

Critical Feminist Gerontology: In the Back Room of Research

ANNA FREIXAS, BÁRBARA LUQUE, and AMALIA REINA

Department of Psychology, University of Córdoba, Córdoba, Spain

The article takes a feminist approach to gerontology. It examines the stereotypes of ageism that derive from the relationship between culture and old age. It establishes the requirements for a type of research that reflects women's own experience of growing older, as well as the social construction of values related to women's old age. It focuses on the sociocultural features of this population, which faces old age with certain limitations, but also with unparalleled assets.

KEYWORDS critical gerontology, feminist investigation, aging, old age

INTRODUCTION

This article sets out to explore the central nuclei of reflections on feminist gerontological research from a critical perspective and to analyze the conditions under which women age in our society. Feminist research brings to aging certain aspects of the common principles of feminist epistemology. Their objectives include revealing the socially constructed character of the meanings and values that encircle the lives of elderly women, analyzing the cultural norms that limit their free existence in old age, examining the antecedents and conditions of life that derive from sexual differences, and reporting on their consequences for the lives of elderly women. Critical gerontology analyzes the extent to which political and socioeconomic factors interact to shape the experience of aging, and it regards gender, ethnic background, and social class as variables on which the life course of individuals pivot, insofar as it predetermines their position in the social order; aging

Address correspondence to Anna Freixas, University of Córdoba, Department of Psychology, Manuel de Falla, 2, 14012-Córdoba, Spain. E-mail: afreixas@uco.es

is also a component of the class struggle, as Simone de Beauvoir would have put it (Beauvoir, 1970/1977; Cole, Achenbaum, Jakobi, & Kastenbaum, 1993). A theory possesses generative capacity when it questions the implicit beliefs of a culture, generates fundamental questions about social life, or reconsiders "the given" (Gergen, 1978). Generative theories are those that provoke debate, offer new alternatives to those already established, and may help to transform social reality. Feminist research is thus a rich source of generative theory insofar as it is committed, transformative, and reflective.

The study of old age and of aging has been constrained by the existence of a large number of stereotypes. Critical gerontology, although it does not deny the reality of the loss of function, attempts to counteract reductionist images that present old age as an inexorable pathway to decay and dependence, interpreting the value of human experience in the light of cultural tendencies that underlie various contexts of development (Cole et al., 1993; Gullette, 2000). Such potent negative beliefs set limits on research design and hinder the creation of a potentiating reality for a steadily growing segment of the population that is also gradually finding itself in better physical and mental condition. Gerontological language is deeply contaminated by the stigma of old age. The mere words "old woman" are shocking because of the negative ideas with which they are associated. We say "elderly" rather than "old," and we prefer to use "middle aged" in place of "old woman" in order to avoid the negativism implied by these terms. Such linguistic skirmishes offer a mental moratorium but do not question the stigma applied to old age. In our Western society the cultural association between old age and illness has led to the biomedicalization of our senior citizens and has obscured positive images of old age in favor of models that give preference to an image of aging as an unavoidable path to sickness and deterioration. Critical gerontology values the close relationship between physical and psychological well-being and underlines the importance of health as a basic predictive element of well-being in elderly people, as does the role played by positive ideals in the final third of our adult lives, as factors of spiritual and vital sustenance (Gannon, 1999).

FEMINIST GERONTOLOGY

Historically, academic feminism has paid scant attention to ageism, to age relationships, or to old age itself. Most studies, in fact, have centered on middle age and the process of aging, while studies that deal with elderly women and the conditions under which they live have been few and far between. It is true that it is during middle age that the first signs of aging emerge, and the life-cycle alarms begin to be triggered: Menopause, wrinkles, gray hair, the body, beauty, and sexuality appear as the major topics to which personal and academic attention must be paid, though not to the

relationships of age and aging that are not perceived as being so urgent. These are among the great complaints of groups of older women who have not found answers in feminist studies to the major topics of the many ways of female aging in our society (Cruikshank, 2003; Macdonald & Rich, 1983). So-called “women’s studies” have not focused their efforts on the experiences of older women; they have not theorized on the hierarchical system of age, and, at most, have included aging in a long “et cetera” that hides the true dimensions of old age (Calasanti & Slevin, 2006). The high price that is paid in academic terms for dedicating research to topics with a double standard of lack of prestige—women and old age—is to be at the bottom of the lack of interest of female scholars in these topics.

Feminist gerontological research attempts to document the experiences of elderly women and to promote new interpretations of female aging. Among its basic goals is that of enabling and empowering this population, revealing the unequal social regulations that mark the lives of elderly women. It attempts to identify the potential for emancipatory social change. Critical feminist gerontology has documented the experience of elderly women, encouraging the development of more complete and more complex interpretations of their lives, and has discussed the necessity of studying and understanding the life trajectories in greater detail, revising the lacunae and inconsistencies that a large proportion of current gerontological studies offer, as a victim of the “ideology of age” (Fine, 1992).

IN THE BACK ROOM OF RESEARCH

In current society, the process of aging is not the same for a woman as for a man, particularly when we bear in mind the numerous personal, social, and professional aspects that, in the course of life, have made the lives of women and men significantly different—both those that concern personal, emotional, and professional trajectories, and the different implications for older men and women in tasks concerning care and sustaining life. In spite of this evidence, very few studies have paused to consider the significance and consequences of such differences in socialization and professional and life options for the old age of women and men (Freixas, 1997). In order to perform critical, feminist gerontological research, it is necessary for researchers to engage in certain personal processes that will bring them to question their implicit cultural beliefs. Only through an individual revision of ageist stereotypes will it be possible to carry out high-quality research that empowers. Particular cultural narratives concerning old age shape us; our culture, rather than our age, turns us into old women or old men—aged by culture, claims Margaret Gullette (2004)—which is why, if we are to be capable of deconstructing such mental images, it is essential to intervene from the point of departure of our self-reflection, revising the symbolic aspects of aging that reside in our personal identity and our professional work. Only in such a

way will it be possible to oppose oneself, to *resist*, as it were, the cultural narratives of deterioration, while remaining fully conscious of the weight of the relationships of age, particularly in the lives of elderly persons (Gullette, 2004; Ray, 1999, 2004). A well-meaning desire to include women in a study in order to find ourselves with an enabling gender research is not sufficient. What is crucial to the development of such research are the methodological focus and the underlying theory that tells us how to proceed (Harding, 1987). It is essential to acquire a solid training in feminism that can guide the process of research. A study in which sexual difference is a central analytical category and, as such, an explanation, requires much more than the simple task of "adding" women to the data, as a simple item of statistical information. We need to understand, to study, to illuminate the intervening processes that give shape to the facts under study. We have to realize the significance of being a woman or a man in what we are studying.

We need, therefore, to ask new questions about the range of conceivable ideas that will enable us to carry out a transformational research, which will go further than the limiting questions and answers that we habitually encounter when we deal with elderly people and which tend to emphasize the study of losses. Adrienne Rich said that to conventional problems we offer conventional solutions, i.e., solutions to problems that have arisen before (Rich, 2001). Women and aging research focuses all too often on topics that circumscribe and restrict the fact of being a woman and being old to the most profoundly patriarchal assignments of social role, forgetting in the process other arenas of activity and bonds that may enable them to identify internal keys of significance and reconciliation. This research will have to try to avoid developing simplified typologies, because when people are homogenized as a function of age, we ignore the enormous diversity that is to be found among elderly persons. The recognition of diversity and plurality reflects the truth that elderly women have enjoyed vital and professional experiences that are both different and enriching, experiences that offer a noteworthy range of models for women of all ages; while equating persons merely on the basis of their being old is suggestive of an unwillingness to acknowledge the fact that different life trajectories signify radical differences in the process of aging. Adopting a looser focus permits us to counteract what is a powerful tendency to reinforce negative attitudes to aging, which, furthermore in the case of women, adds to the fear with which we glimpse aging: the panic about undergoing the process while belonging to a part of the population that is particularly punished by factors such as poverty and emotional marginalization (Sontag, 1972). The heterogeneity of personal, professional, and emotional situations among elderly women ought to invite us to start to study other related silences: Where are the elderly lesbians, for example, and the women of other ethnic groups and cultures? What are the conditions of life and the experiences of women in poverty? What range of resources do these groups have to enable them to age with dignity and

respect, rather than under the double stigma that they bear? A study of this topic would need to bear in mind the wide range of critical moments in the lives of elderly women, with their weak points—*essential understandings*, as we would call them—and exclusive resources.

THE LIFE OF ELDERLY WOMEN—ESSENTIAL UNDERSTANDINGS

Certain elements have characterized the lives of elderly women and, as such, have marked their lives as old women. These life circumstances possess a common denominator that is concretized in giving up part of her private time for free—in the form of the tasks involved in bringing up and caring for children—that are the origin of the weak economic position in which many women find themselves in old age. Nevertheless, it is also clear that the most important deprivations suffered by women as they age originate in the age-related social stereotypes that both restrict them and render them invisible and in the thinking and ideas that they themselves have about old age that lead to their demoralization.

Few studies have focused on the multiple roles habitually played by women, or on the toxic effects of the accumulation of a range of simultaneous tasks on those who are compelled throughout their lives, especially the middle segment, to add to the care of their children that of their already elderly parents, the running of a home, and efficient activity in the public world. The lack of systematic and effective support leads to a high degree of stress among women (Amoroso Miranda, Bosch Pareras, Carrasco Bengoa, Fernández Medrano & Moreo Saenz, 2003; Barrett, 2005; Long & Porter, 1984).

Women are regarded as the fundamental carers of the human species; however, they are carers without compensation. All women do work of this sort at some point in their lives, and this affects them in ways that are both decisive and permanent. Only with difficulty can they liberate themselves from this destiny, given the weight of social and cultural pressure that assigns these duties to them, and the social imperative of bringing up and caring for others. Women are the welfare state of the persons in their milieu, and this role persists in our culture. The function of providing care throughout one's life involves a high cost in terms of time and loss of opportunities. This is time that they do not dedicate to themselves, to their own personal, professional, or intellectual education. The money that women do not earn for themselves is an important part of the opportunity cost of their unpaid work and of the discriminations that are mutually reinforced by themselves in the labor market (Agulló Tomás, 2001; Altschuler, 2001; Killian, Turner & Cain, 2005; Ziembra & Lynch-Sauer, 2005).

For years, we feminist researchers have been advocating a conceptualization of women's health that goes beyond what concerns their

reproductive capacity and the consideration of menopause as an event that involves important psychological, social, and cultural variables that configure and explain women's experience (Freixas, 1992). We argue for the absolute necessity of a research that listens to a wide range of women's voices on this transition. The conjunction of a series of factors, among which we might cite social pressure, the commercial interests of the laboratories, and the lack of good-quality medical research, has produced a degrading and stigmatizing explanation of menopause. The physical changes that characterize menopause have been medicalized, psychologized, and psychiatrized to the extent that women themselves, the medical class, and society as a whole all regard it as an illness (Arnedo, 2003; Northrup, 2001/2002; Boston Women's Health Book Collective, 2006). It is essential to understand the effect of the stereotypes that are held by health professionals of both sexes on their provision of care during menopause. The new discussion about menopause has the aim of offering less catastrophic visions to women who find themselves at this stage of life (Freixas, 2007).

The financial dependence of women, which originated in their early emotional choices and has been perpetuated through the subsequent dependence of other people on them, is the main cause of their poverty in old age. It is the price they pay for this responsibility: an "inverse dependence" that is at once invisible and highly negative where their old age is concerned. Are they the maintained or the maintainers? It is the free labor provided at home by women that enables the rest of the family to perform salaried work. The professional and economic pattern that these women have historically woven around their lives—which is forged in adolescence and is consolidated in marriage—becomes the major obstacle to a high-quality old age. The obvious economic inferiority of women *vis-à-vis* men tends to pass unnoticed in the majority of studies. This financial disadvantage is based on their exclusive orientation to their families during the best years of their life, which leaves them open to a gradually worsening state of poverty. They concentrate in poorly paid occupations and part-time jobs, enter and leave the labor market, and regard their contribution to the family finances as supplementary, in that the payment they receive for their work helps to relieve the poverty of their family but not their own (Carrasco, 1999; Ovrebo & Minkler, 1993). In short, we may join Adrienne Rich (1980) in claiming that young women "do not take themselves seriously" at the times when the pattern of the rest of their life is at risk.

THE LIFE OF ELDERLY WOMEN: EXCLUSIVE RESOURCES

Today older women do possess particular resources that limit their vulnerability and that turn them into productive, active persons, to a greater extent than is generally thought. The greater longevity of women does not mean

that they enjoy a better state of health in old age. On the contrary, their health, as they experience it, is clearly poorer than that of men of the same age. However, their active attitude vis-à-vis their own health is a fundamental element for them in later life. In spite of having experienced a lifetime of alienation from their bodies, which in most cases has negatively affected their health, and also in spite of the lack of real attention that the medical profession displays toward them, elderly women try to stay active and healthy. They take physical exercise, pay attention to their diet, exchange information, pass on warnings about the deceptions of the cosmetics and pharmaceutical industries, and set up networks of doctors who will listen to them and take care of them (Cruikshank, 2003; Tannenbaum, Nasmith, & Mayo, 2003).

Older women create powerful networks of friendship, neighborliness, and community that involve spaces of support and solidarity that give sense to their design of life at a time at which it is essential to revise their scales of values (Coria, Freixas, & Covas, 2005)—networks that provide an invaluable framework of support both in difficult situations and when they face the losses that tend to come with the passage of years. These bonds also facilitate a high level of activity and involvement, both in their own private lives and in the care of the community that they create together with other women. Furthermore, elderly women benefit from what we might call “reverse socialization,” via their relationships with younger generations: They learn from younger people, discover new perspectives and tendencies, and adopt these without fear, incorporating new ideas, tastes, and values into their lives. In short, they make themselves more flexible, tolerant, and diverse, in this way enriching their personal bonds and contacts and encouraging their disposition to accept the important social and family changes that they so often encounter. At the same time, elderly women are the main consumers of culture: They buy and read books, go to the cinema and the theater, attend conferences, debates, and courses for elderly people, and so on. They make up the audience at a wide range of cultural activities in the community, which for them are an important source of involvement, conversation, and communication. This silent and unstoppable access of elderly women to a public and cultural life, albeit as participants rather than actors, implies a break with the limits previously imposed by the private and solitary world of the home.

In Praise of Intimacy

Betty Friedan asked why women live longer than men and came to the conclusion that it is precisely the capacity to create and maintain bonds, and above all to maintain intimate relationships, that determines the relative degrees of longevity between them and men. Intimacy enables them to feel that they form part of a community and offers an inestimable sense of

belonging that also turns out to be a fundamental element in old age. This is not a matter of women being born with an innate capacity for intimacy, but rather that the gender socialization that has encouraged the behaviors involved in providing care and attention to and the bringing up of children, turns, in old age, into a positive skill for the experience of that stage of life (Chodorow, 1984; Friedan, 1993).

In Praise of Solitude

None of the foregoing prevents women from claiming solitude as a necessity and a pleasure, which they value as a successful achievement of old age. It manifests itself then as the combination of the art of enjoying solitude as a time of silence and reflection—a space and time hitherto never enjoyed as one's own—and the art of “company at a distance” with family and friends. Solitude permits them to take the reins of life from day to day, to put life in order. This is tempting for those persons who have lived too much in the company of others and have hardly ever enjoyed a time and space of their own. Carolyn Heilbrun describes this as a “placentral” experience for people who, as well as having “time,” have a “world” (Freixas, 2006; Heilbrun, 1997).

One of the mandates that mark the life of women is that of displaying a feminine identity above all, concretized in three imperatives: beauty, submission, and heterosexuality. This definition of femininity, as an attribute that can be fulfilled only in youth, refuses older women the right to be defined as “women” after they pass menopause. Among the greatest liberties achieved by them, precisely from middle age and onwards, is that they do not have to “pass for young women,” and can finally deconstruct the social model of femininity and show themselves to be individual free human beings. The humor with which they observe their lives, their bodies, and their relationships in old age is an element that has escaped traditional gerontological research. According to Carolyn Heilbrun, older women laugh at the recognition of two elements that form the basis of their current happiness: independence (the liberty achieved from overcoming the narrow limits of femininity set out by the patriarchy) and feminine ties (the security derived from links with other women, precisely since achievement of such liberty). Humor changes in the course of the life cycle and assumes the existence of a portion of wisdom: They have learned to respond with humor to inequality and injustice via compassion rather than anger (Heilbrun, 1988; Ray, 2004).

In the course of years, women have developed a number of survival strategies that have their origin in their situation as persons deprived of personal, social, political, and economic power, which we define as “strategies of the oppressed.” Their vulnerability has forced them to sharpen their natural gifts—often defined as “intuition” or “sixth sense” and which almost always refer to interpersonal relations, but also imply a questioning of the

social order that marginalizes them and often enables them to improve their personal and social position (Sáez-Buenaventura, 1988). Dolores Juliano calls such strategies “invisible questionings,” because their efficacy is based precisely on this state of invisibility and through which women formally respect certain social norms that they subsequently break in favor of achieving objectives that, from the ethics of care, they regard as both just and necessary (Gilligan, 1982; Juliano, 1992, 1998).

CHALLENGES FOR FEMINIST GERONTOLOGICAL RESEARCH

If we are to take into account the complexity of the aging process, psychogerontological theory and research involve a number of challenges, largely because many of the factors that hitherto have characterized the lives of the elderly will be considerably modified in the course of a few generations, who will enjoy a long life expectancy with a better standard of health than previous generations. Women will enjoy different experiences of work, financial and family management, of power and status than their predecessors, and will also possess improved economic, social, and intellectual resources. These have all probably led to a redefinition of their traditional roles vis-à-vis their families, partners, paid work, money, and power.

Age Counts

Age marks a difference that itself is a cultural construction. Age is a principle of social organization whereby different groups acquire power and identity via intersecting relationships. Age assumes a hierarchy that defines persons and which, in old age, withdraws power, authority, and status from all “old people.” In contemporary society, people who are regarded as old are marginalized; they are subjected to violence and exploitation, and they suffer from inequalities that are regarded as natural and beyond discussion (Calasanti, Slevin, & King, 2006). Age is a key element in the experience of old age, not only as a counter of actual years, but also the subjective experience of time. Critical feminist gerontology envisages the necessity of making a distinction between aging and old age, understood as two processes with different meanings and consequences, both in terms of experience and subjective living and in the significance of the body in this process. Middle age—a stage of life during which what count are the processes and experiences of growing old in a changing body with which it is still possible to identify oneself—is not the same as old age, in which the most important things are experience and the real significance of an old body whose image reminds us of dependence and death. Being 60 is not the same as being 90; nor are the vital circumstances of people at these two ages the same, as they differ as a function of the various arrangements for life that they had made in

youth. The fourth age involves a qualitative change, not merely a chronological one (Twigg, 2004). Now the body is the key, though no longer in terms of beauty but of survival, of its daily necessary efficiency. The body acquires radical importance insofar as it challenges the individual with her fragility and dependence. This offers a challenge to social gerontology, which needs to develop explanations that go beyond the predominant biomedical discourse and take into account the complex significances of the person and the situations that she or he may encounter. This makes it necessary to explore how we negotiate identities in old age, identities that are structured by age and gender relationships, how the fundamental “I” is negotiated, and to understand the meaning of the structural changes brought by the passage of time (Covan, 2005). One of the main concerns of old age is the search for the significance of the time left. The first prerequisite for living a meaningful life is to experience a sense of dignity as a human being, but how can we age with dignity in a society in which people are valued as a function of their instrumental and physical value? How do elderly women construct the meaning of their lives, giving it value, beyond the cultural requirement of beauty?

Women’s Bodies at the Center of the Aging Process

To speak of aging in our culture is to speak of the body; to speak of aging in women is to speak of beauty. Growing old involves entering a process of becoming progressively invisible that is particularly applicable to women, resulting in the paradox that even though older women’s bodies are invisible (one no longer “sees” them), they are still “hypervisible” (their old bodies are “all” that are seen) (Woodward, 1999). The social rejection of older bodies takes on surprising characteristics when what are at stake are the bodies of women whose market value resides in a model of beauty—youth and slimness—that is unachievable in old age, making it almost impossible for them to escape from the judgment that the bodies of old women are unattractive (Cruikshank, 2003). From this perspective, aging undermines one of the traditional sources of feminine power: beauty. The double standard of aging appears in all its “splendour” in this aspect (Sontag, 1972). Feminist gerontology concerns the recognition of the subjective experience of aging and the significance of the body in this process, the problems and paradoxes of cultural resistance (Twigg, 2004). Our culture teaches us to feel bad about aging and to begin to feel this at an early stage, as we anxiously scrutinize our bodies for signs of decadence and decline. The strategies of masking and hiding age reinforce social ageism by suggesting that there is something in the bodies and lives of elderly women that ought to be hidden, confirming that growing old is somehow shameful (Calasanti, 2004). In a youth-obsessed culture, the physical signs of aging are a sign of personal failure.

The feminist response has been to face up to the social devaluation of being old, avoiding the denial of age as such, but it is not easy to successfully resist the reification and the oppressive norms of femininity: The road to aging “naturally” is extremely problematic (Twigg, 2004). Margaret Gullette discusses the necessity of opposing and resisting the negative narratives of aging, reactions that involve different readings and discourses concerning the body, age, and beauty, but is it really possible to construct different elaborations on the bodies of the old (Gullette, 1997, 2004)? In terms of appearance, when do we meet resistance and when do we capitulate? Otherwise, although we don’t know how to do so, we need to launch a thorough discussion of older bodies. In the past few years, the narratives of decadence have prevented any other form of significance and interpretation of the body, making it impossible to form other, more humanistic and pluralistic, readings (Laz, 2003). It is essential to redefine standards of beauty and to combat the narrow limits of what is regarded as attractive, to move on from an “anti-age” culture to a “pro-age” one. The antiaging industry, with its proliferation of creams, vitamin supplements, exercise programs and hair dyes, all designed to mask the signs of age, is not a pattern of cultural resistance.

Comfortable Aging

We believe that some of the mandates of the gerontological culture that have been enjoying a great deal of success in recent years, such as “active aging” and “satisfactory aging” need a certain degree of nuancing, since they imply the assumption that we need to keep ourselves active in order to avoid growing old—to do things: to travel, go to university, take exercise—as well as to maintain the physical appearance of, at least, a middle-aged person: suggestions that prize “doing” over “being.” Satisfactory aging revolves around the concept that the aim of good aging is precisely not to age, to be “old,” or, at least, not to *look* old. Keeping active is not to be old; inactive or sedentary people are regarded as old, and as such are less valued. We grow old when we can no longer maintain such levels of activity. From this perspective, old people ought to submit to the “discipline of activity,” without respect for their desire to be allowed to do nothing (Calasanti & Slevin, 2006; Friedan, 1993; Holstein, 2006). What is more, the philosophy of satisfactory aging in women includes adherence to many of the ideals of femininity: to be healthy, slim, discreetly sexy, and independent (Ruddick, 2000), i.e., to maintain the active style of the group of “the select” who try not to be perceived as “old.” Such measures include the denial of age, the assumption of the myth of beauty, and self-alienation. None of this questions the negative evaluation of old age, only its delay, because from such perspectives, old age does not begin at 65, but at 85. In the face of such stressful suggestions, the idea of comfortable aging emphasizes the advantages of aging offered

by the acceptance of old age as a gift that enables us to enjoy the long period ahead and the incorporation of lifestyles that combine participation and the internal life.

CONCLUSION

Critical feminist gerontology deals with the transformation of the significances that have dominated gerontological theory and research, introducing questions that enable us to comprehend the complexity of the process. One of its objectives is to seek out and display affirmative images of older women, without denying the reality of the losses and changes that accompany the aging process. It is important to draw up conceptualizations that oppose the notion that old age is purely a matter of loss, but certain positions of complete denial of this make it difficult to understand and analyze the complexity of old age. What must we do to recognize loss as an inherent reality in the process of becoming older, confirming the possibilities of growth and prosperity in old age? Martha Holstein has claimed that denying physical fragility and incapacity in old age and praising only its strengths would not appear to be the best way of learning to live one's life fully and proudly, in spite of such limitations (Holstein, 2006). The social images of old women that we have do not illustrate the diversity of experiences, tastes, and options that they have developed in the course of their lives: We do not hear the voices of the incapacitated, of women who are inadequate, who think in different ways. We claim to display models of aging in women that do not include piety, commiseration, ridicule, to know their day-to-day experiences and the complexity of their lives.

The exclusion of elderly women from academic research, from the media and cultural spaces of visibility and power, is illustrative of the gerontophobia of our culture. One goal of critical gerontology would be to draw up feminist alternatives to the patriarchal invalidation of older women, offering them recognition, authority, and power, giving them space and voice, encouraging a research appropriate to feminine reality that would permit the construction of positive enabling rituals of representation of old age. It is also necessary to bear in mind the economic inequality of the sexes. We cannot look at old age in women without bearing in mind their working and crazy professional histories in which occasional and part-time employment, clandestine employment without Social Security coverage, and other contractual relationships in the labor market have been the norm. The impossibility of gaining access to resources, experienced by women throughout their lives, but especially in old age, enables us to understand the phenomenon of their poverty. It is also essential to recognize, therefore, the effects of their earlier economic dependence and discrimination in the labor market, and the value of affective labor and of supporting life performed by women, and the opportunity costs of these efforts in their old age.

One of the major as yet unresolved topics as far as our understanding of the lives of elderly women is the study of their sexuality in the light of their affective-sexual, religious, and cultural education, or lack of it, which has encouraged the disappearance of the limitations on their desires, recognizing the changes that take place in old age, and analyzing, in studies of women's sexuality, the role of love, affection, and tenderness, providing social and cultural space for the validation of new forms of sexual intimacy for elderly women. The complex and subtle life of elderly women would appear to be a wide field, open to thinking and critical and reflective research, in which their voices and experience are revealed to be essential tools. The objective of such studies of the age of women should be to encourage the freedom of elderly women to choose their own lifestyle and the manner of aging that they prefer. All transitions to higher levels of thinking and functioning are difficult and threatening, particularly when they question older models, but, as Michelle Fine has pointed out, there is no task more appropriate for feminist researchers: We need to provoke a deep-reaching curiosity about, even intolerance to, what is described as inevitable, immutable, and natural (Fine, 1992)—a claim that is of maximum applicability when we refer to feminist gerontological research.

REFERENCES

- Agulló, M. S. (2001). *Mujeres, cuidados y bienestar social: El apoyo informal a la infancia y a la vejez* [Women, care and social welfare: Informal support in infancy and old age]. Madrid, Spain: Instituto de la Mujer.
- Altschuler, J. (2001). Meaning and centrality of caring activities among older women. *Journal of Women & Aging, 13*(3), 79–100.
- Amoroso Miranda, M. I., Bosch Pareras, A., Carrasco Bengoa, C., Fernández Medrano, H., & Moreo Saenz, N. (2003). *Malabristas de la vida: Mujeres, tiempos y trabajos* [Jugglers of life: Women, work and time]. Barcelona, Spain: Icaria.
- Arnedo, E. (2003). *La picadura del tábano: La mujer frente a los cambios de la edad* [The horsefly's bite: Women as they face age-related changes]. Madrid, Spain: Aguilar.
- Barrett, A. E. (2005). Gendered experiences midlife: Implications for age identity. *Journal of Aging Studies, 19*(2), 163–183.
- Beauvoir, S. (1970/1977). *Old Age*. London, England: Penguin
- Boston Women's Health Book Collective. (2006). *Our bodies, ourselves: Menopause*. New York, NY: Simon & Schuster.
- Calasanti, T. (2004). New directions in feminist gerontology: An introduction. *Journal of Aging Studies, 18*, 1–8.
- Calasanti, T., & Slevin, K. F. (Eds.). (2006). *Age matters: Realigning feminist thinking*. New York, NY: Routledge.
- Calasanti, T., Slevin, K. F., & King, N. (2006). Ageism and feminism: From "et cetera" to center. *NWSA Journal, 18*(1), 13–30.

- Carrasco, C. (Ed.). (1999). *Mujeres y economía: Nuevas perspectivas para viejos y nuevos problemas* [Women and economy: New perspectives for old and new problems] (Vol. 147). Barcelona, Spain: Icaria.
- Chodorow, N. (1978). *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley, CA: University of California Press.
- Cole, T. R., Achenbaum, W. A., Jakobi, P. L., & Kastenbaum, R. (Eds.). (1993). *Voices and visions of aging: Toward a critical gerontology*. New York, NY: Springer.
- Coria, C., Freixas, A., & Covas, S. (2005). *Los cambios en la vida de las mujeres: Temores, mitos y estrategias* [Changes in women's lives: Fears, myths and strategies]. Barcelona, Spain: Paidós.
- Covan, E. K. (2005). Meaning of aging in women's lives. *Journal of Women & Aging*, 17(3), 3–22.
- Cruikshank, M. (2003). *Learning to be old: Gender, culture, and aging*. Lanham, MD: Rowman & Littlefield.
- Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. Ann Arbor, MI: University of Michigan Press.
- Freixas, A. (1992). La menopausia en el contexto de la mediana edad [Menopause in the context of midlife]. *Revista de Gerontología*, 4(2), 244–249.
- Freixas, A. (1997). Envejecimiento y género: Otras perspectivas necesarias [Gender and aging: Other necessary perspectives]. *Anuario de Psicología*, 75(2), 31–42.
- Freixas, A. (2006). *Demà més. Dones, vides i temps* [More tomorrow: Women, lives and times]. Barcelona, Spain: Institut Català de les Dones.
- Freixas, A. (2007). *Nuestra menopausia: Una versió no oficial* [Our menopause: An unofficial version]. Barcelona, Spain: Paidós.
- Friedan, B. (1993). *The Fountain of Age*. New York, NY: Simon & Schuster.
- Gannon, L. (1999). *Women and aging: Transcending the myths*. London, England: Routledge.
- Gergen, K. J. (1978). Toward generative theory. *Journal of Personality and Social Psychology*, 36, 1344–1360.
- Gilligan, C. (1982). *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.
- Gullette, M. M. (1997). *Declining to decline: Cultural combat and the politics of the midlife*. Charlottesville, VA: University of Virginia.
- Gullette, M. M. (2000). Age studies as cultural studies. In T. R. Cole, R. Kastenbaum, & R. E. Ray (Eds.), *Handbook of the humanities and aging* (pp. 214–234). New York, NY: Springer.
- Gullette, M. M. (2004). *Aged by culture*. Chicago, IL: The University of Chicago Press. 565 *Critical Feminist Gerontology* 15
- Harding, S. (Ed.). (1987). *Feminism and methodology: Social science issues*. Bloomington, IN: Indiana University Press.
- Heilbrun, C. G. (1988). *Writing a Woman's Life*. New York, NY: Norton.
- Heilbrun, C. G. (1997). *The last gift of time: Life beyond sixty*. New York, NY: Ballantine Books.
- Holstein, M. B. (2006). On being an aging woman. In T. Calasanti (Ed.), *Age matters: Realizing feminist thinking* (pp. 313–334). New York, NY: Routledge.

- Juliano, D. (1992). *El juego de las astucias: Mujer y construcción de modelos sociales alternativas* [The tricky game: Women and social construction of alternative social models]. Madrid, Spain: horas y HORAS.
- Juliano, D. (1998). *Las que saben . . . Subculturas de mujeres* [Women who know . . . Female subcultures]. Madrid, Spain: horas y HORAS.
- Killian, T., Turner, J., & Cain, R. (2005). Depressive symptoms of caregiving women in midlife: The role of physical health. *Journal of Women & Aging, 17*(1/2), 115–127.
- Laz, C. (2003). Age embodied. *Journal of Aging Studies, 17*(4), 503–519.
- Long, J., & Porter, K. L. (1984). Multiple roles of midlife women: A case for new directions in theory, research and policy. In G. Baruch & J. Brooks-Gunn (Eds.), *Women in midlife* (pp. 109–159). New York, NY: Plenum.
- Macdonald, B., & Rich, C. (1983). *Look me in the eye: Old women aging and ageism*. San Francisco, CA: Spinsters.
- Northrup, C. (2001). *The Wisdom of Menopause*. New York, NY: Bantam.
- Ovrebø, B., & Minkler, M. (1993). The lives of older women: Perspectives from critical political economy and the humanities. In T. R. Cole, W. A. Achenbaum, P. L. Jakobi, & R. Kastenbaum (Eds.), *Voices and visions of aging* (pp. 289–308). New York, NY: Springer.
- Ray, R. E. (1999). Researching to transgress: The need for critical feminism in gerontology. *Journal of Women & Aging, 11*(2/3), 171–184.
- Ray, R. E. (2004). Toward the crowning of feminist gerontology. *Journal of Aging Studies, 18*(1), 109–121.
- Rich, A. (1980). *On Lies, Secrets, and Silence: Selected Prose 1966–1978*. New York, NY: Norton.
- Rich, A. (2001). *Arts of the Possible: Essays and Conversations*. New York, NY: Norton.
- Ruddick, S. (2000). Virtues and age. In M. U. Walker (Ed.), *Mother time: Women, aging and ethics* (pp. 45–60). Lanham, MD: Rowman & Littlefield.
- Sáez-Buenaventura, C. (1988). *Sobre mujer y salud mental* [About women and mental health] (Vol. 9). Barcelona, Spain: La Sal.
- Sontag, S. (1972, September 23). The double standard of aging. *Saturday Review*, (pp. 29–38).
- Tannenbaum, C. B., Nasmith, L., & Mayo, N. (2003). Understanding older women's health care concerns: A qualitative study. *Journal of Women & Aging, 15*(4), 103–116.
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies, 18*(1), 59–73.
- Woodward, K. (Ed.). (1999). *Figuring age: Women, bodies, generations*. Bloomington, IN: Indiana University Press.
- Ziemba, R. A., & Lynch-Sauer, J. M. (2005). Preparedness for taking care of elderly parents: "First, you get ready to cry." *Journal of Women & Aging, 17*(1/2), 99–113.

Copyright of Journal of Women & Aging is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.