“SUCH IS LIFE THAT PEOPLE GET OLD AND CHANGE”: GENDERED EXPERIENCES OF AGEING BODIES FROM OLDER PERSONS’ VIEW

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Ageing/aged bodies reflects gender norms and power relations. The paper is based on analysis of four focus groups realized in homes for older and infirm persons with participants older than 65 years. Old age and ageing are not gender neutral phenomenon – perception, experience, interpretation and strategies of managing of ageing/aged body are gendered. For participants tidiness and cleanliness are most important despite gender. Dominant interpretations of focus groups’ participants reflect traditional understanding of gender roles, gender ideals and internalization of gender and age stereotypes: physical appearance is more important to women than to men; beauty and physical attractiveness are reserved for youth; female sexuality is interpreted as burden, obligation and source of pain for women; menopause is interpreted as beginning of declining; male ageing bodies were interpreted in functional terms. Negative attitudes toward all types of surgical interventions on face and body are dominant and in this aspect participants reject socio-cultural pressures for youthful and glamorous looking in old age.

Key words: body, gender, ageing, appearance, Croatia, focus groups

INTRODUCTION

Based on statistical data it is globally known and a generally recognized ascertain- ment “that we live in an ageing world” (Higgs, 2012: 10). Therefore, the themes of old age and ageing inevitably become important and urgent topics in both theoretical and empirical terms. However, the literature in the field of cultural gerontology, anthropology and sociology of ageing still stresses that “on the map of gerontological knowl- edge”, as Thomas Cole stated, “something important is missing” (Cole & Ray, 2010: 1): experiences, interpretations and perspectives of older persons in all domains of (everyday) life are still not visible enough (Higgs, 2012). This lack of subjective experiences, meanings and interpretations of the older persons is evident in studies focused on researching ageing (and aged) body where Hurd Clarke emphasized the particular importance of gender perspective of “bodies and embodied experiences in
later life” (Hurd Clarke, 2012: 24). However, if we insist on the importance of body for understanding of ageing and old age we must also emphasize that “focus on old bodies is not on physical abilities per se but is instead on the ways that old bodies, in their plurality, are shaped and experienced” (Calasanti & Slevin, 2001: 51).

In this article the following questions are in focus: How older women and older men perceive their own ageing bodies or ageing bodies in general? Do they internalize socio-cultural stereotypes of gender, ageing and old age or do they resist them? This article is based on analysis of focus groups on gender aspects and standards of ageing, interpretations of subjective experiences of ageing body as reflections about non-surgical and surgical interventions from the perspectives of older women and men. Part of the results confirm the findings of some previous studies but also new research and theoretical questions about gendered experiences of ageing faces and bodies will be posed.

**AGEING BODY: MEANINGS AND INTERPRETATIONS**

In spite of the obvious insight that all human beings (and of course non-human beings) have a body, i.e. they are embodied, human corpus and body issues related with it – and ageing/aged body in particular – took a long time to become visible in social sciences and humanities: “the somatic turn” (Hancock et al, 2000: 10–11) happened in the last decade of the twentieth century. At first glance, we can assume that exactly because of its obviousness the “body in its material form” is “absented or forgotten” or “taken for granted” in social and humanistic gerontology as Powell & Wahidin mentioned (acc. to Powell, 2014: 23). Of course there are deeper reasons for invisibility of the ageing body. Julia Twigg (2004) and Laura Hurd Clarke (2012) presented several main reasons why the ageing and aged bodies for a long time remained invisible in social and humanistic gerontology:

1) Feminist authors questioned the (young) body, neglecting the old body because the reflection of “geronthophobia” is deeply imbedded in culture (Twigg, 2004: 60) or “internalised ageism” which is connected with “cultural discomfort with aged corporeality” generated in the context of cultural narrative of old age as a life phase characterized by decline, loss and dependence (that was pointed out as early as 1991 by Arber & Ginn, acc. to Hurd Clarke, 2012: 25).

2) Radical versions of social gerontology – in an attempt to avoid the so-called “retrogressive step” and return “into the territory of biological determinism” and the aforementioned “the narrative of decline” (Twigg, 2004: 60) or “the misery perspective” (Oberg, as cited in Hurd Clarke, 2012: 25) – emphasized the socio-structural factors (for example retirement) of ageing, thus interpreting ageing primarily as a social and only then as a physiological process.

3) Body issues, and especially women’s body issues, are a marginalized topic in the context of social gerontology and because of, as Twigg suggested, “a long history of misogynistic discourse in which women are denigrated by reducing them to their bodily characteristics” (Twigg, 2004: 60).

To overcome limitations in the consideration and study of meaning and experiences of ageing/aged body/face – both in social and humanistic as well as in feminist gerontology – important epistemological shifts in approach to (ageing/aged) body are required. Although the human body is undoubtedly multidimensional and multilayered, in the literature it is often seen in binary perspectives that, ultimately, reduce multidimensionality of the
body to a single component or dimension. For example, a biologist perspective emphasizes biological bases of bodies (“bodies are real”) while sociocultural perspectives view the body exclusively as a “sociocultural phenomenon” (Kontos as cited in Calasanti, 2005: 9), that is insist on “our social construction of them” because bodies are “shaped, constrained, even invented by society” (Laz as cited in Calasanti, 2005: 9). To transcend mechanistic approaches “fragmenting the body into discrete parts” and for better understanding of “our experiences in and through our aging bodies”, Hurd Clark & Korotchenko (2011: 9) suggest the concept of *embodiment* or Lash’s concept of the “lived body”.

For consideration of ageing/aged body the interpretation of Gubrium and Holstein (2003: 206) is particularly fruitful. They distinguish between “objective body” and “everyday body”. Under the syntagm “objective body” these authors think of the body as “material entity with a physical presence” which “can be observed, evaluated, and responded to, as one might engage other physical entities” (Gubrium & Holstein, 2003: 206–207). On the other side, “everyday body” or “subjective body” as defined by Gubrium and Holstein is “a material entity suffused with meaning”, it is “the result of situational variability ... because its presence in experience ... depend on what beholders construe them to be” (Gubrium & Holstein, 2003: 207).

In the wake of these interpretations is also Tavares’s thesis that “in order for a body image to be truly related to a real body, one needs to transcend certain socio cultural elements” (acc. to Rocha & Terra, 2013: 258). Body is some sort of a text (Bordo, 1997), it is somehow co-constructed (or co-produced) by interpretation – therefore it is saturated with meanings, values, stereotypes, discourses, worldviews and ideologies. Gubrium and Holstein emphasize an inextricable connection between objective and subjective body in the domain of everyday life and thus transcend reductionist interpretations of the body (Gubrium & Holstein, 2003: 206).

Since the body is a multidimensional and multi-layered entity, also a certain epistemological shift proves necessary in order to provide for deeper understanding and grasping of meaning and experiences of ageing body. Longino and Murphy, therefore, suggest the necessity of overcoming the strictly biomedical model based on dualism, mechanism, scientism and competitiveness, which ignores the “person that animates the body, and the life world that contextualizes the person” (acc. to Powell, 2014: 23). It is extremely important to consider the role of the broader (socio-cultural and economic) context in which the body is ageing. Ageing body as a “subjective” or “everyday” body (Gubrium & Holstein, 2003) is co-constructed by society and culture, i.e. the culture overwhelmingly creates meanings of ageing body.

Moreover, according to feminist gerontology, “through embodiment ... aging and gender come to be experienced together” (Marshall & Katz, 2012: 224). In other words, ageing body inevitably “incorporates” a gender aspect, because ageing body is always molded and co-constructed by gender. Ageing female and male bodies reflect gender ideologies and cultural constructions of femininity and/or masculinity, which include gender relations, stereotypes, and, unavoidably, particular power relations.

**CONSIDERATIONS ABOUT METHODOLOGY**

This article is based on analysis of four focus groups realized within the yearlong project *Socio-cultural and gender aspects of ageing in Croatia* (2013–2014) financed by Zaklada Adris. It is a project which focussed research interest on the subjective
experience of old age and ageing and lived experiences in different domains of life from the position of women and men older than 65, who live and use the services of four public homes for older and infirm persons in Zagreb and Split. The aim was to detect cultural, gender and social aspects of ageing, which articulate in a particularly clear and research relevant way exactly at the level of subjective lived experience. In addition to female/male residents of the homes for older and infirm persons, the employees and volunteers also participated in the study.

During fieldwork several methods were applied – participant observation, semi-structured questionnaire, semi-structured interview and focus group. The study included a total of 140 people, and 27 of them took part in four focus groups. In a common public room in every home for the older and infirm persons a focus group was organized in which the average duration of the focus group was 77.5 minutes (the shortest lasted 68, and the longest 87 minutes). During the focus groups, the talks were about a number of topics where not only lived experiences of participants were discussed, but also their general thoughts and attitudes that were often supported by personal experience or by referring to the experiences of other people (from the closer or further environment).

According to Madriz, focus group is a method that contains “elements of participant observation and individual interviews” and it is an excellent opportunity, as Kitzinger said, “for examining the way in which perspectives are negotiated and developed” between participants (acc. to Seymour, 2012: 129–130). The focus group involved 22 women and 5 men. The average age of participants in the focus group was 80.9 years – the youngest participant was 73 and the oldest 97 years old. As far as marital status goes, most are widowed (17), and least are the people who were not married nor living in extramarital partnership (1), where 5 participants are married, and 4 of them are divorced. The sample is dominated by people who have children (22) while 5 of them do not have them. Related to the educational structure, 1 participant is without schools, 11 have not completed primary school, 2 graduated from primary schools, 11 from secondary schools, and 2 from higher education. The shortest period of life in the home is 30 days and the longest 17 years.

Participation in the research was voluntarily based. At any time and in any phase of the research process the researchers have respected the autonomy of the participant – every participant was able to terminate their participation in the study or did not have to answer all questions (in questionnaire, interview or focus group). For all participants privacy protection and anonymity were guaranteed, and all of their names are changed. Also, every participant had the opportunity to give herself/himself a pseudonym, but most participants let the researches decide on pseudonames (see Zeman & Geiger Zeman, 2015).

Focus groups (just like all conducted interviews) with the permission of the participants were recorded by a digital audio recorder, and the material was transcribed, coded and analyzed. Also, at every stage of the research, the potential participants as well as the individuals who agreed to participate in the study were orally explained in detail about the purpose of this research and they were delivered a written and officially authenticated certificate which outlines the goals of research, guarantee to pre-

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1 The fieldwork was realized in the period from February till May 2014.
2 One female participant is excluded from the sample (28 participants) because she formally attended a focus group but did not take active part in discussion and left the group very early.
serve anonymity and the use of empirical material exclusively in scientific purposes and in scientific publications. The research instrument was approved by the Ethics Committee of the Institute of Social Sciences Ivo Pilar.

AGEING: CHALLENGES OR CONFIRMATION FOR GENDER ROLES AND IMAGES?

Old age and ageing are not gender neutral phenomenon. This statement is confirmed by this analysis of ours and earlier analysis of ageing/aged body perceived through a gender lens. Perception, experience and interpretation of body is connected with gender roles, gender expectations and images of masculinity and femininity but also with power, race, socio-economic and health status (Twigg, 2000; Calasanti & Slevin, 2001; Hurd Clarke, 2012). Of course, also management strategies of ageing body have a more or less pronounced gender component (which will be discussed later). While Vita Fortunati emphasizes that society “provides a series of strong stereotypes mainly based on the body of the elderly woman” (Fortunati, s. a.), Alexandra Howson emphasizes the distinction sex-gender and invites researchers to “explore the relationship between contemporary understandings of the anatomical body ... and the lived experience of gendered embodiment” (Howson, 2011: 40–41). Of course, masculinity and femininity are cultural categories or cultural constructions but also it is important not to forget that there is neither single masculinity nor single femininity. Femininities and masculinities should be understood as multiple, complementary opposites, and “inherently relational concepts, which have meaning in relation to each other” (Connell, 2005: 43). These socio-cultural constructs are profoundly influenced by class, race, ethnic, religious, cultural, historical, geographical, health factors and sexual orientation (Beynon, 2002; Connell, 2005; Zeman & Geiger Zeman, 2012). As Beynon emphasized, “yet a little over a generation ago it was held that men were naturally more powerful, competitive, successful, vigorous ... in the real world outside the home than women” (Beynon, 2002: 6). Inspired by Antonio Gramsci’s concept of hegemony, Connell (2005) stressed the concept of “hegemonic masculinity” as “a configuration of gender practice” which legitimates patriarchy and “guarantees (or is taken to guarantee) the dominant position of men and the subordination of women” (Connell, 2005: 77). This type of masculinity is characterized by heterosexuality, assertivity, activity, independence, visible position in world, self-confidence, extensive use of space, robust physicality and the power exercised through asymmetrical power relations (Howson, 2011: 53–55; Beynon, 2002: 16). The ideal of traditional femininity is clearly opposite to hegemonic masculinity – it is oriented toward private sphere, home, marriage, motherhood, care and nurture, passivity, emotionality, tenderness, reproduction, dependency etc. Also, physical appearance and beauty (or physical attractiveness) of a woman is high-valued and desirable characteristic where standards and criteria of beauty are conditioned by culture. Traditional dualism femininity/passivity vs masculinity/activity is summarized in one sentence by John Berger, art critic, who said that “men act and women appear” (cited in Howson, 2011: 56).

Reflections of focus groups’ participants confirmed the earlier conclusion of Miranda Leontowitsch “that older people themselves construct ageing as a gendered phenomenon” (Leontowitsch, 2012: 107). The focus groups’ participants connected
opinions about gender aspects of ageing with personal images of traditional femininity and hegemonic masculinity, by internalized gender roles and gender expectations and especially by fixed gender relations as they have experienced with particular regard to their marital and family life:

... women have always been gentler, more accessible while we were stronger than women in terms of the financial aspect. While women have nursed children ... what is said that a woman holds three corners of the house ... (Slaven, 82)

... The woman did everything, not to say, brought under his nose. ... He was a idler. He'd sit and wait to be served to the table, for the meal to be taken away and brought and all. There are exceptions, there are exceptions ... but otherwise they don't make much effort to help a woman ... (Margareta, 82)

WOMEN – BODY – AGEING: OLDER PERSONS’ PERSPECTIVE

Dynamic relations which take place in the triangle body-gender-ageing form a gendered foundation of ageing phenomenon. Perception and interpretation of ageing body from an older persons’ perspective are also the outcome of different gendered roles and expectations. Meanings of ageing body are derived from cultural ideals of masculinity and femininity internalized in earlier phases of their lives. For example, “sagging, wrinkling, and graying” are for most people perceived as “markers of being old” but “these apparently universal traits are differently assessed on gendered bodies” (Calasanti, 2005: 10). Result? According to Calasanti, “women are seen to be old much sooner than men” (Calasanti, 2005: 10, see also Geiger Zeman, 2014) – grey hair and wrinkles are interpreted as signs of old age, squalor and unattractivity for women but for men they are seen as a sign of status, experience, character or charm. The same conclusion was articulated by Susan Sontag in her famous essay The Double Standard of Aging (1972) – in modern societies “the prestige of youth” (p. 31) affects women and men alike, but the society is more tolerant towards ageing men than towards ageing women.

Analysing discussion during focus groups we established several important motives and topics that dominate interpretations and meanings of gender aspects of ageing body. According to focus group participants, the appearance of a person (regardless of gender) is important where it is insisted on maintaining hygiene, tidiness and cleanliness. This insight is similar to results of research realized by Jankowski, Diedrichs, Williamson, Christopher & Harcourt – “having a clean and tidy appearance” (Jankowski et al, 2014: 4) is most important for participants. Therefore some focus groups participants considered that there is no gender difference, and that it depends on the individual (regardless of her/his gender) how her/his physical appearance is central or marginal in her/his life: “if you hold up to your standards, you hold up to your standards. Being a man or a woman” (Anđa, 73).

However, further or deeper conversation about topics related to perception, interpretation and meaning indicates a pronounced gender lense and internalized gender asymmetry. The dominant opinion of the participants of the focus groups is that physical appearance is more important to women than to men. It is an extended and very long-lived sexist stereotype that the physical appearance of women is her most important resource and social capital (Calasanti, 2005; Bordo, 2003; Wolf, 2008) or as Russell Hatch puts it, “the social worth of women has been linked more closely with
their physical appearance compared to the situation for men” (Russell Hatch, 2005: 19). The importance of physical appearance for women is a gendered cultural norm which is part of the gender socialization of women (and men) from their earliest age (Sontag, 1972; Wolf, 2008; Bartky, 1997; Bordo, 1997; Saul, 2003; Hurd Clarke & Korotchenko, 2011).

Focus groups’ participants explained the greater importance of physical appearance to women than to men with essentialist arguments that legitimate the traditional gender ideology and the subordinate position of women in relation to men as well as the asymmetry in partner relationships – they perceive women as the more gentle gender and think that women by their nature want to please men in their demands. Also the looks are perceived as social capital by which a woman proves herself but also achieves professional success:

To us, it is naturally of no importance while women when they get old they lose their beauty, their charm gradually and then it bothers them more than us men... that’s because women are always of the more gentle gender then us, let’s say. Not to repeat that we are in comparison to women much more rough. They are more gentle, more refined and that’s why it is harder for them to bear old age than to us men. ... We don’t care ... (Slaven, 82)

Because women have to prove themselves more and she has to do more to win at least by her appearance, ability and this is the main reason, you know. (Nataša, 85)

Also, the physical appearance of women should be observed in the context of socio-cultural and gender construct of femininity – “women are culturally defined by their bodies” (Lorber & Moore, 2011: 65). Attractive looks/appearance is part of the set of traditional gender roles and expectations – lover-mother-housewife – which is according to participants’ expression of natural order:

... nice and dressed-up and to be a housewife and to be a good mother ... It’s so natural ... Always a woman has to be as it has been said; lover and mother and housewife... because men require that ... now it’s a different upbringing than it was before ... (Nada, 82)

Susan Bordo (2003) points to the importance of cultural patterns that affect perception, emotions and attitude of women towards their bodies. Women permanently implement monitoring and evaluation of their bodies and faces, comparing them with the dominant standards and ideals of beauty which is, however, an inherent imperative of youth. Various “disciplinary practices” of femininity (Bartky, 1997), and the practices and techniques of beautification, women make efforts to maintain the attractiveness and youthfulness of the face and body in order to and so (more or less successfully) mask their own ageing, which is predominantly interpreted as “female defeminization” or “feminine failure” (Kerner Furman, 2000: 10).

Despite the fact that look or physical attractiveness of a woman is treated as an important and “natural” female capital, however, there is no additional interest among female participants in extra work on beauty in the sense of economic, time and emotional engagement. The exception is only one participant, Ms. Jerka (78), who generated, with her thinking about the physical appearance and beauty practices that she daily performs, negative comments from other participants and confronted with them mainly on issues related to ageing and body during the focus group.
Contrary to the opinions of Ms. Jerka (78), the dominant view is that by getting older women unavoidably lose beauty, appeal and attractiveness. By this research the earlier theoretical findings that "looking old is viewed more harshly for women" (Russel Hatch, 2005: 19) have been confirmed. Hurd Clarke and Korotchenko emphasize that old bodies – particularly, older women’s bodies – are interpreted as “unappealing, asexual, and even unworthy of notice” (Hurd Clarke & Korotchenko, 2011: 2). Physical signs of ageing – for example lined, wrinkled and less elastic skin; thin and grey hair; weight gain/loss; changes in body shape, muscles and bones; sensory changes; degeneration of eye muscles etc. (Smith & Gove, 2005; Tiggemann acc. to Jankowski et al, 2014: 2; WebMD) – are viewed as unattractive (Altschuler & Katz, 2010) and interpreted as decline and loss because they are perceived as negation of dominant (and oppressive) cultural norms of femininity which glorify “sexual attractiveness, youth, and slenderness” (Kerner Furman, 2000: 10). Also many feminists have emphasized long term ageist and sexist tradition of labelling, ridiculing and devaluation of older women’s looks (Sherman, 2001). Women (of every age) are exposed to (at least) a triple process of objectification: “the male gaze” (Mulvey, 1975; also in Calasanti, 2005: 10) or “look of others who see you as an object” (Fortunati, s. a.); “gaze of youth” (paradigm of beauty and standards of physical attractiveness based on youth or exposing of older persons’ bodies to “the surveillance and view of younger workers” during bathing) (Twigg, 2004: 65; also in Calasanti, 2005: 10) but we should add to this list “the image which you have of yourself” (Fortunati s. a.), “reflection on oneself” or “self-policing” (Saul, 2003: 165, 164). Simone de Beauvoir claims that a young person thinks about her/his future older version as of another person – “as another than myself” (Beauvoir, 1996: 5), but becoming older persons we however gradually accept that some other self. Ms. Ana (76) described her facing with the physical changes that ageing leaves on the face and body:

…I remember when I once more thoroughly looked at myself in the mirror and I was wondering who you are. But I got used to her quickly and now that’s me …(Ana, 76)

However, physical remodelling is not reduced to facial and body transformation, that is aesthetic component, but also includes functional aspect, a subjective feeling of strength and power of her/his own body. This aesthetic and functional remodelling is the process in which the new situation has been accepted and “normalized”, a person focuses on the things she/he likes and can continue to perform without large energy investments, enjoying in them:

…my walking paths were longer and they are shortening now. It’s all normal to me. That I’m going to read more and listen to my favourite music now … accept the reality the way it is. (Ana, 76)

Two stereotypical motifs can be seen in the analysis: negative image of ageing as a permanent decrease, on one side, and gender stereotyping ideas that beauty and physical attractiveness are reserved exclusively for youth, and that ageing distorts, diminishes and erases them, on the other side. This is recognized in the negative image of menopause. Participants interpreted menopause as the beginning of decreasing and withering, which is, according to Ms. Nataša (85), the final phase of long-term adjustment, planning and prevention in the area of sexuality for women:

… Men and women are different … first you get your period. You take care of it. Then you want to get pregnant. If you get pregnant in bad times you do abortion. Then deliver children, then do abortion. Then your cycle is gone, which is the worst,
menopause. And that’s where woman collapses. That’s how female organism is ... (Nataša, 85)

Her description of functioning of female and male bodies, as well as experiences of sexuality, show how the female organism has been perceived as complex, processual, demanding and burdening, in the sense of controllability and managing, while the male organism is considered simple, almost linear, and possible dysfunctionalities and disorders could be solved mechanically, by medicalisation. Such description of female and male bodies is based on concepts of hegemonic traditional masculinity and traditional femininity where female sexuality is interpreted as burden, obligation and source of pain for women.

From the positions of the participants menopause has been encoded in ambivalent ways and it is still within the reference framework rooted in traditional “male” perspective. On the one hand, menopause frees wife of “burden” and “duty” in the sphere of sexuality that is, managing and control of reproduction (Gott & Hinchliff, 2003), on the other hand, it reduces her vitality, physical and sexual attraction, and in this sense, according to participants, desexualizes woman.

Despite the importance of physical appearance in the perception of femininity, female and male participants did not internalize recent media promoted ideals of beauty. Four female participants have more liberal attitude towards more invasive beautifying strategies in the sense of anti-ageing cosmetic interventions: non-surgical cosmetic (Botox, injectable fillers) and plastic surgical interventions where one participant, Ms. Jerka (78), pointed out how she would do face lifting surgery if she had financial support. Also, Ms. Nataša (85) emphasized professional dimension of motivation to achieve youthful looks by surgery and to stay longer active at work which is based on hegemonic and monovocal standards of physical beauty (youth and thinness); from the other point of view, she emphasized economic aspect of these surgeries that definitely have an important role in the way of thinking of participants:

I think if that is connected to profession, and a person is of a certain age, and has the means so she can try it out. For me I think this doesn’t fix anything long term but if it’s her obsession that she will be more successful through that, more popular ... so be it ... we in this age what we can only expect is cataract surgery ... and in fact we don’t have money. (Nataša, 85)

Besides these women all other participants expressed negative attitudes toward all types of interventions on face and body with the aim of removing or hiding the traces of ageing. According to participants, women incline to face lifting, nose surgery, and men to hiding baldness. It is evident that participants insist on natural looks (in every period of life) and “naturalness of the aging process” as Laura Hurd Clarke stated (cited in Russell Hatch, 2005: 22) due to which reason most of the male and female participants do not practice ordinary beautifying practices or traditional appearance work in the sense of non-surgical cosmetic interventions (make up, hair dying, dieting etc.) (Bayer, 2005: 14-15; Hurd Clarke & Korotchenko, 2011: 9). Beauty work practices of the male and female participants of the focus group is reduced to usage of warm water, facial cream and maintaining hygiene – they prefer a look based on tidiness: “Nivea cream is my one eternal, and good face washing. And this washing is the best” (Krešimira, 87). In this sense participants reject socio-cultural pressures for youthful looking that have been described by Kwan & Nell Trautner (2009: 49) as “hegemonic beauty ideals”. Also, there was no evidence of the media impact and
media disseminated images of youthful and glamorous ageing. During the focus group, participants did not express either satisfaction nor dissatisfaction with their actual looks, but several participants were making a point that they accept their face, wrinkles and grey hair because it is an expression of themselves, what they are:

... to me my wrinkles, my grey hair, to me it just fits. That's me ... (Ana, 76)

You are what you are. Use you cream a little, but no surgical intervention. I wouldn’t do that ’cause anything can happen from it. (Margareta, 82)

Participants of the focus groups believe that changes brought to their bodies and faces by ageing processes are “normal” and natural, almost analogous to nature cycles. Ageing “gracefully” and “naturally” (Jankowski et al, 2014: 6) or “natural” ageing is advocated where ageing and folds are coded and interpreted as symbols of pride, maturity and passed part of life:

I think old age is completely natural and should not be changed. I would never die my hair for example, I would never do lifting ... that wouldn’t be me anymore. That would be somebody else. Of course every year brings something, leaves something bad. And that's noticeable and that's old age. That's normal. Such is life. Life is such that people get old and change. (Slavka, 79)

It would not be called old age. (Ana, 76)

... and that you are always the same. (Slavka, 79)

... because look at that beautiful young tree, it gradually, as bark cracks, loses its lushness. This is exactly the mirror of that ageing ... (Ana, 76)

Generally, the dominant attitude is that any form of intervention with the aim of masking their actual age, they consider repulsive, inefficient, unnatural and unpredictable, but also funny - in the sense of the odd results illustrated by some of the participants with examples of public persons:

You see ... these celebrities seen on television, K. U., then V. Š. O., what they did to their faces, they do not look like themselves anymore. K. couldn’t laugh anymore, so tight was her face. (Anđela, 76)

... she looks ridiculous ... old neck and youthful face. (Lara, 74)

MEN – BODY – AGEING: OLDER PERSONS’ PERSPECTIVE

In the context of traditional and asymmetric gender ideology, men are not expected to be physically attractive. Ideal of hegemonic masculinity insists on “Power, independence, and control” (Hurd Clarke & Korotchenko, 2011: 9) and encourages qualities like toughness, assertiveness, competitiveness, dominance, abilities, skills, status and success (Marsiglio & Greer, 1994: 125; Thorton, Ryckman, & Gold, 2013; Connell, 2005). Of course, in the second half of the 20th century different types of masculinities were created and performed (Beynon, 2002; Gill, 2003; Zeman & Geiger Zeman, 2012). It is about gender constructs which are different and opposing to hegemonic masculinity, so Beynon talks about “fluid”, “hybridized” or “bricolage” masculinities (Beynon, 2002: 6). Despite the emergence of these new masculinities and ever deeper trend of objec-
tifying men by reduction to physical appearance (discussed by Thorton, Ryckman and Gold, 2013), a cultural pressure to be physically attractive in younger age, and in older age – to maintain a youthful appearance – is not so strong for men as for women. In this context it should be noted that the ageing masculinities in the context of the humanities and social sciences are still under-represented themes. If we focus on the themes of ageing or aged body and old men, Hurd Clarke & Korotchenko (2011) indicate the results of some previous studies showing “Older men express less concern about their appearances and the age-related changes in their bodies” (Hurd Clarke & Korotchenko, 2011: 3) while the study by Nowell & Ricciardelli has shown that older men in relation to younger men are less dissatisfied with their bodies (acc. to Reddy, 2013: 35).

Participants of the focus groups dominantly believe that male gender identities should not be interpreted in aesthetic but in functional categories – men’s physical appearance is not important to them, or that men are indifferent to their physical appearance but functionality in the area of sexuality is an important part of “traditional heteronormative and gender conventional standards” (Marshall & Katz, 2012: 228).

... I think that to men appearance is not so important any more, actually we want to be nice for them the whole life, and not the opposite ... And that what actually strikes them the most is that they are not man in the full meaning of the word any more ... And that there begins this fall of theirs ... (Ana, 76)

Masculine identity and older men’s self-esteem are influenced by several factors: social, economic, health etc. For example, chronic health conditions (health problems or illness), sexual dysfunction, pension/income, loss of partner or death of close friends encourage some “older men to negotiate new forms of masculinity” (see Hurd Clarke & Korotchenko, 2011: 10) but other older men still insist on centrality of hegemonic masculinity – assertiveness in relations with women, power, strength etc.

According to female participants physical changes (related to ageing) in men are not connected to physical attractiveness but to health, physical abilities and “sexual functionality”. Also for female participants erectile dysfunction is normal for old age but also it is perceived as a challenge and source of frustration to older men, so they have hard times coping with physiological changes of ageing:

I think men ... when they get old do not take care of themselves ... I think that for men it is very difficult ... that this defeat men cannot ... I think that men accept defeat and old age a lot harder than woman. Women can still put make up on, a little touch up to look more beautiful ... (Silvana, 79)

It should be noted that during the focus groups not one male participant mentioned erectile (dys)function problem nor commented on the interpretation and attitudes of women participating, indicating that it is a very sensitive issue and a kind of taboo which seriously challenges male gender identity. This physiological “remodelling” (Fortunati, s. a.) in a domain of sexuality bears with it the psychological one as well.

Sexuality is an important facet of humans’ lifespan but seniors’ sexual activities and sexual experiences are also terra incognita partly due to stereotypical notions of different performances and contents modelled on many factors (social, cultural, geographical, etc.) (Zeman & Geiger Zeman, 2012: 62). Changes in the construction (and performance) of masculinity during the last century were influenced by a number of factors: feminism, world wars, changes in the labour market, development of consumerist society, the emergence of style magazine aimed at men, gay movement, etc. (Beynon, 2002; Gill, 2003; Zeman & Geiger Zeman, 2012).
that sexual activity is reserved for young people (while seniors are asexual) and the fact that the topic of sexuality in old age causes discomfort (Roney & Wallace Kazer, 2015). Gott & Hinchliff (2003: 63) show that sexuality is “socially constructed in complex ways” and that it is a domain coded with set of gender norms and gender differences. Thus, for example, a gender stereotype about gendered “sexual natures” is evident in the interpretation of focus group female participants, from which follows the understanding of male sexuality as expressive, manifest, “active and powerful”, and female sexuality as unexpressed and more restrained, “passive and nurturing” (Gott & Hinchliff, 2003: 63). Of course, the sexuality and sexual activity of an individual depends on many internal as well as external factors, so we agree with Gott & Hinchliff (2003) that the understanding of the interpretation of sexuality from the perspective of older people needs to take into account the socio-cultural context, but, we will add, temporal component, too. The participants belong to the generation born in the 1930s and 1940s, who during their formative age internalize fixed, strict and static traditional gender roles and expectations. When the participants talked about the changes that ageing brings to life of men, female participants have emphasized the theme “erectile dysfunction” (or impotency as “the inability to maintain an erection sufficient to complete coitus” (Marsiglio & Greer, 1994: 126), suggesting that “notion of sexuality” is reduced to sexual intercourse (Shea, 2011: 375) or “penile-vaginal penetration” (Vares, Potts, Gavey, & Grace, 2007: 154). From the position of female participants regarding problems of older men with erectile (dys)function, it is suggested that men experience this issue as negation of traditional hegemonic masculinity i.e. as lose of manhood or “demasculinization” (Marshall & Katz, 2012: 229), and one female participant has interpreted it also as a “failure”. However, the question has been raised what is “normal masculinity and what it meant to be a man in relation to erectile function” (Potts et al acc. to Hurd Clarke & Korotchenko, 2011: 12). “Normal masculinity” is constructed by societal norms and gender expectations generated in the context of traditionally conceptualized gender roles. Also, sexual activity is for our participants clearly defined as (heterosexual) penetrative sexual intercourse, by which the findings of some previous studies are being confirmed that the understanding of sexuality from the position of older women is situated and “located within a male frame of reference” (Gott & Hinchliff, 2003: 64). Therefore, erectile function as a sign of male sexual power and sexual performance is important element of hegemonic masculine identity.

During focus groups and interviews a couple of women pointed out that old and well-known internalized gendered ageism: older men are charming, experienced and financially able while none of the research participants say that for older women:

...I don’t know, I always liked older men ... they are mature, experienced and financially more capable and in that way simply these men from 50 years old. (Alberta, 75)

Stereotyped concept of older men as successful, wise and powerful authorities is also very often supported by media presentations of men which creates distorted conviction that older men are “unproblematic and not in need of much attention” (Hearn acc. to Leontowitsch, 2012, p. 104), suggesting that “ageing provides men with both challenges and opportunities for their identity, wellbeing and relationships” (Suen acc. to Leontowitsch, 2012: 104).
CONCLUSION: NEW DIRECTIONS, NEW CHALLENGES

Through analysis of fieldwork material obtained by focus group method we got insight in almost invisible aspects of everyday life of older persons in Croatia— their subjective experiences, meanings and interpretations of their own ageing bodies or ageing bodies in general. Despite the fact that tidiness and cleanliness are imperatives for women and men, gender aspect of strategies of managing body is evident. Also perception and interpretation of (own) ageing body is gendered but not in a linear way. In some aspects older persons have internalized traditional gender and age stereotypes (for example internalized traditional images of femininity and hegemonic masculinity, ideas about importance of physical appearance for women, physical attractiveness is reserved for youth, erectile (dys)function is equated with “demasculinization” [Marshall & Katz, 2012: 229], etc.) but in other aspects participants critically examine and resist new media imperatives and expectations about “youthful”, glamorous ageing or anti-ageing.

“Youthful ageing” phenomenon calls for more intensive and in-depth researching that will not question the relations of ageing, body and gender only within the framework of late modern consumption culture, but will also take into account other important factors – current socio-cultural and economic context and economic, socio-cultural, political and socialising factors that had influence on older persons in earlier phases of their lives.

Results also show that “aged body” is an extremely “sensitive subject”— men speak much more about female than about male bodies, women are more ready to speak about bodies of other women that talk openly about experiences and experiencing dis/satisfaction with their own bodies.

Focus group is an excellent research method but as we presumed before field research, in spite of advantages of focus groups, female and male participants did not go into more intimate and detailed descriptions of personal relationships, perception and feelings towards their own bodies and processes of getting old. Interview as a method gives a participant the possibility to be more open and speak with no delay about her/his experiences and life events. Despite confidentiality and anonymity being guaranteed by the researchers, confidentiality and anonymity by (other) participants of focus group is not guaranteed. During focus groups a person in a way presents her/himself to the researcher and the whole group (Leontowitsch, 2012). With respect to the fact that participants of focus groups live at the same location and participate in social networks within the home, we assume that this is one of the reasons of certain restraint participants had during the focus groups with regard to topics dealing with perception, evaluation, presenting and “managing” of their own bodies.

Qualitative methodology provides an accurate description of lived experiences, interpretations and meaning making from the perspective of older persons. On the other side this reflexive approach is personally challenging (Hurd Clarke, 2012: 35) because it stimulates the researchers themselves to question their own experiences of getting old, their own emotions and gender identities. Both these challenges provide for researchers to acquire more authentic insights into issues and challenges of ageing bodies.
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