

Women making sense of midlife: Ethnic and cultural diversity

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Abstract

Within social gerontology and the sociology of ageing there has been a tendency to focus on ageing and midlife as a period characterised by adaptation, consumption and commodification of the body (e.g. Biggs, S. (1997). *Choosing not to be Old? Masks, bodies and identity management in later life. Ageing and Society* 17: 553–70; Featherstone, M., & Hepworth, M. 1996. The midlifestyle of ‘George and Lynne’: Notes on a popular strip. In *The Body: Social Process and Cultural Theory*, edited by M. Featherstone, M. Hepworth and B. Turner. London: Sage). This has highlighted the extent to which an ageing appearance might impact on the formation of identity and self during midlife. However, a limitation of this focus is a lack of attention to the significance of ethnic and cultural diversity on how midlife is experienced and enacted. In this paper it is argued, such theorisations tend to overlook the complex meanings attached to midlife and how these are often bound up with past, current, and future ethnic and cultural belief systems and values. Based on empirical research with women from diverse ethnic and cultural backgrounds, this paper seeks to examine the different meanings women attach to midlife. It considers the extent to which current theories of ageing have neglected experiences of midlife that are not structured around Western concerns and priorities. The main argument is that women’s priorities throughout midlife differ significantly in relation to cultural and ethnic affiliation and background.

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1. Introduction

What was once referred to as ‘middle age’ is now often defined as ‘midlife’, a broad shifting category demarcated by chronological, social/cultural and body time (Adam, 2004). Although it is difficult to ascertain the actual age when one becomes ‘midlife’ in Western (British/North American) societies the period is assumed to begin in the late thirties and extend into the late fifties (for example, Featherstone & Hepworth, 1996; Hockey & James, 2003). For some, midlife is a transitional turning point. It is a time when past, present and future intersect and it becomes easier to reflect on the course life has taken, and importantly where it may lead. It may also be a time when the roles, responsibilities and patterns of everyday life alter substantially, prompting uncertainty in the present and reflection on future options and possibilities (Hockey & James, 2003). As such, it is likely that individuals will attach different meanings to the experience of midlife. However, this is often neglected in current theories of middle age, where there is a tendency to ignore the impact of cultural and ethnic diversity on the experience of ageing. The data presented in this paper suggests

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cultural differences between women influence their priorities during this period of their lives. A main aim, rather than presupposing sameness of experience, is to consider midlife as a culturally mediated and complex phenomenon.

A key argument proposed throughout the paper is that the theoretical linkages between ageing and ethnic and cultural diversity remain under theorised, and that this has produced a distinctly Western understanding of midlife. Additionally, this perspective is often characterised by a theoretical focus on identity negotiation, masquerade, and consumer led pursuits aimed at avoiding the ageing process (e.g. Biggs, 1997, 1999, 2003; Hepworth & Featherstone, 1982; Featherstone & Hepworth, 1996). Conceptualising ageing in this way tends to construct midlife as ‘a loosely arranged collection of ideals which intersect around the concept of youthfulness’ (Featherstone & Hepworth, 1996: 384). This means that midlife in western society is often associated with a denial of ageing and the maintenance of a self/body that is ageless (Featherstone & Hepworth, 1991; Turner, 1995). This position is often based on the idea that individuals have a strong desire to avoid particular aspects of ageing, and that they will go to great lengths to do this. This paper considers the extent to which these theoretical positions accurately represent what midlife and ageing mean to women, from a range of ethnic backgrounds.

The paper is organized into three sections. The first of these discusses the contribution current theories of ageing and midlife make to our understanding of the experience of growing older. The second section provides an outline of the research methodology used to collect the empirical data. The third section, examines the experiences of midlife women from a diversity of ethnic backgrounds focusing on the meanings attached to midlife as an embodied event. The final section, offers some concluding comments and suggestions for the development of perspectives on midlife.

2. Ageing and the category of midlife

This section will consider current conceptualisations of midlife and the extent to which they provide insight into women’s ethnically diverse experiences of ageing. Within gerontology and sociology the topic of midlife is often neglected as an area of study, instead research has tended to focus on youth or later life. When the issue of midlife receives attention, the focus is often on theoretical concerns rather than lived experience or empirical data (e.g. Biggs, 1997, 1999, 2003; Featherstone & Hepworth, 1996; Laslett, 1987). The result of this is a general lack of empirical research exploring midlife.

Midlife is a socially constructed and diverse life period that has been theorised in a number of ways, which have provided insight into different aspects of ageing. It is not the intention of this paper to provide an exhaustive overview of all of these, but rather to focus on four key areas. The first of these areas relates to the theorisation of midlife as a period characterised by new opportunities for self-fulfilment and new opportunities (Hepworth & Featherstone, 1982; Featherstone & Hepworth, 1996; Laslett, 1987). This includes theories on the mask of ageing and the postmodern reconstruction of midlife identities (e.g. Biggs, 1997, 1999; Everingham, 2003; Featherstone & Hepworth, 1989, 1991). A second important strand relates to the impact of patterns of structural constraint throughout the life course on the opportunities available to women, as they enter into midlife (Gunnarsson, 2002). A third area for consideration is the embodied experience of midlife. For women, this is often associated with the menopause, reproduction and changes to the appearance of the body (Dinnerstein & Weitz, 1998; Green & Wadsworth, 1998; Holland, 2004; Lock, 1998; Parry & Shaw, 1999). A fourth area focuses on cross-cultural representations of midlife (Schweder, 1998).

Current western (British/American) cultural representations of ageing often link midlife to the pursuit of youthfulness and a desire to avoid growing older (Featherstone & Hepworth, 1996). It is argued, there has been a shift away from the often negative portrayal of ‘middle age’ as a period of adaptation, to one that focuses on resistance to ageing through the adoption of a consumer based lifestyle (Hepworth & Featherstone, 1982). This social reconstruction of middle age means that we are now more likely to associate this period with the maintenance of an ageless identity. Midlife or the ‘third age’ (Laslett, 1989) is also theorised as a time of relative freedom from financial and familial caring responsibilities. Additionally, it has been argued that individual responsibility to manage negative aspects of ageing, through medical and technological intervention, has become increasingly important in postmodern society (Biggs, 1997; Featherstone, 1995). Further, that this has contributed towards the blurring of traditional life course boundaries and destabilisation of identity categories, such as midlife.

It has been proposed that the increasing availability of consumer goods, aimed at combating physical signs of ageing, has encouraged the use of body-maintenance techniques, for example exercise and diet regimes and cosmetic surgery (Featherstone, 1995; Featherstone & Hepworth, 1989, 1990, 1991; Hepworth & Featherstone, 1982). The underlying assumption is that an individual’s more youthful sense of identity or self, may contrast with the visible

physical appearance of their bodies. Hence, the body becomes a ‘mask’ concealing the persons’ sense of self, which may not have ‘aged’ to the same extent. Drawing on a psychodynamic approach Biggs (1997, 1999, 2003), argues masquerade enables individuals to mediate ‘the inner and outer logics of adult ageing’ (2003:52). A masque is, then, a device that is used to ‘cloak socially unacceptable aspects of ageing’ and signify an ageless identity to others (Biggs, 2003:53). Thus managing the surface of the body enables the performance of an ageless identity. This, in turn, helps to protect self-identity within an ageist and sexist society (Biggs, 2003). From this perspective, the physical body may be regarded as a burden if it fails to represent a woman’s perception of herself, as she grows older. However it is worth noting that, although such products are available to both women and men, the marketing of them is gendered with women’s bodies more likely to be targeted and portrayed as deficient (Grogan, 1999). It is also the case that ageing in western societies, is more frequently regarded as problematic for women than it is for men (Holland, 2004; Wolf, 1991). A wider gendered double standard of ageing exists, with midlife men often represented as ‘at their peak’, and midlife women as in decline (Macdonald, 1995; Sontag, 1978; Wolf, 1991).

These perspectives have provided theoretical insight into how the growth in consumerism, the commodification of the body, and ageism in western societies, continues to influence the experience of ageing. However, they tend to be ethnocentrically located within developments that have taken place in Western societies (Fox, 2005). The particular themes that are prioritised, such as consumption and the notion of midlife as a period of crisis, map on to western cultural notions and standards of ageing (Fox, 2005). Additionally, these theories are often not empirically grounded and this limits their ability to provide insight into the lived reality of midlife, which may be more complex and contested than they suggest. There is a tendency to assume that a ‘midlifestyle’ exists for all regardless of ethnic and cultural affiliation (Featherstone & Hepworth, 1990). Yet, this is often not the case as Roseneil and Seymour remind us:

All identities are not equally available to all of us, and all identities are not equally culturally valued. Identities are fundamentally enmeshed in power relations (1999:2).

Hence, western midlifestyle may not be equally available or even desirable to all. A further problem of these approaches is their failure to adequately theorise the impact of both previous and current structural constraint, on the choices and opportunities available to women during midlife. Although Featherstone and Hepworth (1996) acknowledge the impact of class differences, in relation to the pursuit of a consumer led anti ageing lifestyle, they do not consider the impact of gender or ethnic diversity. In Britain, women live longer than men and are more likely to have lower incomes during midlife and as they grow older (Gunnarsson, 2002). This is partly due to the inequalities women face throughout their lives in relation to pay and promotional opportunities (Arber & Ginn, 1991). Gunnarsson (2002) examines the relationship between income and life course differences. Her paper is based on the experiences of fourteen middle-aged and older Swedish women, who have had to rely on social assistance. She argues, the life trajectories of her participants were often shaped by caring responsibilities across the life course, and that these restricted their opportunities to participate in paid employment and generate a stable income. Gunnarsson’s (2002) findings suggest that gender roles and responsibilities significantly impact on women’s income during midlife.

Ethnic and cultural difference also influence the way in which gender relations are played out and the choices available to women, for example access to education and paid employment. Yet, theories of ageing that highlight the significance of income often do not acknowledge its interconnections with ethnicity, and how these construct different experiences for women during midlife. The former responsibilities and constraints that have shaped the opportunities available to women throughout their lives continue to have an effect, as they grow older. As such, it is important to consider how structural and contextually situated ethnic/cultural values and norms interrelate to influence the options available to women (Wray, 2004). An attempt to examine the relationship between life course inequalities, would contribute toward the development of an understanding of *why* women have different priorities during midlife. Clearly, inequities that have previously impacted on women’s opportunities will continue to influence their needs and concerns as they age. As Adam notes, previous experiences are ‘gathered up in the present’, and extend into and influence both mid and later life (2004:101). This process is disordered and produces a diversity of effects which may or may not, influence current and future priorities. As such, theorising midlife as a ‘loosely arranged collection of ideals which intersect around the concept of youthfulness’ (Featherstone & Hepworth, 1996:384), does not adequately represent these different experiences and the variety of needs they create. Alternatively it may, then, be more useful to conceptualise midlife as a period shaped by diversity and also intimately connected to previous life experiences.

Feminist writers have drawn our attention to how ageing and gender are interconnected (e.g. Arber & Ginn, 1995; Bernard & Meade, 1993; Ginn & Arber, 1993; Macdonald & Rich, 1984; Maynard, 1999). This has included

examination of the impact of structural constraints, such as income, housing and other service needs, on the creation of inequalities in later life (Arber & Evandrou, 1993; Gunnarsson, 2002; Maynard, 1999). A further area feminists have enquired into is how women experience their bodies as they age. This has included examination of the relationship between socio-cultural images of ageing and women's own perceptions of their bodies (Dinnerstein & Weitz, 1998; Fairhurst, 1998; Furman, 1997; Hurd, 1999; Sontag, 1978; Tunaley, Walsh, & Nicholson, 1999; Wolf, 1991). A key theme identified by feminist scholars is the 'double standard of ageing' that occurs within western societies. This refers to the way that women, in contrast to men, are defined and judged on the basis of their appearance as they age (Sontag, 1978). There has also been a focus on women's experiences of menopause, health risk, and health technologies, such as hormone replacement therapy and screening programmes (Berger, 1999; Green, Thompson, & Griffiths, 2002; Lock, 1998; Parry & Shaw, 1999; Thompson et al., 2003). These feminist perspectives have advanced our understanding of ageing as gendered and something more than simply a consumer based western cultural event. Importantly, they have drawn our attention to the extent to which women's ageing bodies are medicalised and often portrayed as failing and/or deficient (Lyons & Griffin, 2003).

Although feminist scholarship has provided powerful insight into midlife and the ageing process, the significance of ethnic and cultural differences between women has often been overlooked. Those examples of cross-cultural research studies that examine women's experiences tend to focus on the menopause (e.g. Avis et al., 2001; Berger, 1999; Lock, 1998; Sommer et al., 1999). A key finding of these studies, is that rather than being a universal experience menopause is historically and culturally produced (Lock, 1998). For example, in a research study by Sommer et al. (1999) 16,000 women from five ethnic/racial groups (African American, white, Chinese American, Japanese American and Hispanic) were interviewed about their experiences of menopause. They found that African American women were 'significantly more positive in attitude' toward menopause in comparison to other research participants. They note:

Community discussions suggested that one reason the African American women were more positive was that compared with the consequences of racism they had experienced throughout their lives, menopause seems a minor stressor (Sommer et al., 1999:873).

This highlights the significance of previous 'race' related inequalities on women's experiences of midlife. However, despite attempts to consider cross-cultural difference, there is a tendency to over emphasise western understandings of menopause. Yet, the significance attached to menopause as a biological and socio-cultural event is subject to ethnic and cultural variation (Berger, 1999; Lock, 1998). As such, the application of current theorisations of menopause may silence and marginalize those experiences that do not fit neatly into western centric accounts. This suggests that ethnic and cultural difference need to be taken seriously by those researchers and theoreticians engaged in trying to make sense of midlife.

In summary, this section has considered the extent to which some Western sociological and gerontological perspectives are limited by their failure to consider how ethnic and cultural difference, shape experiences of ageing. A key argument is, this tendency to overlook and under represent the diverse experiences of midlife women has led to the development of theories of ageing that are western ethnocentric. In particular, this has had the effect of producing theories that are insensitive to those experiences that exist outside the boundaries of western cultural ideologies, lifestyles, and priorities.

3. Methodology

The research set out to examine the experiences and perceptions of 38 British midlife women, aged between 36 and 60 years age, from different ethnic backgrounds. A main aim was to examine how ethnic and cultural location affected the way individual midlife women experienced their bodies. Participants were asked to self define as 'midlife' or 'middle aged', the wide variation in age within the sample is indicative of the unstable socially constructed nature of midlife as a category. It could be argued that these age differences, within the category of midlife, may influence how research participants talked about their experiences. For example, it could be claimed that women, in their fifties, are more likely to focus on issues relating to menopause than those in their forties. Yet, this argument is itself based on underlying (western) stereotypes of women's experiences of ageing. This is because it presumes that menopause is important to all women above a certain age. In contrast, this research begins with the assumption that experiences of midlife are diverse and menopause may not be a major event for all women. Although the participant's ages varied those aged between 55 and 60 were able to reflect on their experiences of midlife and discuss what they felt was significant at that time. The researcher did not assume that midlife was chronologically determined but instead viewed it as a shifting socio-culturally constructed category.

Three main areas were focused on in relation to midlife these included, identity, embodiment and health and physical activity. The research sampled ethnic and cultural difference for two main reasons. Firstly, to deconstruct ethnic and cultural identities and compare different constructs of midlife. Secondly, to obtain insight into how women from different ethnic backgrounds felt about their bodies during midlife. The research was carried out in Yorkshire in the North of England over a period of nineteen months, within three settings: an Asian women's centre, an African Caribbean centre, and a local leisure centre. Access was gained to British women who defined their ethnic identity as, Muslim, British Caribbean, West Indian, Pakistani, British and English. All of the participants were taking part in health and physical activity related classes. The majority of research participants self identified as working class with the exception of Fiona a 44-year-old British participant, who identified as middle class. Although it is recognised that class background is an important influence on the lives of women this paper does not seek to elaborate on current structuralist class based debates about ageing. Rather, it focuses upon how ethnic and cultural diversity influence the construction of different perceptions and experiences of midlife.

Feminist concerns and issues guided the qualitative methodological approach to this study. This included reflection on the impact of the researchers own biographical details on the research process (Maynard, 1994; Reinharz, 1997; Stanley & Wise, 1993). As a white English speaking 37-year-old researcher, I was aware that these aspects of my self-identity might affect how the participants felt towards me. Consequently, I kept a diary to record and reflect on my experiences. For example, I reflected on my status as an outsider-insider (Merton, 1972), and how this shifted throughout the research. From these observations, I learnt that power dynamics between researcher and participant fluctuate continuously, and that it is possible to inhabit both outsider and insider positions simultaneously (Wolf, 1996). I also came to the conclusion that researching across ethnic and cultural diversity requires a methodological approach that is sensitive to different needs, flexible and imaginative (Wray, 2004).

The methods used to gather the data included participant observation, focus groups and semi-structured individual and joint interviews (Arksey, 1996). For example, 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). Therefore, it was important to modify the methods so that they were sensitive and responsive to a range of participant needs. The interviews lasted an average of 45 min. In order to ensure the main research themes were adequately covered, the same set of questions was used during the focus groups and interviews.

All participants were asked questions relating to four key topic areas. The first of these focused on gaining an insight into biographical information and reasons for taking part in a physical activity class. For example, sample questions included asking the participants about their ethnic identity, social class and age, and what they gained from attending a physical activity class. The second area, explored the participants' view of midlife. For example, what does it mean to be 'midlife'? How do you feel about your health/body at the moment? The third, examined the women's views of socio-cultural constructions of midlife. For example, family and friends, the media gaze, the male gaze, biomedical discourse and the menopause. Finally, the fourth focused on the 'cultural capital' associated with women's bodies, as they grew older, and the extent to which they 'managed' and disciplined their bodies to conform to, or resist, hegemonic western ideologies about older women. For example, questions were asked relating to the cultural construction of older feminine identities and bodies, and the extent to which ageing was perceived to be a 'threat' to hegemonic femininity. It was not always appropriate to seek further information on topics that were considered to be sensitive, by the participant. This meant that the extent to which responses to these topics could be probed for further clarification varied slightly.

The use of multiple methods enabled the research to be responsive to the needs of the participants (Reinharz, 1992). It also helped to develop insight into the topic areas and added layers of information, thereby increasing the internal validity of the research (Reinharz, 1992). Different methods also produced different types of data which were then combined to generate multifaceted information. Participant observation enabled the researcher to develop a relationship with potential interviewees, and reflect on the setting of the research. The focus groups provided insight into the relationship between collective ethnic and cultural identities and the participant's views of midlife, western biomedical perspectives on ageing, and what it means to grow older. The interviews allowed these issues to be examined in more depth. They also provided an opportunity to discuss potentially sensitive topics, such as femininity, perceptions of the body etc.

Permission was given to record the focus groups and interviews, which were then transcribed, with each woman assigned pseudonym. Analysis and interpretation of the data was ongoing and not limited to a specific phase. According to Mason, the analysis of qualitative data requires readings that are 'literal', 'interpretive' and 'reflexive' (1996:109). The participant observation, focus group and interview data were compared and open coding used to

develop initial descriptive categories (Mason, 1996). This first 'literal' reading provided an initial list of themes and areas with which to organize the material. Subsequent readings were both interpretive and reflexive. The intention was to develop theoretical insights that went beyond immediate surface description. An aim was to uncover the relational meanings attached to key concepts mobilised within the research such as, midlife, femininity and embodiment. A second aim was to examine contextually based ethnic and cultural variation in how midlife is perceived and experienced. This enabled the identification, analysis and theorisation of diverse localized systems of power, and an understanding of why (what are the circumstance's) and how (what are the mechanisms), these were accepted and/or resisted by midlife women. The women's narratives of what midlife means to them are rich and diverse. Further, some of their accounts challenge existing theoretical perspectives on midlife.

4. Contested meanings of midlife: ethnic and cultural diversity

Earlier in this paper it was argued that the complexity of midlife as a period of ageing influenced by cultural and ethnic affiliation, is often overlooked within current literature. Further, that this has led to a neglect of constructs of midlife that differ from the western norm and are therefore ethnocentric in their focus. Therefore a main argument of this paper is that ageing experiences cannot be extrapolated from their historical, social and cultural context. This means that making sense of midlife requires a move away from western centric understandings of ageing and a move towards approaches that are able to capture and make visible the diversity of experience characterising life. In the following interview excerpts the participants' ages ranged from 38 to 60 years but they all defined themselves as middle aged or midlife. When asked about what midlife meant to them women from African Caribbean backgrounds, in contrast to white British women, were more likely to regard it as an indistinct period. This is evident in the following responses of African Caribbean women to questions about the timing and meaning of midlife:

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).

These accounts differ from those of English/British women who were more likely to acknowledge midlife as a life course period, although it was still questioned as a specific event.

How do you determine midlife? How do you determine it? It depends on how long you live. I mean everybody says it's mid thirties to mid fifties, well that's what I class as midlife. Bodily it's when you go into the change...but it's all really changeable...I don't think it really exists (Janette, aged 40, English).

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).

These comments highlight variation between English/British and African Caribbean women in both the timing and the significance attached to midlife. Although midlife is something that is not dwelled upon as a distinct event by any of these participants Janette and Helen, in contrast to Jane and Marie, link it to bodily changes. There are also differences based on previous life events. All four of these women had children and, with the exception of Helen, had worked in full time paid employment. However, both Jane and Marie had migrated to England in the 1960s for economic reasons and spoke of their struggle to adapt to British society and culture. They had both 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). For Janette midlife is chronologically defined and linked to changes to the body (menopause), this concurs with research undertaken by Wadsworth and Green (1999).

Helen notes how the timing of midlife has 'got moved on', is 'constructed by people' and may not exist as a defining category of ageing. This destabilisation of the life course has 'moved on' the timing of midlife so it is now seen as 'encompassing everyone between the ages of 35 and 60' (Hockey & James, 2003:102). These experiences demonstrate both similarities and differences between the participants in how they perceive midlife. In relation to difference, the

experiences of Janette and Helen (English/British) correspond more closely to current western theories of midlife that highlight the significance of bodily change, than those of Jane and Marie (African Caribbean).

Further differences emerged when British Pakistani and British Muslim women spoke of the timing of life stages and agreed the following chronological life course sequence:

‘Being young – up to 16 years

Middle age –30–40 years

Getting olderyears – 45 years onwards’

(Focus group with British Pakistani and British Muslim women, 36–53 years of age).

For these women midlife is an interlude between ‘being young’ and ‘getting older’ and does not extend into the sixties as current literature on ageing suggests (e.g. Featherstone & Hepworth, 1996; Laslett, 1989). This highlights a discrepancy between the western conceptualisation of midlife as a loosely defined category characterised by personal and social change, and a lived midlife that is culturally located and defined by less opportunities and more constraints than is currently theorised. Hence, for some it may be experienced as a stable period when new opportunities emerge as Western accounts suggest (Laslett, 1989), but for others it may be a time of continuing constraint, inequality, and increased responsibility.

When asked what midlife meant to them, Diane and Fiona said they felt less constrained and had a degree of freedom from previous responsibilities:

Well I suppose it has its good points getting to midlife because your kids start growing up and you can...you’ve got...you get a bit of independence (Diane, aged 49, English/British).

I think there’s a richness that comes with midlife. I think you can look back and you can think...it gives you a whole perspective on what you have done. (...) I think it’s a calm period in your life. All the pressure of saving money, buying a house, buying a car well you’ve done that when you get to midlife. I’m more confident (Fiona, aged 44, British).

In these accounts midlife is experienced as a time of increased confidence and diminishing familial and financial responsibility (Featherstone & Hepworth, 1996; Laslett, 1989). However, this was not the case for the majority of African Caribbean and British Muslim women in this research. For example, when asked to describe what midlife meant to them the responses of Sheila and Arshad were quite different from those of white British participants:

I felt midlife when...well in my case I felt eighty really...then at the time when I lost my husband. I didn’t know the role or responsibility of the house. I was one that just laid back and my husband did everything you know financially. So it was like a blow when I thought, ‘Oh I’ve got the mortgage to pay, I’ve got the electric’. I felt aged (Sheila, aged 60, West Indian).

My situation now (at midlife) is very different...you know my husband is very poorly and my son is disabled. I have two kids, one son one daughter. Daughter has asthma. I am a very special person God gives me everything (Arshad, aged 53, British Muslim).

The changes that have taken place in the lives of Sheila and Arshad define midlife as a time of disruption and both new and continuing responsibilities. As a widow, Sheila struggles to take on the financial roles her husband had previously held and Arshad continues to care for her children and her husband, who is becoming increasingly dependent upon her. As such, their concerns are not about the avoidance of ageing, or the ‘masking’ of a more youthful identity, issues that tend to be focused on in current theories of midlife (Biggs, 1997, 1999; Featherstone & Hepworth, 1996). Instead, the death of Sheila’s husband forces her to renegotiate her roles and responsibilities and this makes her feel ‘aged’. Yet, the impact of bereavement is something that those Western theories that emphasise the quest for youth and new opportunities during midlife, fail to acknowledge adequately. Similarly, Arshad’s account suggests continuing familial and caring responsibilities typify midlife, rather than the freedom and development of consumer based lifestyles that are highlighted in Western theories and accounts of ageing (e.g. Featherstone & Hepworth, 1996).

5. Body priorities of midlife women

There are now a number of products and services that often target those who are defined as midlife or older, these include cosmetic surgery, special diets, gym membership, cosmetics and other forms of intervention

(Hepworth & Featherstone, 1982; Featherstone & Hepworth, 1996). Some of these forms of intervention, such as physical activity, may contribute towards the development of a healthy lifestyle at any age. However, as Featherstone and Hepworth argue, within consumer culture midlife is portrayed as a period in which ‘individuals can prolong vitality, energy (...) and enjoy the benefits of an endless ‘middle youth’’ (1996:201). Thus, the underlying premise of this consumer led drive is that individuals actively seek to remain young for as long as possible. Yet, as the participant’s accounts have shown different priorities, roles and responsibilities shape how midlife is perceived and experienced.

When they were asked to describe their bodies and how they felt about them, the majority of participants acknowledged physical changes to their bodies.

I get aches and pains now in my joints and my body is all moving downwards, especially my backside. I don’t like the feeling of not looking as good as I used to. In my forties, especially early on, I felt really down about myself, about who I was what I was doing and my body (Rebecca, aged 51, British). Rebecca’s account confirms the significance of the physical body as a marker of the ageing process. She acknowledges physical changes to her body and is dissatisfied with her appearance. Laura also comments negatively on a loss of physical energy, she misses ‘the sheer zest of youth’:

I miss being 20 and having the sheer zest of youth. I miss that...love of waking up and just being bright eyed and bushy tailed. And thinking, ‘right let’s go!’ You know? Certain parts of your body start doing odd things and packing up on you and you end up with hospitals and things (Laura, aged 40, British).

In her twenties, Laura had an enthusiasm for life that she feels has diminished. She views midlife as a period of risk and uncertainty, it is a time when the body may start ‘doing odd things’ and ‘pack up on you’. Subsequently, she is less confident about the capability of her body now in comparison to when she was younger. A number of white English/British participants spoke of their difficulty in coming to terms with a physical appearance that did not always correspond with their sense of self.

It’s when you look in the mirror isn’t it that you realise you’re not twenty. I think it’s...I don’t know ‘cause I mean you don’t feel old. I mean I don’t feel...you don’t change inside it’s like it’s just your outward appearance (Diane, aged 49, English/British).

So you stand in the mirror and look at your face and sort of think would it look better if I had a face lift here (laughs). And I think...you shouldn’t even contemplate the thought. But well, yeah, it’s when all your lines start and your face looks worried and pale yuk! It’s not the real me I see in the mirror (Laura, aged 40, British).

Both Diane and Laura perceive their inner self, the ‘real me’, to be at odds with their mirror image. In these examples the physical body becomes a ‘mask’ that conceals what is felt to be an unchanging inner self, as Laura suggests ‘it’s not the real me’ (Biggs, 1997, 2005; Featherstone & Hepworth, 1991). This concurs with those western accounts of ageing that focus on the ‘tension between the external appearance of the face and body (...), and the internal subjective sense or experience of personal identity’ (Featherstone & Hepworth, 1991:382).

Theories focusing on the use of masquerade to hide an ageing appearance develop our understanding of the British/English experiences of Diane and Laura. However, due to their western centric focus they are less helpful in helping us to understand why some women do not choose to masque the signs of ageing. For example, although British Muslim, Pakistani, African Caribbean and West Indian women spoke of changes to the physicality of their bodies, they expressed less concern about their appearance than white British/English women.

In middle age you go out like that (draws a pear shape in the air). In your 40s...when you come here (England) first you’re like...thin and then in your 40s you’re fighting with it. You’re battling with it you know, it’s like gravity it’s...like a blinking bottle (laughs). You’re body comes down (...) (Marie, aged 58, African Caribbean).

Yes definitely, there are changes. The hair gets white the body changes and gets wrinkled. Ladies get a big stomach (Zahira, aged 44, British Muslim).

I wouldn’t have a face-lift even if I had the money (Naseem and Shazeem, aged 37 and 40). I would consider it if I had the money (Tasneem, aged 38). You might have your face done and look physically different, but inside you

are still old (Parveen, aged 38). I'd never have my face done (Zahira, aged 44). We are not worried about how we look...this is not the problem...but about what is happening inside our body (Afshan, aged 47) (Focus group with British Muslim and Pakistani women).

The changing appearance of the body is clearly something that is experienced and noted by women across ethnic diversity. Yet, the type of changes that are regarded as significant are not always the same. When asked about what they thought were the most noticeable and important bodily changes, Pakistani and British Muslim women replied:

I look tired and feel tired. All the time I am tired now (Parveen, aged 38, Pakistani).

I noticed change when I go upstairs. I used to go very fast but now I go very slowly. I have to be more careful because my joints, knees are bad (Arshad, aged 53, British Muslim).

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 on them for everything I want to do things for myself (Zahira, aged 44, British Muslim).

As these accounts show women do not always prioritise physical appearance as *the* most significant body issue during midlife. This is illustrated by Zahira whose main concern is to remain active and physically capable, in order to avoid dependency on her family. Further, in contrast to white British/English women other participants did not refer to their outer bodies as a 'shell' masking an inner more youthful identity. This suggests those theoretical approaches to midlife that emphasise consumer culture, the changing boundaries of midlife and the mask of ageing, are culturally bound (e.g. Biggs, 1997; Featherstone & Hepworth, 1990, 1996). Additionally, it highlights the importance of developing theoretical perspectives on midlife that are supported by empirical evidence. Asking women, from diverse ethnic backgrounds to talk about their experiences of ageing, makes it possible to understand how cultural factors shape midlife. It also raises questions about the usefulness of theories that presume 'older women and men are left with little option but to identify with and simultaneously resist the ageing process' (Biggs, 2003:55). Much could be gained by expanding the category of 'midlife' to include a diversity of voices and experiences. For example the development of a theoretical framework that is not so narrowly focused on issues that are presumed to be significant, such as body maintenance and menopause. Instead, more attention could be given to what women identify as empowering and disempowering. Also, the extent to which different cultural values and histories influence what midlife actually means to women.

The notion of midlife, as a quest for youth is evident in western medical literature where women's menopausal bodies are often portrayed as failing and deficient (Berger, 1999; Lock, 1998). Here, menopause tends to be constructed as an illness requiring therapeutic intervention, such as hormone replacement therapy, anti-depressants and lifestyle changes (Lorber, 1998). This biomedical view of menopause is challenged by feminist sociological and anthropological researchers, who question the legitimacy and appropriateness of accounts that regard women's bodies as deficient (Berger, 1999; Green et al., 2002; Lock, 1998). When asked about what the menopause meant to them and their experiences of it, the participant's answers provided some interesting insights:

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).

Although they are aware of the existence of the menopause as a life stage Jane, Arshad and Helen do not regard it as a major event. Jane's view of the menopause, as something to be ignored, is influenced by her affiliation to her homeland (Caribbean) identity (Sommer et al., 1999). If she does have any physical symptoms of menopause they do not debilitate her. Similarly, the majority of British Muslim and Pakistani participants did not perceive menopause as a milestone in their lives. Although Arshad suggests she will seek medical help if necessary, she is not overly concerned about the health of her body.

These experiences of menopause differ from Helen's. In contrast, Helen seeks medical advice and intervention. She takes hormone replacement therapy to counteract headaches, hot flushes and low energy levels. However, she is also adamant that this was something she did not want to do. This highlights the responsibility placed on women to 'fight' physical changes to their bodies associated with ageing. As Lorber points out this is 'backed by a powerful medical ideology that translates natural processes into illnesses and routinises hormone replacement therapy' (1998: 62). It is difficult for women to resist and disrupt dominant western biomedical accounts that construct menopause as a potentially life changing and 'risky', both physiologically and psychologically, event.

The denial of menopause as a medicalised event, by African Caribbean women in particular, raises questions about western approaches to midlife that construct menopause as a life changing and potentially traumatic event for all women. 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; Lock, 1998). Acknowledging socio-cultural factors as an important influence on menopause disrupts the western biomedical view that presents it as a universal problem for women. Drawing on ethnically and culturally varied empirical accounts of midlife provides opportunities to disrupt Western hegemonic perspectives in two ways. First, it makes the diversity that exists within women's lived experiences of midlife more visible. Second, it provides alternatives to Western, often medically based, understandings of the menopause that construct women's midlife bodies, as deficient and failing.

6. Concluding comments

This paper has shown that women's experiences of midlife are both culturally and ethnically differentiated and contested. This suggests that there is a need to develop future theories that are able to accommodate both variety and similarity of experience. Current conceptualisations of midlife, often inadvertently, over emphasise and promote the assumption that everyone desires to conform to the 'forever young' discourses that dominate western ideologies of ageing. Although some people may wish to pursue a youthful identity during midlife, it is equally likely that this is not a priority for all. Despite this, theoretical approaches to midlife continue to conceptualise it as a period of crisis characterised by an increasing sense of alienation from an ageing body (Featherstone & Hepworth, 1989, 1991; Hepworth & Featherstone, 1982). As this research has shown, the meanings women attach to midlife are ethnically and culturally differentiated and cannot be so narrowly defined.

The lack of attention to the inter connections between ethnicity and variations in the timing of key life occurrences has led to an over simplified account of midlife, as a prolonged extension of youth. For example, in this research women's perceptions of when midlife began were intimately connected to the timing of significant life course events, such as marriage and childbirth. This was particularly apparent for Pakistani and British Muslim women who were more likely to have married and had their first child at an earlier age than other participants. Hence, midlife for these women began at an earlier age and did not extend into later life as current theories suggest. Instead these women felt older at an earlier age in comparison to other participants. This means that any attempt to theorise midlife must include consideration of the diverse contexts in which people live their lives, and the value and belief systems that shape them (Wray, 2004). Equally, it is important that future research considers the connections between major life events such as migration and the experience of ageing. Factors associated with migration, such as poverty, discrimination, hostility and racism (Bryan, Dadzie, & Scafe, 1985; Thiara, 1995), have the potential to substantially influence midlife yet have received little attention.

When considered across ethnicity, the mask of ageing theory could usefully be applied to some of the experiences of British and English white women. This was evident when these women explained how they felt when they looked in the mirror and saw a face that did not match their sense of self. However, it is interesting to note that when asked about their perceptions of their body white British and English women were more likely to refer to their mirror image than African Caribbean, West Indian, British Muslim and Pakistani participants. In contrast these women, though clearly aware of changes to the appearance of their bodies, did not regard facial appearance to be a major issue. Instead they often spoke of their desire to remain physically adept and independent. Additionally, African Caribbean and West Indian women were more likely to resist medicalised discourse on menopause.

From this research it is evident that the priorities of women during midlife vary considerably. Despite this, theories of midlife tend to be western specific and this often limits their ability to make visible those experiences and perceptions that differ from this hegemonic norm. In conclusion, I am arguing for an approach to understanding midlife that is sensitive to the nuances of ethnic and cultural difference, and the diverse life experiences these produce. In this I

am suggesting that future conceptualisations of midlife need to be developed within a culturally sensitive theoretical framework that is able to adequately represent the rich diversity of experience that typifies midlife (Wray, 2004). Empirical research is required to further develop and locate current perspectives that theorise midlife as a consumer event (Featherstone & Hepworth, 1996), a potentially alienating experience (Biggs, 1999, 2003), or a time of freedom and opportunity (Laslett, 1987). Ultimately, these theoretical perspectives do not consider how the ‘priorities’ they focus upon differ across ethnicity and culture. Thus, the theoretical advancement of midlife is contingent upon its ability to represent those different voices that construct and make sense of ‘midlife’.

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