



Pergamon

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

SCIENCE @ DIRECT®

Journal of Aging Studies 18 (2004) 59–73

Journal of  
AGING  
STUDIES

## The body, gender, and age: Feminist insights in social gerontology

Julia Twigg

*School of Social Policy, Sociology and Social Research, University of Kent, Canterbury, Kent CT2 7NY, UK*

---

### Abstract

Drawing on insights from feminist gerontology, the article discusses the ways in which body, gender, and age intersect, arguing for the importance of recognizing the centrality of the body in aging, but the need to recognize that this body is socially and culturally constituted. It explores this through three areas: the role of the body in the subjective experience of aging and the problems and paradoxes of cultural resistance; the significance of the bodily in deep old age and subjective experience of receiving personal care; and the gendered nature of carework as a form of bodywork.

© 2003 Elsevier Inc. All rights reserved.

*Keywords:* Body; Gender; Carework; Bathing

---

### 1. Introduction

Although bodies abound in sociology and the wider cultural milieu, their presence in social gerontology has been more muted and uncertain. In this article, I want to redress this and argue for the importance of the body in gerontology, drawing on feminist insights and writings to explore the intersection of body, gender, and age, pursuing this through three areas. The first concerns the subjective experience of aging and the significance of the body in this. Feminist writers have begun to extend the earlier classic analysis of how the personal is political to the experiences of old age, exploring the interaction between the ways in which in Gulleto's words "we are aged by culture" and the role of the body in this. Work in this vein largely addresses issues of the Third Age. Feminists have been slower to apply their insights to the Fourth Age of frailty and dependence. In the second section, however, I will draw out the relevance of theorizing about the body for this stage also, looking at the experiences of frail older people receiving intimate personal care. In doing so, I will engage critically with the influence of

---

*E-mail address:* [j.m.twigg@ukc.ac.uk](mailto:j.m.twigg@ukc.ac.uk) (J. Twigg).

Foucault. Lastly, the article will turn to the other side of the care equation, exploring the nature of carework as a form of bodywork, discussing our understanding of how this is gendered and, in particular, why work on the body is differentially assigned to women.

## **2. The body in aging studies**

There are a number of factors that have inhibited the development of a focus on the body within gerontology. The first has come from within feminism itself. Though feminist writers were highly influential in the development of the literature on the body, exploring themes around reproduction, self-fashioning, bodily exclusion, denigration, and desire, they were initially reluctant to engage with the aging body. Work on the body in its early manifestations both within feminism and more widely was marked by a focus on younger, sexier bodies, by concern with the transgressive themes of queer theory and with fashionable and media-focused questions of representation (Brook, 1999; Williams & Bendelow, 1998). Aging was not part of this. As Arber and Ginn (1991) argue, the exclusion of older women from feminist writing itself reflected the gerontophobia of the wider culture. This situation has just begun to alter.

Reluctance to tackle the aging body has also come, paradoxically, from within gerontology itself. Social gerontology, particularly in its more radical or humanistic versions, has struggled to assert the social rather than the physiological basis for understanding old age, against a culture in which biomedical accounts occupy a privileged and dominant position. The political economy approach (Estes & Binney, 1989; Phillipson & Walker, 1986), which has been highly influential in British and North American gerontology, emphasizes the ways in which old age is the product of social structural factors such as retirement and pensions rather than determined by physiology. From this perspective, attempting to emphasize the bodily can seem a retrogressive step, one that takes us back into the territory of biological determinism and the narrative of decline. Furthermore, emphasizing the bodily can seem demeaning of older people. Within western culture, to emphasize the bodily can be to reduce or lessen an individual; and there has been a long history of misogynistic discourse in which women are denigrated by reducing them to their bodily characteristics. Dwelling on the bodily in relation to old women is thus seen as doubly deplorable. As a result, social gerontology has tended to avoid the topic of the body, though this too is changing (Fairclough, 2003; Gilleard & Higgs, 2000; Oberg, 1996; Tull-Winton, 2000).

## **3. The cultural construction of the body: identity, resistance, and the Third Age**

Much new writing around the body and age has emerged within the humanities and cultural studies, strongly influenced by postmodern and poststructuralist perspectives (Andersson, 2002; Katz, 1996; Walker, 1999; Woodward, 1999). As such, it is part of the wider Cultural Turn. This literature drives forward the earlier agenda of social constructionism, but in a more radical way, showing how the body itself is social constituted. Essentializing discourses in relation to the body need to be replaced by ones that recognize its nature as a social text, something that is both formed and given meaning within culture. The aging body is thus not natural, is not prediscursive, but fashioned within and by culture. Traditional gerontology, by contrast, in avoiding the subject of the body, has effectively handed the topic over to

medicine, but in doing so, has lost a central part of its subject matter. What the cultural critics have done is recover this important territory for gerontology. There are intellectual parallels here with developments within gender and disability studies where there has been a similar recovery of the ways in which the body itself is socially constituted, destabilizing earlier conceptual distinctions between sex and gender, impairment and disability (Butler, 1993; Hughes & Patterson, 1997; Jackson & Scott, 2001).

Foremost among the cultural critics is Gulette (1997) in her classic account *Declining to Decline*. Gulette argues that we are aged by culture rather than by our bodies. Culture is saturated with concepts of age and aging. Dominant culture teaches us to feel bad about aging and to start this early, reading our bodies anxiously for signs of decay and decline. We breathe in this toxicity daily. Narratives of decline have replaced all other forms of meaning and interpretation of the body in later years, so that other more humanistic or plural readings become impossible. Cole (1992), in his history of aging, makes a similar point concerning the narrowing of the meanings of the body in old age that has occurred in the wake of the rise of modern science-based medicine. This has replaced the polysemic ones of the past in which the last stages of life were valued and significant by virtue of their nearness to death, and in which there were still possibilities of narratives of spiritual development. Furthermore, the aged body in the past was not isolated and meaningless but linked to larger cosmological systems of thought and symbolism. Modern biomedicine allows no such complex readings.

Modern cultural categories, Woodward (1991) argues, are essentially reducible to two: youth and age, hierarchically arranged, so that we are not judged by how old we are, but how young we are not. The old within dominant culture are a disruption of the visual field (Furman, 1999). Like the disabled or abnormal, they are evaluated in terms of derogation, as being “less than...” A range of negative meanings is read off from the aged body, which is then itself in turn taken to be the source of the problems of old age.

These developments have taken place in the context of consumer culture in which the body becomes a project to be worked upon, fashioned and controlled, a site of self-identity and reflexivity, as well as of consumption (Featherstone & Hepworth, 1991; Gilleard, 2002; Gilleard & Higgs, 2000). The contemporary body is subject to self-scrutiny in a way that was not the case in the past. Technologies for self-monitoring and surveillance, such as photographs, mirrors, or bathrooms where the whole body can be observed naked, allow for a new form of reflexive self-scrutiny in which the body and its changes become the focus for acute attention. The growth in the ubiquity of media and advertising images of naked or semi-naked bodies fuels a new perfectionism in relation to the body that feminist writers have exposed and critiqued elsewhere in relation to the slim ideal and the rise of eating disorders (Bordo, 1993; MacSween, 1993; Wolf, 1990). It is reflected also in the expanding industry of cosmetic surgery, a major part of which is concerned with the denial of age (though significantly the debate so far has largely turned around interventions on younger bodies (Davis, 1995, 2002; Negrin, 2002).

Consumer culture is quintessentially youth culture in that it presents and promotes youthfulness as the ideal; and this has profound consequences for how we experience aging in high- or postmodernity. The bodies featured in the media are never old; and the emphasis on perfectionism and the visible eradication of age is reinforced in the growing industry of age denial. Consumer culture is increasingly targeted on those in their middle and later years, particularly those with money and leisure to consume, but a large part of its activity is concerned with selling of youth and youthfulness. Signs of age are read as failure, and this sense accumulates, as Furman (1999) shows in her account of older women and beauty shop culture where the unending battle against looking old is fought, but also little by little lost, and where shame attaches both to looking old and to failing to keep up what appearance of youthfulness is possible.

Gender is central to the analysis since these cultural judgements concerning the body bear particularly harshly on women, traditionally prized for their sexual attractiveness seen to reside in youth. [Sontag \(1978\)](#) argues that women are subject to a double standard in aging. Aging undermines women's traditional source of power. Male power by contrast resides in money, status, social dominance, so that early signs of aging such as gray hair are read as marks of maturity and authority. Many older women report becoming socially invisible, no longer the focus of male attention, sidelined in the power stakes, and finding no reflection of their situations in the cultural imagery of advertising or the media. As [Woodward \(1999\)](#) comments, the older female body is both invisible—in that it is no longer seen—and hypervisible—in that it is all that is seen.

One of the hallmarks of this new feminist gerontology is that it is strongly engaged, drawing on the personal feelings and experiences of authors as they struggle to make sense of their own and other's lives. Like earlier feminist projects, it recognizes that personal struggles and experiences offer an important touchstone for academic theorizing. Much of its power indeed comes from the fact that it is grounded in the voices of those who are themselves subject to age oppression, or see themselves as becoming increasingly so: [Bartky \(1999\)](#), [Friedan \(1993\)](#), [Greer \(1991\)](#), [Gullette \(1997\)](#), [Walker \(1999\)](#), [Woodward \(1991, 1999\)](#)—all in their different ways, turned to explore the oppression of age as they themselves entered their fifties. To this extent, feminist gerontology can be seen as part of a wider emancipatory project of developing epistemologies in the social sciences that challenge dominant perceptions by starting from the perspective of the lives of the marginalized and oppressed: in this case, the old ([Laws, 1995](#)).

This alerts us to a second point about this literature around identity and the body, which is that it primarily refers not to deep old age but to the late middle years, roughly equating to fifties to seventies, and to the processes and experiences of aging rather than old age itself. We will return to this point in the second section of this article when we explore the analysis of the body in deep old age.

It is notable that the subject of the aged body within gerontology has been taken forward particularly by women. This may be because culture is indeed more punishing to women, and the subject greater pertinence. But it may also reflect a greater willingness of women academics to engage with the personal and the subjective. As [Gullette](#) comments, women's resistance in this area at least has the strength of the feminist response. There are fewer male academics writing in this area, and some of these like [Gilleard \(2002\)](#), in exploring the body in old age, chooses to focus on women's bodies. It may be that, although men suffer less from the cultural erosions of aging, the construction of masculinity, its emphasis on competitiveness and on public invulnerability, makes the exploration of decline and loss more problematic.

It may also reflect the familiar pattern of earlier gender studies in which feminists pioneered topics in relation to women that were subsequently recognized to have relevance to men. The history of the literature on the body in general reflects this pattern; and it is only latterly that men's bodies have become the object of analysis ([Connell, 2000](#); [Watson, 2000](#)).

Responses among feminist writers to this body of theorizing around age and the body have been varied and complex, reflecting both different theoretical positions in relation to postmodernism and poststructuralism, and different political responses to issues of gender and aging. To this extent, there is no single feminist gerontology of the body, but a plurality of debates and positions. Within this variety, three areas have in particular been subject for debate: the nature of resistance; the limits of social constructionism in relation to the body; and the problematic revival of Cartesian dualism in some radical accounts of the body and identity.

Gullette offers the classic path of resistance, as the subtitle of her book *Cultural Combat and the Politics of the Midlife* conveys. She is concerned to challenge and resist the negative discourses of aging and decline. However, the processes and meaning of resistance is itself deeply ambivalent. Although the term derives from Foucault, it has escaped into wider usage. It remains, however, paradoxical in its operation. As Furman (1997, 1999) points out in relation to the management of appearance, what constitutes resistance and what capitulation is often far from clear. How does age resistance differ from age denial? The vast commercial industry of anti-aging that characterizes consumer culture—hair dyes, face creams, exercise programs, vitamin supplements—is certainly not evidence of cultural resistance. The obvious feminist response is to attempt to resist the devaluation of being old while not attempting to deny age as such. But things are not quite that easy. The path of aging “naturally” is highly problematic. Feminists were early in showing how we as humans are self-fashioning, and how the body is itself constituted through the processes of display, manipulation, and inscription. There is no “natural” body. There are echoes here of earlier feminist debates over clothes and make up, in which the desire to resist sexual objectification and oppressive norms of femininity seemed to result in a form of puritanism and a denial of pleasure and joy in self-fashioning and display. Why should such pleasures be denied to older women? If there is no natural body, then there is no natural way to age. The idea of resistance in this context is far from straightforward, and often seems to present yet more layers of contradiction.

There are also problems arising from the fluidity and freedom of such postmodern forms of writing. Resistance implies different readings, different discourses. This can seem fine, even praiseworthy. But it also implies that different discourses are possible—as they are in the full whirlygig of postmodern thought where endlessly different “readings” are equally valid. But in reality, our lives are not literary texts. They are constrained. Not all discourses are equally possible. There are structural factors constraining social possibilities. Furthermore, to show that something is culturally constructed is not the same as saying it is personally optional. We live our lives in a particular historical period and culture. We are part of that, and there are limits to our capacity for cultural resistance, and thus of our capacity for age resistance. Aging ultimately is not optional, however much we may want to resist its more malign cultural meanings.

This brings me to the second area of critique that concerns the limits of social constructionism in relation to the body. Radical cultural critics, drawing on poststructuralist theorizing especially that of Foucault, present the body as discursively produced. Any basis in nature or physiology is denied—or rather any basis that we can know, since our understandings of the body are themselves the product of discourses. But aging forces us to engage with physiology, not least because of the ultimate undeniability of death. Like pain it forces the reality of the body on to the analytic stage. It is for this reason that aging studies, together with work on pain and chronic illness, has been one of the key sites for the development of more philosophically complex sociologies of the body that challenge the excesses of postmodern epistemology and that place the phenomenon of embodiment at the heart of the analysis (Williams & Bendelow, 1998).

The third area of debate concerns questions of identity and age. A number of feminist critics have been unhappy at what they see as the revival of Cartesian dualism lying beneath certain accounts of the body in age, notably that of Featherstone and Hepworth (1991) in their mask of aging work. This rests on the common experience of old age as a disjunction between the aging face in the mirror and the sense of self as persistently young; and they argue that aging represents a culturally imposed mask. Feminists have, in particular, been unhappy at this attempt to draw a radical separation between the body and the sense of self. As Andrews (1999), Gibson (2000), Kontos (1999), and others argue, it rests on a form of

Cartesian dualism in which the self is seen as radically separate from the body, something that rises above it and remains disassociated from the body's corporeality. They argue that the old dualisms of mind/body or spirit/body find their reduplication in this postmodern account with its emphasis on discourse and culture and rejection of physiology. By regarding the body as wholly constituted in discourse and only knowable through such, these accounts foreclose on the understandings of how the body and the self are formed and reformed in a dialectical relationship (Kontos, 1999).

For Andrews (1999), the ideal of agelessness, although seductive, is ultimately a false one, requiring the person to deny who or what they are. It is unreal to believe that we can wish away old age and bodily change in this way. Drawing on Friedan (1993), she argues: "As we meet the new challenges, both physical and psychological, with which our lives confront us, so then we are changed, even as we remain the same. Old age is no different from the other stages of life in this regard. The changes are many and real; to deny them, as some do in an attempt to counter ageism, is folly" (Andrews, 1999, p. 309). Continuity is not the same as agelessness.

These perceptions fit with other evidence that suggests that old age may not be so a bad period for women as is sometimes portrayed. Oberg and Thornstram (1999) found that, counter to the usual assumptions, women's satisfaction with their bodies in fact increases with age, to the extent that the gap between men's and women's sense of bodily esteem that is marked in younger ages disappears in those over 75. This is a suggestive finding, and chimes with the view advanced by Diane Gibson (1998) that we overemphasize the negative nature of later years for women. Gerontology, she suggests, often fails to recognize the positive strengths of female old age, projecting onto old age, wider culture's own negativity about the subject. Assumptions about the body can be part of this.

#### 4. The body in deep old age

We have noted how feminist literature around identity and resistance focused on the Third Age, and is often passionate, subjective and written from the inside. When we turn to the Fourth Age, however, we find a different literature, one that is distant, objective, often couched in officialese or the language of policymakers. Written from the outside, it is about *them*—the old—not us. The authors may recognize that they too will become old, but they do not internalize or own this stage to the same degree as they have the earlier one. These old remain eternally Other; and that sense of them as a wholly separate and as a fundamentally different category of being lies at the heart of how ageism operates.

The distinction between the Third and Fourth Age is qualitative not chronological. Although often taken to approximate to the ages of 50–75 and 75+, the distinction is in fact qualitative. In this the body is key, for it is the onset of serious infirmity that marks the point of transition. As a result, the Fourth Age can seem to be not just about the body, but nothing but the body. It dominates subjective experience, to the extent that it swamps all other factors in determining matters like morale or wellbeing. The "problems" of old age are seen to center around bodily difficulties like mobility, continence, ADL scores, to the degree that policymakers construct the old in terms of these bodily deficits and their consequences for public expenditure. It is at this point that radical or humanistic social gerontology wants to pull back, to fight off the dominance of the bodily in the form of the biomedical account and assert others aspects of the person and the situation. This is the reason why it has been difficult for gerontology to engage with the subject of the body.

Gender is relevant to the issue because deep old age is predominantly female. Most of the sex differential in old age relates to this stage, partly the product of women's greater longevity, and partly their tendency to suffer more from disability and thus to spend longer in the Fourth Age of infirmity. Issues concerning the body in the Fourth Age are thus gendered, but in an implicit way. Part at least of the negative meanings of deep old age relate to this. Misogynistic discourses have long focused on the bodies of women, and these feelings are extended and amplified in relation to old women. The body in old age thus comes to carry an additional freight of negative meaning.

Although Foucault did not write directly about old age, his work has been extended by others to explore the ways in which the bodies of older people are marshaled and disciplined in Foucauldian ways. For example, Katz (1996) has explored the application of classificatory systems and dividing practices in the lives of older people through institutional segregation in almshouses, sheltered housing, and geriatric wards; or through the constitution of the old as a distinctive category by means of pension systems and other institutions of the state for the regulation and classification of categories of the population; through modes of social survey and demography that have constituted the old as a distinctive category of the population largely characterized in terms of dependence and infirmity of a bodily sort. The rise of scientific gerontology with its focus on the aged body and its discourses of senescence has been a key element in the constitution of old age in the modern period. It is through such expert systems of power-knowledge that the lives of older people have been regulated, ordered, known, and disciplined.

Foucauldian perceptions have proved particularly relevant to the institutional lives of older people. It is here that we find a relentless focus on the body and its management. Life in a residential or nursing home is all about the body—indeed, that is what makes the places and the regimes so grim. The day-to-day routine of the institution turns around bodies—their cleanliness, orderliness, and health. Bodies are monitored and surveyed for signs of dirtiness, sickness, and decline. They are got up, dressed, washed, moved, fed, toileted, arranged in chairs to produce what Lee-Treweek (1994) has termed the end-product of the institution in the form of the “lounge standard resident.”

My own work of bathing and washing (Twigg, 2000a) contains a number of strongly Foucauldian themes. Here the body was clearly a site of power. Bathing involves nakedness and personal exposure; and we know from a number of contexts how enforced nakedness can be used to demean and undermine people. Interrogating suspects naked, taking away the clothes of prisoners, repeated body searches, humiliating exposure to the public surveillance of professionals, are all means whereby coercive regimes reduce, punish, and control those under their direction. Such regimes are designed literally to create Foucault's “docile bodies,” in that shame and unease are known to produce compliance and to undermine the basis for self-assertion. Though carework does not consciously aim to produce these dynamics—indeed, good practice aims to mitigate their impact—they are written into the nature of the encounter. Clients are naked, dependent, and below; workers are clothed, powerful, and above.

Bathing subjugates the person in a second sense also. We are accustomed from Foucauldian and feminist writings to the notions of the professional gaze or the phallic gaze, but there is also a gaze of youth. We have seen how the process of aging can be one of becoming increasingly subject to the corrosive power of such a cultural gaze embodied in media imagery. Recipients of help with bathing are literally subject to the gaze of youth in that their old bodies are exposed to the surveillance and view of younger workers. Many older people, including those in the bathing study, internalize a sense of their bodies as no longer attractive, something that might be distasteful to see or handle; and this contributes to the unsettling experience of body care and to the asymmetrical nature of the exchange.

The use of water is also significant here. The meanings of water are complex, and its symbolic and other uses have been various (Twigg, 2000a). One strand in such meanings however has been its role in coercive cultures. For example, water was widely used in the past to control and manage inmates in mental asylums through the deployment of techniques such as cold plunges and water packing. These practices were often justified in terms of ideas of shocking the mad back into reason or of hydrotherapy, but it is difficult not to detect in them elements of a more sadistic and controlling character, whereby the bodies of inmates were disciplined, made subject to the control of the institution in directly Foucauldian ways. The recurrent use of baths as part of rites of passage into institutions provides another example of the use of water as a form of subjugation and control, albeit a more minor one. The context of home care is very different, but echoes of these meanings remain in any situation where people are taken and given a bath. Such feelings are reinforced by the use of machinery or distancing techniques like gloves.

Receiving care may involve incontinence and other aspects of the unbounded body. Not to be in control of one's bodily functions is embarrassing and humiliating. Such failures return the person to babyhood and underpin the wider infantilization of clients in the care system. Lawton (1998) argues that modern western societies have become increasingly intolerant of the unbounded body of sickness and old age. Modern personhood rests on the possession of a clearly defined, separate, and bounded body. In other cultures, where people are not thought of as having a single autonomous identity mapped on to a singular body in quite the same way as they are in the west, substances emitted from the body are not seen as so threatening to personhood or regarded with the same revulsion. In the modern west, however, to be incontinent is to have one's fundamental social status questioned, one's personhood as an individual denied. Once again, this contributes to the way in which frail older people are reduced to their bodies, which then become the focus for an exercise of Foucauldian biopower.

Foucault is also particularly relevant for his understanding of the capillary nature of power. It is through his writings that we have come to grasp the ways in which power is pervasive, operating through and in the micro processes of social life. This is relevant to care because it allows us to see how professionals and lower-level workers, whose activities are often neglected in the literature, exercise power in the fine detail and the day-to-day routines that control and discipline the bodies of patients. Foucault enables us to get right down to the frontline of care. This is the level at which we need to refocus our analysis if we are to grasp what it is really like to be old and frail.

Foucault thus brings important insights to bear, enabling us to see how the management of the body is central to carework and to the wider ordering of the lives of older people. But there are problems for social gerontology in his approach. One of the classic critiques of Foucault is that he robs human subjectivity of its agency. Bodies, not people, are the subjects of his history. This presents us with a cold, objectifying account. To an extent, this can be seen as mirroring the processes of the Fourth Age itself in which, as we saw, the account shifts from a potentially subjective, person-centered one to one that is wholly objectifying, in which the Fourth Age is written about from the perspective of experts and other agents of control.

But this mirroring is also a cause for concern, and underwrites the unease that I and others have felt about the thoroughgoing application of Foucauldian ideas to this field. There is a danger that the analysis itself comes to reduplicate the processes that others seek to expose and critique. Foucauldian accounts can seem to be complicit what they expose to view, constituting old age in ways that further demean and reduce people. A central part of the appeal of Foucault lies in the transgressive quality of his work, particularly in relation to sexuality, prisons, madhouses but by extension also, old age. His account has a sadistic quality to it with its emphasis on the domination, inscription, and disciplining of bodies; and that



has played no small part in the appeal of his work in academic circles and beyond. Applying these insights to the lives of older people—or rather the bodies—may bring some intellectual gains, but it also threatens to recast older people as objects, bodies to be disciplined and controlled.

Foucauldians sometimes try to meet these problems by emphasizing resistance. But Foucault's conception of this is highly problematic. Though he asserts that where power is, so too is resistance, his concept of resistance is at odds with the model of power that provides the central framework for his work. In his later writing, he tried to recover aspects of agency through the route of ethical subjectification and self-fashioning, but once again in an unsatisfactory way in relation to his earlier more significant work, seeming to imply special, elite ways of being that are at odds with the earlier insights.

So there are reservations to be made in relation to his work. What we need at this point is to reassert subjectivity in relation to the body. We need a much stronger emphasis on how older people especially frail older people experience embodiment. The body is clearly central to old age, and we need to know more about how people feel about this, what constructions and understandings they bring to bear on it. My study of help with bathing was in part an attempt to do this, looking at how people felt about having to receive intimate help, how they negotiated the ambivalent forms of closeness created by such care, their feelings about their bodies and its failings.

## **5. The bodywork of care**

The third area where I want to explore the intersection of body, age, and gender concerns the nature of carework, in particular, its character as bodywork (Twigg, 2000b). Most writing on carework does not emphasize its bodily character, preferring to focus on the dimension of care. This is partly for reasons that have been referred to already—the sense that to emphasize the body is to demean or undermine the dignity of older people. But careworkers have also been complicit in this, often preferring to present their work in terms that de-emphasize its bodily character, focusing on the higher status, more genteel element of “care.”

The bodily aspect has also been downplayed as a result of the conceptual dominance within feminism of the debate on care. This took as its starting place concern with women's work in the private sphere, particularly in relation to childcare but by extension eldercare also. Attempts have been made to establish an overarching concept of care as a mode of social action that could unite women's work in the private and public spheres (Thomas, 1993; Ungerson, 1999; Waerness, 1987). Work in this area has also gone forward in moral and political theory (Larabee, 1993; Tronto, 1993). The concept of care has, however, proved problematic, encoding as many difficulties as it has unravelled. As applied to the sphere of paid carework, it can sometimes mislead. Lee-Treweek (1998) argues that feminist accounts of care deriving from informal care in the family distort our understanding of paid carework, better thought of in the context of other poorly regarded service work. The language of “care” with its associations with love and emotional connectedness, its location in moral discourse, and its etherializing tendencies, can also downplay the physical, bodily nature of the work. For these reasons, there are advantages in approaching the subject of carework from an analysis of it as bodywork.

Bodywork entails working on or through the bodies of others, handling, manipulating, appraising bodies which become the object of the worker's labor. It is an element in a range of occupations—nurses, doctors, physiotherapists, beauticians, hairdressers, alternative therapists, masseuses, and sex

workers. Though the status of these workers and the contexts in which they operate are very different, there are certain commonalities (Twigg, 2000b; Wolkowitz, 2002). Running through these is the aspect of gender.

Carework is quintessentially gendered work both in the sense that it is performed predominantly by women, and in that it is constructed around gendered identities. The element of the body is central to this. There are a number of levels at which we can understand this. The first concerns the wider cultural association of women with the Body. Women have long been positioned within a series of cultural oppositions in which they represent the unmarked, silenced categories of the body, emotion and nature, in contrast to marked and male categories of culture, reason and the mind (Lupton, 1994). Women have often been presented both in the past and now as more bodily than men, bound up in and defined by the processes of reproduction, more prey to the shifting tides of emotion, more located in the bodily spheres of life. Women also represent the Body in terms of male desire—the form of desire that is hegemonic in culture—and thus come to stand for sexuality itself. Women are associated with the private realm and with the spheres of emotion, bodiliness, and intimacy that are traditionally associated with such territory. Confining emotion or the needs of the body, or sexuality at least in its legitimate forms, to the private sphere and linking them to women, has enabled the public world to be constructed as disembodied, rational, and male. By a complex set of processes, women thus find themselves located in spheres of life where the body has primacy.

Within the family, women differentially undertake bodywork, caring for the intimate and bodily needs of household members. This gendered association remains when these activities are transferred across into the sphere of paid work. The gendered division of labor in the economy shadows that in the home.

Bodywork is often ambivalent work. When performed by high-status male staff like doctors, it is often accompanied by distancing techniques that limit direct contact with the body and that bracket off these aspects, which are handed over to lower-level, typically female, workers in the form of nurses and others who deal more directly with the bodies of patients. Even within nursing, status is marked by distance from the bodily, and as individuals rise up the hierarchy of skill and payment, they progress from basic bodywork of bedpans and sponge baths towards high-tech skilled interventions: moving from the dirty work on bodies to clean work with machines (Davies, 1995; Savage, 1995).

In relation to carework, this ambivalent estimation is reinforced by the character of the bodies they work on and the problems they deal with. Carework is concerned with what can be termed the negativities of the body—shit, vomit, sputum—all the aspects of the unbounded body that Lawton (1998) has explored in relation to hospice work. These are not the nice, clean, youthful bodies of the beauty business or alternative medicine or spa treatments (at least as presented in magazines). As Wolkowitz (2002) comments, it is not so hard to salute the Buddha in the person in these contexts. But in relation to a doubly incontinent person with dementia, the situation is very different.

Carework is thus dirty work. Women differentially perform such work. Partly, this is because they lack the social power to escape it. But it also reflects ideas concerning women's own bodies, which are perceived as fluid, leaky, swampy, soft, compared with the hard, defined, contained bodies of men.

These connections with gender also underlie the polar estimations of the work. Carework is at the same time demeaned and exalted. It is poorly regarded, poorly paid work that women with a better purchase on the labor market manage to avoid. It is done primarily by those with few options. And yet, within the British and other European systems, it is often spoken of in the highest terms. Managers—particularly male ones—often praise the work of home carers to the skies, emphasizing their wonderful caring qualities, their willingness to do things above and beyond the formal contract, the warmth of their

responses. Contained within this praise is often a sense of “I could not do this work—or more accurately—I would not care to do this work.” “They must be special people to undertake—or rather tolerate—it.” There is a strong gendered element in this, and such polar estimations are characteristic of other areas of women’s work, such as nursing, which are similarly both praised and denigrated. There is a large literature on the polar imagery of nurses in which their bodies are presented in terms of both purity and pollution, their characters both nunlike and sexually knowing, their work demanding yet also low level and dirty (Bashford, 2000). Wives and mothers similarly find themselves caught between polar estimations, their work marginalized, lowly regarded, sidelined, and poorly supported, at the same time within conservative patriarchal discourse praised to the skies and their activities treated of inestimable worth. The fact that their work is regarded as “inestimable” is of course part of the issue: it is both beyond price, and of no real price.

The low estimation of carework is linked to its unskilled character. Carework is unskilled in the sense that it does not require education or training to do it. The skills are deemed to come “naturally,” anyone can do it; though in fact that “anyone” has to be a woman (Neysmith & Aronson, 1996). The very ideas of “skill” or “job” are, as Davies (1995) and Wolkowitz (2002) argue, saturated with gender, resting as they do on an assumed prior ordering of domestic life that makes possible the public sphere of work and that values activity in that sphere in terms of specific skills that require training. These sorts of skills are denied in carework that is assumed to be obvious and to come naturally—at least to women—arising from their natures as caring women. Women who are not able to provide care, or refuse to do so, are labeled hard and unnatural. This naturalizing of carework in the characters and bodies of women denies its skills and helps to justify the low wages that go with the absence of training or qualifications.

The final way in which we can understand bodywork as gendered work is in its relationship to sexuality, particularly male sexuality. As we have noted, careworkers are overwhelmingly female. Men do, however, work in the sector, but when they do their activities are circumscribed. In the British context, they are rarely permitted to give intimate care to women, particularly if this takes place in the private and obscured territory of home. Women are in general accorded greater leeway in access to bodies than are men. This reflects a wider set of cultural assumptions about masculinity and, in particular, male sexuality that regard it as containing an essentially predatory quality. Access to bodies by men is seen as involving an inevitably sexual aspect (Connell, 2000).

In the case of women, the assumptions are different. The dominant discourse is that of maternalism, not sexuality. Women’s involvement in bodies is seen as an extension of their work with babies and children; and access to adult bodies whether male or female is presented in these terms. Furthermore, the traditional account of female sexuality presents it as passive, awaiting arousal within specifically erotic relations. Carework is not one of these. Access by women to bodies, male or female, is not regarded as presenting a sexual threat. This is not to say that women do not abuse clients, but that in general they do not do so in a sexual way.

These ideas about male sexuality draw on very traditional constructions of men and masculinity, and they need to be set in the context of the considerable changes in gender, and particularly sexual, relations that have occurred in varying degrees and in different sectors of society over the last century or so (Connell, 2000). It has to be said, however, that evidence from the last two decades of abuse within the service system involving male workers in relation to children and disabled adults suggests that intimate access to bodies by male workers can indeed present problems.

These feelings about masculinity are not confined to heterosexuality, but apply to male-to-male relations also. Men construct other men as potentially sexually predatory—to some degree at least—and

a general wariness often pervades male clients' feelings towards male careworkers, particularly if unfamiliar. This is reinforced by a sense that since carework is women's work, men who do it may be "effeminate." Male careworkers, like male nurses, do a job that gendered in a way that is at odds with their own gender (Davies, 1995). This can be both to their advantage and disadvantage. One of the disadvantages is that they tend to find that their sexuality is questioned. But like male nurses, they often find that they rise more quickly up the employment hierarchy, promoted away from the frontline of bodycare. The forces that take them up the glass escalator of gender are complex, but among them is a sense that carework in its bodywork aspects is not really a job for men, both in the sense that it is beneath them and therefore slightly shameful, and that those who do it, or who choose to remain doing it, are in some sense suspect.

Bodywork is thus gendered, differentially performed by and assigned to women. We have explored how this association relates to wider ideas about women as more bodily than men and as representing the Body within culture more generally. These ideas in turn have consequences for how such work is regarded—as natural for women, deriving from their maternal roles and rooted in their own bodies, requiring little or no training or qualifications or the financial rewards that go with such. Men who do this work experience a discordance between the job and their gendered identities, at least as externally assigned. But as we have seen, this operates in many ways to their advantage. Taboos around male sexuality can keep men safe from prolonged contact with the dirty work of care. Work on the body is ambivalent work, and like other dirty or bodily work, is hidden, distanced, or assigned to women who are thought better able to cope with or tolerate such activities, or are regarded as in some sense nearer to them by virtue of their own bodies and natures.

## **6. Conclusion**

The body is the master theme of gerontology, a single strand that unites the subject and gives it coherence. But this dominance of the bodily is also highly problematic. Much effort—rightly—has gone into exploring the ways in which aging is a social and cultural category, rooted in the wider structures of society and taking its meanings from them. It cannot simply be read off from biology. Age ordering is, furthermore, itself an active constituent of the social world, providing, like the gender order, one of the most profound elements that structure the social realm. Age and aging are deeply social.

How then are we to understand the role of the body? Death and decline are after all central to aging, and they—however socially interpreted—ultimately exist at a bodily level. We cannot ignore this within social gerontology; writing about the body must be a central task for the subject. But in doing this we need to avoid essentialism and the dominance of biomedical or reductionist approaches that claim to present the "truths of aging" in terms of its bodily basis. Rather we need to give weight to the complexity and plurality of social and cultural meanings that have and do adhere to the bodily, recognizing the ways in which the body and bodily experience are constituted in and through discourses. And yet at the same time we need to recognize how these discourses are formed and take shape in a dialectal relationship with real bodies that experience real pain, sickness, and death—as well as other more enjoyable sensations. Gerontology cannot escape engaging with these subjects; they are central to its concerns.

In this article, I have suggested some of the ways in which we might begin to explore the territory of the body in old age. Some of the most fruitful insights for this have come from feminist writings. This is particularly so in relation to the first area discussed—that of the body, self-identity, and subjectivity.

Most mainstream writing on aging implicitly presents its subjects as distant, remote, Other. The great gain of the feminist literature is that it asserts subjectivity and reflexivity, and in doing so destabilizes the dominant account in such a way that recovers the territory of the body. Until now, a focus on the body in relation to older people has been seen as implicitly oppressive one, concentrating on all the things that encourage the objectification and Othering of older people. Feminist and cultural critics in challenging this have regained important territory for social gerontology, and in ways that have deepened our understanding of the experience of old age.

But as we have noted, this literature of subjectivity and empowerment only really addresses a certain stage of aging, that of the Third Age, and concentrating within that on the period of late middle age. The feminist analysis has yet to be driven forward into the much more challenging territory of deep old age. Here the old remain essentially Other; their lives described from the outside, primarily in terms of problems and deficits. In this account, the limitations and failings of the body loom large; indeed, the dominant account of deep old age, constructed around the dual concerns of medicine and policymakers, is almost entirely one of the body and of decline. Humanistic gerontology wants to challenge this account, but in doing so has shied away from the topic of the body. The main source of radical theorizing in the area that does emphasize the body is Foucault, but his legacy is an uncertain one. His work has certainly disturbed the complacency of the dominant account, exposing the nature of its expert knowledge and undermining its claims to neutral humanity. But the Foucauldian account is a far from emancipatory one, for all the claims that are made for resistance. The thorough going application of his approach seems to threaten a reduplication of the objectification and oppression of the old. What is needed is a fuller and better account of the role of the body in deep old age, one that encompasses subjective feelings and experiences and that recognizes embodiment as its central topic rather than frailty and decline. Gender is likely to be an important dimension in this, though the exact ways in which it operates remain to be explored more fully.

One area where we have begun to gain some purchase on the question of gender is that of carework, particularly in its character as bodywork. The care and management of the body is the central activity of the care system whether operating in institutional or domestic settings. That in large measure is what care is about. But just as social gerontology has tended to shy away from this bodily aspect in relation to older people, so too have accounts of the care sector tended to downplay the bodywork element, obscuring it under the more the general and also more etherialized term of “care.” But the body is at the heart of this activity and needs to be acknowledged as such. Analyzing these processes of bodycare, exploring the micro level of such exchanges at the frontline of care, and understanding the very concrete character of the activity are vital if we are to grasp the realities of the care system and the ways in which it impacts on the day-to-day lives of older people.

## References

- Andersson, L. (Ed.) (2002). *Cultural gerontology*. Westport, CT: Auburn House.
- Andrews, M. (1999). The seductiveness of agelessness. *Ageing and Society*, 19, 301–318.
- Arber, S., & Ginn, J. (1991). *Gender and later life: A sociological analysis of resources and constraints*. London: Sage.
- Bartky, S. L. (1999). Unplanned obsolescence: Some reflections in aging. In M. U. Walker (Ed.), *Mother time: Women, ageing and ethics* (pp. 61–74). Boulder: Rowman & Littlefield.
- Bashford, A. (2000). *Purity and pollution: Gender, embodiment and Victorian medicine*. Basingstoke: Macmillan.
- Brook, B. (1999). *Feminist perspectives on the body*. London: Longman.

- Bordo, S. (1993). *Unbearable weight: Feminism, western culture and the body*. Berkeley: University of California Press.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of "sex"*. London: Routledge.
- Cole, T. (1992). *The journey of life: A cultural history of aging in America*. Cambridge: Cambridge University Press.
- Connell, R. W. (2000). *The men and the boys*. Cambridge: Polity.
- Davies, C. (1995). *Gender and the professional predicament in nursing*. Buckingham: Open University Press.
- Davis, K. (1995). *Reshaping the female body; the dilemma of cosmetic surgery*. London: Routledge.
- Davis, K. (2002). A dubious equality: Men, women and cosmetic surgery. *Body and Society*, 8(1), 49–65.
- Estes, C. L., & Binney, E. A. (1989). The biomedicalization of aging. *Gerontologist*, 29(5), 587–596.
- Fairclough, C. (2003). *Ageing bodies: Images and everyday experiences*. Walnut Creek, CA: AltaMira Press.
- Featherstone, M. (1991). The body in consumer culture. In M. Featherstone, M. Hepworth, & B. S. Turner (Eds.), *The body: Social process and cultural theory* (pp. 170–196). London: Sage.
- Featherstone, M., & Hepworth, M. (1991). The mask of ageing and the postmodern life course. In M. Featherstone, M. Hepworth, & B. S. Turner (Eds.), *The body: Social Process and cultural theory* (pp. 371–389). London: Sage.
- Friedan, B. (1993). *The fountain of age*. London: Jonathan Cape.
- Furman, F. (1997). *Framing the mirror: Older women and beauty shop culture*. New York: Routledge.
- Furman, F. (1999). There are no old Venuses: Older women's responses to their ageing bodies. In M. U. Walker (Ed.), *Mother time: Women, ageing and ethics* (pp. 7–22). Boulder: Rowman & Littlefield.
- Gibson, D. (1998). *Aged care: Old policies, new problems*. Cambridge: Cambridge University Press.
- Gibson, H. B. (2000). It keeps us young. *Ageing and Society*, 20(6), 773–780.
- Gilleard, C. (2002). Women, ageing and body talk. In L. Andersson (Ed.), *Cultural gerontology* (pp. 139–160). Westport, CT: Auburn House.
- Gilleard, C., & Higgs, P. (2000). *Culture of ageing: Self, citizen and the body*. London: Prentice-Hall.
- Greer, G. (1991). *The change: Women, ageing and the menopause*. London: Hamish Hamilton.
- Gullette, M. M. (1997). *Declining to decline: Cultural combat and the politics of midlife*. Charlottesville: University Press of Virginia.
- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability and Society*, 12(3), 325–340.
- Jackson, S., & Scott, S. (2001). Putting the body's feet on the ground: Towards a sociological reconceptualisation of gendered and sexual embodiment. In K. Blackett-Milburn, & L. McKee (Eds.), *Constructing gendered bodies* (pp. 9–22). London: Palgrave.
- Katz, S. (1996). *Disciplining old age: The formation of gerontological knowledge*. Charlottesville: University Press of Virginia.
- Kontos, P. C. (1999). Local biology: Bodies of difference in ageing studies. *Ageing and Society*, 19, 677–689.
- Larabee, M. J. (Ed.) (1993). *An ethic of care: Feminist and interdisciplinary perspectives*. London: Routledge.
- Laws, G. (1995). Understanding ageism: Lessons from feminism and post modernism. *Gerontologist*, 35(1), 112–118.
- Lawton, J. (1998). Contemporary hospice care: the sequestration of the unbounded body and 'dirty dying'. *Sociology of Health and Illness*, 20(2), 121–143.
- Lee-Treweek, G. (1994). Bedroom abuse: The hidden work in a nursing home. *Generations Review*, 4(1), 2–4.
- Lee-Treweek, G. (1998). Women, resistance and care: An ethnographic study of nursing auxiliary work. *Work, Employment and Society*, 11(1), 47–63.
- Lupton, D. (1994). *Medicine as culture: Illness, disease and the body in Western societies*. London: Sage.
- MacSween, M. (1993). *Anorexic bodies: A feminist and sociological perspective on anorexia nervosa*. London: Routledge.
- Negrin, L. (2002). Cosmetic surgery and the eclipse of identity. *Body and Society*, 8(4), 2–42.
- Neysmith, S. M., & Aronson, J. (1996). Home care workers discuss their work: The skills required to 'use your common sense'. *Journal of Aging Studies*, 10(1), 1–14.
- Oberg, P. (1996). The absent body—A social gerontological paradox. *Ageing and Society*, 16(6), 701–719.
- Oberg, P., & Thornstam, L. (1999). Body images among men and women of different ages. *Ageing and Society*, 19, 629–644.
- Phillipson, C., & Walker A. (Eds.) (1986). *Ageing and social policy: A critical assessment*. Aldershot: Gower.
- Savage, J. (1995). *Nursing intimacy: An ethnographic approach to nurse–patient interaction*. London: Scutari Press.
- Sontag, S. (1978). The double standard of ageing. In V. Carver, & P. Liddiard (Eds.), *An ageing population* (pp. 72–80). Milton Keynes: Open University.
- Thomas, C. (1993). De-constructing concepts of care. *Sociology*, 27(4), 649–669.
- Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. London: Routledge.

- Tulle-Winton, E. (2000). Old bodies. In P. Hancock, B. Hughes, E. Jagger, K. Paterson, R. Russell, E. Tulle-Winton, & M. Tyler (Eds.), *The body, culture and society* (pp. 64–83). Buckingham: Open University.
- Twigg, J. (2000a). *Bathing—The body and community care*. London: Routledge.
- Twigg, J. (2000b). Carework as a form of bodywork. *Ageing and Society*, 20, 389–411.
- Ungerson, C. (1999). Hybred forms of work and care: The case of personal assistants and disabled people. *Work, Employment and Society*, 13(4), 583–600.
- Waerness, K. (1987). On the rationality of caring. In A. Showstack Sassoon (Ed.), *Women and the state: The shifting boundaries of public and private* (pp. 207–234). London: Hutchinson.
- Walker, M. U. (Ed.) (1999). *Mother time: Women, aging and ethics*. Boulder: Rowman & Littlefield.
- Watson, J. (2000). *Male Bodies: Health, Culture and Identity*. Buckingham: Open University.
- Williams, S. J., & Bendelow, G. (1998). *The lived body: Sociological themes, embodied issues*. London: Routledge.
- Wolf, N. (1990). *The beauty myth: How images of beauty are used against women*. London: Vintage.
- Wolkowitz, C. (2002). The social relations of body work. *Work, Employment and Society*, 16(3), 497–510.
- Woodward, K. (1991). *Aging and its discontents: Freud and other fictions*. Bloomington: Indiana University Press.
- Woodward, K. (Ed.) (1999). *Figuring age: Women, bodies, generations*. Bloomington, IN: Indiana University Press.