cultural turn within social gerontology and sociology has led to the development of theories that focus on identity negotiation, masquerade, and consumption as important features of ageing across the life course (e.g. Biggs, 1997, 1999, 2003; Featherstone & Hepworth, 1996; Gilleard & Higgs, 2000). The post-modern notion of identity as unstable and fragmented, as opposed to focus fixed and determined, has influenced this approach. It has been argued that in post-modern society people are able to construct and deconstruct identities, and to [re] create selves through culturally available images and consumer goods (Bauman, 1996). However, these approaches are often based on the assumption that people desire to choose from an increasing range of identity options, one of which is to buy into a more youthful identity. For example, the underlying theme of mask of ageing theories is that an individuals' more youthful sense of identity/self may contrast with the visible appearance of their body and that this 'mask' conceals the persons' sense of self, which may or may not have aged to the same degree (Featherstone & Hepworth, 1996; Biggs, 1997, 1999, 2003). Hence, it is suggested that through the use of masquerade, cosmetics, and other consumer goods the majority will choose to construct an ageless identity and desire to remain 'forever young' (Biggs, 2003: 53). However, there is evidence to suggest that such a theory may not represent the desires and experiences of all but instead is based on what are thought to be western centric priorities (Wray, 2007). For example, the theorisation of midlife

provides an interesting example of how western centric theories may inadvertently reinforce existing stereotypes and cultural notions of ageing for women (Wray, 2007). It could be argued that western suppositions about women's priorities during midlife, particularly the notion that all desire to preserve an ageless identity and body, often influence the meanings we attach to this period. To some extent this has the effect of reinforcing existing stereotypes of what are perceived to be body priorities for women; menopause, reproduction and changes to the appearance of the body. This means that some theories of ageing, particularly those that are not empirically grounded, have a tendency to be western centric (Fox, 2005; Wray, 2007).

In the influential book *Look Me in the Eye: Old Women, Ageing and Ageism* (1984), a chapter entitled 'An Open Letter to the Women's Movement' by Barbara Macdonald discusses ageism within the women's movement and suggests ways to address this. In the same book, Cynthia Rich writes about the feminist avoidance of ageing and ageism and the need to examine 'the virtually unexplored territory of the triple impact of ageism, sexism and racism on old women' (1984: 59). In the UK, it is only quite recently that feminist writers have paid attention to women's experiences of later life (e.g. Afshar, Franks, Maynard & Wray, 2002; Arber & Ginn, 1995; Bernard & Meade, 1993; Ginn & Arber, 1993; Hockey & James, 1993; Irwin, 1999). This work has provided much needed insight into some of the structural inequalities faced by older women, particularly around service needs and domestic and caring responsibilities (Arber & Evandrou, 1993; Arber & Ginn, 1995; Gunnarsson, 2002; Irwin, 1999; Maynard, 1999). It has also shown that a complex mixture



of patriarchy and structural disadvantage shape the experiences of older women (Bernard & Meade, 1993).

Another area of feminist enquiry focuses on how women experience their bodies as they age, for example the relationship between socio-cultural images of ageing and women's perceptions of their bodies (e.g. Dinnerstein & Witz, 1998; Fairhurst, 1998; Furman, 1997; Hurd, 1999; Sontag, 1978; Tunaley, Walsh, & Nicholson, 1999; Wolf, 1991). Other examples of feminist research topics include; the menopause, health risk, and the implications of health technologies, such as hormone replacement therapy and screening programmes (Berger, 1999; Green, Thompson & Griffiths, 2002; Lock, 1998; Parry & Shaw, 1999). Here, feminist scholarship has advanced our understanding of ageing as a gendered event and drawn our attention to the medical portrayal of women's ageing bodies as failing, deficient and in need of intervention (Lyons & Griffiths, 2003). However, there is often a failure to consider how age, gender, and ethnic diversity inter connect to produce different accounts of how women experience their bodies as they age.

In Britain, the links between later life and ethnic affiliation remain under theorised. Where there is research on older minority ethnic people this has tended to focus on policy issues relating to health, welfare and social status (e.g. Blakemore & Boneham, 1994; Butt & Moriarty, 2004; Nazroo, Bajekal, Blane & Grewal, 2004). One theory is that women may face a triple jeopardy as a consequence of their age, gender, and minority ethnic status (Rich, 1984; Nazroo, Bajekal, Blane & Grewal, 2004). However, although there is

evidence to indicate that this triple jeopardy can be found in older migrant women's accounts of their experiences, the effects of migration are often not included in theoretical perspectives on ageing (Wray & Bartholomew, forthcoming). This is despite the fact that women who arrived in Britain throughout the 1950s and 1960s are now growing older. Research on the life experiences of these women has shown that the majority often ended up in unskilled or semi skilled employment with limited opportunities of social mobility (Cohen, 1998). They were also frequently subjected to high levels of gender and racial discrimination, which served to define their participation in the work and social sphere and impacted on their life chances (Anthias & Yuval-Davis, 1992; Platt, 2005). Relationships with others, opportunities for personal development, and the physical and material aspects of life are all influenced by the migratory experience (Wray & Bartholomew, forthcoming). For example, Mirza notes how migrant women 'emerged in the official patriarchal, neo-imperialist discourse only as subjects for sexual and racist humiliation' (1997: 7). It seems likely then, that the struggles faced by migrant women across the life course will have an impact on their experience of growing older (Wray, 2004).

In summary, this section has sought to examine some of the current theoretical issues relating to ageing and has raised questions about the visibility of minority ethnic women in theories of ageing and the hidden western cultural assumptions and stereotypes that often underscore these. The next section provides an overview of the methodological background to the studies on which this paper is based.

## Methodology

The data discussed in the next section of this paper was collected from two qualitative research projects that took place in the North of England. The first of these set out to examine the experiences and perceptions of 38 British midlife women, aged between 36 and 60 years age, from different ethnic backgrounds (Wray, 2001). A main aim here was to consider how ethnic and cultural location affected the way individual women constructed and experienced midlife. The research was carried out over a period of nineteen months in three different settings: an Asian women's centre, an African Caribbean centre, and a local leisure centre. Access was gained to British women who self-defined their ethnic identity as, British, English, African Caribbean, West Indian, British Muslim, and Pakistani. The methods used to gather the data for this study included participant observation, focus groups and semi-structured individual and joint interviews (Arksey, 1996). Pakistani and Muslim women were more likely to request joint interviews than other research participants and this was not simply related to language barriers. Rather, having a friend present enabled the women to feel more at ease in the interview situation and to assist each other in understanding the research questions (Arksey, 1996).

The second study was part of the Economic and Social Science Research Council (ESRC) Growing Older initiative (Afshar, Franks, Maynard & Wray, 2002). This research examined the experiences and perceptions of 170 British women from different ethnic backgrounds, between the ages of 60 and

80 years of age (Afshar, Franks, Maynard & Wray, 2002). Here, the main focus was on issues relating to quality of life and an aim was to make visible the experiences of minority ethnic groups of women. The participants self-defined their ethnic group as African, Black, African Caribbean or West Indian, Indian, Pakistani, British Muslim, British-Irish, Hindu, British-Polish, Bangladeshi, and British white women. Access was gained through local community and religious organizations and at times proved difficult to negotiate. Semi-structured interviews and focus groups took place over a six-month period (Afshar, Franks, Maynard & Wray, 2002).

#### Women's Experiences of Ageing: The Impact of Ethnic and Cultural Diversity

In the following sub-sections the perceptions and experiences of midlife and older women from a range of ethnic backgrounds will be drawn upon to explore two main areas. First, perceptions of the ageing process midlife and the extent to which these are ethnically differentiated. Second, the potential impact of those inequalities and constraints often associated with migration, on experiences of later life (Anthias & Yuval-Davis, 1992; Mirza, 1997; Phizacklea, 2003 Platt, 2005).

##### *Perceptions of the ageing process – ethnic differences*

For women the experience of ageing is always mediated by gender identity (Arber & Ginn, 1991, 1995; Bernard & Meade, 1993; Calasanti & Slevin, 2001). Across the life course, on the basis of gender, women and men face different challenges and these shape the ageing process. However, it is also the case that the specificities of culture, time, and location influence both

ageing and the gendering of it. For example, other factors such as ethnic and religious affiliation, and attachment to a 'homeland identity', may affect perceptions of ageing. Arguably, the theorisation of midlife tends to be western culturally loaded and this has led to a neglect of those accounts that differ from this norm (Wray, 2007). These different perceptions of midlife are evident in the following interview responses from four participants who discuss what middle and later life mean to them:

Well to tell you the truth I didn't even think about it. I didn't think about it. I didn't think 'oh well I'm going to be middle-aged' (Jane, aged 60, African Caribbean).

I didn't even remember when I was forty 'cause I was working and I kept going. I didn't think about it. I didn't have TIME to think about it. You have your children, you've got your kids to bring up...it's a busy time (Marie, aged 58, African Caribbean).

I think nowadays it's something that's got moved on, hasn't it? So I mean people are so fit and active. Maybe you don't think you're as old as you are. I think yeah middle age is constructed by people (Helen, aged 51, English/British).

Ageing is a bad thing definitely getting old is not good at all. Because I worry about becoming dependent upon others especially my children...I don't want to have to depend upon them for everything. I want to do things for myself (Zahira, British Muslim, age 44).

These comments highlight the importance of understanding ageing from a life course perspective (Bernard & Meade, 1993). All of these women had children. Jane and Marie had worked in full time paid employment and both had migrated to England for economic reasons. In contrast, Zahira had come to England to marry. Something they had in common was their initial and continuing struggle to adapt to British society and culture. Jane and Marie had been employed full-time as nurses and had domestic and child rearing responsibilities throughout midlife. Hence the comments from Marie about being too busy working, caring for children, and just keeping going to think about what it meant to be midlife (Gunnarsson, 2002).

The menopause is often focused upon as a key issue for women as they age (Berger, 1999; Green, Thompson & Griffiths, 2002; Lock, 1998; Parry & Shaw, 1999). Yet, menopause cannot simply be explained as a universal biological feature of women's lives, but is instead marked by and embedded within the specificities of culture, place and time (Berger, 1999; Locke, 1991; Wray, 2007). Differences in the significance attached to bodily changes during midlife are revealed in the following accounts:

We (African Caribbean/West Indian) don't have one (menopause). I didn't have anything. No hot flushes nothing. At home (Caribbean) it's so hot we don't notice hot flushes, we just carry on. Here it is the same...we don't let it stop us doing anything...we ignore it (Jane, aged 60, African

Caribbean).

I not bothered. If I have tummy pains, headaches, I go to the doctor (Arshad, aged 53, British Muslim).

I've started on HRT and I've been on it just over three months. And I had to be dragged onto it you know, screaming. But I didn't have...I felt a bit of a fraud because I didn't have any major problems like some people, like mood swings and violence and all that. But I was getting a lot of headaches and my energy levels weren't quite what they were...um hot flushes were terrible and they made me tired (Helen, aged 51, English/British).

These accounts suggest although they are aware of the existence of the menopause as a life stage, neither Jane, Helen, or Arshad regarded it as a major life event (see also, Wray, 2007). Jane denies the experience of menopause and the medical markers, such as hot flushes and mood swings, that are often associated with it. This is partly a consequence of her desire to maintain a sense of belonging to a Caribbean homeland and her Caribbean identity. However, it is also because as she points out she has not experienced physical medicalised markers of menopause, such as hot flushes. Similarly the majority of British Muslim and Pakistani participants did not perceive menopause to be a milestone in their lives. In contrast, white non-migrant British women were more likely to comment on menopause and discuss it as a negative midlife event. For example, Helen had chosen to take hormone replacement therapy because she experienced headaches, hot

flushes and low energy levels and linked these to menopause.

The denial of menopause as a medicalised marker of ageing by African Caribbean participants in particular, raises questions about western approaches to midlife that construct menopause as a life changing and potentially traumatic event for all women (Wray, 2007). Menopause cannot simply be explained as a universal biological feature of women's lives, but is instead marked by and embedded within the specificities of culture, place and time (Berger, 1999; Locke, 1991). Thus, making visible ethnically and culturally varied accounts of ageing may challenge those western theoretical perspectives that focus on identity negotiation, masquerade, and increased consumption (e.g. Biggs, 1999; Featherstone & Hepworth, 1996). It may also enable other life changing events, such as migration, to be incorporated into theories of ageing, which may in turn contribute toward the development of a culturally sensitive understanding of what it means to grow older.

#### *Women, migration, and ageing*

Most of the participants who had migrated to the UK in the 1950s and 1960s thought they would be 'made welcome' on arrival, but instead some spoke of the hostility and racism they had encountered. This included everyday acts of personal prejudice and encounters with institutional racism. Some of the participants had migrated to be with family, or get married, whilst others had actively chosen to seek employment and new opportunities. Many of the African Caribbean and West Indian women were unmarried and migration offered opportunities such as a better job and financial security (Bryan et al., 1985). The majority spoke of migration and being a migrant as significant



influences on their outlook throughout their lives and as they grew older. Arshad a Pakistani woman aged 53 notes the difficulties she encountered on her arrival to the North of England from Pakistan:

(It was) very difficult. My husband's family very, very, strict...oh it's a very bad story. They can't manage with me they can't accept me. Big problem. (...) I not go to school college university and all the time stay at home. Homework, cleaning the pots. No this is not enough (...)

A Pakistani participant also echoed this experience during a focus group discussion:

I were scared. I got married at thirteen and suddenly I have come here. (...) And I was so upset you know I cried all the time. (...) It was really hard then, really hard because I was really young and at fourteen and a half I had my first baby and then after a year I got another baby (...) When I came here I have to do everything and it was really hard that time for me, it was a really hard and really upsetting you know. Sometime I would sit down and cry (...) (B, age 60+)

There is evidence to suggest it was not unusual for migrant women to be married at an earlier age than legally designated in the UK (Barton, 1987; Wilson, 1978). Additionally, research has shown that these women were/are more likely to encounter inequality and prejudice than their non-migrant counterparts, throughout the life course and into old age (Anthias & Yuval-

Davis, 1992; Platt, 2005; Wray & Bartholomew, 2006). It is strange, then, that something as life changing as migration often receives little attention in social gerontology and is often not addressed in theories of ageing more generally. A number of the migrant participants commented on the racist hostility and prejudice they had experienced throughout their lives. During a focus group, a number of African Caribbean women alluded to the experience of feeling invisible:

You go into the shop for anything the shop wasn't like this now when you serve yourself. You had to always wait your turn and they would be looking over your head to the other...the white face (...) they would be looking over my head and 'what do you want? Who is next here?' (...) That means that they don't see you, you know? (Lucy, age 73).

Lucy speaks of feeling invisible and highly visible at the same time. Her appearance, particularly her skin colour, is read as a visible marker of difference and as a consequence of prejudice she is made to feel invisible and marginalised (Weedon, 2004). One outcome of this was the desire to seek the company of other migrants and 'stick together' to survive material hardship and racial prejudice (Wray & Bartholomew, 2006).

## Conclusions

This paper has sought to give voice to the experiences of women from a range of ethnic backgrounds. One conclusion of this paper is that it is important to understand women's lives from a life course perspective that is

able to recognize the impact of individual and collective history on the experience of ageing. For example, migrant women in this research were more likely to speak of 'home' as somewhere other than the UK, and this homeland identity influenced their perceptions of ageing. Indeed, it could be argued that migrant status has long-term effects that continue into old age.

For example, it is evident that the hostility and discrimination the participants faced as migrants continued to influence their well being as they grew older. The different types of discrimination they have encountered, such as poor employment conditions, hostility and marginalisation, have far reaching consequences that continue to have an effect in later life. It is therefore important to recognize that significant differences exist between migrants and non-migrants with regard to the ageing process. Further, that these experiences are gendered so that some women may encounter a triple jeopardy, as they grow older (Bryan et al., 1985; Phizacklea, 2003).

A further issue raised in this paper relates to the ethnocentrism that often informs theoretical perspectives on ageing. Arguably, the current western cultural celebration of youthfulness continues to define the meanings attached to growing older (Irwin, 1999). This is apparent in theoretical perspectives that inadvertently portray ageing as something to be overcome, so that ageing successfully means remaining 'forever young'. This is problematic because, as this paper has shown, it is unlikely that appearance and activity are important priorities for all. Additionally, such a perspective often polarizes youth and old age one consequence of which is to unintentionally reinforce existing western centric negative stereotypes of ageing. When trying to

understand how ethnic and cultural diversity influence what it means to grow older in Western societies it is worth remembering the point made by Audre Lorde that, 'the masters tools will never dismantle the masters house' (1984:112). In the case of theories of ageing if the 'tools' we use are insensitive to cultural diversity and underpinned by those cultural values and expectations prioritised in Western societies, how can they enable us to understand the complexities of the ageing experience? (Wray, 2003a, 2003b, 2004, 2007). For example, the 'success' in the concept 'successful ageing' is commonly associated with 'good' health, independence, and the ability to act autonomously. However, the meanings attached to these indicators of 'success' in everyday life are both culturally situated and transient (Wray, 2004). Thus, we need to develop sensitivity to the culturally loaded concepts and ideas that often inform the way we think about ageing if a more robust and comprehensive theoretical framework is to develop. This might begin with a shift in the way research is undertaken. The inclusion of people from a diverse range of backgrounds needs to be prioritized if we are to capture the richness of experience that characterizes ageing and represent those different voices that construct and make sense of it.

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