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# Women's Bodies Aging

## Culture, Context, and Social Work Practice

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Women's bodies at every age are expressions of self and culture. In a culture that values slender, taut-skinned youth, the embodied selves of postmenopausal women are dismissed and devalued, jeopardizing self-esteem and increasing the potential for depression and anxiety. Drawing from a qualitative research project on aging and embodied womanhood, this article describes the lived experience of women aging in this social-cultural context. It emphasizes social workers' roles as policy advocates, researchers, and educators in reshaping the cultural discourse and as direct practitioners revising and affirming the embodied selves of women as valued and valuable in the second half of life.

**Keywords:** *aging; eating disorders; older women*

During the life course, women are seen, known, and valued because of the presentation of their embodied selves as thin, vigorous, and taut skinned. Postmenopausal women are less valued because their bodies do not meet the cultural standard of female worth and acceptability (Fey-Yensan, McCormick, & English, 2002; Zerbe, 2004). The aging woman's experience of her self as less desirable, acceptable, and worthy has serious consequences for her emotional and psychological well-being (Saucier, 2004). For women in Western cultures, particularly in the 20th and 21st centuries, food and eating have been used to control and create the "right" body (Garner, 1999). Diet programs and advertisements for weight loss aids emphasize the importance of having a body that is the right size and shape, making it clear to a woman that through food and eating, she can affect her body, bringing it closer to the image of a lovable, valuable, and desirable object. From this perspective, food and eating are integral to women's sense of well-being and self-worth.

This article emerged from the narratives of a qualitative research project that engaged older women in reflection on the meaning and uses of food throughout their lives, conceptualized as the food-body-eating-self phenomenon. Using narrative excerpts situated in the context of the literature, the article considers aging as an embodied woman and the implications for social work practice. It suggests that to be consistent with the core values of social work—self-determination, individuality, and respect for the person—social work practice with older women must be attuned to the deeply significant concept of embodiment. The imperative to challenge the dominant cultural discourse that dismisses and devalues the bodies of older women is framed by the awareness that the body *is* the self (Nettleton & Watson, 1998).

### Contextualizing Women's Bodies Aging

During a 10-month period, in the course of 60 interviews, 15 working-poor women—African American, Latina, and White, aged 62 to 91—spoke about the food-body-eating-self

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phenomenon throughout their lives, sharing their vision and their voices about their lived experience of their selves in their bodies. They brought to these conversations life contexts that were rich with experiences, relationships, problems solved, and losses incurred, revealing the centrality of their bodies as the means and medium through which they had been seen, known, loved, hurt, dismissed, and devalued. Through their willingness to reflect on the deeply personal experience of embodied womanhood, contextualized by age and lived through (Merleau-Ponty, 1962) in a cultural context that has often challenged their selves as healthy and whole, it was possible to illuminate aging and the lived experience of embodied womanhood.

The women in this project were members of a senior center located in a multi-building apartment complex in a large northeastern city that was chosen for its racial and ethnic diversity and the lower socioeconomic status of its residents. The center's congregate meals offered access to the social routines, rituals, and relationships related to food and eating. Although there was no assigned seating at the congregate meals, most members had their "regular" tables, which they named for the primary ethnicity of the diners (e.g., "the Spanish Table" or "the Jewish Table"). I added myself, a White woman, to "the Mixed Table" of six African American and two White women, gradually becoming integrated into these rituals and routines through sharing food, reminiscences of special events, the problems and successes of daily life, and concerns about weight and appearance. Sharing food and the "dailyness" of our selves in our lives grounded this project in mutuality and supported the discovery of meaning (van Manen, 1990). Each woman was interviewed four times for 1 to 1.5 hours. Loosely structured, in-depth interviews were conducted to elicit rich textural descriptions of the meaning and uses of food and eating reflected on through the dimensions of body and self (Giorgi, 1997; Moustakas, 1994; Wertz, 2005). Often, my body became a focus of conversation—my weight, appearance, clothing, eating habits, dieting, and age-related changes.

A critical component of this project was my willingness to be fully present as an embodied woman. Because "accessing the body empirically through interviews...is almost like asking someone to get undressed in front of you" (Cunningham-Burley & Backett-Millburn, 1998, p. 145), gaining access to the depths of personal disclosure that would transform this project from rich description to the illumination of meaning required that I join the interview process as an embodied self—that is, both our bodies were fully present to be seen and known. Mindfulness of the mutuality of embodiment created a relational context that invited deep disclosure (Burns, 2006; Finlay, 2006; Somerville, 2004).

The digitally recorded and transcribed verbatim interviews were analyzed through the phenomenological methods of reflection on and dwelling with the transcripts of the interviews and clustering and imaginatively varying emergent themes, to arrive at the invariant meaning of the food–body–eating–self phenomenon: embodied womanhood (Giorgi, 1997; Moustakas, 1994; Wertz, 2005). This article is based on 3 of the 10 core themes—the shamed body, the irrelevant body, and the resilient body—that emerged through this process. The 10 core themes can be found in the complete report of this project (McCormick, 2008).

## The Cultural Parameters of Women's Bodies Aging

In the voices of three women—Estelle, Miriam, and Margie (all pseudonyms)—the core themes that gave rise to this article are presented. I chose this format, using one woman's voice for each theme, to preserve the "only-ness" and integrity of each woman in a way that synthesized narrative segments do not (McCormick, 2008, p. 79; van Manen, 1990). It is

essential to “hear” these narratives of embodied *older* womanhood as expressions of the lived experience of embodied *womanhood*. The older woman becomes her self during the life course. The template for the multiple dimensions of her lived experience of embodied womanhood is formed in infancy, illustrated by Estelle’s narrative in the Shamed Body. Miriam’s narrative, the Irrelevant Body, illuminates the gendered experience of powerlessness lived through in a woman’s body. By surviving beyond the experiences of love and loss in intimate relationships, Margie’s voice, heard through the Resilient Body, attests to woman’s embodied self as a renewable resource of hope and strength.

### The Shamed Body

The influence was to accept what I was and who I was and not focus on it. I didn’t decide...you don’t decide things like that. They just are, you know. You accept. (Estelle, aged 78, on coming to terms with her body)

Estelle’s self-presentation is that of a short, round woman with cropped white hair, clear blue eyes, and a piercing interpersonal style that leads her peers to tolerate but not befriend her. She is active in political and environmental causes and wears a sports cap adorned with buttons advocating each of them. Estelle eagerly volunteered to participate in this project, but in the interviews, she was wary of my questions and cautious in her answers. My relationship with Estelle evolved during months of regular lunchtime contact in which we spoke over meals about current events, until she sought me out for advice about a censure she had received from the senior center regarding her abrasive behavior. From that point, we shared a tenuous bond. Estelle had reached out to me as a “safe” person to whom she could entrust the news of this most recent shame that jeopardized her only consistent—although strained—social ties. Estelle’s narratives reveal the reason why she finds it so difficult to be herself without the sharp edges that others find so off-putting.

From the vantage point of age—having lived in her female body for 78 years—Estelle’s interviews reveal the self-defining power of shame. In her second interview, after having disclosed that “I was always a fat kid...you know, the whole lower half of my body was just...I was overweight. That’s period!” she shared this poignant memory with a sense of urgency as though she had just discovered the missing piece of her puzzle.

When I was about 13, I stood in front of a mirror, and I suddenly noticed for the first time I was beginning to get the woman figure...to get shape and even with the thick [legs], it didn’t look bad to me.

And I remember saying to my [twin] sister, “Look!” And she giggled...I had one moment when I could have...it was embarrassed giggling...basically, what it did was turn me back into thinking that I had the ugly body, you know.

Through this memory, vividly expressed as though this exchange with her sister happened recently, Estelle described this painful moment in her young life when she learned that shame and humiliation would be integral to her lived experience of embodied womanhood. She expressed the experience of girls and women who learn, in their families, through their peers, and through their culture to value their bodies or to regard their bodies with disdain. Their sense of themselves becomes intricately bound with their image of their bodies.

Women are seen in the world and know themselves through the eyes of the world as the world defines womanhood. Their sense of self is shaped by the terms and conditions of a

highly gendered society. "Who am I?" is a question that is reflexively answered. I am whom I know myself to be through whom the other knows me to be (Bordo, 1993). Some women take for granted the cultural norms and proscriptions that bind their sense of themselves—as valuable, desirable, and lovable—to their bodies. Other women have learned to regard their embodied selves through the disdainful eyes of their families, peers, and culture. For Estelle, appearance-based devaluation that began in infancy defined her position in the family and organized her experience of her embodied self. She contextualized the embarrassment and shame she has felt about her self by describing the difference between her body and the body of her twin sister, as follows: "I was a husky baby. My [twin] sister was the scrawny one and underweight most of her childhood, [who got] all the attention. I once asked my mother—it was unfair to ask—"why?" [and she answered], "She was so little!"

By describing herself as a husky baby, Estelle was describing the experience of being unacceptable because her little body did not fit the gendered expectations for girl babies. Initially, she was bewildered by the attention and privilege received by her twin. As she put it,

My twin sister got private voice lessons, and I got group piano lessons...and I was in a class of five, and she got private lessons!

Very startling things happened. When we got ready to choose colleges, I assumed a city college. She asked for [a private school]. They got the money to send her! And it never occurred to me to ask for anything like that.

Eventually, Estelle became resigned to her "less than" status, blamed herself for lost opportunities that were never offered, and gave up the expectation that she could make meaningful choices that would affect her life: "I was very passive...I was almost stupid about the way I ran my life. I pretty much drifted along. I didn't think out things and make definite choices. I just took things as they came—which was a choice I suppose."

Her sense of not fitting in because of her appearance was reinforced by what she referred to as the "family culture." Her tone was matter-of-fact as she explained that not being inducted into the culture of femininity—learning to use makeup—affected her assimilation into the culture of her peers.

My oldest sister was like my guide—my role model. She never used lipstick. We didn't read the fan magazines, or this, that, and the other...It wasn't our family culture. So I never even learned how to use makeup...She'd never be taken in by phoniness; she'd always see through things...In a way, it was a problem that I could look back on and see—it was a problem—because I never learned to join the culture of my age-mates and therefore was always outside.

Estelle believes that the "family culture" and "family structure"—factors beyond her control—have profoundly affected her embodied "self" and through it, her life experiences. She focused attention and blame on a particular part of her body that has been a source of shame and embarrassment since childhood. "I remember thick legs...I never had the graceful legs;...it was just the family structure," she said. She hid her legs by wearing pants at a time when pants in the workplace were not acceptable attire for women and paid the personal price of humiliation. "I remember applying for state employment. I had an interview there, and this man said, 'You should wear a skirt for your interviews.' So I picked up my pants and showed him my legs! [It] flustered me terribly, you know."

Aging for a woman flows from, and is built on, the lived experience of being a girl, a young woman, and a midlife woman in this society. Thus, at age 78, Estelle exclaimed, "I'll sit on the edge of my bed when I get up [and] say, 'Oh, my God! These legs look so heavy!'"

The rules and norms of our culture establish and regulate women's bodies and, by this means, women's sense of self (Bordo, 1993; Germov & Williams, 1996). For the older woman who is subject to the biological givens of the aging process, the potential for hopelessness and despair may be exacerbated by a social context that defines feminine self-worth by bodily appearance (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1996; Gupta, 1995). Estelle used humor to suggest that her body finally fits in with the bodies of her peers. Although other women may experience loss as their appearance changes with age, for Estelle age-related changes in her body signal a commonality and perhaps camaraderie with other women that she had not experienced as a younger woman. She began,

I laugh now when somebody talks about the body they used to have—you know, when they look at themselves at the gym or the Y...and if the comment comes up about how they look now, I say, "Well, I never had any problems with losing my pretty legs because I never had pretty legs!"

Offering an anecdote about her lifelong difficulty with relationships, she finished with the hope that another woman might reach out to her, saying,

I did not play with other kids much. I didn't do the street games...partly because I physically couldn't do them well. And I remember being invited to join a hide-and-seek game, and I hid so well, they never bothered looking for me!

I don't have a lot of friends. I'm alone now. I'm a loner essentially...I haven't become buddy-buddy with anybody...Maybe if someone would be a girlfriend kind of person with me, I would react. You know what I mean?

The intimacy that is a prerequisite for deep disclosure in qualitative interviewing empowered Estelle to reach out to disclose her shame, past and present, in her family and at the Center. Through our relationship in this project, Estelle had the experience of being wanted and valued for herself. This experience parallels the quality of the relationship between social worker and client—a conduit through which the self emerges to find the other and, through this experience, engages the world (Merleau-Ponty, 1962).

## Practice Implications

Social work with Estelle would require attunement to the lived experience of her embodied self that has constricted her ability to participate fully in life, to experience joy, and to establish and maintain relationships. Appreciation for the life history of each woman, often conveyed in long stories that are detailed and rich with meaning, is essential. For women who are wary and guarded, unsure of the intentions of the worker and frightened of being shamed by self-disclosure, history taking becomes the vehicle for relationship-building, establishing trust and safety, and eliciting the self-defining experiences that provide the rationale for why life has been lived in a particular way. Allowing Estelle (and women like her) to express in full voice her story; to experience attentive, empathic listening; and to discover that "girlfriend" will allow her to move forward in her life feeling less shamed and more willing and capable of establishing the relationships for which she has always longed.

## The Irrelevant Body

I acclimated myself. I accepted the conditions. (Miriam, aged 90, reflecting on the terms of her married life)

Miriam is a petite 4-foot, 11-inch woman who is slightly stooped from osteoporosis. She dresses for lunch in pants suits that are accessorized with jewelry that she has accumulated through the years from her travels to Europe. Her favorite pin is a comedy-tragedy “mask” of white and black enamel. As she told her story, the pin became, for me, a symbol of her “tragic life” masked by her quizzical smile. Miriam was soft-spoken during the interviews but did not hesitate to speak up at lunch about politics, music, or taking day trips with the Center. There was an air of wistful sadness about her when we were alone during the interviews. When she spoke, her expressive eyes drew the listener toward her as she reflected on the terms of married life as though she were recounting the elements of a dream.

Married at 22, Miriam has been a widow for 35 years. While her husband was in the Navy during World War II, she lived with her parents. On his return, they started a family. She began, resolutely, in a monotone.

I had a very tragic life. I lost a 3-year-old little girl. She was born with a congenital heart condition that the doctor who delivered her never told me [about]....When she started to walk, I noticed her lips turning blue.

I still have the letter that [the doctor] sent me after she—and unfortunately that was—the heart-lung machine was not perfected at that time....and I signed for the operation because the doctor said the older she would become, the worse she would get...and I signed for the operation. She never survived it. It was hard.

She continued,

I became pregnant, and I had another child—a good six months....And they said that lightning never strikes twice in the same place! But with me it did. There was something wrong with that baby [who] lived six months,...but I guess I was strong because I survived it. I didn't go off my rocker. I survived it.

Miriam did not “go off [her] rocker” at the death of her two children. She has survived with the knowledge that she “signed for” the operation that her daughter did not survive. She “acclimated” herself to her husband's decision to “get along” without children. But she still has the letter from her dead child's physician expressing his regret that her little girl did not survive the surgery. She still asks herself why no one told her about her daughter's heart defect, and she still questions why, at 27, she accepted her husband's terms for a childless marriage against her own wishes and needs.

Miriam's grief at the loss of her two children was visible in her distant, dreamlike recounting of her “tragic life” that changed when she talked about her life in the present. Her response to these losses was compounded by her lived experience of powerlessness over her own body and over the bodies of her two daughters. Although infants and toddlers die of catastrophic illnesses that are not within the control of their parents or the medical establishment, Miriam's lived experience was that (a) knowledge was withheld from her that would have empowered her to seek treatment for her baby daughter before her lips began turning blue; (b) she consented to an operation that resulted in her daughter's death, using a device that had not yet been perfected, because she relied on the cultural power invested in the medical establishment to guide her in her decision; (c) a random act of fate—lightning striking twice—led to the death of her infant daughter; and (d) the dominant role of her husband in their marriage led to a premature end to her mourning, with the decision that children were not necessary and that they would “get along” without them.

Born in 1917 and raised to marry and bear children, Miriam went from her father's house to her husband's house expecting to fulfill the roles for which she had been prepared. However, she stated that she grew up in a "progressive" household in which ideas and opinions were valued. So it was consonant with Miriam's sense of herself as a woman to think about her childbearing experiences and to question her relationship with her husband. "What could he (my husband) say? He was heartbroken of course...I said to him, 'Maybe we should separate. Maybe I can't have a healthy child with you.' I remember saying that, [and] he said, 'We'll get along this way.'"

In a singular act of personal empowerment, believing in the capability of her own body to conceive and bear healthy children, Miriam questioned her husband's genetic role in the deaths of their children and suggested a separation. At this juncture, the constraints of culture—rules and norms of behavior for married women in the 1940s—overpowered her act of personal courage. Miriam's husband effectively terminated the discussion of childbearing, sealing the void in their marriage in what became for Miriam a life-altering response: "We'll get along this way."

Miriam "accepted the conditions," burying that dimension of her self that longed for children. She went to work as a bookkeeper while her husband worked as a manager in a retail store, and her parents became their children. She noted, "My husband always said, 'Let's take Mom and Pop with us,' which was not a good idea....He liked them, and he didn't mind taking them wherever we went...I used to say 'Why do we have to take them wherever we go?'"

For Miriam, the process of reconnecting with the dimensions of her self that had been dissociated throughout her marriage began after her husband died. Her husband's death at 57 was unexpected. Miriam moved to her current apartment 1 year after his death 34 years ago, and, as she put it with a self-satisfied smile, "I sort of freed myself!"

In many ways, freeing herself has meant reclaiming her body. Miriam swims, dances, and walks; she had an intimate relationship with one man for 10 years and has had a companion relationship with another. One day, Miriam shared a reflection that she had on the way to the senior center. She was thinking about the physical experience of walking and asked herself, "If I can do this, how old can I be?" At 90, "except for this knee," she said that she is in good health and prides herself on walking the quarter mile from her apartment to the senior center every day. She also walks within her large apartment complex to buy groceries and personal items. Once a week, she walks the mile to a partner senior center to have lunch and socialize there. She is keenly aware of her embodied self, seeing the corporal dimension of her lived experience as key to maintaining an independent lifestyle.

As a matter of fact, believe it or not, I still walk to Pathmark [grocery store]. I walk! Most seniors, they take the bus. They don't walk...I feel that I can't give it up. I have to do—I have to—otherwise, it's going to...make me feel worse. I see so many seniors, they have people help them and everything, and I don't want that to happen. I don't want to. I want to do everything myself.

## Practice Implications

Social work practice with Miriam would require attunement to the deeply significant experiences of traumatic grief and loss that contextualize her sense of her self as an embodied woman. The lived experience of powerlessness takes on a particular meaning for Miriam because her losses called into question her fundamental ability as an embodied



woman to conceive and bear children and to protect them. Understanding these streams of meaning adds depth and dimension to Miriam's determination to walk everywhere and to resist assistance with activities of daily living, such as cleaning, shopping, and doing the laundry.

To support her well-being without impinging on her capacity for self-determination and independence, social work with Miriam would also require a sophisticated sensibility about the gendered experience of powerlessness at its most elemental level and how this seeming abstraction is a lived reality for women across cultures during the life span. For Miriam and other women in this culture, irrelevance has been a condition of being a woman. Social workers would bring to practice with women who are aging the awareness that irrelevance is not seen—it is felt. Irrelevance renders the self invisible. This experience is disempowering for women during the life course. The social worker empowers her client by giving voice to this felt experience and by offering her the relational experience of being seen and heard—of being visible.

### The Resilient Body

He probably was tired of me and wanted to get rid of me... [The] bottom line [is that] he wanted to move on with his old self. (Margie, age 76, on love, loss, and embodied older womanhood)

Margie is a tall, full-figured woman of color whose interactive style is comfortable and familiar—laughing freely and sharing life stories easily. Her embodied self exudes resilience. Her style is charming and genuine. It was clearly her pleasure to tell her story and make meaning of her life circumstances through the experience of being seen and heard. Margie was a young woman in New York City when racism was barely concealed in the organizations that were willing to hire her (public utilities and banks). Her sense of her self as an embodied woman is contextualized by her eloquently told story of love and loss, of trust and betrayal, in her intimate relationships. Her lived experience of these relationships evokes an image of a small boat rising and falling on waves of hope and disappointment and of expectation and devastation.

What becomes clear through her narratives is that her life world has been defined by the norms and proscriptions of a culture that positions women as self-effacing caregivers and companions. Ironically, it is through her compliance with these norms and proscriptions that she has become the woman who can say with clarity and assurance,

This is me! This is Margie! Now let me experience this part of my life. Every day you change. If you stay that way (the same), you stagnate. Moving and going on is growth, learning... That was then, this is now...that's what I say...Tomorrow's another day. Who knows what's gonna happen?

Learning about love and loss began with a crushing emotional betrayal—the love of her young life secretly married another woman. Margie's recounting of the experience clearly expressed her sense of embodiment. She set the scene by describing the bodily experience of the warmth and light of a bright sunny day that made all the more poignant the unexpected blow that she would receive. In a state of numb disbelief, her body was her primary resource for coping with the immediate aftermath of the revelation: She walked 34 blocks.

Finally, grieving the betrayal and loss of her first love, her body bore the burden of her intense emotions: She stopped eating and lost approximately 30 pounds.

He was married to someone else, and I didn't even know it.... We were engaged.... I was walking up the street one day—a bright, sunny day—and a guy came out of the drug store and said, “Margie, I'm so sorry,... you didn't hear? Arnie got married!”

Well, honey, I walked—from 125th Street to 159th Street. I was devastated! I couldn't understand how you can do that if you really care for somebody.... How could he do that to me? I was so hurt—to today! I think about that because I guess I was just naive. You don't think people do that to other people.

I lost so much weight. I couldn't go to work. I was grieving. My mother had to call my supervisor, and she said that there was a death in the family... because that's how I took it.

Margie said that although she has never completely healed or recovered from this betrayal and loss, she began to go out because of insistent friends. It was at a local dance that she met her husband. Although she was indifferent to his attentions, he persisted, winning the love of her mother, father, and grandmother to secure his marriage to Margie. Margie stated that they (not she) fell in love with this young man. Margie went on to marry Roger, a merchant marine who spent many months each year at sea. During the months alone, she functioned as a single working mother, raising her sister's two daughters whom she had adopted at birth and working at a local hospital as a licensed practical nurse.

When this project began, Margie had been divorced for 4 years from her husband of 48 years, who told her that he did not want to get old with her. According to Margie, her 79-year-old husband Roger saw her as aging and unattractive when he remained youthful and vigorous. Roger's indictment of her as an aging woman and his perception of his own agelessness reflect the cultural context of gendered ageism that devalues the physical appearance of older women. Margie reflected on the end of her 48-year marriage, her sense of her self, and the realization that the love she had experienced as a “naive” young woman had devolved into years of financial expedience.

I'm not a clinging vine. I'm not a codependent woman.... Some people need men to feel valid. I don't! I don't need to be around people to say I'm alive. I don't need a man or a companion to make me feel worth... I guess it would be nice but, um, sometimes, I don't want to be bothered! (laughing)

[I'm] secure within myself in a way; the need isn't there. I don't know if it's ever been there! (laughing)... The need might have been there financially... I did fall in love, and I was naive and young... I did all of that!... It took 48 [years]—or whatever it was—but that was a long time!

Looking forward, she continued,

I don't have to stay in the same mode that I was when I was 40, 50, 60, 30. You know, life is supposed to change as you get older. Your values change. You leave those eras and move on—you can't hold on to that—it's like trying to hold back the dawn.

The inevitability of aging evokes an image of a sunrise with the connotation of new beginnings. Having survived intimate loss and betrayal, Margie embodies resilience and personal empowerment.

## Practice Implications

Social work with Margie would acknowledge her drive for independence and an understanding that her insistence on being self-sufficient has been shaped by multiple assaults on her self as lovable and desirable. Most important for practice with Margie and other older women who share her story of betrayal and loss is to understand that their sense of self as valued and valuable has been continually challenged by these profound disappointments. Healing from these assaults and becoming willing to risk intimacy as an older woman requires the social worker to be able to bear witness to Margie's story, to allow her to retell her losses until her pain has been spent, and to support her resilience and capacity to move forward from a position of genuine strength and independence.

## Discussion

How society regards women is fundamentally tied to how society regards women's bodies. Women's value, the roles women occupy, and the power that women access are all intimately bound with the fact that women's selves are embodied. The construct of embodied womanhood signifies that women's bodies are the continuous representation of their selves in the world. Embodiment does not end with the appearance of wrinkles, gray hair, sagging muscles, and a slowed gait. The value placed on maintaining a thin, youthful, taut-skinned body implies that as women age, their embodied selves are devalued. Because "bodies are not only constitutive of subjectivity, but also mediate the relationship between persons and the world" (Reischer & Koo, 2004, p. 307), the implicit appearance-based devaluation of women creates a context of vulnerability that threatens the health and well-being of women who are aging.

The stories of Estelle, Miriam, and Margie make it clear that women's bodies age in a culture that devalues and disempowers women at every age, such that the lived experience of embodied older womanhood is the lived experience of being a woman. As Reinharz (1997, p. 84) observed, "In our society sexism accompanies the developmental course and is internalized at each age. It does not stop at the doorstep of old age." Adding the dimension of ageism to sexism can blur this reality. Issues that are "women's issues," with social structural, cultural implications, are seen as issues of aging. Viewing women's issues through the lens of gerontology can obscure or diminish the actual needs and concerns of the individual woman and cloud the evaluation of the organizational, systemic deficits that affect women who are aging.

Thinking critically about the meaning of aging as an embodied woman requires recognition of the social structural, cultural constructions of age that are taken for granted, seamlessly woven into the routines of daily life. These constructions are taken in and lived, affecting women's sense of themselves and their perception of their capabilities, possibilities, and limitations (Calasanti & Slevin, 2006; Estes, Biggs, & Phillipson, 2003). The importance of making these constructions explicit is that the development of policy, the distribution of resources, the research questions posed, and the knowledge generated from them influences the content of the training of service providers and forms the evidence base for standards of care.

The subtleties of ageism are often unrecognized in the course of daily life. Women take for granted their position in the social order, such that the felt experience of invisibility simply requires another accommodation. Over time, repeated encounters with ageist beliefs

and assumptions threaten the spirit of the older woman, who must actively protect the defining dimensions of self. In a reciprocal relationship, social policy is shaped by the beliefs and assumptions of the culture that it structures. Marginalizing and objectifying older women relieves society of the burden of responding to the specific needs of this segment of the population. Social policy operating in this way functions as a regulatory mechanism that dismisses the claim to resources and benefits of categories of individuals—in this case, older women—and, in so doing, diminishes the individuals who are members of that category.

### Implications for Social Work

Relationship—the ability to establish and maintain reflexive, empathic contact—was essential to this project and parallels embodied social work practice with women who are aging. The richness and substance of the worker–client encounter reflects the depth and authenticity of a highly individualized, intimate relationship that cannot be standardized or mechanistically derived and prescribed (Garko, 1999). The capacity for relationship resides in the embodied selves of the social worker and the client. The skill of the worker is deliberately to cultivate the relationship, finding in each woman the unique dimensions of *her* self and meeting those dimensions at every opportunity. Becoming genuinely engaged in this relationship affects the quality of the work—clients' willingness to share freely and deeply their lived experience rests on the felt experience of being seen and valued. In social work with aging women who have encountered the cultural and interpersonal appearance-based assaults on self described by the women in this project, the admiring, affirming gaze of the worker is essential to the helping process.

To be consistent with the core values of social work—self-determination, individuality, and respect for the person—social work practice with older women must be informed by the knowledge that the dominant cultural discourse devalues and dismisses the bodies of older women (Chambers, 2004). The construct of embodied womanhood challenges the objectification of women's bodies and anchors the self-continuity of older women.

Women of every age occupy the same cultural space with the same norms of female attractiveness. The cultural perception that women who are past their reproductive years are no longer concerned about weight, body image, and appearance becomes an impediment to recognizing the mental health issues that may underlie the loss of appetite or obesity in older women. Social workers are positioned to influence these ageist, sexist attitudes in organizations and communities and among medical and mental health professionals, thus reshaping the cultural discourse that dismisses and devalues the embodied selves of aging women.

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