

# Gender, Age and Gendered Age in Relation to Attitudes to One's Own Appearance and Health (Chosen Aspects)

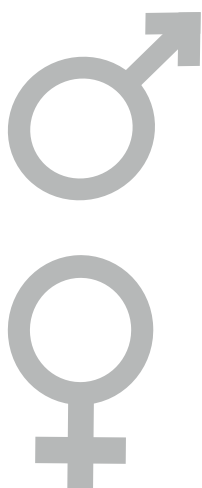


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# Contents

Introduction	7
Chapter 1	
<b>Theoretical and Methodological Introduction</b>	<b>11</b>
1.1. Examining Attitudes Towards Health and Appearance from the Gender and Gendered Age Perspective Theoretical Concepts and Findings (Ewa Malinowska)	11
1.1.1. Cultural Models of Society, the Genderisation Process	11
1.1.2. Patriarchal Models of Gender	13
1.1.3. Gender in Relation to Health	16
1.1.4. The Concept of Gendered Age	17
1.1.5. The Framework Adopted in the Study of Attitudes	19
1.2. The Purpose, the Issues, and the Methodological Assumptions of the Study (Ewa Malinowska, Krystyna Dzwonkowska-Godula, Emilia Garncarek, Julita Czernecka, Joanna Brzezińska)	21
Chapter 2	
<b>Age Gendering as an Empirical Phenomenon</b>	<b>25</b>
2.1. The Ideas of Young, Middle-Aged, and Old Women and Men (Joanna Brzezińska, Krystyna Dzwonkowska-Godula)	25
Chapter 3	
<b>The Attitudes of Women and Men of Different Ages to Their Physical Appearance</b>	<b>55</b>
3.1. Cognitive Component	55
3.1.1. The Manner of Describing One's Own Physical Appearance in Relation to Gender and Age (Julita Czernecka)	55
3.1.2. Reasons for Taking Care of One's Physical Appearance Given by Women and Men of Various Ages (Ewa Malinowska)	70
3.2. Affective Component	79
3.2.1. The Assessment of One's Own Physical Appearance in Relation to Sex and Age (Joanna Brzezińska)	79

3.3. Behavioural Component	97
3.3.1. Gender and Gendered Age in Relation to Activities Which Have a Beneficial Influence on One’s Appearance (Ewa Malinowska)	97
3.3.1.1. How Women and Men Take Care of Their Appearance Depending on Their Age	98
3.3.1.2. How Women of Different Ages Take Care of Their Appearance	110
3.3.1.3. How Men of Different Ages Take Care of Their Appearance	123
Chapter 4	
<b>The Cultural Genesis of Attitudes Towards One’s Own     Appearance in the Awareness of Women and Men     of Different Ages (Ewa Malinowska)</b>	<b>133</b>
4.1. The Genesis of Attitudes Towards One’s Own Appearance in the Awareness of Women of Different Ages	134
4.2. The Genesis of Attitudes Towards One’s Own Appearance in the Awareness of Men of Different Ages	145
Chapter 5	
<b>Attitudes of Men and Women of Different Age Towards Their     Health</b>	<b>155</b>
5.1. Cognitive Component	155
5.1.1. Reasons for Taking Care of One’s Health Given by Men and Women of Various Age (Emilia Garncarek)	155
5.2. Affective Component	169
5.2.1. The Evaluation of One’s Own Health in Relation to Gender and Age (Krystyna Dzwonkowska-Godula)	169
5.3. Behavioural Component	183
5.3.1. Pro-Health Behaviour and Gender (Emilia Garncarek)	183
Chapter 6	
<b>The Cultural Genesis of Attitudes Towards One’s Own Health     in the Awareness of Women and Men of Different Ages     (Krystyna Dzwonkowska-Godula)</b>	<b>207</b>
6.1. The Genesis of Attitudes Towards One’s Own Health in the Awareness of Women of Different Ages	208
6.2. The Genesis of Attitudes Towards One’s Own Health in the Awareness of Men of Different Ages	220
<b>Conclusions</b>	<b>243</b>
<b>Bibliography</b>	<b>249</b>

# Introduction

The book presented here, written by many authors, is the result of several years of teamwork in the Department of Sociology of Gender and Social Movements at the University of Lodz, Poland, within the research project *Gender and cultural concepts of age in relation to men's and women's attitudes towards their health and appearance* conducted between 2013 and 2016 under the supervision of Ewa Malinowska. The project was funded by the National Science Centre, granted on the basis of decision no. DEC-2012/05/B/HS6/03793<sup>1</sup>. The project aimed to analyse the influence of cultural gender concepts (feminine and masculine) and cultural age concepts (youth, middle age, and old age) on individuals' attitudes towards their own appearance and health. The research concept implemented in this project introduces a new theoretical-research perspective by showing a connection between gender and culturally defined age, and creating a new sociological category of gendered age.

By studying the attitudes of women and men of various ages towards appearance and health – treated as components of individual human capital – an attempt was made to define the connection between human beliefs, evaluations, and behaviours towards these resources and cultural concepts of gender, age, and gendered age which function in social awareness. The research was qualitative in nature: 12 focus group interview sessions and 90 free-form interviews with men and women were conducted. The respondents were classified as young, middle-aged, and old aged, with at least secondary education, and they were inhabitants of a big city – Łódź. The attitudes were determined based on the respondents' declarations concerning their knowledge, emotions, and behaviours

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1 Project duration: 30.01.2013–29.08.2016.

towards their own appearance and health. What was crucially important for the researched issue was to learn about men and women's awareness of the influence of the cultural conceptions of gender, age, and gendered age on their beliefs, evaluations, and behaviours.

The book consists of an introduction, six chapters, a conclusion, and a bibliography<sup>2</sup>. The first chapter introduces the key concepts and theoretical arrangements concerning the research of the attitudes towards health and appearance from the perspective of the cultural definitions of gender, age, and gendered age. This part also describes the aims, issues, and methodological assumptions of the conducted research. The second chapter, based on the results of the qualitative material gathered, discusses the phenomenon of age genderisation. It presents characteristics of women and men belonging to the young, middle age, and old age categories, established during the group discussions.

The third chapter is dedicated to the attitudes of these towards their appearance. In connection with the adoption of the structural definition of attitude (Nowak, 1973) encompassing the cognitive, emotional-evaluating, and behavioural components mentioned below, beliefs were discussed one by one: beliefs about the nature of appearance as one of the resources of an individual's human capital (how to describe one's appearance and the reasons for taking care of it), the evaluation of one's own physical attraction and the actions taken by an individual which favourably affect their appearance. The fourth chapter discusses the problem of gender conditioning of the analysed attitudes towards appearance which function in the awareness of women and men of different ages.

The part of the book concerning men and women's attitudes towards their own health was organised analogically. Chapter five presents the results of the research concerning specific elements of these attitudes: the cognitive component (reasons for taking care of health), the affective component (evaluation of one's health) and the behavioural component (pro-health behaviours). Consequently, chapter six is dedicated to the gender conditioning of the attitude towards health functioning in the awareness of women and men of different ages. The conclusion presents the most important conclusions and reflections concerning

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2 An extended version of the book has been published in Polish. Apart from the aspects of attitudes towards appearance and health discussed in this work it contains articles on the respondents' beliefs about factors determining appearance and health, actions adversely affecting their appearance undertaken by them, and their ways of defining pro-health and anti-health behaviours. The Polish book also presents the results of research on the respondents' beliefs about social expectations concerning appearance and health behaviours formulated against women and men of different ages.

the research project. Although the book constitutes a whole, encompassing various aspects of the issue discussed, each chapter and subchapter may be treated as a separate and complete article.

The authors wish to thank all the people who cooperated with them during the various stages of the research project, including the collecting and development of research material. The authors wish to especially thank the PhD students of the Department of Sociology of Gender and Social Movements: Katarzyna Łuczak, and Malwina Pietrzyk-Jagielska. We also thank our colleagues from partner science units: Kamil Brzeziński from the Department of Rural and Urban Sociology of University of Łódź and Jakub R. Stempień from the Department of Sociology of the Medical University of Łódź.

Authors



## Chapter 1

# Theoretical and Methodological Introduction

### 1.1. Examining Attitudes Towards Health and Appearance from the Gender and Gendered Age Perspective Theoretical Concepts and Findings (Ewa Malinowska)

#### 1.1.1. Cultural Models of Society, the Genderisation Process

The initial assumption which the conception of the research project is based on constitutes the empirical basis of this book. It describes the universal and common structuration and stratification meaning of gender.

It was assumed here, after Marcel Mauss, that “Division according to sex is a division of fundamental meaning, it affects the life of all societies to a degree we don’t even suspect” (Mauss, 1969: 15). The impact range of the genderisation process was accurately defined by Guionnet and Neveu, who wrote, “The *sex* and *gender* categories are not the only variables which can explain social phenomena, the components of a puzzle of identity, or social factors; they are also categories which we think and classify the social world with” (Guionnet & Neveu, 2004: 9).

Each culture, each era, each society has specific varieties of cultural definitions of femininity and masculinity. A significant similarity is noticed in the cultural concepts of gender constructed on an identical model of the relationship of power between women and men (e.g. ones formed and having functioned within a patriarchal model). Intercultural research in such case shows the universality of beliefs concerning

femininity and masculinity, and the relationships between them (Beall, 2002: 86; Kimmel, 2004: 52; Moore, 2005: 313; Wojciszke, 2003: 418–419), despite there being, at the same time, many cultural differences between specific patriarchal societies appearing (the influence of religion, a dominant ideology or the above-mentioned influence of the historic era, etc.). If we accept the type of relationship of power between sex categories as a criterion for the typology of cultural society models, three models can be distinguished: a patriarchy (the domination of men and subordination of women), a matriarchy (domination of women and subordination of men) and an egalitarian model (based on the equal status of both sexes). It is worth mentioning that all of them contain genderisation phenomena. Meanwhile, due to the eternal domination of the world by the patriarchal culture, in deliberations about social life genderism we often meet the silent identification of this process with patriarchy genderisation. To underline the necessity to specify the key concept, let us remember the inhabitants of the Trobriand Islands – as described by Malinowski – and the cultural constructs of sex in a matrilineal society (not matriarchal, as the author defined it, as it stems from his description of Trobriand culture where only the men held power) (Malinowski, 1980 [1938]), which was different from ‘ours’, or the discoveries described by Margaret Mead (Mead 1935).

Thus, cultural concepts of femininity and masculinity directly and consistently refer to the model of power between categories of sex which are in force in a given social order. Discussing femininity and masculinity stereotypes, Deaux and Lewis point out that they contain beliefs concerning personality traits, social roles, appearance, and profession (as cited in: Brannon, 2002: 219; Mandal, 2000: 17–18; Mandal, 2003: 39). In the gender approach proposed by us, in the cultural model of gender we distinguish: i) a set of key social roles considered appropriate for an individual of a given sex (including professional roles appropriate for a man or a woman), ii) ideal personality traits of women or men – mainly from the point of view of their necessity and suitability to perform the indicated social roles, and iii) the desired features of appearance in a given culture which are considered to confirm expected personality traits (e.g. firmness, kindness), such as the promising reproductive capacities of a man or woman (body shape, proportions) and to meet the existing canon of beauty and aesthetic standards which are present (important especially in case of women, but not only).

### 1.1.2. Patriarchal Models of Gender

According to the concept described, a set of social roles appropriate for a woman or man is a basic element in the structure of a cultural model of gender. In a patriarchal society, men hold the roles connected with governing and activities in the public domain (including professional roles and/or those connected with the public sector), as well as in the private domain (the role of the head of the family/breadwinner, followed by the role of the father as the one with the right to decide on fundamental issues concerning his wife and children). It is worth noting that having personality traits necessary mainly for exercising power, such as rationality, determination, courage, and leadership, etc., is of chief importance for the realisation of these roles. The patriarchal model of femininity assumes the woman's focus is on (the biologically determined) role of a mother and on activities in the private sphere, and it describes the ideal personality traits of a woman, which are connected mainly with this role but which are also expanded to include other people through the dimension of concern, care and understanding of other people's needs. Such qualities include: emotionality, empathy, caring, and dutifulness, etc. It should be noted that the set of social roles of the masculine model – and the relevant male personality traits – guarantee that, in the patriarchal model, only the man is eligible to realize the status of social subject. The set of social roles of the feminine model, and the female personality traits which enable their realisation, are relevant from the point of view of objectivisation of the status of an objectified being, in this social order assigned to a woman. In this way, gender sanctions the patriarchal model of the power relationship (cf. Malinowska, 2000: 22–27).

As Pankowska noted, assigning sexually diversified duties “associated with certain psychological features” means that, as a consequence, women and men are assigned certain personality traits (Pankowska, 2005: 20). It seems that performing culturally determined social roles supports both the creation and strengthening of gender stereotypes. Gender driven socialisation supports the development of personality traits socially expected from the woman or the man and, above all, it enables the patriarchal personality ideals to become real, which, in consequence, prevents already adult people from the emancipation process in terms of patriarchal gender stereotypes. This issue becomes even more important, as according to the concept of human capital perception from the gender perspective, personality traits (and the rights of the human individual) should also be treated as important components of this capital (apart from health, education, and the possessed skills) (Malinowska, 2011; Malinowska, 2012). In that case, the gender conditioning of the quantity and quality of this

capital determines how it is invested, and it influences the whole process of capital conversion which does not necessarily address current organisational and economic standards.

In the concept of our studies, patriarchal definitions of femininity and masculinity acted as categories for analysis. From this point of view, the findings made by researchers dealing with issues of gender polarisation were regarded as interesting and useful, as they indicated the following dimensions of diversifying personality potentials into male/female (following: Miluska, 1996: 75; Wojciszke, 2003: 419):

- Focus on agency (taking action) versus sense of community (Beacon, 1966);
- The instrumental approach versus expressiveness (Parsons, 1955);
- Instrumental, assertive qualities versus interpersonal focus (Williams & Best, 1982);
- Competence versus warmth-expressiveness (Broverman et al., 1972);
- Dominance versus warmth (Lubinski et al., 1983);
- Focus on maintaining dominance over others versus closeness, support and mutual understanding (Tannen, 1999).

But when it comes to the male and female set of features, the contents of gender stereotypes empirically defined by Deaux and Lewis were used in the conceptualisation of the study (Deaux & Lewis, 1984). Based on the above, the following features were defined as the main model female traits: emotionalism, ability to sacrifice, gentleness, tenderness, concern for other people's feelings, the ability to understand others, warmth in relationships with others, helping, but also submissiveness, (Brannon, 2002: 228, as cited in: Wojciszke, 2003: 418–419) and more – passivity, being dependent on others, indecisiveness, and a tendency to obedience (Pankowska, 2005: 210). Meanwhile, the following constitute the leading features for the model male: independence, being active, competence, ability to make decisions, reliability, self-confidence, sense of leadership (Deaux & Lewis, 1984, as cited in: Mandal 2004: 17–18), as well as courage, power, bad temper, tendency to dominance/violence (Brannon, 2002: 228, as cited in: Wojciszke, 2003: 418–419) and the ambitious pursuit of goals, self-reliance, rationality, the ability to think logically, circumspection and self-control, abstract thinking, and effectiveness in action (Pankowska, 2005: 21).

Physical appearance is the third element in the structure of the cultural model of gender, besides social roles and personality traits. In the concept of our studies, attention was paid to the fact that in the patriarchal definitions of femininity and masculinity the significance given

to physical appearance is associated with the status of men and women in this social system. In the patriarchal model, the social status of a man, associated with the status of the social entity as defined by this system, does not depend on his appearance; it is connected more with assigning personality traits that enable him to exercise his authority (in line with the scope of the authority he has, with the income and the prestige resulting from that). However, the social rank of the woman objectified in this cultural model (also as defined by the system), largely depends on the degree to which her appearance coincides with the ideal of feminine beauty in a given society (e.g. in the culture of the East or the West, in the given century, in the given social class etc.). As previously mentioned, certain features of physical appearance have to project, for example, her reproductive abilities, however, the role of beauty is to attract the attention of a man choosing his life partner, and, as a consequence, through this choice he gives the woman his social status. From this point of view, in the patriarchal model, appearance has a superior meaning for women, but in the case of men, it is secondary, at most. Let us repeat that canons of the beauty are, of course, defined culturally, they change through the centuries and differ depending on the empirical pattern of the patriarchal model followed in a given society. So, as long as appearance is the only, or the main, source of female human capital, it will have an enormous influence on the course of her life.

There are a lot of descriptions which refer to the appearance in cultural concepts of femininity and masculinity described by psychologists and sociologists (e.g. Miluska, 2008: 22; Mandal, 2000: 17–18; 2003: 39; Giza-Poleszczuk, 2004: 50; Kuczyńska, 1992; Majcher, 2012) created as a result of analyses of many other authors' proposals, such as Brannon 2002: 221; Broverman et al., 1972 (as cited in: Miluska, 2008: 22), Deaux and Lewis, 1984 (as cited in: Mandal, 2000: 17–18; 2003: 39). The description of a man's appearance, drafted on this basis, contains the following terms: tall, strong, robust, muscular, broad-shouldered, and handsome. But if we talk about the overall impression given by his appearance, it can be positive, for example: physically fit; or negative, for example: not caring about his appearance, scruffy. The characterisation of a woman's appearance might include phrases such as: delicate, pretty, moving with charm and grace, or having a pleasant voice. Generally, they describe a neat person who pays great attention to her appearance. It is characteristic that negative expressions did not appear among the most stereotypical components of a woman's appearance (cf. Mandal et al., 2010: 18, 20). Additionally, other researchers claim that appearance, understood more widely than only with respect to noticeable facial beauty, has an important meaning in the case of creating gender stereotypes (Deaux & Kite,

2002: 363–364). Some underline the notion that information about physical appearance, in particular about physical attractiveness, is more important in the case of judging women than when men are being judged. The latter statement is regarded as worth further investigation; the hypothesis can be proved by looking at the patriarchal practice mentioned above, in which the physical appearance of a woman is treated as her main (and, until recently, only) human capital. (Of course, we agree with the opinion that, generally, people share certain beliefs concerning physical attributes, as in the case of identifying beauty with goodness, but it is a different issue).

The way in which the above described models of gender are used was closely connected with the purpose of the research. This was not the confrontation of the ‘perfect types’ of patriarchal femininity and masculinity, nor gender stereotypes, with reality, however, the cultural (gender) determinants of attitudes towards health and appearance have been investigated.

### 1.1.3. Gender in Relation to Health

As can be easily noticed, only one of the above-mentioned subjects of the attitudes analysed herein, i.e. physical appearance, is an element of the cultural gender model. Health, on the other hand, is not. However, when formulating, as an initial assumption, the statement concerning the general, universal, and socially important genderisation of individual and collective life, it has been simultaneously assumed that defining and evaluating health also depends on cultural concepts of femininity and masculinity. Health functions are also socially defined in two different ways. Firstly, they are determined in relation to women, and secondly in relation to men, but always in connection with the social roles defined in the gender models as appropriate for the given gender category. Hence, for example, the culturally patriarchal view on the issue of women’s health will always take into account, first of all, their reproductive function, while men’s health will be assessed in relation to the ideal of a strong and fit individual who is potentially capable of taking roles associated with providing safety and protection and exercising power. In an indirect way, health can also be perceived in relation to genderally defined and evaluated physical appearance (one’s state of health usually has an influence on one’s appearance) and in connection with personality traits. In that last case, state of health and personality type (characterised according to ‘male/female’ categories) are a group of specific qualifications that are important from the point of view of key social roles, i.e.

biologically determined parenthood or the chosen professional role (as a factor allowing an individual to take that role or excluding him or her from taking it).

#### 1.1.4. The Concept of Gendered Age

Age, age ranges, divisions with reference to age, categories of age, etc. – these are terms and categories of analysis defined and applied in research from different fields of study: from biology and medicine to the social sciences. In the case of our research, attention has been focused on the sociological recognition and sociological issues of age, and more precisely on the issue of how to give gender characteristics while defining and interpreting youth, middle age, and old age. Our research subsequently looked at both the change in ways of thinking about health and appearance that comes with ageing as well as the change in patterns of behaviour which women and men undergo. The subject of our study is inextricably linked with this last issue.

In the research concept, in the same way a distinction was made between gender and sex, we distinguished between age as a biological fact (the phrases ‘certified age’ or ‘chronological age’ are used here interchangeably) and age defined from the cultural angle (how youth, middle age, and old age are understood in the context of a given culture). Similarly, as the *gender* concept is constructed with reference to *sex*, the not-biological age is also a cultural concept referred to during individual periods of the certified age.

In the literature on the subject, attention is drawn to the fact that the functioning of cultural definitions of youth, middle age, and old age enables an individual to organise both their own expectations towards other people (thanks to placing them in the frames of specific categories of age) and their social expectations towards a specific individual as one who represents a given age category. This consequently means that the person being objectively categorised e.g. as an elderly individual, can adjust or act in accordance with the expectations of the age category (s) he identifies him or herself with (cf. Laz, 1999).

Some researchers notice the ‘interdependence’ of the sex and the age categories, emphasizing the significance of both in the process of forming social relationships and how individuals function in different phases of their life (Twigg, 2004). Others, such as Clark Krekula, when writing about sex and age as ‘interchanging systems’, suggest intersection analyses of the influence on individual identity, on experiencing the ageing process, and on attitudes (Krekula, 2007). Here, an important methodological

and technical issue appears, namely the problem of hierarchical order with reference to the psychological and sociological determinants. We completely concur with Mauss in this matter, who thought that the beliefs and practices of the human individual were conditioned, above all, by the social order, and this results in particular consequences of a psychological nature (Mauss, 1985 [1926], as cited in: Handman, 2010: 55).

Many authors emphasise that expectations connected with age are concerned mainly with the individual undertaking and performing defined social roles (Wilińska, 2010) according to more or less closely defined patterns. Based on the results of analysis concerning the image of old age and the media discourse about the ageing of women and men, Wilińska claimed that the old age of women and the old age of men were understood differently from the social point of view, which means that definitions of age take into account gender and that “the cultural gender gets older,” which means that definitions of gender take into account age. In the presentation suggested here, firstly, it was underlined that the expectations connected with age concern not only a change in the set of social roles, but all elements that build the cultural model of femininity and masculinity, the model being defined within a given social order: expected personality traits (different for young, middle-aged, and elderly people) and ‘appropriate’ appearance features for the given age category, (e.g. style of clothes, care of one’s appearance, etc.). As Laz reasonably notes, the expectations have a normative character. So, we underline that their main function is to act in favour of strengthening the given social order. In the patriarchal system, expectations towards each age category will, above all, support the model of the relationship of power between the sex categories: those expectations that, when fulfilled, guarantee the reproduction of male dominance and female submission. The simplest way to achieve this goal is, of course, to direct socialisation in such a way that it includes sex diversification, and then there should be consistent control of the realisation of patriarchal concepts of femininity and masculinity, modified with reference to the age category, within each sex. Therefore, cultural expectations towards young women are different than those towards middle-aged or elderly women, but at the same time they are different towards young women and young men etc.

In this context, it is possible to notice the significance of the above-mentioned methodological issue, that is, the hierarchical ordering of the relations between culturally defined age and culturally defined sex (gender) as two independent variables (in general, treated either as separate or as ‘interdependent’). In the concept of our studies, the primary character of the genderisation process and the leading meaning of gender were adopted. And therefore, under the term *gendered age*, we understand

the modification of cultural concepts of femininity and masculinity with reference to all sorts categories of age in the range of a given sex category, but always in a way that guarantees that the model of the power relationship between the sex categories present within a given cultural model of society is maintained. In such an approach, belonging to an age category has a secondary meaning: at first, one is an example a female being who, as a result of the socialisation process, 'becomes a woman', and according to the biological age she is at first culturally defined as 'a young woman', then as 'a middle-aged woman' and finally as 'an elderly woman'. The same scheme (but not content!) refers to men.

Considering the issues of the discussed studies, it is additionally worth underlining that the process of age genderisation (*gendered age*) refers directly to the process of the biological changes of the female and male bodies, in other words – to the biological process of ageing. For example, the patriarchal cultural concept of femininity, which assumes that motherhood is the main social role for a woman, emphasises physical attractiveness, as regards the appearance of 'a young woman' – so important on the matrimonial market – and features which promise the potential reproductive capabilities, reproductive health, and 'motherly' personality traits etc. On the other hand, the cultural concept of masculinity, with reference to young men, assumes they have personality traits that predispose them to authority, social promotion, and the abilities to accumulate wealth and take on the role of the sole breadwinner in the family; as regards appearance, they should have features promising health and reproductive health (for centuries, the fertility of every man was assumed as a matter of fact). A similar attempt to reconstruct the (theoretical but also empirical) cultural definitions of femininity and masculinity can be reapplied towards each age category of women and men. *Gendered age* seems to overlook the problem of someone feeling that they belong to an age category, however, as it portrays the interesting aspect of issues which form the social identity of an individual in the cultural context. This is characterised by two main features: the subordination of women and the overvaluation of youth.

### 1.1.5. The Framework Adopted in the Study of Attitudes

In the concept of the studies that was carried out, a structural conception of attitudes, as recommended by Stefan Nowak, and its subsequent definitions were adopted: "The attitude of an individual towards an object is understood as a general set of comparatively long-lasting dispositions for assessing and emotionally responding to this object, and possibly

comparatively long-lasting beliefs about the nature and properties of this object accompanying these emotional-appraising dispositions, and comparatively long-lasting dispositions for behaving towards the object” (Nowak, 1973: 23). So, the examined attitudes were treated as a complex phenomenon in which three components can be distinguished: cognitive, emotional-appraising, and behavioural. Nowak assigned a particular role to the emotional-appraising component as being a factor constituting attitude. Without this component, it is not possible to discuss the given phenomenon as an attitude; the remaining elements do not have to appear. Considering the existence of given types of factors in the mind of an individual, the author classified the attitudes, describing i) affective associations, ii) cognitive attitudes, iii) behavioural attitudes, and iv) complete attitudes. In our study, the complete attitudes of women and men of different ages towards their own health and appearance were an object of analysis, i.e. the culturally conditioned presence of each of the three components was investigated. However, the empirical determination of male and female attitudes towards their own health and appearance in the three age categories was not the main purpose of this study. The main purpose was to describe how each of the components of attitude functioned in the awareness and in the actions of the male and female respondents. The male and female participants of the research represented, in a qualitative meaning, both sex categories differentiated into various age categories (young, middle-aged, old).

It is also worth adding that conclusions on attitudes were drawn based on the statements of the interviewed respondents; systematic and direct behavioural observations were not conducted. Secondly, in the research concept and in the implementation of the studies, terms such as ‘old age’, ‘an old person’, ‘old people’ etc. were used in a similar way to when ‘youth’, ‘young person’, ‘young people’, or ‘the young’ are discussed, in order to ‘to break the spell’ of their pejorative connotation and to make them expressions which are applied without great resistance, for instance, due to the fact they are easier for many people to use in their everyday lives. What is more, old age does not deserve only sympathizing. It is a status that is well-deserved, free from many problems that young people have, though it does have its shadows – the same as being middle-aged (vide: mid-life crisis) or young (e.g. horrified by the need to achieve ‘life success’, or the appearance of the first wrinkle – the spectre of old age).

## 1.2. The Purpose, the Issues, and the Methodological Assumptions of the Study (Ewa Malinowska, Krystyna Dzwonkowska-Godula, Emilia Garncarek, Julita Czernecka, Joanna Brzezińska)

Analysis of the cultural conditioning of men and women's attitudes towards their own health and appearance (treated here as components of individual human capital) is the aim of the project. As the findings show, women and men of different ages assess their own appearance and their health condition differently, and they differ in their behaviours towards these resources (Malinowska, Dzwonkowska-Godula, & Garncarek, 2012; CBOS, 2009 and 2009 b; 2012a). We assume that, most generally, it results from the definitions of femininity and masculinity which function within a given culture, differentiated with reference to people being at different phases of their life but which contain, among others, different expectations with reference to health and appearance.

The answers to the following research questions constituted specific objectives:

1. What are the attitudes of women and men of different ages towards their appearance and health?
  - 1a. What are their beliefs about the nature and characteristics of these resources? Do they treat them as crucial elements of human capital? (cognitive component)
  - 1b. How do they evaluate their health condition and their appearance? How do they assess the influence of these resources on their social functioning? (affective component)
  - 1c. Do they – and if so, how – care for their health and appearance? Do they have a sense of duty while doing it or not? What actions, undertaken by both genders, are disadvantageous to these resources? (behavioural component)
2. What cultural concepts of femininity and masculinity associated with the cultural concepts of youth, middle age, and old age, with a particular emphasis on the social expectations towards health and the appearance connected with them, function in the social awareness of those who were interviewed?
3. How do the individuals explain their attitudes towards health and appearance? – Do they – and if so, how do they – refer to the cultural concepts of femininity and masculinity in connection with the cultural concepts of age, while explaining their attitudes towards health and appearance?

With reference to question 1, a hypothesis was constructed, that gender and age differentiate the attitudes of individuals towards health and appearance. Women more often than men perceive health and appearance as a resource of human capital, affecting their social functioning. Simultaneously, they are more critical in this area, but also more active in caring about it.

As for the age groups, the attitudes of young people towards appearance and health are poorly differentiated by gender. Both men and women treat appearance and health as important resources of their human capital, and simultaneously they evaluate them highly. Moreover, young people have active attitudes towards appearance, but they do not care about health. With age, we assess our appearance and medical condition less and less favourably, care of our appearance decreases, however, we care about our health more and more. In addition, the attitudes of middle-aged and old people towards these resources are diverse with regard to gender, which results from the patriarchal models of femininity and masculinity at play.

With reference to question 2, a hypothesis was formulated that the cultural concept of femininity, with reference to young women, emphasises the significance of health and appearance (in relation to the reproduction role) and requires that they take care of these resources. On the other hand, in the concept of male youth, physical fitness and vitality are treated as natural attributes of man, allowing him to not take care of his health. However, men are required to take care of their appearance – body, clothes etc. (the concept of metrosexual maleness). In the cultural concept of femininity, the significance of appearance is emphasised less when referring to the consecutive phases of life, however, the habit of looking after oneself learnt in childhood strengthens. On the other hand, due to the ‘rules’ of the role of women, they care primarily about the health of loved ones, rarely about their own health (“women do not have time to get sick”). What is typical for cultural concepts of masculinity associated with middle and old age is that less attention is paid to health and appearance.

In the hypothesis concerning the research topic introduced in question 3, it was ascertained that when justifying their attitudes towards health and appearance, people refer to the cultural concepts of sex and age, among other things. In the process of socialisation, individuals acquire social expectations, concerning, among others, a specific approach towards health and appearance and specific ways of caring about these resources. They try to cope with them with an awareness of the existence of social control. However, it does not mean that individuals adopt those cultural concepts of sex and age without reservations, or that they

do not make attempts to alter them. This mainly concerns young people, conscious of the limiting influence of culture on man. The elderly indisputably accept the social expectations towards women and men, noticing their source in 'nature', according to the patriarchal model of society.

The research was qualitative in nature and was based on two research techniques: 1) focus group interviews and 2) in-depth semi-structured interviews<sup>3</sup>. Purposive sampling was applied: the participants of the survey were adults: women and men divided by age into three groups – young, middle-aged, and old, with a secondary education or higher, and living in the large city of Łódź.

The age ranges for the different groups were determined on the basis of CBOS (Centre for Public Opinion Research) survey results, in which Poles were asked "When does youth end, and middle age and old age start?" (CBOS, 2012b). Thus, the group of 'young' respondents included people between the ages of 20 and 37 (born between 1976 and 1993), while the 'middle-aged' group was comprised of people aged 38–62 (born between 1951 and 1975), and the 'old' group included people aged 63 and more (born in 1950 and earlier).

In the recruitment process of the research participants, there were applied internal divisions in the abovementioned categories in order to distinguish subcategories of younger and older representatives of each age group (younger young people aged 28–29 and older young people aged 29–37, younger middle-aged people at the age of 38–49 and older middle-aged people at the age of 50–62, younger old people aged 63–70 and seniors aged 71 and more). However, due to extensive research material and limited page-count of the publication authors abandoned the initial concept to present research results in age sub-categories. Internal differentiation of age categories was taken into consideration in discussing the results of the study where it was particularly relevant.

Unifying the study population in terms of education, place of residence as well as economic situation (the examined all had a similar economic status)<sup>4</sup> allowed the authors to concentrate on the influence of the crucial variables of gender and age, from the point of view of the discussed issues. Due to the purposive sample, the results cannot be generalised to the entire population of men and women in certain age groups, however, the gathered qualitative material allows for a more complete un-

3 Focus group interviews were conducted in 2013, and the in-depth semi-structured interviews in 2014.

4 The majority of those examined determined their financial level as 'average' ("I have enough for everyday shopping, but I have to save up for substantial purchases") or 'good' ("I can afford a lot without special savings").

derstanding of the beliefs, evaluations, and behaviour of people, as well as their guiding motives, rationalisations, and how they perceive the social reality. It may therefore be a starting point for the implementation of quantitative research.

As part of the project, 12 sessions of focus group interviews (FGI) and 90 free-form interviews were conducted. 4 FGIs were carried out in each of the three age groups (young, middle-aged, old aged), including two sessions with women and two with men. In-depth interviews were conducted with thirty young, middle-aged, and old individuals (in the case of the two first age groups there were 15 women and 15 men, and in case of the old age category – 16 and 14 respectively).

In the subsequent chapters which present the findings of the study, the statements of the examined individuals are quoted. After the quotation, information about the gender and the age group of the respondent is put in brackets: YW – young woman, YM – young man, MAW – middle-aged woman, MAM – middle-aged man, OW – old woman, OM – old man, along with the number of the interview and the exact age of the interviewed male/female, e.g. MAW\_4\_45. In the case of the statements of the focus group participants, the number of session and the age category of the participants were marked, (markings explained above) as well as the number of the individual who spoke, e.g.: FGI\_2\_YM\_M3.

## Chapter 2

# Age Gendering as an Empirical Phenomenon

### 2.1. The Ideas of Young, Middle-Aged, and Old Women and Men (Joanna Brzezińska, Krystyna Dzwonkowska-Godula)

Age as a social construct is explained through an analogy used to distinguish between the concepts and categories of 'sex' and 'gender'. Age is also understood in two different ways: on the one hand, as the chronological age, i.e. a biological attribute, such as the female or male sex; and on the other hand, as a socially and culturally determined age category – in the same way gender is. Thus, age is not unchanging, inherent, and constant, but it is probably an objective fact, a characteristic that allows individuals to place themselves and others within specific age categories, and thus behave and act in a manner appropriate for those categories (Laz, 1998). Contemporary researchers have begun taking notice of the interdependence of the gender and age categories, taking into account the influence of both on an individual as part of research conducted among specific social groups. 'Gendered age', just like gender, is an important factor shaping social relations. It also establishes a specific order of the specific life stages of people of a specific gender (Twigg, 2004). As Russell points out, referring to recent research on the perception of women's and men's ageing, not only is the biological process of ageing a phenomenon of a gendered nature (especially in the case of women), but also age itself is subject to gendering (Russell, 2007).

The subject of this chapter is an analysis of the ways of defining the age and age boundaries of the three main stages in human life, i.e. youth, middle age, and old age, as well as the methods of characterising those stages in relation to women and men by the female and male respondents participating in the focus group interviews. It is assumed that the definitions and interpretations of those life stages are culturally determined – in particular, according to the patriarchal model – and are subject to gendering, i.e. they are closely related to the gender categories. As part of 12 focus group interviews,

the research participants representing various gender and age categories were asked to specify age boundaries for women and men in different life stages defined as: youth, middle age, and old age. Detailed data concerning the estimated chronological boundary values for the three above-mentioned stages in human life, divided by gender, specified by the individual categories of respondents, are presented in Table 1. The analysis of the age brackets specified by women and men of various ages allows us to notice a clear relationship between gender and chronological age, as youth, middle age, and old age are defined in different ways on the timeline in the case of each of the gender categories. It can be noticed that, in the opinion of the male respondents, women grow old faster than themselves. While most female respondents (although not all of them) specify similar boundaries for individual life stages in relation to both gender categories, the male respondents noticeably extend the period of male youth and postpone the moment of entering old age. Such an asymmetry in the social perception of female and male age, especially in the case of older women and men, corresponds to the patriarchal model of power relations, and strengthens the concept of the double standard of ageing in relation to both gender categories (Sontag, 1972).

According to the female participants of the focus group interviews, a young woman is a person aged from 18 or 20 to 35, or even 40, while the male participants of the group research believe that a woman can be considered young when she is from 16 or 18 to 30 or, optionally, 35 years old. Undoubtedly, the men, in their stricter estimation of the boundaries of this stage of life in the case of women, take into account the patriarchal model of femininity, according to which female youth is associated with youthful looks, reproductive health, and fertility, and they probably believe that women lose those resources earlier and faster. As was most frequently stated, male youth begins at the age of 18 or 20. Women, on the other hand, usually specify a higher boundary age and, being guided by the slower psychological development of men (FGI\_1\_YW; FGI\_2\_YW; FGI\_4\_MAW), suggest 24 or even 28–29 years of age as the starting point, “because they reach their emotional maturity later [...], for me that 24 is 29 – this is a young man, while before that he is just a boy” (FGI\_2\_YW\_W6). Middle-aged and old interviewees are of a similar opinion when it comes to the speed of boys’ and girls’ growing up, as “before that they are snotty-nosed little brats [...], so erratic” (FGI\_4\_MAM\_M4). Men’s youth, according to the research participants, lasts up to 35, or even 38 and 40. What is interesting is the fact that the male respondents often determine higher boundary values for themselves than the female respondents (i.e. middle-aged men determine the upper boundary of youth for women as 30 or 35 years of age, while for their own gender it is 35 or 38 years of age; the female respondents estimate that the upper boundary is 40 years of age, regardless of the gender).

In the case of defining the chronological dividing line for middle age, similar differences can be noticed between the women and men. In the opinion of the men taking part in the focused research, the middle age of women often begins as early as upon reaching 30 or 35 years of age, and in most cases lasts up to 60 years of age, which is associated with lower 'productivity' and climacteric, although the group of older men pointed out that the moment of entering old age is also determined by physical appearance, as "it depends on how a woman takes care of herself" and "first of all, she should be attractive" (FGI\_6\_OM\_M6).

The young research participants proved to be the most restrictive group, as they set the upper boundary for the middle age of women as 50 or 55 years of age (which they did not apply to men). Thus, in their opinion, men grow old slower than women. During the discussion of one of the groups of middle-aged male respondents, the patriarchal attitude to their female peers could be noticed, as one of the participants, upon agreeing to shift the upper age boundary up, from 55 to 60, said: "oh well, give them that 60, if they want" (FGI\_4\_MAM\_M1). Women, on the other hand, when defining their own boundaries for that life stage, usually set 40 as the lower boundary, which proves that they feel young for a significantly longer period. An exception are the young female participants, who find it difficult to set the lower boundary for middle age. The participants of the first focus group feel the need to distinguish a transitional period between a woman's youth and middle age (35–40 years of age), followed by middle age starting from 40. The second group, however, set the lower boundary of women's middle age at a lower level in the case of women than in the case of men (36 and 39 years of age, respectively). Thus, it seems that some women share the opinion of the male research participants that a woman's youth is shorter than a man's youth. Perhaps they notice the signs of biological ageing earlier and in a more painful way, or it results from adopting stricter social expectations regarding female appearance. If the influence of cultural constructs of femininity and masculinity can be observed in that case, it is significant that women themselves use gender patterns in a manner discriminating their own gender, while men postpone the moment of the end of their youth. On the other hand, the middle age of men was usually specified as the period between 35 (solely in the opinion of the respondents of both sexes belonging to that age category) or 40 years of age (most of the research participants) and 60, or – in individual cases – 65 and 70 years of age. It does not depend, however, on physical appearance or external attractiveness, but, most of all, on professional activity (FGI\_3\_MAM; FGI\_4\_MAM), as well as health and fitness (FGI\_5\_OM; FGI\_6\_OM), which fully corresponds to the patriarchal concept of masculinity.

**Table 1.** Estimated age of women and men in three life stages: youth, middle age, and old age (in years) declared by respondents e.g. “18/20–35“ meaning young women could not agree on the age limits of women’s youth and some declared the age of 18 as the starting point while other estimated it begins at 20 years of age. Source: own work.

CATEGORY OF RESPONDENTS	Estimated age of young women	Estimated age of young men	Estimated age of middle-aged women	Estimated age of middle-aged men	Estimated age of old women	Estimated age of old men
young women	18/20–35	20–35 or 24/25–35/38	40–55 or 36–60/65	40–55 or 39–55/60	55/60–80 and over 80	55/60–70/75 and over 70/75
young men	18–30/35	18/20–35/39 or 16–40	30–55/60 or 30–50/55	40–65 or 35–55	over 50/60 or 60/70	over 50 or 65
middle-aged women	20–39/40	18/20–40 or 25–40	40/41–60/65	40–65 or 41–60	60–75/80 or over 80	over 60/65
middle-aged men	16/18–20/35 or 20–30/35	17/18–35/38 or 25–35	30/35–55 or 30/35–60/65	35–60/65 or 38–60	55–70 and over 70	over 60/65
old women	20–35/45 or 18–35/40	20–35 /40 or 20–35	35–55 or 40–60	35–60 or 40–60	60–70 and over 70	60/65–80
old men	18–30 or 25–35 or 18/20–38/45	18/20–40	35–60 or 30/35–65	40–60 or 50–60/70	60 and more	over 60

The stage of female old age is usually set at 60 years of age (in the case of the young male respondents – 55 years of age), probably associated with the age when women go into retirement. The dividing line for men was determined as both 60 and 65 years of age (as defined by young and middle-aged male respondents, as well as female middle-aged respondents). The old female participants of the focus interviews and middle-aged respondents of both sexes also highlighted the fact that many men in Poland do not live to a ripe old age. Interestingly, some young and middle-aged participants, when estimating the old age period for women, give the upper boundary values of 70 and 80 years of age. Young people find it difficult to imagine an old woman as “an ailing grandma,” or “an old lady” because “some are already dead at that age” (FGI\_2\_M7), which was also reflected by the patriarchal tone of the discussion, when the middle-aged male respondents recognised that “that percentage of 70+ is getting increasingly smaller in terms of numbers and I think they can be encountered increasingly less often” (FGI\_2\_MAM\_M8), so “we can stop taking into account those with one foot in the grave” (FGI\_1\_MAM\_M7). While men often find it problematic to define the boundaries of women’s old age and their perception of an old woman is mostly negative, the female respondents of all age groups discuss the topic of their own old age in an extensive and comprehensive manner. It should also be noted that all female research participants – young, middle-aged, and old women – when setting the brackets for old age, signal the necessity to distinguish between two groups of women at that age: “older women,” i.e. aged 60–75/80, thus being at the transitional stage of “maturity” or “maturing to old age” (FGI\_1\_YW; FGI\_2\_YW), and “old women,” i.e. women over 80. In the case of the first group, it is justified by the active lifestyle and relatively good health and liveliness, and in the case of the second group, by loneliness and a health condition that does not allow for independent living.

When analysing the statements of the participants of the focus group interviews concerning the age boundaries of youth, middle age, and old age, one can also notice significant differences in setting the chronological boundaries for individual stages of human life between the groups of respondents divided only according to their age. The younger respondents tended to place specific stages of life earlier, probably due to the fact that its next stages – middle age and old age – still seem distant to them. As we tend to identify ourselves with the group that provides us with high self-esteem, the fact that both female and male young respondents’ identification with their current age group is stronger than their identification with their own gender seems understandable. This is why, analogically,

older respondents, when defining the thresholds for their own age categories, show a tendency to extend the boundaries of middle age and put off the moment of entering the old age stage. Both the women and men in advanced middle age postpone the moment that allows to categorise themselves as old people, while the old participants of the focus interviews opt for a later dividing line separating middle age from the old age.

In addition, it is also worth noting that, when discussing criteria of defining youth, the female respondents representing all age groups noticed cultural and awareness changes in relation to determining the life stages of both women and men. It was believed that the reason was the subjective perception of one's own chronological age, as well as the (active) lifestyle (FGI\_2\_YW\_W1, W3, W4, W8), as "age depends on the way we live and the way we feel" (FGI\_2\_YW\_W3). What is more, one of the young female participants of the focus group interviews noticed in that assumption a generational change, which was manifested in the extension of the period of youth: "I know from my own experience that, for example, someone is 32, but it is being extended. Once, people believed that when someone is 30 – oh gosh! – it's the last chance, but it all depends on our environment and company" (FGI\_2\_YW\_W1). That observation also arose during the discussions of the middle-aged and old women, who called for a shifting of the boundary marking the end of youth to 40 years of age (FGI\_4\_MAW; FGI\_5\_OW; FGI\_6\_OW), which can be summed up by quoting one of the female middle-aged participants, whose opinion clearly reflects those cultural and generation changes we can now witness: "For me, it's even up to 40 now, but it used to be that a 28-year-old woman was considered old [...]. Because girls now look different [...]. When I was a first-grade student, 28-year-old girls seemed really old to me. Now, let someone dare tell me I'm old, while I'm almost sixty" (FGI\_4\_MAW\_W7).

Apart from setting the boundaries of youth, middle age, and old age, the participants of the focus group interviews created characterisations of a woman and a man belonging to each of those three categories (i.e. a young woman, a middle-aged woman and an old woman, and a young man, a middle-age man and an old man). For that purpose, the technique of unfinished sentences was applied (e.g. "A young woman...", "An old man..."). In their descriptions, the research participants usually referred to such factors as: features of physical appearance, personality traits, behaviour or lifestyle and the social roles assigned to women and men belonging to the individual age groups, which corresponds to the structure of gender stereotypes.

The characterisations of a young woman created during the focus group interviews mostly included comments on physical appearance,

which is perceived as the key resource and capital of the representatives of that group category. It is them who are often referred to as 'the fairer sex' because they are considered to "have good looks and shape," and are characterised by their beauty, charm, "freshness", "pretty body," "beautiful hair," well-shaped, slim and "supple" figure, and physical attractiveness. On the one hand, such features of physical appearance are considered 'natural' due to age and the predispositions of the young female body, which was also suggested by highlighting their good health. On the other hand, however, the statements referring to young women often included the term "neat," which can suggest that physical appearance needs to be shaped, as it is the result of specific actions and efforts, and young women are expected to take care of it. In the words of one of old female participants of a group discussion, "[a young woman is] clean, smells nice, her fingernails are trimmed, her teeth are in good condition, her breath smells nice [...]" (FGI\_5\_OW\_W6). The fact that young women create their own physical attractiveness themselves is also suggested by attributing to them such features as fashionable clothes, make-up, fitness, and a suntan. Thus, they are required to have such skills as "knowing how to dress fashionably and how to put on make-up" (FGI\_4\_MAM\_M7). Interestingly, according to some participants of the discussions, young women's make-up is sometimes over the top (as young men put it), they are sometimes provocative and, in their dressing styles, they try to adopt the standards popularised in the media – "they show off" (comments of middle-aged men), experiment with their looks (which was not assessed positively) and try to attract attention with their appearance (comments of middle-aged women).

What can also be noticed in the descriptions of young women created for the purpose of the research is the overlapping of two opposite images: the 'virgin' and the 'harlot'. Some of the respondents pointed out young women's charm and freshness, associated with innocence, girlishness, or even "childishness". Other respondents, however, mentioned their sex appeal (the discussion of the young female research participants) and "enticing" (according to young men) or "provocative" (according to middle-aged men) looks. During a group discussion with middle-aged men, some of them clearly associated the physical appearance of young women with their sexuality. The male research participants commented that young women cross the "threshold of girlishness" and start emphasizing through their looks that they are "women, not children" (FGI\_3\_MAM\_M5), which is probably connected with showing off their female attributes, for example by means of clothes or make-up. They also pointed out that twenty-year-old women should be distinguished from thirty-year-olds, whose maturity is expressed in the fact that "they do not

have to shock with their sexuality, as people now elegantly put it, to let everyone know that they are ready, on heat, and can be taken" (FGI\_3\_MAM\_M5). That aspect of young women's sexuality was also mentioned in the descriptions of features, behaviours and social roles characteristic for the representatives of the 'fairer sex' belonging to that age category. The young respondents described a young woman as an object of male interest and a lover, but also a man's kept woman, referring to the sponsoring phenomenon (Gardian, 2007). Thus, we are presented with an image of a woman who is exploiting her "erotic" or "sexual" capital (Hakim, 2010; Paprzycka & Orlik, 2015) to gain other resources. The old female research participants mentioned the promiscuity of young women: "They have sex in the park in broad daylight" (FGI\_5\_OW\_W4); "have no sense of self-respect [...]. And they change partners as often as one changes one's clothes" (FGI\_6\_OW\_W5). They expressed their indignation at and distaste for such behaviour and emphasised the generation gap, suggesting that "in their times" something like that would have been unthinkable.

In the characterisations of a young woman created during the group discussions, her physical (and sexual) attractiveness seems to be of the utmost importance, which corresponds to the patriarchal concept of femininity. As Malinowska points out, women's human capital in the model patriarchal society consists, first of all, of "goods that are the gifts of nature, i.e. the inherent health condition and physical appearance" (Malinowska, 2011: 9). When analysing the personality traits, social roles, or areas of activity indicated by the research participants as "typical" for young women, one can notice a departure from the above-mentioned cultural model of femininity. Women were ascribed stereotypically male characteristics, such as activeness, strength, energy, courage, ambition, passion, determination, inventiveness, curiosity of the world, self-belief and self-confidence, go-getting energy, resourcefulness, and openness. In their characterisations of the young representatives of their own sex, and in juxtaposition with their own generation, the old female research participants mentioned not only reflex and agility of mind of young women, but also – which is surprising, considering many critical comments aimed at them – their wisdom. Perhaps, it resulted from their taking notice of the fact that young women (their granddaughters and their friends) attach a lot of weight to education, knowledge of foreign languages, and professional activity, which allows them to be independent and reach a higher social status. The female representatives of the old generation who took part in the research had been subjected to patriarchal gender socialisation and their opportunities for education and a professional career had been limited. Thus, they seemed to

appreciate the cultural change and that aspect of young women's functioning. Old men also mentioned a young woman's maturity, including intellectual (which can be connected to the above-mentioned wisdom), expressed – according to the research participants – in education and aspiring to independence, “to make sure that her life is not dominated by a man” (FGI\_6\_OM\_M1).

The characterisations of young women created during the group discussions also included references to a specific attitude to life: the joy of living, optimism, cheerfulness, and a sense of humour, being happy, and smiling, which can be considered attributes of youth. Descriptions also included stereotypical female characteristics, such as: emotionality, sensitivity, gentleness, indecisiveness or being “fickle.” The middle-aged people of both sexes participating in the research took notice of the infantility of young women, as well as their “running around in circles” in search of their own life path. The men of that age group proved more critical, as they used such expressions as “birdbrains” and “concealed” or “fake intelligence,” explaining that young women “might be intelligent after all,” but they do not show it or they merely pretend to be intelligent. In the research participants' opinions, they are prone to being manipulated by the media (advertisements, music videos) and in consequence they mindlessly copy ‘fashionable’ behaviours and ways of thinking. Thus, we can see here a reference to the stereotypical ‘dumb blonde’ (although such an expression was not mentioned during the discussion) – a pretty, but not particularly smart girl. In the discussion of the middle-aged men, a young woman was characterised as a calculated materialist – someone greedy and rapacious. It is hard to explain the reasons for such an opinion. Perhaps the male research participants noticed the generation gap. The representatives of the older generations had been taught not to talk about money, and admitting that money was an important value in someone's life used to be considered inappropriate, especially in the case of the fairer sex. Young people, however, are focused on achieving material success and are not ashamed of that. Perhaps one of the reasons for such answers was the media's interest in the subject of ‘sponsoring’, ‘mall girls’ (i.e. under-age prostitutes offering sex to customers of shopping malls in exchange for expensive electronics, clothes, etc. or money) and other similar phenomena suggesting that young women need to gain material goods at all costs: “Looking at the world from the perspective of the wallet” [about twenty-year-old women] (FGI\_4\_MAM\_M4, M5). In addition, the old research participants of both sexes highlighted the bad manners of young women and their vulgar behaviour, e.g. swearing, “loose morals,” smoking, and drinking alcohol, which,

according to the patriarchal gender concept, is considered to be male behaviour, inappropriate for women.

As regards the social roles performed by young women, the participants of the focus group interviews mentioned their educational and professional activities. Thus, a young woman was associated with being a student or a working person who is only at the initial stage of her professional career. The role of mother as a characteristic for that age category of women was mentioned less often, which might result from delaying the moment of having the first child and the increasingly more common phenomenon of late motherhood. The possibility of giving birth, however, was often considered to be the dividing line between youth and middle age: "Once, people believed that when someone is 30 – oh gosh! – it's the last chance" (FGI\_2\_YW\_W1); "[about a 40-year-old woman] she is still able to give birth, so she is still young" (FGI\_6\_OW\_W5). Interestingly, the middle-aged men pointed out that young women find it difficult to combine family roles with professional activity: "Women, especially young ones, face a very serious dilemma – they can either get emancipated, i.e. become a part of that very modern trend, or they have to choose, or are forced to choose, the traditional role, i.e. focusing more on their family than their career. In other words, that dilemma is an inherent part of that period in their lives" (FGI\_3\_MAM\_M5). In their opinion, it was an 'either... or' choice, which probably resulted from the fact that family was identified by them with the traditional division of roles that prevents a woman from having a professional career. Hence, women can be "either emancipated or [...] enslaved, [...] either entrepreneurs or housewives" (FGI\_3\_MAM\_M5). That aspect of young women's functioning was not mentioned by the female research participants of any group category. In the characterisations created by the young research participants of both sexes, young women were described as free, without any commitments, crazy, finding time to have fun (one of the male respondents answered that women after thirty "enter into a somehow more motherly age and that would be middle age for a woman" – FGI\_2\_YM\_M3). The old research participants, on the other hand, referred to traditional, house-keeping roles of women: "If [a young woman] has children, a family, she is probably the lady of the house, too" (FGI\_6\_OW\_W10); "As a woman becomes responsible for feeding her family, she should have some knowledge of nutrition and cooking and all that stuff" (FGI\_6\_OM\_M4). Thus, public activity, education, and a professional career do not exempt a young woman from being a housewife, which requires specific skills and carries with it specific duties.

As regards characterisations of a middle-aged women created during the group discussions, as with a young woman, the research participants

highlighted two aspects of her physical appearance. They pointed out such natural attributes as “first grey hair,” “first wrinkles,” the tendency to be overweight and “mature looks,” but such comments were relatively few. Much more attention was paid to those aspects of appearance that result from the activity of their “holders.” Thus, the respondents mentioned a neat look, stressing that a woman of that age must take care of herself to be physically attractive. As one of the male middle-aged respondents put it: “As regards her good looks, in my opinion, a woman is most beautiful when she is neat” (FGI\_3\_MAM\_M5). According to the young female participants, such an ‘increased’ care for one’s physical appearance (“more creams, wrinkle-smoothing balsams, peelings, hair dresser, etc.” – FGI\_1\_YW\_W2) is necessary to look young as long as possible and results from the cult of youth and society’s conviction that only a young body can be beautiful. From the research participant’s statements, it appears that middle-aged women should use various treatments aimed at preserving their attractive looks to mask their chronological age, which seems to be important in a culture in which members of the fairer sex should not be asked about their age, especially since – according to some of the young and middle-aged men taking part in the research – they can be “tired with life” and their appearance can reflect their life situation, dissatisfaction with their current way of living (as it is the time of judgements and evaluations) and “progressing health problems”: “she can neglect herself. Sometimes women do not care for themselves” (FGI\_1\_YM\_M7); “such a woman at 45 can be already worn out, have five teeth missing, etc.” (FGI\_1\_YM\_M3). In the discussions with the middle-aged participants, the expression “roaring forties” was used, which – as can be concluded from the respondents’ statements – is synonymous with a mid-life crisis, popularly used in reference to men: “oh, for sure it is when the ‘roaring forties’ phase begins, or the so-called first assessment of one’s life, when people sum up what they have managed to achieve and in what aspects they failed [...]” (FGI\_3\_MAM\_M5). During the group interviews with young and middle-aged men, they were asked a question if mature women can still be called physically attractive. The young research participants believed that good looks depend on the person remaining young: “a woman had good looks [when she was] 18–35 and now it is not like it used to be” (FGI\_1\_YM\_M1). The middle-aged respondents, on the other hand, wondered whether the attractive appearance of their female peers is authentic or whether they owe it to plastic surgery. It was acknowledged that we can talk about “a special kind of beauty,” “as each age has its own beauty at a certain moment” (FGI\_4\_MAM\_M6). An important factor for the male respondents of that age category was the sexual attractiveness of a middle-aged woman which, in their opinion, decreases

in that period of life, even though “sex-bombs at that age can still be encountered” (FGI\_3\_MAM\_M4). Interestingly, the sexual aspect of a middle-aged woman’s appearance was also mentioned by the old female respondents, who commented that representatives of the fairer sex younger than themselves dress in a “sexy” way, as if they wanted to emphasise that they are at an age when they still can let themselves do that, while old age renders a woman asexual.

What appears from the group discussions is that a middle-aged woman should take care to look attractive, i.e. young, but she is also obliged to observe a dress code appropriate for her age. Such epithets as “elegant” and “dignified” were used. It was pointed out that the style in which a woman dresses allows people to distinguish between a middle-aged and a young woman: “woman’s suits, pastel blouses, court shoes, glasses” (FGI\_2\_YW\_W6); “dressed in a stylish way, appropriate for her age” (FGI\_2\_YM\_M3), “a young woman is attractive, but she is not usually elegant” (FGI\_3\_MAW\_W2). According to the old men taking part in the research, the appearance of a middle age woman reveals whether or not she has achieved professional success.

The above-mentioned deliberations show that many issues were raised during the discussions on the physical appearance of a middle-aged woman, which can testify to the fact that this aspect of her characterisation proved problematic (the description of a young woman’s appearance seemed easier and less controversial for the research participants). However, in the case of personality traits, or the functioning of the psyche of women whose youth was already behind them, the respondents expressed their opinions more willingly and extensively. The keyword in this case was the concept of maturity, which was associated with life experience and sometimes also with a broadly defined fulfilment. Some of the respondents also used the expression “life wisdom.” The participants of the focus group interviews believed that a middle-aged woman’s maturity is manifested in her being stable, “toned-down,” level-headed, responsible, or reasonable. The self-awareness of women of that age was also emphasised: “greater self-awareness in a way, knowing what they want from life” (FGI\_3\_MAM\_M7). Nevertheless, various groups of respondents had contradictory opinions concerning possible self-fulfilment. The young female participants noticed that a middle-aged woman cannot be as spontaneous and “crazy” as she used to be, her daily activities are scheduled in detail, she has to abandon her own needs or pleasures due to “the family burden” (first her own children, and then the first grandchildren) and her professional work: “she is still able to have fun, but she knows that there are some duties that need to be done”; “she would like to be crazy, but it would be rather inappropriate” (FGI\_1\_YW\_W2,

W1). The male middle-aged respondents, on the other hand, claimed that “it is about time a woman achieved her goals” (FGI\_3\_MAM\_M5) and take care of herself, as her children are already grown-up. In addition, during the group discussions, they noticed that, due to the assessment made at that age, a woman might want to change her life and experience something she had never experienced before in sexual terms, or in terms of fulfilling her dreams and passions. It was also pointed out that the reason of those women’s dissatisfaction and willingness to change something in their lives is the patriarchal model of gender relations and the divisions of roles: “she can as well [...], if unfulfilled because, for example, she spent all her youth serving a guy, go nuts, and ‘it is ME who is important now’” (FGI\_3\_MAM\_M5), “maybe she used to slave over a hot stove before” (FGI\_3\_MAM\_M7). The respondents also highlighted the educational activity of middle-aged women and their continuous improvement of their qualifications, as well as taking care of their health and physical condition. What emerged from the group discussions is a relatively detailed characterisation of the personality traits of a woman at that stage of life. The participants attributed to her such stereotypical female characteristics as: patience, protectiveness, thriftiness, and frugality (in respect of housekeeping and managing household finances), sensitivity (being excited about successive relationships, “falling in love” with grandchildren), talkativeness, the tendency to grumble and “carp” (“critical of other people” – FGI\_6\_OM\_M7; “some of them are harri-dans at that age” – FGI\_5\_OM\_M8). However, in their descriptions of middle-aged women, they also mentioned some characteristics that, according to the patriarchal gender model, are male attributes: determination, entrepreneurship, resourcefulness, ambition, courage, and psychological strength. According to the old female respondents, a middle-aged woman acquired or developed many of those personality traits due to her roles in the family and household (managing the family’s life).

As regards social roles which are characteristic for a middle-aged woman, those connected with family and household were most broadly discussed. The only public activity mentioned in connection with a woman of that age was her professional role or, optionally, educational activity. The young people noticed the difficulty middle-aged women had combining private and public or professional roles. When her life becomes limited to those two areas of life, she has no time for herself: “work – home, work – home,” “she can eat a sandwich on the run” (FGI\_1\_YM\_M1, M3); “she won’t go to the city because she has to pick up her kids and take them home” (FGI\_1\_YW\_W3). Even though the professional activity of a middle-aged woman was not mentioned very often, it was taken for granted. It was a requirement (“she should be educated

and have a specific occupation” – FGI\_6\_OM\_M1) indicated as the basis for her self-esteem and sense of being attractive.<sup>5</sup> In respect of the private sphere, the participants mentioned roles attributed to a middle-aged woman in the patriarchal culture such as her family roles (daughter, mother, grandmother, wife), household roles (cook, cleaner, nurse) and the role of a lover. The female middle-aged respondents’ mentions of the role of a daughter may result from the fact that women at that stage of life are burdened with caring for their ageing parents. As regards being a grandmother, some of the participants in that group also claimed that middle-aged women perform such a role reluctantly, which can result from the word ‘grandma’ most commonly being associated with old people. An attempt to deal with that problem was by using the expression “a young grandmother.” Taking care of her family members and managing the household was considered something obvious for the middle-aged women. It should be also noted that the respondents used both negative terms, such as “a hausfrau,” attesting to there being little social respect for this type of work, and positive terms, e.g. “a perfect housewife,” suggesting women’s high competences, organisational skills, and thriftiness in that area. In respect of family roles, it was pointed out that a middle-aged woman is not only a wife, but she can be also a widow or a divorcee. Middle-aged people of both sexes as well as old women emphasised middle-aged women’s sexual activity, as if it was necessary to stress that sex is not the domain of youth alone. Not only was the role of a lover mentioned, but also the fact that a middle-aged woman is aware of her sexuality, free from the fear of unwanted pregnancy (FGI\_5\_OW), she might be bored with her husband and look for a change (FGI\_6\_OW), and thus satisfy her sexual needs with younger men, for example by sex tourism (FGI\_4\_MAM).

As already mentioned when discussing the age boundaries for youth, middle age, and old age in relation to women and men, in the case of old women, some discussion groups felt the need to distinguish between two stages of old age. Thus, they talked about older women (“late maturity”) and old women, i.e. old ladies. When characterizing old women, some of the respondents followed that division, while others ascribed the same characteristics to all senior women, regardless of their age. Attributes of an old woman’s appearance such as wrinkles (“wrinkled”), grey hair, optionally dyed, cut short or permed, and being overweight and hunch backed were mentioned. She was described as scruffy, not

5 It is confirmed by the results of a survey, according to which women who are professionally active are valued more than housewives in Polish society (the Centre for Public Opinion Research, 2013b: 38).

caring for personal hygiene (“stinky”), often lacking make-up or with teeth missing, or – just the opposite – using too much make-up and perfume. In their characterisations of how an old woman dresses, the respondents described ladies wearing elegant and old-fashioned clothes (“a small hat”). It was also pointed out that women at that stage of life prefer practical, comfortable, and cheap clothes. An element of attire associated with elderly ladies by some of the discussion group members was a beret, while young people added “mohair” (which is also a colloquial term for conservative Catholic old ladies in Poland). The old female research participants describing women of their own generation acknowledged that many of them look “uninteresting,” as “it is no longer appropriate to wear a low-cut blouse or a T-shirt, while the skirt must be ankle-length to hide [...]” (FGI\_1\_OW\_W6), or the way they dress is unsuitable for their age: “there are also some who want to look as if they were 18” (FGI\_1\_OW\_W2). As one of the respondents of that group put it, an old woman is “either ridiculous or scruffy” (FGI\_1\_OW\_W2). It is also worth noticing that the old male respondents totally ignored the issue of their female peers’ physical appearance, thus making it completely unimportant for a woman at that age, who becomes ‘invisible’. The middle-aged male respondents, on the other hand, described an old woman as not only scruffy, but also “ugly,” thus connecting old age with ugliness, but such an association applied only to women, whose physical attractiveness is always subject to male assessment. Their female peers, however, defended old women, emphasizing that “a woman is and always can be attractive for her age” (FGI\_1\_MAW\_W7) and giving examples of well-known, attractive, and presentable old ladies, such as Beata Tyszkiewicz (a Polish actress) or Tina Turner. In the group discussions, during which older women were distinguished from old women (old ladies), the latter were described as infirm, with mobility problems, walking with a cane, being scruffy and sad, as they are usually lonely. Those who had only just entered the old age phase were perceived as smiling and satisfied, as they are free of professional obligations and have time for themselves. Cheerful, merry old women were described by their female peers, who did not agree with the negative stereotype of old age, usually associated with sadness, loneliness, diseases, and social passivity. Some of them, however, commented that cheerfulness depends on her health as well as the sense of life satisfaction: “If she is 75, healthy, lived her life the way she wanted and was happy, she will be simply radiant” (FGI\_2\_MAM\_M6).

The characterisations of an old woman’s personality created by the participants of the focus group interviews included many traits that are stereotypically associated with femininity, for example: warmth, attentiveness, protectiveness (also “overprotectiveness”), the family spirit

and orientation towards other people. What emerged from the respondents' statements was an image of a grandma caring for her adult children and grandchildren, and also providing financial support to them: "such a person thinks not about her own needs, but about the needs of others, for example her grandchildren. She is worried about her grandchildren's future" (FGI\_2\_YW\_W4); "she helps her daughter and her granddaughter, so she is very helpful at that age" (FGI\_1\_MAM\_M7, M5). Examples of old ladies engaging in volunteer activities for the benefit of people who are not their family were given as well: "They feel the need to provide help [...], they have the time and vast life experience, and they can, for example, help people" (FGI\_1\_MAM\_M7, M4, M5). Apart from feminine characteristics, other attributes of old age, such as the wisdom and life experience that old women share with others to advise younger people, were mentioned. However, they were also associated with grumpy, know-it-all, preaching mothers-in-law ("Such a typical mother-in-law suffering from the 'haven't I told you so?' and 'I know better' syndromes" – FGI\_1\_YM) or nosy, all-knowing, gossiping neighbours, who live the others' lives because "they don't have their own life" (FGI\_1\_OW\_W5). An old woman was also perceived as tired, complaining about her health and talking mostly about her diseases, dissatisfied with her life, bearing "grudges," frustrated due to being excluded from the job market, and her poor financial situation: "Grumpy [...], constantly disgruntled" (FGI\_1\_OW\_W6, W2). Old ladies, in particular, were characterised in a negative manner and described as bitter and malicious, "critical of young people" (FGI\_1\_OW\_W4), sad, lonely, complaining, vegetating: "For me, old women are somehow worn out, like [...] they are not interested in anything anymore, they do not care about anything, they are simply living [...] and waiting for death" (FGI\_1\_YW\_W3, W2). It was pointed out that ailing women at an advanced age go senile – they require tenderness and care, are helpless ("She would perhaps still like to do a lot, but her body won't allow her" – FGI\_4\_MAW\_W7), feel lonely and useless, as their grandchildren are already adults, are "depressive," and are constantly praying.

A broadly discussed topic during group discussions was an old woman's lifestyle. Her peers described her (and themselves?) as having a lot of time and being free from any obligations: "Relaxed [...]. She doesn't have to do anything anymore. [...] She is glad that she is free at that age" (FGI\_1\_OW\_W6, W1, W2). However, what emerges from the characterisations of an old woman created in various focus groups are contradictory images of a very active person on the one hand, and a very passive one on the other hand. Thus, she was described as someone who is constantly looking for something to do and commits herself, first of all, to

her family. “Very active, even over-active. [...] Taking care of her family. Come and go, get this and bring that, and cook or fry that. There are simply a million things to do” (FGI\_3\_MAW\_W6). However, an old woman is also a traveller. She goes to health resorts and meets new people there, goes dancing, attends classes at the University of the Third Age, is physically active – practices Nordic walking, tai chi, or yoga. Old women are also stereotypically associated with watching soap operas, listening to Radio Maryja (a Polish Catholic radio station representing extreme right-wing views), reading romances, and knitting. When characterizing old women, the respondents mentioned grandmas shopping at a local market, sitting on a bench in the park with their friends, or regularly going to church. Some of the participants commented that, with old age, women “become extreme religious fundamentalists. [...] at church, one can notice that most people are women of that age” (FGI\_1\_MAM\_M5). It was emphasised that old women are sociable, usually with a group of friends whom they meet regularly to gossip and talk about their diseases, and “look for company in the doctor’s waiting rooms and churches” (FGI\_1\_YW\_W1, W2). The female research participants over fifty noticed that modern seniors are now more active than they used to be. They go beyond the roles that are traditionally assigned to them, such as the role of a grandma devoting herself to her family. They stressed that elderly women educate themselves, are often still professionally active, and have various interests: “Grannies have a right to fulfil themselves” (FGI\_4\_MAW\_W7). Some of the participants of the group discussions, however, claimed that an old woman’s life takes place mostly in her private sphere: “she sits at home most of the time, only taking care of her children and grandchildren” (FGI\_4\_MAW\_W5). If she goes out, it is only to go to the church and the cemetery, or to walk her dog around her block of flats, thus limiting her social contacts to her closest neighbours. Her lifestyle is described as monotonous and organised. The research participants also pointed out old women’s financial problems that have an impact on the quality of their lives (“Suffering from the lack of money. [...] Living in a modest way, doing shopping at a local market, using public transport, and saving money in any way she can” – FGI\_2\_YW\_W8). They noticed that the attitude to life, i.e. going through old age in an active versus a passive manner, depends on an old woman’s health condition, education, family situation, previous professional activity and mentality, i.e. how old age is perceived both by herself and those around her.

In their characterisations of an old woman, the participants of the group discussions also referred to her social roles. They mentioned, first of all, the role of a grandmother, pointing out that it is based not only on looking after her grandchildren or supporting them in financial

terms, but also on bringing them up: “Educating grandchildren, since school won’t teach them the things their grandma can. [...] Good manners” (FGI\_2\_OM\_M6, M7). The role of a caring wife was mentioned as well. “She nurses her husband. Yes, I have seen ladies dressing their men, wrapping scarves around their necks, buttoning them up. They had their own kid, with the man standing there like that, and then they went for a walk” (FGI\_2\_OW\_W9) or an old woman was associated with widowhood. The young respondents also perceived her as “a pain-in-the-arse mother-in-law.” In addition, it was emphasised that old women are good and resourceful housekeepers and great cooks. Their commitment to family life was highly appreciated: “they want to be as helpful to their families as possible” (FGI\_1\_YW\_W5). However, their activity was not limited to the private sphere. The respondents also mentioned old women who are still professionally active, as well as students of the University of the Third Age. As can be concluded from some of the statements, a woman at that stage of life is looking for something to do because she has to prove to herself and to the others “that she is still needed” (FGI\_2\_MAM\_M7).

As regards young men, just as in the case of young women, the research participants emphasised physical attractiveness, which is, so to speak, an attribute of youth. The participants’ statements show that men at that age are also required to take care of their physical appearance. Apart from such adjectives as “handsome,” “strong,” “tall” and “well-built,” corresponding to the stereotype of masculinity, other epithets were also mentioned, suggesting the necessity of a young man taking specific actions for the benefit of his own looks. He was characterised as neat, athletic, suntanned, tidy, well- or elegantly dressed, with well-cut hair. In the group discussion of middle-aged women, the respondents pointed out that some young men pay too much attention to their looks, which was regarded as unmanly: “such care [...] that goes beyond the bounds of good taste, when it comes to a man. A guy is supposed to be a guy” (FGI\_3\_MAW\_W6). The young male respondents observed that a representative of their own gender and age category follows the fashion, cares about the way he dresses, what car he drives, etc.: “a gadget-lover,” “likes to show off,” “a poseur” (FGI\_2\_YM\_M3, M8).

The middle-aged male participants were critical of the physical appearance of young men. They claimed that young men do not care for their looks or personal hygiene and either completely neglect their figure and physical activity or do far too much muscle-shaping exercises, aiming for a Schwarzenegger-like body build. They were characterised as spending their free time in front of the TV or a video game console, with a can of beer in hand (FGI\_3\_MAM), what has a negative influence on their

physical appearance. According to the old female respondents, a tidy look does not apply to all young men, and the factors determining their dressing style, in particular, are both the way they were raised (the instilled sense of aesthetics) and their profession ("Because they should be divided into those who work in corporations and companies, and the physical workers" – FGI\_5\_OW\_W7).

When characterizing the personality traits and behaviour of a young man, the respondents highlighted his carefree attitude, recklessness, and irresponsibility, which manifested itself, for example, in risky behaviours (such as reckless driving, taking drugs). His lifestyle was described as "debauched." He is supposed to be a party animal, who loves having fun and is constantly looking for some thrills, tends to be vulgar, likes alcohol and other stimulants, and often changes partners. It was also stressed that a young man does not care for his health, as he feels immortal. The old respondents noticed that young men present various life attitudes: "Young men are different. Some end up as hooligans and thieves, while others want to be serious and take life seriously" (FGI\_6\_OM\_M6). What emerges from the comments of the female interviewees of all age categories is an image of an immature young man, "a sissy," "a big child," who still lives with his parents out of convenience and avoids commitment and responsibility, an egoist and egocentric, focused on fulfilling his own needs. As this was mostly the opinion of women, it can be treated as the expression of their disappointment with contemporary young men – their peers and potential partners, sons, or grandsons – who refuse to grow up. The female respondents also characterised them as paying a lot of attention to "cash" and other material goods, with a tendency to boast about various gadgets and, most of all "an awesome car to make up for their complexes," as was mockingly commented on (FGI\_1\_YW\_W4), and call them poseurs (FGI\_3\_MAW\_W5). Some of them also observed that young men are easily influenced and give in to fashion. A young man's race for a career and focus on professional success and reaching a high social and economic position, observed by the research participants from various discussion groups, corresponds to the patriarchal ideal of masculinity. The same can be said about a young man's focus on himself, his individuality, rivalry, and entrepreneurship. Thus, we are presented with the image of "a high-flier" who meets those social expectations. However, some of the respondents mentioned that a young man's professional and financial situation, due to unfavourable conditions on the job market, might still be unstable. The middle-aged female participants stressed that contemporary young men (and young people in general) pay a lot of attention to their education, are hungry for knowledge and constantly improve their qualifications. In addition, the participants of the focus

groups attributed to young men such qualities as energy, creativity, ambition, diligence, and courage, stereotypically perceived as male features. The middle-aged and older female respondents, however, also noticed young men's 'feminine' traits, such as sensitivity, protectiveness, or emotionality, as well as their psychological weakness or a tendency to be neurotic. Perhaps they observed the departure from the patriarchal ideal of masculinity among the young generation of men, thus perceiving them as androgynous, i.e. combining characteristics traditionally attributed either to women or to men.

The characterisation of a young man created during the focus group discussions also included references to social roles, both family and public ones. In the case of the latter, the research participants mentioned the role of student (in relation to which the young respondents mentioned 'continuous' studying), a working person or a young entrepreneur establishing his first business. As has already been mentioned, a young man was associated with being focused on having a professional career, which results in pushing his family into the background: "He only comes back home for the weekend like some kind of a hero" (FGI\_4\_MAW\_W7). The descriptions of a young man's family situation proved more varied. On the one hand, it was pointed out that he avoids commitments, is single, and often still lives with his parents, hence the mentions of the role of a son. The discussion participants commented on his emotional instability and reluctance to establish a permanent, formal, intimate relationship, or optionally a failed first marriage. The middle-aged respondents looked for reasons of young men's delay in starting a family in their need for freedom, independence, and constant change. During the discussion of the old men, it was pointed out that young men can miss the right moment for getting married: "Then, there are a lot of such bachelors who have missed the boat" (FGI\_5\_OM\_M8). On the other hand, young men were also attributed such roles as fiancé and father, suggesting that this stage of life is a time of stabilisation in one's family and professional life. In addition, the middle-aged female respondents observed that young men with children "take their fatherhood very seriously" (FGI\_3\_MAW\_W2), which proves the popularisation of the model of active fatherhood among the young generation (Dzwonkowska-Godula, 2015).

In contrast to young men, not all the characterisations of a middle-aged man included descriptions of his physical appearance. That aspect was completely ignored by the men over fifty who took part in the research (both those belonging to the middle-aged category and the old respondents), as if they had come to the conclusion that "there is nothing to talk about," since a middle-aged man no longer stands out with his young, attractive appearance, but does not look old yet either. The lack

of a description of the physical appearance or the very sparse, offhand characterisations (made, for example, by the middle-aged female participants), when compared with the description of personality traits, behaviour, and social roles of a man at that stage of life, might prove that men's physical appearance is considered less important, which corresponds to the patriarchal concept of masculinity (Malinowska, 2011). The focus groups describing the physical attributes of a middle-aged man pointed out visible signs of ageing, such as grey hair, "bald patch," receding hairline and bad teeth. There were also comments on the first health problems and many men's alcohol addiction, which affects their physical appearance. Other characteristic features mentioned by the respondents were being overweight, "a paunch" resulting from drinking beer ("beer belly") and the lack of physical activity ("Unfit. Couch potatoes" – FGI\_4\_MAW\_W1). The young participants also mentioned a moustache and specific outfits or its elements: "checked shirt," "flannel," "cotton undershirts," "underdrawers in winter," a clutch bag worn on a belt, or a shoulder bag. Thus, we are provided with an image of a person who does not care much for his clothes, which should to be, first of all, comfortable and practical. A few respondents commented, however, that a middle-aged man is elegant and described him as neat. The young interviewees noticed that a man at that stage of life "still takes care of his looks," thus proving that paying attention to one's physical appearance is the domain of the younger generation and does not apply to old men. The middle-aged female participants, on the other hand, were very critical in their assessments of their male peers' look. They described them as scruffy and "fossilizing." However, they also emphasised that there are some middle-aged men who look neat and want to stop the passage of time at all cost. Such men "grow handsome, go to a cosmetician and a hair-dresser, buy a new BMW" (FGI\_3\_MAW\_W4). Just as in the case of young men, in their characterisations of middle-aged men, the respondents emphasised the significance of the car they drive "to show off" ("a red car," "sports wheels," "a Ferrari or Lamborghini"). In the opinion of the research participants, at that stage of life, a sports car serves a specific purpose: it is supposed to rejuvenate its owner and attract the attention of "young chicks" (FGI\_1\_YM\_M7). As the female respondents mockingly observed: "And when he has a car, he thinks he is sooooo cool" (FGI\_5\_OW\_W6); "But this is nothing more than an extension of his manhood" (FGI\_5\_OW\_W2).

The participants of the group discussions also mentioned the mid-life crisis experienced by men, expressed, for example, in their frustration ("constant grumbling and complaining about life, time, age, etc." FGI\_5\_OW\_W2), the sense of being overwhelmed with their family

and work, bitterness resulting from the loss of freedom, problems with accepting the passage of time, the fear of old age, and the need to prove to themselves and to others that they are still sound in body and at the height of their capabilities, also in sexual terms. A tendency to replace their current partner with a younger one was noticed: “they seem to think that a young woman somehow makes them younger” (FGI\_4\_MAW\_W3), as well as their experiencing ‘the second youth’ and looking for some thrills. Their female peers described them as Peter Pans, who always wear shorts and put thoughts of growing old out of their minds. In their characterisations of a middle-aged man, they listed such faults as: arrogance, conceit, egocentrism, and over-sensitivity about themselves or hypochondria. The young male respondents, probably thinking about their fathers, claimed that “it is difficult to find a common ground” with a man belonging to the older generation (FGI\_2\_YM\_M6), because “he thinks he knows everything” (FGI\_2\_YM\_M7) and “starts being authoritarian at that age” (FGI\_1\_YM\_M3). The young female respondents, on the other hand, noticed positive characteristics of middle-aged men, which distinguish them from young, immature good-for-nothings, for example: responsibility, sedateness, seriousness, elegance, and dignity, maturity, common sense. The middle-aged women also characterised their male peers by juxtaposing them with younger men, and stressing the differences in behaviour in company. Thus, a middle-aged man “can dance,” “talk, discuss,” “can also be charming” (FGI\_3\_MAW\_W6, W4, W7). The old respondents, on the other hand, described a middle-aged man as “mentally fit,” “developing in cultural and life terms” (FGI\_5\_OW\_W2, W8) and “caring for his health” (FGI\_6\_OW\_W2), thus probably comparing the middle-aged men with the representatives of their own generation, to whom those attributes do not apply. However, unlike his female peer, a middle-aged man was characterised as “an old fart,” lazy, passive and not caring for his psychological and physical development, as “women, for sure, pay more attention to their health and fitness, etc., while men do not” (FGI\_4\_MAW\_W6); “women have such a cool feature that they constantly learn new things and develop, maybe not all of them, but most, while men stop at some point in their development” (FGI\_3\_MAM\_M7). In the opinions of the female respondents of that age group, it results from the fact that men are more privileged, and society allows them to rest on their laurels, while women constantly have to do their best and fight for a better position in society: “For men, everything was always easier. [...] We, on the other hand, had to strive and fight for everything” (FGI\_4\_MAW\_W7). The middle-aged female respondents also commented on the psychological weakness of men of their own generation, which can lead to depression, frustration and addictions: “In general,

women are probably psychologically stronger than guys [...]. They call us the weaker sex, while it is them who are weak" (FGI\_4\_MAW\_W5). They described them as grumpy, feeling sorry for themselves, weepy, helpless, and requiring their partners' support. Thus, the respondents noticed the reversal of roles and the feminisation of middle-aged men's personalities. In the group discussions, middle-aged men were also associated with other characteristics that are stereotypically attributed to women, and thus described as family men, emotional, and caring.

In the opinion of some of the middle-aged female participants, their male peers are disoriented when it comes to changes of the patriarchally defined gender roles. They do not know who they are and who they are supposed to be when women enter their areas of activity: "women are so aware, determined, and strong, that men feel totally at a loss. They don't know what to do. [...] As we are able to work and feed the family, they feel totally baffled" (FGI\_3\_MAW\_W6). The identity problem concerns middle-aged men who are going through a crisis at this stage of life and make assessments to realise what they have managed to achieve and what their prospects are for the future, which was mentioned by the research participants representing that generation: "Who am I going to be? I want to be a grandfather [...] such an identity: who am I now? What do I really have? I am 60, and...?" (FGI\_3\_MAM\_M7). The female research participants of that age category and younger mentioned that men of that generation need to feel that they have power recognised by others, which can be interpreted as a need to maintain the patriarchal gender relations: "he has power," "or he would like to have power," "or he likes to be convinced that he has power" (FGI\_1\_YW\_W7, W1, W2); "they expect recognition, they want to have their own place at home, for example an armchair that belongs only to them and no one else will take it. This is dad's armchair and we can't sit there" (FGI\_3\_MAW\_W2).

A broadly discussed topic during the group discussions was the lifestyle of middle-aged men. On the one hand, they were described as having little physical activity and spending their free time watching football matches and drinking beer, unwilling to do any activity outside home and work: "Such a type who is too lazy to do anything" (FGI\_5\_OW\_W5). On the other hand, various hobbies and passions, such as fishing or collecting something, model-making, DIY, repairing their car and an interest in politics were mentioned. The participants also observed that men often suffer from bad health and live shorter than women, which was connected with neglected health problems and an unhealthy lifestyle, as well some activities of their youth which now affect their health: "The death rate is high due to those lifestyle diseases [...], heart attacks

and strokes caused by that reckless lifestyle when they were young – vodka, fags, stress [...]” (FGI\_3\_MAM\_M4).

The analysed statements suggest that a middle-aged man is associated with stable professional, financial, and family situations, with “self-fulfilment.” “This is also the age [when] a guy is fully entitled to say, ‘I have achieved that, I have done that, so I deserve that’” (FGI\_3\_MAM\_M5). As regards professional activity, which is the key aspect of the patriarchally defined masculinity, a man at that stage of life was characterised as busy and focused on work, “living his work,” “a father constantly working overtime” (FGI\_1\_YM\_M3). As the research participants over fifty noticed, the loss of employment is particularly painful to him. It results in his social position being shaken, as well as his family position, in particular due to the fact that professional activity is connected with the role of the head of the family and its breadwinner. It was mentioned that men of that age have to repay loans for the purchase of a car, a plot of land or a house, which requires a good, stable job. In addition, it was emphasised that a middle-aged man is already married and “with children,” “takes care about the safety of the others, his family” (FGI\_1\_YM\_M6), “should already have his own flat and kids” (FGI\_5\_OM\_M4). The young female participants characterised a man at that age as being very actively participating in family life, “helping at home” and “looking after his family,” but also as “overwhelmed with all of that – the family, the job” (FGI\_1\_YW\_W5, W6). On the one hand, he was described as being responsible for his family, and on the other hand, the cases of a man abandoning his wife and children for a younger woman were given as examples. In addition, the role of a grandfather was mentioned. It seems that family – a feminine sphere in gender terms – was indicated as a very important part of a middle-aged man’s life, especially in consideration of the situation on the job market, which does not favour ageing people, as well as taking into account the loss of the role of the sole breadwinner in the family: “Naturally, a man lives to have a family and raise children” (FGI\_6\_OM\_M7). Attributing a ‘family orientation’ to men at this stage of life may also result from the changes of gender roles observed by the research participants and the emergence of committed, active fathers, who often have offspring when they are already middle-aged in chronological terms.

When asked to characterise an old man, the participants of the focus group interviews were very critical in relation to his physical appearance, emphasizing mostly his scruffy looks and neglect of personal hygiene: “Absolute untidiness as regards his clothes, dirty body, scruffy-looking, even unshaven. Hair grows out of his ears and nose” (FGI\_4\_MAW\_W7). It was observed that a man at that age completely

stops attaching any significance to the way he looks and does not see any need to take care of his appearance. "He is now not very concerned about taking care of himself. He finds it pointless and thus ends up scruffy" (FGI\_2\_YM\_M2). The middle-aged female respondents mentioned the smell of old men: "They stink of cigarettes," "Oh yes, and sweat," "Of old age," "They smell damp" (FGI\_4\_MAW\_W1, W3, W4). The characteristics mentioned by the interviewees included grey hair, wrinkles, being overweight, a red face, moustache and beard, glasses, and false teeth, as well as slow movements ("They shuffle their feet" – FGI\_5\_OW\_W5). In addition, they pointed out the "mismatched clothes" (FGI\_1\_YM\_M3) of an old man, who looks "as if he was taken out of an old wardrobe" (FGI\_3\_MAM\_M7). As one of the old women taking part in the research put it: "Men of that age dress like old coots. They don't follow fashion at all, they are completely out of fashion" (FGI\_5\_OW\_W7). The middle-aged respondents, however, defended old men, pointing out that the way they dress depends on their social position: "But some of them are, of course, neat and tidy guys," "Those of high standing somehow break the stereotype" (FGI\_3\_MAM\_M7, M5). They also noticed the lack of specific clothing directed to men at that stage of life: "There is no image-building. No one shows men over 60 or 70 how to look cool, attractive" (FGI\_3\_MAM\_M7). The young female participants noticed that the appearance of old women is more critically scrutinised by society than the appearance of old men. Senior women are expected to take more care of their own image, so as not to look their age: "Women are more often subjected to judgements. People believe that if women are of a certain age, they should take care of themselves to look younger, etc., while in the case of men, it is believed that when they reach a certain age, they can look the way they want and no one will reproach them for that" (FGI\_1\_YW\_W1).

The personality traits and behaviour of old men were also negatively evaluated by the respondents. The only advantages mentioned were self-control, experience, and wisdom, as well as polite, gallant behaviour: "For example, that moment when a woman approaches a table. They stand up, showing such good manners" (FGI\_3\_MAW\_W6). The list of faults, however, was long. Old men were described as malicious, catty, and critical: "Criticizing, judging everyone and everything" (FGI\_3\_MAW\_W5); "everything annoys them" (FGI\_5\_OM\_M7). Old men were associated with conservatism, stubbornness, and reluctant to any changes. Young people described them as "outdated" (FGI\_2\_YM\_M5), "of the old school [...] in terms of thinking and everything else" (FGI\_2\_YM\_M8). In addition, the respondents noticed the same characteristics as in the case of the previously characterised old women: complaining, grumpy,

depressive, “grouchy.” It was also observed that old men are tired with life, “indolent,” bitter and frustrated (“If they failed at the previous stage, then, well, guys grow bitter at this stage” – FGI\_3\_MAM\_M5) and resigned (“after all, it is now too late to change anything. His pension is the way it is, his family is the way it is, his health is the way it is, and there is little that can be done about that” – FGI\_2\_YM\_M2). In the opinion of the young respondents, some old men are oddballs (“A guy with such eccentricities that cannot be understood, even by himself” – FGI\_1\_YM\_M3). A broadly discussed topic during the group discussions concerning old men was their sexual activity, or rather the lack of it, while the characterisations of his female peers did not mention that aspect at all, in accordance with the asexual social image of an old woman. What emerges from the research participants’ statements is an image of “an erotomaniac raconteur” (“He talks about sex and stuff like that all the time,” “now they can only talk about that” – FGI\_4\_MAW\_W7, W5), “a skirt-chaser” (FGI\_6\_OW\_W5, W6), who “looks out for eighteen-year-old girls” (FGI\_1\_YM\_M3). The male respondents of that age category commented on their own continuing interest in the other sex (“I don’t believe that anyone of you, or myself, would not look back at a pretty girl, if she is attractive” – FGI\_5\_OM\_M6), although they admitted that they suffer from potency problems. From the group discussions, it appears that with old age a man loses those attributes that are traditionally (i.e. patriarchally) associated with masculinity. He was characterised as helpless and dependent on his partner or other people, and thus submissive and tractable: “He gives in because he knows he is not able to cheek too much,” “A man is more helpless at that age. A woman is cleverer, more resourceful, she tries to have everything under control in one way or another, while a man – he only listens and complains” (FGI\_5\_OW\_W6, W2). On the other hand, old men were described by their female peers as egoists with a demanding attitude (“He thinks he is entitled to everything” – FGI\_6\_OW\_W2). The image of an elderly man was complemented by comments on his shorter life in comparison with a woman (some participants pointed out that many men do not live to old age), bad health and reluctance to treat ailments and diseases.

The descriptions of the lifestyle and social roles of old men proved very sparse in comparison with the extensive discussions on those aspects of the functioning of an old woman. What emerges from the respondents’ comments is the image of “a man with slippers on his feet, sitting in front of the TV” (FGI\_1\_YW\_W1), smoking and drinking alcohol, taking medicines (which forces him to limit the consumption of alcohol), telling various stories from his life and deliberating over his impending death, and spending time gardening, making things or fishing

as a hobby. However, some ‘exceptions to the rule’ were mentioned as well, for example seniors riding bikes (“And what about those bikers over 60 who ride around Europe?” – FGI\_3\_MAM\_M7) or “a Harley”. As regards social roles, an old man was perceived as a husband dependent on his wife who looks after him: “if the wife dies first, he can’t manage anything. A woman [...] is surrounded by friends and family, is able to look after herself in a better way, while a man is often such a helpless creature,” (FGI\_1\_YW\_W6), or optionally as a widower desperately looking for a career in his old age: “Usually, an old man, if he is alone, is looking for a woman to look after him, make him soup or cook a piece of meat, etc.” (FGI\_5\_OW\_W6). It was also emphasised that a very important role in his life is being a grandfather. Observing their own fathers, the middle-aged participants noticed that old men are better with grandchildren than their own children, that they start to feel good in that caring role only when they are old: “At last, he has matured. One generation too late” (FGI\_3\_MAW\_W2); “a grandpa has such a good instinct when it comes to his granddaughter or grandson [...], he discovers such a true parental love at that age” (FGI\_3\_MAM\_M5). The research participants belonging to the old generation of men admitted that they very much enjoy being grandfathers. Apart from the above-mentioned family roles, an old man was also seen as a retired person, sometimes still working (for example as a janitor) to earn some extra money in addition to his pension. As with the characterisation of a woman at that stage of life, it was pointed out that an old man’s financial situation is not very good either, judging by the necessity of his moving to a less expensive flat and, most of all, having an old, ‘coughing’ car and striving to maintain it (“and each year the same problem with scraping some money together for the car insurance” – FGI\_4\_MAM\_M7). As can be noticed, a car was mentioned in the descriptions of men of each age category, which undoubtedly makes it an attribute of masculinity.

To sum up, on the basis of the collected research material, it can be observed that “gendered age” – the concept of femininity and masculinity that varies depending on various stages of people’s lives – is part of the social consciousness. The age gendering phenomenon is manifested in distinguishing between various physical and personality traits, as well as the social roles attributed to women and men categorised as young, middle-aged, and old. The mentioned phenomenon can be observed not only in the comparison of images of women in various periods of life with analogical images of men, but also in the juxtaposition of society’s perceptions of the young, middle-aged, and old representatives of both gender categories (a young woman vs a young man, etc.). The analysis of the respondents’ answers allows us to notice generation

gaps in understanding and expressing femininity and masculinity by representatives of the various age groups. For example, the research participants stressed the different way modern young women function in comparison with their mothers or grandmothers, manifested in their focus on getting education and a specific professional position, as well as being independent of men, or their mimicking the opposite sex by means of vulgar behaviour or promiscuity.

The results of the research show that the stereotypes of femininity and masculinity based on gender polarisation lose their significance when the age of the stereotyped individual is taken into account. For example, in respect of physical appearance, the association of femininity with physical attractiveness, charm, etc., applies only to a young woman. In the case of an old woman, the expression “the fairer sex” is no longer used. On the contrary, such women are called ugly or their appearance is completely ignored, which renders them invisible, as well as asexual. Such a manner of assessing a woman’s physical features corresponds to the patriarchal concept of femininity, according to which physical attractiveness is a young woman’s most important resource and the chief asset that determines her position on the matrimonial market. She loses it with age, which results in the social marginalisation of an old woman (e.g. discrimination of women on the job market based on their age). However, the physical appearance of a man is also subject to social evaluation. Thus, in the case of the representatives of ‘the rougher sex’, it is supposed to, first of all, reflect their social position, hence the importance of various ‘gadgets’, including a car, to ‘show off’. In addition, a man’s mark, in accordance with the patriarchal concept of masculinity, should be his figure, which is supposed to prove his strength, vitality, and fitness, also in the sexual context. However, as with women, that resource loses its importance with age – both as regards society’s judgement and the man’s own efforts (caring for one’s looks is considered to be a characteristic of a young man, and “still” one of a middle-aged man). The participants’ statements concerning the age boundaries for both gender categories show differences in the perception of women’s and men’s ageing: the ‘feminine’ youth is shorter than the ‘male’ one. Thus, a woman should put all her effort into concealing her age and preserving her young looks as long as possible, which, in her case, is the requirement for being considered physically attractive.

The analysis of the characterisations of personalities of women and men of various ages shows that the ‘pure’ stereotypes of femininity and masculinity were actually not mentioned in relation to any age group. The young and middle-aged women were attributed many masculine features. The respondents emphasised their activity, independence, ambition, strength,

or self-confidence. In addition, the feminisation of middle-aged and old men's personalities was noticed. The respondents recognised, in particular, such negative and 'unmanly' features as psychological weakness, dependency, a tendency to complain or helplessness. Thus, one can say that, as regards traits of character, men lose their masculinity with age. However, in their youth they are – especially in the opinion of women – too childish and immature to treat them as 'real' men. It seems that the research participants noticed the phenomenon, which is known under the popular name and referred to in the subject literature as "the masculinity crisis". It was described in detail, in particular in relation to middle-aged men. It was observed (especially by the respondents of both sexes representing that age category) that mature men feel helpless when faced with social changes regarding gender roles and women's emancipation. On the other hand, such 'feminine' features of young and middle-aged men, such as protectiveness and sensitivity, were assessed positively, which suggests the possibility of an individual combining characteristics of both gender categories (androgynous people).

As regards social roles, the men of each age category are patriarchally associated with professional activity<sup>6</sup>, and their social position (measured on the basis of their professional career and material status) is considered to be of key importance for their social identity. Even so, in the view of a man losing his role as the family's sole breadwinner, it was observed that family is an important part of a mature man's life. The participants mentioned the men's commitment to their family or they called it their life priority. It seems that motherhood is not treated as a basic and key indicator of femininity in any of the age categories, even though women are still associated with the private sphere. This, however, applies to young people only to a minimum degree, as they are perceived as focused on their education and professional work. It was considered normal for a woman to combine family and professional duties, but also problematic. Middle-aged and old women were characterised as committed to their families, focused on the needs of the others, providing help, and looking after children and partners. It was also emphasised that their activity is limited to the private sphere. They were believed to be more socially active than men, especially in old age.

It can be noticed that the respondents commenting on young, middle-aged, and old women and men did not find it difficult to create such general characterisations. Nevertheless, they realised that such

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6 Even in reference to old people, the respondents used the term "pensioner" suggesting the previous professional activity of men, while this expression was not used in the characterisations of old women.

simplifications are problematic and emphasised the diversity of each of the groups. In addition, when describing a typical representative of a specific gender or age category, they used the 'us/them' division, usually assessing their own social category more positively than the other categories, which corresponds to the general tendency to overestimation of the group one belongs to (especially a group one was assigned to), described by psychologists. This could be noticed especially in the comments of the female middle-aged respondents, who were very critical of their male peers, or in the comments of middle-aged men on the representatives of the younger generation. The characterisations of women and men of various age groups highlighted differences both between the gender categories and those between generations. Finally, it can be assumed that the research participants, when describing a person representing a specific gender and age category, had in mind specific people from their surroundings – their children, parents, grandparents, neighbours, etc. Thus, they referred to their own observations of their social environment, generalizing individual experiences and matching them to those of the others. This resulted in the creation of social images of young, middle-aged, and old women and men that are simplified, but also diversified and ambiguous.

## Chapter 3

# **The Attitudes of Women and Men of Different Ages to Their Physical Appearance**

### **3.1. Cognitive Component**

#### **3.1.1. The Manner of Describing One's Own Physical Appearance in Relation to Gender and Age (Julita Czernecka)**

The body and its appearance is subjected to social control and 'processing'. As Foucault claimed, bodies become subordinated to specific standards of social life and they are carriers for a lot of socially important information (Foucault, 2000). The existence of a body that does not tell us anything is impossible. Corporeality is always subjected to attempts to assign specific meanings that refer to individual elements of the body and its appearance. According to researchers such as Hamermesh and Biddle (1994), or Hakim (2010), currently we are dealing with a universal and common – due to being Westernised – ideal of beauty. In the researchers' opinion, the promotion of identical models in most societies (although it still applies to Western societies in particular) results, most of all, from the influence of the media. These models include a slim and fit figure, a face with symmetrical features, large eyes, and full lips, a pretty complexion, and straight white teeth, as well as musculature in the case of men, and a slender waist and long, thick hair in the case of women.

In this part of the book, we shall attempt to describe typical and untypical elements in how men and women, representing various age categories, describe their own physical appearance during free-form interviews. Regardless of the age or sex of the research participants, the statements were not particularly extensive, which is probably due to the fact that

talking about oneself, including one's own physical appearance, is not an easy task in general, not to mention while sitting in front of a researcher. Thus, the statements were usually limited to one or two sentences concerning the respondents, or short comments, such as "I'm plump," "I'm tall," "I'm slim," even though the interviewers repeatedly asked the participants for more detailed descriptions. A clear majority of the participants started talking about their looks by describing their height, body build, type of haircut, and the way they dress. In addition, some answers concerned facial details and distinctive features, as well as the respondents' personalities. Significant differences were observed in how the men and women of various ages described their own appearance.

Almost all research participants, when describing their own looks, took into account, first of all, their type of haircut or lack of hair. Most women described their hair by providing information on its colour, length or whether it was dyed or subjected to such treatments as a permanent wave. When specifying their hair length, women said that their hair was short, medium-length or long. Hair was also described as straight or curly, which was not mentioned in the male respondents' descriptions. The men, apart from providing information such as "close-cropped hair," also said whether or not they had receding hairlines, whether their hair was thinning, or whether they were completely bald. However, it should be noted that the men described their haircuts in a much more modest way than the women, and gave much less detail. The women, when talking about their hair, also mentioned their colours and shades: a blonde, many-coloured hair, pink streaks, dark hair, ginger, dyed, beautiful hair. One of the older women, when commenting on the colour of her hair, emphasised that she had "beautiful blonde hair" (OW\_13\_85). In her case, such an emphasis can be, in a way, considered a break with the patriarchal model of femininity, according to which only youth is attributed such a characteristic as having attractive, pretty hair. The female respondents in general, even the older ones, rarely mentioned their grey hair. In fact, only two women mentioned that. The men, on the other hand, took notice of that feature much more often, emphasizing their lack of grey hair or commenting on, for example their "salt and pepper hair". Some of them also observed that they were bald or had thinning hair.

The basic difference between the women and men was the thickness of their hair. The ladies commented on the volume of their hair, for example saying that they had "luxuriant hair," and described the types of their haircuts. For example, they said that they tie up their hair, wear it loose, or style it in a particular way, e.g. "tied in a bun" (OW\_6\_69). The female respondents also said whether their haircut was neat and regularly tidied up, or whether it was in disarray: "Hair never tidied up, medium-length,

wavy” (MAW\_7\_49), “Wind in the hair, as my friends call it, i.e. haircut never tidied up, corpulent, scatter-brained” (MAW\_7\_49). The fact that the women more often than the men refer to their physical appearance by describing their haircuts can be explained by the stronger association of hair with the traditional model of femininity. Long, lustrous, thick hair symbolises vitality, sexuality, physical strength, health, and fertility (Skrok, 2009). In that traditional model, a woman’s hair lacking the signs of ageing, such as thinning or grey, contributes to her attractiveness and her higher position on the matrimonial market. In the case of men, even though their hair is also associated with vitality, youth, or a specific social status, it is not as significant as in the case of women (Skrok, 2009).

In the statements of the women and men concerning their hair, we can notice significant differences depending on their age category. Interestingly – considering the interpretation of the meaning of hair in the traditional model of femininity – young women were the most concise of all the female respondents in their descriptions, although all of them did mention their hair when describing their own physical appearance. Their answers were matter-of-fact and very short, limited to specifying the length and colour of their hair. In the model of femininity associated with young women, hair is one of the basic attributes of their attractiveness. Most of the youngest respondents stated that they had long hair. Their hair lacked grey streaks or other signs of ageing and perhaps this was the reason why those respondents did not reflect on it a lot. None of the young women mentioned any problems with their hair when describing their appearance. In the other two groups, the answers were different. The group that commented on their haircuts at the greatest length were the middle-aged women, who talked about their hair length, the types of haircut, and the colour – either “natural” or “dyed”: “Hair of many colours, pink streaks” (MAW\_1\_38), “Blonde hair, slightly bleached” (MAW\_4\_45), “Grey, dyed blonde” (MAW\_12\_60). The middle-aged women did not mention any problems concerning their hair turning grey, but rather said that their hair was dyed, i.e. they named various treatments that, in a way, allowed them to preserve the attractiveness of their hair. They also mentioned the change of haircut, that they used to have longer hair and now it is shorter, or vice versa. The older women commented on the issue of hair turning grey and thinning more often: “I have grey hair, or white, actually, undyed” (OW\_12\_84). Perhaps it results from the natural and general process of ageing, hair turning grey or other similar hair problems.

The situation was analogous in the case of the men. The younger ones, despite being the largest group that mentioned the issue of haircuts in their descriptions, were also the most concise in their answers. Hair

was for them (just as for the young women) an important element of their look, which can prove that in this age category of men the androgynisation process occurs with greater intensity. The middle-aged men, on the other hand, usually mentioned their hair colour and whether or not they had some grey hair. Probably, middle age, just as in the case of women, is when men notice the first symptoms of ageing. Some of the respondents emphasised that they have not noticed any grey hair yet, despite the passage of time: "Not grey, hair – dark blond" (MAM\_6\_47), "Dark, I mean, my hair is dark, let's say, for my age. Some people comment: 'you old chap, you're not even grey yet.' Indeed, I have no such problems yet" (MAM\_8\_53). Only a few old men mentioned their grey hair. Most of the oldest male respondent pointed out, first of all, the balding problem (only one man emphasised that he had no such problem, as his hair was still thick). Hair seems to be an important aspect of one's physical appearance also taken into account by men, despite the fact that it is not associated with the traditional model of masculinity. It can reflect the changes that the image of a man is subjected to in the modern society. The male body is objectified as well. It is supposed to be attractive and is presented as such in the cultural message. For example, we rarely see bald men in advertisements (cf. Arcimowicz, 2003; Melosik, 2006). Besides, men having hair is often considered equivalent to being perceived as 'young', while the lack of it – 'not so young anymore'.

Although hair was the attribute of physical appearance that was definitely most frequently mentioned by young people, both the young women's and young men's comments on that issue were rather sparing. The women and men aged 20–37 most frequently commented on the length of their hair and the type of the haircut. In this aspect, there were few differences between the sexes. The middle-aged women described their hair at considerable length. They talked about its colour, whether it was dyed or not, long or short, thick or thin (interestingly, only one woman in that age category mentioned grey hair). As regards the men of the same age, they usually commented on their haircuts and hairstyles, receding hairlines, baldness, or thinning hair. Interestingly, many of them admitted that the lack of grey hair is their attribute. The oldest women taking part in the research talked, first of all, about dyeing their hair, its length, and the manner they do it. Due to the specific character of that group of participants (elderly people), grey hair, or the lack of it, was a category quite frequently mentioned by the respondents, although definitely more often by the men than women. The men also referred to the problem of balding. In addition, it should be noted that the current cult of youth applies not only to women, but also – and perhaps in an increasingly stronger manner – to men.

Another aspect mentioned by the vast majority of the respondents in the description of their own physical appearance – regardless of age and sex – was height and build. That feature was most frequently described using very precise terms, such as: tall, of medium height or short. Only some of the respondents specified their height in centimetres or metres. Among the women, the largest group to comment on their height were the youngest respondents. However, only one of them emphasised that her height is a distinctive feature: “I am slightly taller, I mean, taller than the average girl” (YW\_3\_24).

In the traditional model of femininity, short or medium height is considered more attractive than “being too tall.” It is due to the fact that men usually choose life partners who are shorter than themselves. A small stature and delicate body build are more attractive to them (Barbee et al., 1995). Perhaps, in the patriarchal society, it is considered equivalent to greater dependence and submission to a man. It should be noted that two of the oldest female respondents emphasised that they used to be taller, but their height changed with the passage of time: “As regards height, I used to be taller, but I have shrunk a bit, so now I am of medium height” (OW\_9\_71), “Now I am short” (OW\_14\_86). In this context, we rather notice that the respondents themselves observed that their bodies were “shrinking,” i.e. their height was decreasing with age. As regards the men, it was also the young participants who most often commented on their height. The respondents aged 20–37 were those who definitely most frequently described themselves as tall or of medium height. On the other hand, those who considered themselves as short more often specified their height in centimetres. What is interesting is the fact that, while the young men usually described themselves as tall, the older men usually called themselves tall or of medium height. It should be noticed that a man’s height is strongly connected with his authority. The taller the man, the higher the social recognition he enjoys (Gladwell, 2008). In addition, tallness is also considered an equivalent of youth. An ageing body often gets shorter over time. Perhaps this is the reason why the men noticed that more often than the women, especially that height is strongly associated with the traditional model of masculinity.

Build is another aspect commented on by the participants. As regards the age groups of both sexes, that issue was referred to in particular by the middle-aged people. The women described their figures as normal and average, slim or rather slim. The following is a more detailed answer from one woman: “If someone asked whether I am fat or thin, I would say I am of average build, that is, neither fat nor thin” (MAW\_5\_47). Some of the female respondents also referred to having “a full figure” and “womanly curves.” Only one woman described herself as “petite.”

In addition, only one female respondent described her physical appearance in detail, providing an in-depth description of individual elements of her body, including attributes and shortcomings of her womanly figure: "I have very thin hands, slightly bigger hips, medium-sized bust, a still noticeable waistline, straight and long legs, and cellulite" (YW\_8\_29). According to the traditional model of femininity, a woman should be slender-waisted and broad-hipped – such women are considered attractive. Broad hips are associated with higher reproductive capabilities and thus have a stronger sex appeal for men (Singh 1993). In this case, it seems that the group that comes closest to the traditional ideal of femininity, in respect of the figure, are the middle-aged women. However, it should be remembered that this model emphasises, most of all, the attractiveness of youth, not the appearance of the body itself. As regards the men, they usually described themselves as slim, or of medium, average, or athletic body build. They also commented on the proportions of their figures and their fitness: "Just a slim figure, as regards my body build, nothing in particular stands out, it is simply slim and that's all" (MAM\_1\_38), "I would say that I am of average build" (MAM\_4\_40), "Athletic" (MAM\_9\_54), "Not too fat, not too thin, I am just normal" (OM\_8\_70). Some of the older men took notice of their posture and said that, despite their age, they still do not stoop.

The women, regardless of their age, commented on their figure and weight. They admitted to being "pudgy" more often than the men. It should be noted, however, that young women more often took notice of that as a rather negative characteristic: "I am slightly fatter [...], somewhat rounder than most girls my age" (YW\_3\_24), "I am a pudgy person [...] a bit too much flesh" (YW\_13\_34). Interestingly, most of the younger female respondents claimed that they were slim or of a normal, average body build. This can be due to the fact that they attach greater weight to taking care of their physical appearance and staying slim, as a slim figure is currently promoted in the mass media, especially those directed to young women. The vision of a slim body is additionally enhanced by attributing positive characteristics, such as professional success, sex appeal, health and having control over one's life, to slim people. Obese and overweight people are perceived as scruffy, untidy, and lazy. It is believed that they cannot control their own body and have no influence on their lives (Melosik, 1996).

The middle age and older women, on the other hand, also emphasised the positive aspects of having – as they put it themselves – more womanly curves: "I have womanly curves, but I am not fat" (MAW\_1\_38), "I am rather well-built, with pretty good legs" (OW\_5\_67). One of them connected being a "pudgy" person with being satisfied with her life

and smiling. At the same time, it should be noted that older women most often described themselves as plump or overweight, pointing out those parts of their bodies that prove that: “One can say that I have put on some weight, but I am of medium weight” (OW\_16\_89), “Unfortunately, I am quite plump and it also interferes with my daily activities and frustrates me in general, as I have been slim for most of my life” (OW\_9\_71), “Yes, yes, here [she points at her belly], I’m getting folds and rolls of fat” (OW\_1\_64). The older the respondent, the more often “being pudgy” was considered more of an advantage or a neutral characteristic than a flaw or a shortcoming. Perhaps old or ageing women are convinced that they no longer ‘must’ be slim and they also associate attractiveness with a ‘womanly’, i.e. more rounded, body shape.

As regards the men, the young respondents showed a tendency to describe their figures as slim (only some of them admitted to being overweight). There were also comments about having a muscular body: “I would describe myself as a person [...] of a somewhat athletic build, I think, as I usually try not to stoop when I walk [...], a slim athletic build” (YM\_4\_24). It should be noted that the middle-aged men also commented on the type of their body shape. Some of the respondents belonging to that age category, however, tried to emphasise the effort and the amount of work they had to put in looking that way: “Super fit, handsome, taking care of himself, neat, making a good impression” (MAM\_5\_46), “I am of strong build and my weight is high, even though it is not noticeable, but it is due to my post-sports figure” (MAM\_12\_58). They also mentioned practising sports or following a diet. The middle-aged men also said whether or not they had the so-called “paunch”: “A guy with a little paunch” (MAM\_2\_39), “Not with a big paunch” (MAM\_6\_47), “I don’t have a big paunch” (MAM\_13\_60). One of the male respondents commented on unfavourable changes in his appearance after reaching fifty years of age: “Up to 50, I used to weigh 56 kilograms and my waist measurement was 76–78, up to 80 cm, thus, I was very slim. Now, following the disease, I weigh 86 kilograms and it’s really a lot and I don’t even know my waist size, but it is very big. Thus, it is a completely different shape, different figure, but, as I said, I absolutely don’t mind that. I know I can’t help it and that’s all. Just like that” (MAM\_15\_61). The above-mentioned statements show that both the young and middle-aged men attach great importance to their own figure. The oldest men, on the other hand, only occasionally mentioned their figures in their answers. Only one of them said that he was “rather good-looking” (OM\_1\_63). Others most often claimed they were “neither fat, nor thin.” Two of them said that their build was unattractive. The first admitted that he was “worn out with life” (OM\_14\_82), while

the other one claimed to be “short, homely, unattractive” (OM\_10\_71). According to the traditional model of masculinity, a man should be rather tall and muscular, narrow-hipped, and broad-shouldered (cf. Melosik, 2006). Having a “paunch” is equivalent to losing that masculine, strong body. It suggests neglecting oneself or ageing.

To sum up the respondents’ descriptions of their body shape, the young people – both women and men – most frequently answered that they were slim. In addition, the youngest men boasted about their athletic build. Only a few respondents of that age category mentioned their excess weight. Perhaps it is due to the fact that young people attach great importance to their own physical appearance in the context of the cult of youth and slim bodies, popularised by the media. The middle-aged women usually believed that they had womanly curves, while the men mentioned their average body build or a small “paunch.” The oldest female participants most often described themselves as being overweight, but in general they accepted their appearance. Their male peers either said they were of “normal” body build, or unattractive. The older the respondents, the more frequent the comments about losing their once attractive figures. Thus, most of them associated old age with a lack of attractiveness. However, the research also shows that there are, of course, exceptions to that way of thinking.

Another aspect mentioned when defining one’s physical appearance were facial details. The female respondents commented on their eye colour, the accessories they wear, their facial expressions and some other aspects. As regards the manner of describing one’s own face, there were two important differences between the sexes. The women took notice of their make-up and the men – their facial hair. The female respondents’ descriptions often included mentions of putting on their make-up or the lack of make-up: “Eyes slightly made up, I do apply some make-up, indeed, I still somehow manage to that, as some people can’t” (OW\_6\_69), “I don’t make myself up, I won’t be made-up, I’ll be just *au naturel*” (OW\_7\_70). It should be noted that the issue of make-up was raised only by the young and old women, while the middle-aged women did not mention it at all. A woman’s face that is completely natural is often perceived as unattractive. Even in the case of young women, delicate make-up results in them being perceived as more attractive not only by those around them, but also by themselves (Kowalczyk, 2000). Make-up allows a woman to find the golden mean between nature and culture – “by painting one’s face that person first of all acquires the identity of a human being, as it proves the transition from nature to culture” (Radkowska, 1999: 34). In respect of women, one can propose a thesis that make-up makes them more ‘socially visible’. On the one hand, it contributes to their empowerment, as

they can decide themselves whether or not to apply any make-up and, if so, what kind of make-up it should be. This, in turn, leads to their being more or less 'noticeable'. Thus, it is them who decide about their image and the way they are perceived by people around them. On the other hand, however, they are more often treated like objects by the others, for example, in the context of their sex appeal or the lack of it. Perhaps young women apply make-up to make themselves more attractive. In the case of the old women, make-up becomes a tool they use to look attractive and younger, thus it is for them an inevitable part of preserving their femininity to be still noticed by those around them. One of the female respondents said that make-up made her more self-confident and thus she was perceived in a better way by other people: "I apply a bit of make-up to my eyes or my face, but very delicate. I prefer not to use too much of that artificial stuff because I am not of that generation. However, I like to look pretty. I never go out without putting on some lipstick. This is my habit and it makes me look more radiant" (OW\_2\_64).

Interestingly, when describing individual elements of their faces, the young women pointed out that they had, for example a straight nose, a round face, light complexion, or a large mouth. Two young women described their appearance in an evaluating manner: "I have a pretty face" (YW\_13\_34), "I have Greek looks" (YW\_12\_34). The old women commented on the condition of their skin, in particular the skin changes associated with the ageing process, such as wrinkles or bags under their eyes, or the lack of them: "Rather neat, I would say. I wouldn't say that I'm slender because this is due to my age and hormonal changes, but, as my face is without wrinkles, people tend to think that I'm younger than I really am because my face is smooth, as if I used Botox, even though I make it clear that I have never had such treatments at all" (OW\_2\_64), "I have some lines and bags under my eyes" (OW\_14\_86). According to the patriarchal model of femininity, a young woman is, by and large, attractive, thus attributes of good looks such as full lips, smooth and light skin, and the lack of wrinkles proves her attractiveness, while wrinkles and bags under her eyes equals the loss of it. The female respondents seem to be aware of that.

The men, on the other hand, described elements of their face such as facial hair, complexion, eye colour, and wrinkles. Facial hair was, in fact, the feature that was most frequently mentioned by the middle-aged men: "I shave because I have to, but I am a little bit annoyed about that" (MAM\_3\_40), "I have a moustache, as it is a characteristic thing that I have a short moustache" (MAM\_8\_53). Some young men of a dark complexion also commented on that fact, but those of a lighter complexion did not mention it all: "I have a dark complexion. They say that

I look as if I came from southern Europe" (YM\_6\_27), "I have a dark tan and a dark complexion" (YM\_6\_27). A dark complexion and having facial hair corresponds to the traditional model of masculinity. In addition, the men usually emphasised having so-called 'male facial features'. They also described the distinctive elements of their faces in more detail than the women: "I have a large nose" (YM\_3\_22), "A long face, stubble, quite a big nose, deep-set eyes" (MAM\_1\_38) "I have a high forehead, a very high forehead" (MAM\_11\_57), "With protruding ears and a big nose" (MAM\_15\_61). Those answers suggest that men more often than women adopt a critical attitude to their own physical appearance, whereas women describe themselves in a more neutral or positive way. The old men, on the other hand, pointed out their wrinkles as one of their distinctive characteristics: "Well, I already have wrinkles and this face is not young anymore, but it's normal in old age" (OM\_8\_70), as well as the condition of their teeth: "Gap-toothed, sorry, because I have no teeth, just one single tooth, I have an upper denture and I don't use the lower denture at all" (OM\_14\_82). The others took notice of the ageing process by commenting on their moustache and hair turning grey. Only one elderly man described himself as "rather good-looking" (OM\_1\_63). In the patriarchal society, hair turning grey or having wrinkles proves a man's maturity and his established social position. Now, due to the cult of youth, it is not only women, but also men who start attaching more and more importance to their looks and assessing themselves also in the context of the ageing process.

Only one woman and one man commented on the type of look of their eyes. She said that she had "a look that brings a man to his knees" (YW\_11\_34), while the man said his eyes had a sad and penetrating look and that he sometimes "kills with his gaze" (MAM\_3\_40). Both answers can be interpreted in the context of the patriarchal model of femininity and masculinity, as she meant that she had sex appeal, which proved her attractiveness, while he meant that he was a rather unapproachable 'tough guy'. The young men, when describing their appearance, also commented on their eye colour as being a distinctive feature. The middle-aged men did not mention that aspect at all. Perhaps, it reflects the greater androgyny of young men, as eye colour was a feature noticed mostly by women.

Personality traits, although they are not directly connected with the external appearance, were still included in the descriptions by some of the respondents. Most of the people who commented on that issue were middle-aged or old. The most frequently mentioned characteristic was a cheerful facial expression and the accompanying smile: "I can laugh the whole day long. I am always smiling and positive" (MAW\_13\_61), "With a face that is perhaps not a pretty one, but sympathetic, with

a wide smile" (OW\_8\_70), "I grin from ear to ear, smiling all the time" (YM\_2\_22), "I never stop smiling, I'm always content and bursting with good humour" (MAM\_9\_54). It should be noted that, according to Hakim's theory, charm and grace, as well as positive energy and "being the life and soul of the party" mean that smiling and cheerful people are perceived as more attractive (Hakim, 2010). Perhaps, when the physical attractiveness fades, it is important to maintain the high social attractiveness, as society is more favourably inclined to people who are positive and smiling. When describing themselves, the research participants also took into account their own temperament: "I am energetic, I mean that I have a determined walk and it is also my distinctive characteristic" (YW\_15\_36). Some middle-aged and older women also claimed to be "talkative," "open" and physically active. Old age is usually associated with slowness, tardiness, and clumsiness, while liveliness, openness, and agility are attributes of youth (cf. Trafiałek, 2003; Szatur-Jaworska, 2005). Perhaps, this is the reason why some of the female research participants emphasised those features that allowed them to 'continue' being young, in a way, in spite of their chronological age.

The middle-aged men, when describing themselves, also mentioned that they made a good impression, were neat, and looked intelligent, like well-educated people: "Taking care of myself, neat, making a good impression" (MAM\_5\_46), "It was a little surprising when I heard that I looked like a mathematician when I went out, like an educated, intelligent person" (MAM\_14\_61). It is generally believed that a man's clothes reflect his personality, firmness, emotional stability, and rationality. He should also be intelligent and well-educated (Melosik, 2006). The classic attire is a reference to the traditional image of a man in the patriarchal society.

The descriptions of physical appearance also included mentions of age. However, those answers were not as numerous as in the case of previous categories. The women usually emphasised that they looked younger than their chronological age would suggest: "Attractive [...], just younger than my actual age would suggest" (K\_15\_36), "I do not look my age and a lot of people say that, and even though I am now 64, no one gives me as many years and they just say that I look much better, which means that I look as if I was 55, more or less" (OW\_2\_64), "I would describe myself as looking as if I was around 75, as I feel that way [...]. I am not ugly. I am a blonde with beautiful hair, nice blonde colour, blue eyes. I am simply an interesting woman" (OW\_13\_85). And once again, according to the respondents, a younger look is equivalent to being attractive. Interestingly, it was mentioned mainly by the youngest and the oldest women taking part in the research, while the female respondents aged 38–62 simply defined

themselves as “middle-aged women.” The male respondents, on the other hand, usually emphasised their age in the context of the ageing process. The youngest respondent said he looked older than he actually was: “As I am tall and bald, people might think I’m over forty” (YM\_13\_32). Others concluded that they have already “aged”: “Now, when I look in the mirror, I see it myself, my look has already aged” (MAM\_15\_61), “I would rather say that, unfortunately, I have already started stooping in a way, as if I was ageing” (OM\_13\_77). As the above-mentioned statements show, women were more prone to emphasise their younger looks and their attractiveness, while men – on the contrary – took notice of the unfavourable ageing process and their becoming unattractive. This can prove that men are becoming more sensitive to their own appearance and taking care of it, which used to be considered a feminine characteristic.

Another element of the description of oneself was one’s attire. Most of the respondents described the way they dress. Almost all the women commenting on that issue mentioned the sports style that makes them feel comfortable: “[The way I dress] is both youthful and elegant” (YW\_1\_21), “I suppose I could describe my clothes. It is a beige skirt, light-coloured blouse with some kind of printed image on the breast, dark make-up and a violet handbag” (YW\_3\_24), “I’m wearing jeans and the way I dress is more casual than sports, some jeans and a T-shirt, as it is summer now, and, for example, sandals or flip-flops” (YW\_14\_35), “Dressed certainly not fashionably, but comfortably” (MAW\_7\_49). Only one of the old ladies commented on that topic, saying that the way she dressed was inappropriate for her age because she wore trousers, T-shirts, or sports tops (OW\_7\_70). It should be noted that the middle-aged women emphasised not only the comfort of their clothes, but also the fact that the way they dress has become more fashionable and colourful: “My clothes are quite colourful, so I would certainly describe my attire” (MAW\_11\_60), “Until recently, I used to wear mostly black clothes, but then the way I dress changed, became more colourful” (MAW\_8\_53). As regards clothes, those that are considered classic, old-fashioned, and elegant, usually signify social conformism, while sports and comfortable clothes are associated with nonconformism (Bokszańska, 2004). This is particularly important in the case of the older people, who are usually perceived as more conservative. The sports style characterising middle-aged and oldest women, as well as the more colourful style of the former, can prove that those women break with the traditional model of femininity, according to which a woman should be more elegant and her wardrobe should include, most of all, dresses, high-heeled shoes, and clothes cut to emphasise her ‘womanly assets’ (i.e. bust, waist and hips). The middle-aged women – with their multi-coloured attire – probably also want to be more visible

and attract more attention of the people around them. Some of the young female respondents, on the other hand, apart from emphasizing the comfort of their clothes, also commented on their original character: "A red jacket of quite a strange cut that would probably stick out in a group of people. High-heeled shoes" (YW\_4\_27), "[I] tend to attract attention due to the unusual way I dress" (K\_15\_36). In addition, the female representatives of the youngest category of respondents more often mentioned those elements of their clothes that were supposed to make them stand out, and attached greater importance to fashion and adapting the way they dress to their age. However, the older respondents broke with such a patriarchal perception of women their age. They were focused on their own comfort or wanted to attract attention with their colourful clothes (while according to the patriarchal model, their attire should be rather toned down, not standing out, and 'appropriate' for their age).

In the case of the men, the group that mentioned their clothes most often were the young men. Both the youngest and the oldest male respondents often described the way they dress as youthful, casual, and sports: "I often wear shirts [...], a rather loose shirt, unbuttoned, just cool. Not buttoned-up and no tie. Nothing like that. Shoes are rather sports as well. [...] I think that it is a casual dressing style and can be called youthful" (YM\_4\_24), "I'm trying to dress in a youthful style, as I think that it also proves that I feel young, that I prefer to dress in this way than looking like 'a daddy,' as I call it" (YM\_15\_37), "Dressing in a youthful style" (OM\_6\_66), "Navy blue sports top and a red carrier bag" (OM\_12\_72). Only one middle-aged man said he dressed in a youthful style, but "without exaggeration," so as "not to make a youthful playboy of myself" (MAM\_6\_47). Most middle-aged men were inclined to look more elegant and dress appropriately to the occasion: "Dressed in a rather elegant, aesthetic manner (MAM\_14\_61), "Not necessarily a tie, but there should be some element of something more elegant. If it were some kind of a formal occasion, my clothes would be appropriate" (MAM\_14\_61). Thus, in the case of the men, one can notice a reference to the more traditional model of masculinity. Whereas young people can allow themselves some "laidback attitude," the mature age requires elegance, toning down, and rationality in choosing one's clothes.

As regards differences between the sexes, both the young women and young men valued comfort, and sports clothes, but also their original character. They described themselves as wearing "fashionable" clothes. The middle-aged women attached more weight to standing out with their colourful garments, while their peers – with their elegance. Only three older people commented on that issue, so it is hard to notice significant differences between the sexes.

To sum up, in the descriptions of their own physical appearance made by the male and female research participants, we can find elements that correspond to the models of femininity and masculinity functioning both in the patriarchal and the modern society. Firstly, women comment on those characteristics that are associated with the traditional models of femininity: long hair without grey, smooth, pretty skin, and a 'womanly' body shape (slim waist, wide hips, ample bust). It should be emphasised that this was pointed out by the female respondents of various ages. The young ones' comments were the most modest, perhaps due to the fact that their young bodies did not provoke deeper reflection on their own appearance in this context. They considered it something "natural" – they are young, so they are attractive, with full lips, smooth skin, thick, long hair, and a slim figure. Thus, such characteristics as being "pudgy" or too tall were treated as departures from the standard for that age category, or femininity in general. However, the older the female respondent, the deeper her reflections on and analyses of her own appearance. They emphasised those attributes that correspond to the traditional model of femininity (i.e. being attractive), such as still having pretty hair, without grey or dyed. According to those female respondents, having a 'womanly figure' is their asset. In other words, they are "neither fat nor thin" and have a clearly outlined bust and hips. The middle-aged women and older also took notice of the condition of their skin. Some of them highlighted the fact that their wrinkles were still not particularly noticeable and – in some cases – that they looked younger than their chronological age would suggest. As regards the middle-aged women, another important factor seems to be their wearing colourful clothes that make them stand out in order to be noticed as women. The old women applied make-up as a tool that made them more attractive and allowed them to preserve their young looks. However, we can also notice elements of the modern model of femininity such as the fact that most of the female research participants preferred comfortable clothes to "typically feminine" ones such as dresses or high-heeled shoes.

As regards the men taking part in the research, we can also notice the coexistence of two models of masculinity. On the one hand, they mentioned their height and build, or masculine facial features, dark complexion, facial hair, and classic attire, i.e. characteristics that are more often considered as belonging to the patriarchal model of masculinity. On the other hand, they commented on their comfortable, sports style of dressing. They also took notice of the ageing process and the appearance of wrinkles or grey hair, which definitely corresponds to the modern masculinity model, according to which men are more prone to making

judgements about their own image. As was the case with the women, some of the men – regardless of their age – were also inclined to critical assessment of their own physical appearance. It should be noted that the young men emphasised some elements of their looks that were also mentioned by the women (and ignored by the men representing other age categories). They often named their hair or eye colour as distinctive features. The youngest male respondents most often characterised themselves by describing their height (usually tall) and figure (usually defined as slim). The middle-aged men, on the other hand, attached great importance to keeping the ‘masculine body shape’, i.e. one that is muscular, fit, and still attractive to the other sex. They put a lot of effort into reaching that goal (walking to the gym and devoting considerable amounts of time taking care of their bodies). It should be also noted that in the 38–62 age group, it was men who most frequently mentioned the classic dressing style corresponding to the model of masculinity that is typical for the patriarchal society. The middle-aged and older men also commented on losing their body strength, neglecting themselves, and noticing ageing symptoms, such as balding, hair turning grey, wrinkles, and bags under their eyes. This can testify to changes that the image of modern men is subjected to. Now they too are supposed to take care of their looks and attach a greater importance to it.

The answers of both the women and men include elements corresponding to the ideal of attractiveness described by Hakim (2010) and Hamermesh and Biddle (1994), i.e. having a slim figure in the case of both sexes, musculature in the case of men, and the so-called ‘womanly curves’ in the case of women. The female respondents also commented on their skin and hair. However, in the case of the middle-aged and older people, another element of Hakim’s theory could be observed as well, namely the one concerning the human capital, i.e. charm and grace, as well as positive energy and “being the life and soul of the party” (Hakim, 2010). People of that age often described themselves as smiling and cheerful, and are thus perceived as more attractive by others. Perhaps, in respect of those oldest people, we should remember that when they become aware that their physical attractiveness is fading, it is important for them to keep their social attractiveness at a high level, and smiling people are perceived in a more positive way.

The women, in general, describe their physical appearance in more detail, commenting on many important elements that men do not always notice. However, in the context of the material analysed in this sub-chapter, one cannot fully agree with the proposed hypothesis that women more often than men consider their physical appearance as a resource of human capital that impacts on their social functioning. Both

the women and men showed a tendency to be critical of their own looks. In the case of the women, this can prove that they attach significance to the more traditional perception of femininity, according to which a woman's appearance is scrutinised in respect of individual assets (proportional body build, symmetrical face, full lips, etc.). In the case of the men, that increased criticism of their own looks reflects the shift in the perception of masculinity towards a more modern way that also stresses the importance of one's external appearance. As regards age categories, the young people's attitudes to their own looks were virtually the same, regardless of their sex. All them recognised the importance of the physical appearance in their lives. More differences between the sexes in respect of the approach to one's own physical appearance could be noticed in the case of middle-aged and old people, but this does not result directly from their following only the patriarchal models of femininity and masculinity. In all age categories, those two models – the patriarchal one and the modern one – coexist and influence each other, which sometimes contributes to the contrasting opinions of the same respondents.

### **3.1.2. Reasons for Taking Care of One's Physical Appearance Given by Women and Men of Various Ages** (Ewa Malinowska)

Some of the findings in the areas of psychology, sociology or aesthetic medicine concerning the meaning of one's physical appearance and its social functions, as well as some of the accompanying theoretical generalisations and beliefs arising from that empirical base, have been confirmed by our research. In particular, it concerns the participants' awareness of the increased significance of their appearance for their self-assessment, as well as its influence on how we assess other people. In addition, the respondents of both sexes noticed the influence of attractive looks on establishing social relationships and their course, as well as the practice of attributing specific personality traits to someone, judging by his or her appearance, and, in general, the better treatment of people of a nice physical appearance in all social situations (cf. e.g. Bokszańska, 2004: 80).

All participants of the free-form interviews, regardless of their sex and age, had no doubt that one should take care of one's physical appearance. As regards the women (who were, perhaps, a bit tired with their obligation to remember that people look at them), some of them timidly mentioned that a woman should not go over the top in taking care of her "external self," as it is only one of the aspects of "[...] our social existence" (YW\_12\_34) and excessive care for her appearance might result in her looking not attractive, but ridiculous: "One should take care of one's

appearance, but one should not be obsessed with it, so as not to look like a circus star. Normal clothes – matching one's looks and figure, as well as the season" (YW\_13\_34). In addition, one of the men made it clear that, although the issue is, indeed, important, it is not a priority in life (YM\_12\_32). However, even people presenting such a common-sense approach to their own appearance did not always deny the statement by Oscar Wilde, the Irish playwright known as much for his sense of style as his wit: "It is only shallow people who do not judge by appearance."

The reason for taking care of one's appearance that was most frequently given by the respondents of both sexes was the very necessity of taking into account other people's reactions to the way we look, as well as the impact of the fact that others judge us by our appearance, and the influence this has on our lives. The women noticed the tendency to assess an individual's knowledge, intellectual abilities, and competences – in brief: one's personality – slightly more often than the men: "[...] one's appearance speaks volumes about them, about every aspect of them. The more presentable they are, the better your general perception of them is [...]" (KST\_2\_64). Society's reactions to an individual's appearance were associated mostly with the positive influence of a presentable look on professional, social, and personal relationships. People whose appearance is nice and generally accepted find it easier to establish a connection with other people, as higher assessment leads to better treatment, and that, in turn, facilitates reaching one's life goals, such as getting an interesting job, promotion, and financial success, as well as finding a partner. Thus, a physical appearance that makes a good impression was considered to be an important human capital that has a positive influence on the process of gathering social capital, which is finally reflected by the amount of economical capital that an individual has at his or her disposal (Malinowska, 2011). However, the research participants also mentioned the negative influence of an unacceptable look on people's social situation. Hence, it is important: "[...] to look aesthetic, so as not to be found disgusting by those around us. We don't want them to look away when we enter the room [...]" (MAM\_11\_57).

Even though the respondents were unanimous in their opinions regarding the social significance of physical appearance, one can notice certain differences between the reasons for taking care of it, depending on the respondents' sex. Thus, taking into account such variables as gender, age, and gendered age, we were able to reveal interesting differences in explaining that issue.

Beginning the presentation of the results of the research with sex as a discriminatory variable to be taken into account, we can observe that those results concerned, firstly, the hierarchy of importance of types

of given justifications, and, secondly, the interpretation of arguments – often expressed in the same words – of both the women and men.

As regards the first issue, the main reason for taking care of one's appearance given by both the women and the men was the above-mentioned necessity of taking into account other people's assessments and reactions. The second most important reason mentioned by the women was their own psychological well-being – which is good when their tidy appearance allows them to gain the approval of society – while the men pointed out aesthetic reasons. Aesthetics was the third reason – in terms of importance – for taking care of one's physical appearance named by the women, while men answered that it was their psychological well-being. (Taking into account the sample size, the hierarchical order is, of course, of less importance than the very fact the same types of justifications were given by both sexes. Nevertheless, it was noticeable.)

As regards the interpretation of the arguments, the women's statements allowed us to conclude that, most of all, they considered taking care of one's appearance as something obvious on the one hand, and a duty, or even a sort of a mission, on the other hand. Thus, it could be noticed that their opinions were influenced by the patriarchal ideal of femininity, according to which physical appearance (especially good looks) is an element of fundamental importance, while the ideal of masculinity is focused on personality traits, and physical features are believed to complement the personality predispositions to wield power and dominate, in a way (Melosik, 1996: 241). Hence, the obligation to take care of one's appearance, internalised by women, seems to be connected to the developed need to attract attention with one's looks. Being visible is considered the equivalent to existing. Such a belief, according to radical feminists, results in a woman's alienation from her own body: "[...] just like a hired worker has to compete with other hired workers for good pay, a woman competes with other women for 'male looks', i.e. men's approval and recognition" (Jaggar, 1983: 309–310, cited in: Tong, 2002: 165).

The men taking part in the research presented a rational and instrumental approach to taking care of one's appearance, perceiving it as an addition to the 'male' human capital. As some of the respondents said, attractive looks were merely just another bargaining card, "an ace up one's sleeve," that could be used in the game for success in any area of activity – professional, social, or personal: "If someone is single and is looking for their other half, they will certainly take more care of themselves than a guy in a relationship who sits comfortably at his home [...]" (YM\_15\_37). In present-day society, as another of the respondents pointed out, "[...] people judge you on your appearance. During a job interview, which

is also assessed on the basis of your looks, [...] whether you are presentable, etc.” (YM\_5\_26).

The fact that men use the human capital that is considered to be feminine from the gender point of view might also be perceived as a reaction to the current predominance of women in the strategic resources of the once male-only human capital, or that in the group of people with a higher education the women outnumbered the men.

The reasons for the necessity of taking care of one's appearance given by the women, although they seemed to be of a similar nature, still revealed interesting differences, depending on the respondents' age.

The young and middle-aged women mentioned the necessity of taking care of their looks on account of other people, and they provided many examples of various situations when it matters. When analysing their answers, one can come to the conclusion that the young women were all too convinced of the great and utmost importance of a woman's appearance in respect of her assessment as a human being (including her character and skills), a job applicant, a participant in social life, a potential life partner, etc. What is more, none of the young women objected to the practice they observed, namely associating the accepted looks with positive personality traits, nor to forming an opinion about someone only on the basis of his or her appearance. They seemed unaware, to say the least, of the cultural character of that standard, not to mention its discriminating function.

Only the middle-aged women observed that the social importance of physical appearance has considerably increased in recent years: “Because, especially now, for a dozen years or so, one can notice that fine feathers make fine birds. What matters most now is not one's intelligence and knowledge, but the first impression” (MAW\_7\_49); “Yes, because people believe that fine feathers make fine birds. Now we are judged only by our appearance and I think that it is much more common than it used to be. I've also noticed that in the case of my daughters, who attach great importance to their looks. They stick to a diet, follow the fashion and use various cosmetics” (MAW\_4\_45). That observation might describe a generalised experience or, more precisely, result from comparing the female respondents' own experiences in this regard, taking into account two periods of their lives: their youth, when they were more beautiful, but it did not have such a significant impact on their professional careers, and their current life, when an attractive appearance has become a valuable capital, increasingly more difficult to keep as years go by, whereas the social pressure to remain young and beautiful is even higher. However, the female respondents of that age category also commented that presentable looks allowed them to be regarded as younger than they really were: “I try

to look good. To prove that a 45-year-old woman can still be attractive, slim, and look not so bad" (MAW\_4\_45). As good looks are an attribute of youth, rather than old age, and being pretty is, from the cultural point of view, a woman's obligation, in the case of the middle-aged women, being counted among young people proved very important in their lives. (In particular, if it is true that, as they observed themselves, even knowledge is now of less value than attractive looks.)

As has been already mentioned, the old women also pointed out that the main source of their need to take care of their appearance was "other people." However, their answers emphasised not so much the instrumental as the autotelic and social significance of an acceptable, pretty appearance. In other words, they did not focus on what they can achieve thanks to their good looks, but on the very fact that it has a positive influence on human relationships. Thus, it is important to be considered elegant and presentable, as people find it easier to establish a connection such a person and, in addition, a better opinion on our own appearance makes us feel better (cf. Malinowska, 2016).

Influenced by certain tendencies that characterise the post-modern patriarchal society, until recently men had not considered their physical appearance to be of particular importance. They based their social position on a subjective status which guaranteed power and all rights (including property right) and – in consequence – social prestige. However, they now attach a greater weight to it. Some researchers even claim that men put as much effort in taking care of their appearance as women (Bokszańska, 2004: 148). In particular, the younger ones are perfectly aware of the increased significance of one's looks (we will present the differences in respect of men's views on that issue, depending on their age, further in this subchapter). The peculiar male egocentrism in taking care of their own looks stands in contrast with the altruistic approach of the women. After all, only the women, when explaining how other people's opinions impact on their taking care of their physical appearance, pointed out that one should be presentable as others find it pleasant and it has a good influence on communication between people. Even belonging to the so-called fairer sex was treated by some of the female respondents as an obligation to look pretty and be presentable, pursuant to the noblesse oblige rule. Interestingly, such an opinion was expressed by the young and the old women. As the former emphasised, without more reflection on the matter (due to the sexist character of that standard): "I think people should take care of their physical appearance, especially women, as we are a little bit burdened with that expression 'the fairer sex'" (YW\_9\_30). Old women, on the other hand, remembered about the general necessity of taking care of oneself, stressing that it applies, in particular, to women: "People

should take care of themselves. [...] they should, and each woman should take care of herself" (OW\_1\_64) (showing the internalisation of the gender differentiation of aesthetic standards, but also referring to the egalitarian concept of this kind of social expectations).

As has been already mentioned, in the case of women, an important reason for looking attractive was the aspiration to positive self-assessment. The women emphasised the positive influence of their smart looks on their mental condition and claimed that it allowed them to gain more self-confidence. The amount of emphasis the female respondents placed on that aspect was different depending on their age. The group that mentioned this connection most often were the middle-aged women (over half of the respondents in that category), followed by the young women (one third) and, to a smaller extent, the old women (almost one third). In an attempt to explain that phenomenon, one can refer to the patriarchal dependency of female self-esteem on the judgements of other people. Based on their own statements, the question arises: why do the old women, who were most consistently subjected to patriarchal socialisation, seem to be the most emancipated in respect of this connection? However, no answer was found in the collected material. Perhaps it resulted from their experience and sceptical attitude to the possibilities of basing one's self-esteem on being judged by appearance when one is already old.

On the other hand, by saying that "one should take care of one's looks on account of other people," only the men, regardless of their age, also meant that they should be presentable to ensure that others find it pleasant to approach them: "[...] everyone finds more pleasure in talking to a clean, presentable person than Mr Hobo from outside the liquor store, who sometimes stinks and, well, he's dirty, so I wouldn't even shake his hand [...]" (YM\_1\_21). The "others" mentioned by the men were often women: "One looks good for oneself and to be found attractive [...], or generally for the opposite sex, but now, in some cases, also for the same sex, or I want to be found attractive by my partner [...] and in general [we can see] such a cult of good looks" (MAM\_1\_38); "This is essential, as we are visual learners. It is nice to talk to an open, amiable, attractive brunette, who smells nice. Perhaps this is due to our animal origins, I mean, the self-preservation instinct that makes a male take notice of a female who would attract his attention with, for example, tidy hair and pretty fingernails" (MAM\_5\_46). "One should [take care of one's physical appearance]. As for myself, I very much enjoy looking at really pretty, attractive girls. I am a visual artist, by the way [...]" ; "Yes, a lot [in reference to taking care of oneself]. It is always a pleasure when I see an elegantly dressed lady, for example, a petite, slim little woman, you know, it is very pleasant" (OM\_12\_72).

As has been already mentioned, the second most important reason for taking care of one's physical appearance given by the men was connected with aesthetics. It was most frequently mentioned by the old men, but the middle-aged men also commented on that issue. An exception were the young men, none of whom mentioned that reason for taking care of one's looks. Is it due to the belief that youth is always beautiful? The third argument for taking care of one's physical appearance given by the men was their own psychological well-being, which was sometimes connected with the positive impact on their mental health, as well as their general condition and fitness (in particular, according to the young men): "Anyway, when a man looks good, when he takes care of himself, I think it also influences his mental health. Yes, those things go hand in hand. Such a tandem" (YM\_7\_28); "I attach more importance to [...] how my body works and the like [...]. I want to be generally fit because when one is fit, one remains young for a longer period of time" (YM\_5\_26).

If some men perceived taking care of one's looks in a similar manner as women did, i.e. as a kind of duty, they still thought not about themselves, but about any other person, regardless of his or her sex. This applies, in particular, to the old men.

The only respondent who noticed that, by taking care to look smart, we show respect to other people, was a middle age woman: "In addition, this makes people perceive us in a completely different way, as it is more of a pleasure to deal with a presentable, stylish person than someone scruffy. Therefore, yes, we should take care of our physical appearance. Anyway, I believe that our looks reflect our respect for those around us" (MAW\_14\_61).

To sum up the above fragment (and being circumspect, considering the sample size and the character of the research), we can conclude that the main reason for taking care of one's physical appearance given by our respondents – regardless of their sex and age – was the fact that others judge us by the way we look and their judgements concern our entire 'self', thus they affect our social functioning. Subtle differences in the female and male interpretations of the actual meaning of those judgements could be observed, as the women's efforts were more focused on being accepted by others, while for the men it was on making an impression and using their attractive looks as additional assets in human relationships. In addition, the men were interested not only (and sometimes not so much) in their own presentable looks as the appearance of others, especially women, which in this particular case was treated as an element of the external aesthetics that they found important.

What is more, the analysis of the reasons for taking care of one's looks given by the representatives of each of the three age categories allowed

us to notice the similarities between the young people's answers. In this case, even the hierarchy of importance of the stated reasons for taking care of one's appearance proved to be the same, as both the women and the men mentioned, most of all, the necessity to take into account the opinions of other people, and – as the second most important reason – their own psychological well-being. Another important similarity concerned the object-like approach to one's own looks presented by the young people, who perceived their appearance as a bargaining tool in reaching their life goals: "[...] well, one should take care of one's appearance, as it is equivalent to one's image, the way other people perceive us. When we are presentable, we find it easier to make it to the top. Unfortunately, people now attach great weight to the appearance of others" (YW\_10\_30); "Currently, people often attach more importance to one's appearance than his or her character and personality. Thus, we have to take care of it" (YM\_3\_22).

When commenting on the necessity of adapting one's looks to the situation, men mentioned mostly the professional environment, while women also referred to the private sphere – social and intimate relationships. One male participant also emphasised that good looks make one satisfied: "Well, this is our mark, isn't it? Our appearance has an influence on our position in the group and certainly on the way other people perceive us" (YM\_8\_29). In the patriarchal male culture, an important factor in terms of the social hierarchy was one's age. Taking into account the opposite direction of the positive influence of the discussed factors, it should be noted that, today, attractive looks allow a high-flier to compete with an older man (who usually does not have such a capital at his disposal) for domination. On the other hand, the young women mentioned the positive influence of an attractive appearance on self-confidence, which is also important in reaching one's set goals.

The young people of both sexes also unanimously emphasised that taking care of one's physical appearance is one's obligation. The difference was that the men described that rule in general terms ("everyone should"), while the women's comments resonated with patriarchal resentment towards their obligation as women – "the fairer sex" – to be presentable.

Few differences were observed between the answers of the middle-aged female and male respondents. All of them unanimously agreed that the need to take care of one's physical appearance results from the necessity to take into account the opinions of other people, who judge us by our looks. Appearance also proved important to the middle-aged people, in particular in respect of their professional relationships. In addition, the middle-aged women and men pointed out that judging people

by their physical appearance is inappropriate, and can even lead to wrong conclusions. Such an opinion can result from the fact that when the present-day middle-aged people (i.e. aged 38–62) were young, physical appearance was not considered as important as it is now. The most striking were the differences between the answers of the old women and men (cf. Malinowska, 2016). Only the men emphasised the necessity to take care of the way we look, especially our clothes, to make sure that they are appropriate for our professional position and the type of work: “Yes, because fine feathers make fine birds. When I went to work, I had to wear a suit, as a man looks more elegant as soon as he puts a jacket on. Somewhat more serious, more appropriate for his professional position. After all, I supervised the work of my team, so I had to look smart. They wore working clothes, while I was in the office, so I had to dress in a more elegant manner” (OM\_8\_70). The old women, more often than not, distinguished between various areas of activity and situations to which one should adapt one’s appearance and attire, such as: going to work, to church, to meet a friend, or to do shopping. “Besides, one is not always in the mood to look smart. After all, when we do shopping or run errands, we would rather not dress in elegant clothes and go to the local market.” (OW\_1\_64). That way of thinking reflects the genderally conditioned differentiation of the significance the women and men of that generation attached to activities in various spheres of life. The men found the public sphere more important, as this was the main area where they fulfilled themselves, and, of course, they also took into account their professional careers, while women believed that the public and the private sphere were at least of equal importance, as, despite their belonging to a generation of women, most of whom were active on the job market, they were at the same time responsible, most of all, for the functioning of their households and their families.

At this point, we should remember that the young men commented on the influence of a man’s looks on his position in the group, while the young women noticed the significance of an attractive physical appearance that makes it easier to climb the social ladder. Middle-aged and older women did not connect appearance with functioning as part of some hierarchical system.

The old people, on the other hand, took notice of the impact of one’s presentable looks on the quality of his or her social relationships (cf. Malinowska, 2016). Only the old men emphasised the importance of aesthetic looks of women to satisfy male aesthetic needs. One of them even pointed out that they modified their behaviours if they were talking to someone nice and pretty. “We influence the other person through the way we look [...]. If the person we meet is nice and smiling, even if we harboured

some grudges against him or her, it would be hard to express them [...]” (OM\_4\_64). They also stressed that presentable looks made them feel more self-confident. At the same time, just like the middle-aged men and women, the old men were aware of the fact that judging someone by his or her appearance is inappropriate, as it might prove wrong.

Only the old people of both sexes (as well as the young women) connected taking care of one’s looks with it having a pro-health influence, although the old men defined this as basic activities associated with personal hygiene. On the other hand, only the women – the young and the old ones – considered taking care of one’s physical appearance to be chiefly the duty of women: “But one should take care of oneself and every woman should take care of herself” (OW\_1\_64); “I think people should take care of their physical appearance, especially women, as we are a little bit burdened with that expression ‘the fairer sex’” (YW\_9\_30). Perhaps the young women referred to the general requirement of having a good appearance, which currently also applies to their male peers. The old female respondents, on the other hand, mentioned the “traditional,” patriarchal cultural gender model, which requires that women “be beautiful,” i.e. look attractive.

Thus, the results of the analysis of the answers of the women and men of various ages concerning the reasons for taking care of one’s physical appearance allow us to recognise that the part of the original hypothesis that stated that women, in general, are more likely to perceive physical appearance as a resource of human capital which has a significant influence on their social functioning is well-justified. However, taking into account gendered age as a category for the analysis allowed us to highlight interesting differences between the answers of the men of various ages.

## 3.2. Affective Component

### 3.2.1. The Assessment of One’s Own Physical Appearance in Relation to Sex and Age (Joanna Brzezińska)

Currently, western culture highly values youth and beauty. We live in a world dominated by the cult of youth, and the accompanying developments in medicine not only allow us to significantly extend the average

life expectancy, but they also provide us with more effective tools to eliminate the physical and biological signs of ageing. In modern societies, an individual's social identity is, to a large extent, determined by his or her body, which is also the carrier for standards and values, and it thus influences the individual's social status and interpersonal attractiveness (Jakubowska, 2009a; Wolf, 2014). As the individual's look, assessed from the subjective and the cultural perspective, is the most public part of the self, it largely affects how our attractiveness is perceived, not only by ourselves, but also, most of all, by other people (Etcoff, 2002).

In order to analyse the young, the middle-aged, and the old people's perceptions of their own appearance, as well as to find out what they refer to in those subjective opinions, women and men representing the above-mentioned age categories were asked to assess their own looks as part of the in-depth interviews. The answers of the respondents of both sexes, who were asked whether they consider themselves to be attractive, can be classified into three main groups: positive, negative, and neutral assessments. In total, nine women and men belonging to the three age categories (youth, middle age, and old age) commented on the issue.

The women's self-assessments of their own looks were mostly positive, while the men usually assessed themselves in a neutral or a positive manner. It should be noted that the negative perception of their own appearance and attractiveness was rarely observed in either sex, however, the female participants assessed themselves in a stricter manner, revealing that they are much less convinced of their own attractiveness. The above general conclusions seem to be consistent with the results of general social research on Polish people's satisfaction with their own looks, according to which over three quarters of the residents of Poland (76%) accept their appearance and are satisfied with their figures, while a little over one fifth of the respondents (22%) are not satisfied with their looks, including 5% (one in twenty respondents) who completely do not accept their physicality (the Centre for Public Opinion Research – CBOS, 2009b). Similarly, when we take into account the population of the whole country, we can see that men are much more often satisfied with their looks: 85% of them claim they accept their appearance and 14% express their dissatisfaction on that account, whereas women show a much more critical attitude to themselves: 67% of them approve of the way they look, while 30% are not happy with it (the Centre for Public Opinion Research – CBOS, 2009b).

When analysing the answers of the female respondents who positively assessed their appearance, we can notice that most of those opinions are restrained and not without doubts, revealing the lack of self-confidence: "Yes. [I consider myself to be attractive], i.e. more attractive rather than unattractive" (YW\_6\_28); "I keep my weight. In general, I'm OK, an

absolutely average, ordinary build" (YW\_8\_29); "I assess myself in a positive way. I think I am rather attractive and there's nothing wrong with me" (MAW\_4\_45); "I think I don't look so bad [...] and one can say that I look attractive" (MAW\_6\_48). On the other hand, the men who commented on their own appearance in a positive way were characterised by their noticeable self-acceptance, which is more than can be said for the above-quoted answers of their female peers. For example, the men declared: "[I am] satisfied [with my looks]. I've never had any complexes about that" (MAM\_15\_61); "It is going to sound a bit like idolatry, but I do think of myself as an attractive man, as a boy, and now an attractive man" (MAM\_6\_47); "I feel good in my own body" (MAM\_8\_53). However, the self-assessments of some men – as well as those of most of the female research participants – were not as unequivocal. Some of their answers revealed a lack of unconditional acceptance of their own physical appearance, which can be proved by the opinions preceded by such expressions as "I think," "It seems," "I would rather," or including conditions ("I consider myself to be attractive, but..."), suggesting the necessity to improve or change some aspect of their appearance, or to take some actions aimed at correcting their looks: "I think that, on a scale of 1 to 5, I would give myself a 4 with a little plus. Thus, I consider myself attractive" (YM\_4\_24), "I am satisfied, but I don't have enough time to take more care of my figure. So, if I had more free time, I would, certainly, work on myself" (YM\_13\_32). Still, it should be emphasised that the men taking part in the in-depth interviews perceived their attractiveness in a conditional manner less often than the women.

The above-mentioned difference in the female and male respondents' assessments of their own attractiveness results from the patriarchal inequality of the cultural concepts of femininity and masculinity. As Buczkowski points out, citing Tseelon, women are subject to much stricter criticism than men when it comes to their physical attractiveness, which, according to the patriarchal gender concept, has a greater influence on their lives and their functioning in society. Thus, women's perception of their own appearance is definitely more critical than in the case of men. Their opinions on their own bodies are more negative when compared to the opinions of men, and they are less satisfied with their own figures (Buczkowski, 2005: 286, citing Tseelon, 1995). The female research participants, even if their assessments of their own looks were positive, were much less forthcoming, more humble, and cautious in expressing their opinions, in case they were wrong, and they often justified their positive assessments with their active approach to their own appearance, i.e. taking actions to preserve, improve, and take care of that resource: "in general, I am satisfied [with my appearance], but this is because I take

care of it" (YW\_5\_28); "I keep my weight, so I am attractive" (YW\_8\_29). Even though some of the male research participants were also cautious in assessing their own looks, such statements were of marginal significance, which confirms that physical appearance supplements the patriarchal concept of masculinity – consisting, in particular, of specific personality traits and social roles – and does not constitute a basis for its shaping, as can be observed in the case of the patriarchal concept of femininity. This is perhaps the reason behind many neutral assessments of their own looks made by the men of various ages, whose answers reveal less self-reflection, the lack of the need to compete, and lesser importance of that resource: "I believe I look ordinary, good, like a typical, average man" (YM\_3\_22); "I am ordinary and nothing about me stands out" (YM\_5\_26); "I think I am ordinary, neither attractive nor unattractive" (MAM\_13\_60); "I am neither at the top nor at the bottom. [I am] somewhere in the middle" (OM\_12\_72).

The vast majority of the men assessed themselves in a neutral or a positive manner, but nevertheless, they still expressed general satisfaction with their looks (YM\_1\_21, YM\_3\_22, YM\_5\_26, YM\_7\_28, OM\_12\_72, OM\_13\_77). The women, on the other hand, when assessing themselves in a neutral way, admitted that they were partially satisfied with their looks and emphasised their 'averageness', 'ordinariness', and similarity to other people. The neutral assessment of their appearance in the case of both sexes carried with it the description of themselves as an individual who does not stand out and is 'ordinary'.

When analysing the negative assessments of their attractiveness provided by the women, one can notice that those opinions took the form of both a general dissatisfaction with their own looks or with specific aspects, such as being overweight, or lacking fitness or time to take care of themselves, and unambiguous descriptions of themselves as an unattractive or not particularly attractive person (MAW\_8\_53, OW\_3\_65, OW\_4\_66, OW\_8\_70, OW\_14\_86). One of the female respondents recognised the ageing process, with its negative influence on her body and health, as the reason for her dissatisfaction: "I am very dissatisfied [...] because I'm growing old [laugh] fast and my health is deteriorating as well, so I don't always feel well" (MAW\_10\_56).

The negative assessments of their physical appearance and attractiveness could also be found among the answers of the men taking part in the in-depth interviews, however, the male respondents, regardless of their age, much less often expressed low opinions of their appearance, mentioning their general disapproval and complexes arising from their looks: "I assess my appearance negatively [...] because I could look better" (MAM\_10\_56); "I have a low opinion of my looks because I am

a realist" (MAM\_11\_57). Just as in the case of the female research participants, only one respondent – a man belonging to the oldest age category – associated his negative assessment of his own looks with his chronological age and the changes due to the ageing of the skin on his face: "Well, I am not [satisfied with my physical appearance]. I notice wrinkles that get deeper and deeper and they make me look older" (OM\_12\_72).

When analysing the answers of the female and male respondents belonging to the three age categories, one can notice that the comments of both the women and men on their own physical appearance are different, depending on the age of the respondent. Firstly, we shall characterise the differences in the self-assessments of the women, and then those concerning the men. In the final part of the sub-chapter, we shall reflect on the opinions that are characteristic for individual age groups, regardless of the gender.

Even though the vast majority of female respondents assessed their appearance in a positive way, we can observe that the young women showed a tendency to present their attractiveness in a favourable light more frequently than the middle-aged and the old women. None of the young women explicitly disliked her appearance. We can assume that this results from the relatively positive attitude of the young female respondents to the issue of physical attractiveness and their biologically young looks. However, it should be noted that the young women's assessments are more toned-down and expressed in a more cautious manner than in the case of the two older groups of women. The young respondents were circumspect in their opinions about their own looks, for example: "In general, I am satisfied, but this is because I take care of it" (YW\_5\_28), whereas the women representing the older age categories showed more acceptance in respect of their appearance: "I think that I am attractive and there's nothing wrong with me" (MAW\_4\_45); "I think I'm OK, I have no complexes" (OW\_8\_70).

Negative opinions about their own attractiveness were expressed only by some middle-aged and old women. Although some of the respondents aged 38–62 justified their opinions by arguing that nobody is ever fully satisfied with the way he or she looks, some of them were explicitly critical of their appearance: "I assess myself very negatively" (MAW\_7\_49); "I am very dissatisfied" (MAW\_10\_56). Slightly less extreme, though still negative, were the old women's perceptions of themselves. They claimed to be dissatisfied with their looks, both in general terms and in respect of specific elements of their appearance: "I am not a beauty, as regards my looks and my figure. I am the way God made me" (OW\_3\_65); "Well, I am often dissatisfied [with my physical appearance], when I have bags under my eyes" (OW\_14\_86). With the above in mind, one can suppose

that, as regards women, the general self-assessment of their attractiveness gets more negative with age and is based on different premises, depending on the chronological age. In the case of the middle-aged and old women, it results from their general physical and mental state, as well as their fitness, i.e. the biological and fitness-related factors, not the aesthetic ones that can be more often noticed in the answers of the younger female respondents and which shall be discussed in more detail in the next sub-chapter.

The vast majority of the research participants assessed their physical appearance in a neutral way, but such an attitude was slightly more frequently presented by the middle-aged and old women. Those female respondents described their appearance in a similar way, using such adjectives as “ordinary,” “average” and “not standing out.” “Well, I am not a very attractive woman. I am of medium attractiveness. Neither attractive, nor unattractive” (MAW\_15\_62); “I consider myself to be average” (OW\_12\_84), “I am neither attractive, nor unattractive. I am somewhere in the middle” (OW\_1\_64).

Various approaches to the assessments of their own looks in the case of the older female respondents might result from the fact that they have longer and richer life experience and greater awareness of their own bodies, or show more detachment from the issue of their own attractiveness, which is based not only on the physicality in itself, but also on personality traits, as well as from the lesser significance of appearance for the individual's self-assessment. As Lidia Anna Wiśniewska points out, the subject literature is not unanimous as regard the characteristics of a subjective assessment of one's satisfaction with one's body in the case of ageing women, and some researchers even emphasise that the results of many studies are varied and often contradictory, thus, it is impossible to reach unambiguous conclusions (Wiśniewska, 2014; cf. Ferraro et al., 2008; Głębocka, 2009). Social psychologists, on the basis of the analysis of various research results, suggest opposite trends: a decrease in the satisfaction with one's own body on the one hand, and an increase of that satisfaction on the other, which is explained by the tendency towards more realistic expectations and self-assessments of the middle-aged and old women (Wiśniewska, 2014). It is also reflected in the positive, neutral, and negative answers quoted in this sub-chapter of the female respondents belonging to the two older age categories concerning their physical appearance.

In modern culture, the dominating stereotypes referring to the elderly and the ageing process are negative. They concern such issues as increasing body weight and physical deficiencies, including slowed-down movements, the loss of the skin elasticity, or hair turning grey (cf. Głębocka, 2009). In this context, a phenomenon of “the double ageing standard”

can be observed, as societies disparage elderly women. They are perceived as less attractive in comparison with their male peers, whose maturity is considered a positive and desirable characteristic (Sontag, 1972; Miluska, 1996). Stereotypes, according to which old age is associated with ugliness, while beauty is an attribute of youth, can be noticed also in the awareness and answers of some of the old and middle-aged female respondents, as a smooth face and slim, fit figure, regardless of age, are still considered to be a sign of a beautiful, youthful physical appearance. The women representing the two older age categories (more often than men) connected their self-assessments of their appearance with their chronological age, at the same time emphasizing the good looks of young women: "Some assets are absent at a certain age. It is young people who are attractive, young women. People of a certain age are not, not anymore" (MAW\_5\_47); "I was such a person... well, I have never stood out in any way. When I was young, I certainly looked better, if only due to the fact that I was slim for a very long time. Indeed, I felt better then and I was, undoubtedly, more attractive" (OW\_9\_71). The respondents quoted above confirm the observation of social physiologist Alicja Głębocka, that "older women internalise negative stereotypes, according to which what is old cannot be beautiful, which results in their negative evaluation of their own bodies" (Głębocka, 2009: 80).

Taking into account the answers given by the male research participants of various ages to the question about their own attractiveness, one can observe that, like the women, the most positive are the opinions of the youngest respondents. Only one young man answered in an unambiguously negative manner: "I am not satisfied [with my physical appearance]. To be honest, I think [...] there is nothing [I like about my appearance]" (YM\_9\_30). Analogically to the young women, the answers of their male peers who consider themselves to be attractive were usually toned-down and not without criticism: "I consider myself to be rather attractive" (YM\_6\_27), "I am satisfied, but I lack enough time to take care of my figure" (YM\_13\_32).

The middle-aged male respondents, on the other hand, in contrast to the young and the old men, assessed themselves in the strictest manner, often from the perspective of their flaws and the shortcomings of their appearance: "In general, yes, although I could have a smaller paunch" (MAM\_7\_49); "Mother Nature didn't bless me with height, did she? I hoped for my whole life that I would be a bit taller, but I ended up being 169 cm" (MAM\_8\_53).

The old men found it most difficult to assess their own images and, while expressing mostly neutral and positive attitudes to their own looks, they took notice of the aspect of self-acceptance: "[I assess my appearance]

positively. I accept myself" (OM\_4\_64); "This is not about me, because I feel good about the way I look" (OM\_2\_63).

In addition, it should be noted that the old men were the only ones who argued that the assessment of their attractiveness depends not on themselves, but on other people. Some of the oldest respondents initially refused to assess their own appearance, thus distancing themselves from the issue of self-criticism. According to those research participants, male appearance is/should be assessed by women: "Am I attractive? You should ask my wife. I think I am ordinary. Neither beautiful, nor ugly. Just ordinary" (OM\_8\_70); "I mean, I think I've got used to myself, but, you see, there's that problem that when I look in the mirror, I don't see the things women do. Perhaps, women look in another way" (OM\_7\_67). It is not without significance that the quoted men were the group that has been subjected to the patriarchal socialisation for the longest period of time. From the patriarchal perspective, a man's good looks were of secondary importance to himself and they only impact the relationships with the opposite sex, including romantic and intimate relationships that involve sexual attractiveness.

When analysing the respondents' opinions of their physical appearance, taking into account the age categories, one can come to the conclusion that young people have the most positive attitude to their own looks, which can be proved by the lack of negative self-assessments in the case of the young women and only one negative opinion in the case of the young men. On the other hand, the middle-aged respondents – both women and men – much less often assessed themselves positively and, in their descriptions of themselves, they were the most critical of all the research participants: "[I assess myself] negatively, as I could look better [...] I could dress better, be tidier, etc." (MAM\_10\_56); "No, absolutely no. My self-assessment is low, as I am a realist. [...] I assess my own face in the mirror in a realistic way. I don't recognise myself. I look in the mirror and I think there is some guy there who doesn't really look like me, but it is me" (MAM\_11\_57).

Taking into account the above-quoted answers, one can conclude that, according to the proposed hypothesis, with age, the respondents of both sexes not only attach less importance to their own appearance, but they also assess it in an increasingly negative manner. Having analysed the proportions of negative and positive opinions of all the research participants, we can observe that the group that perceives itself in the most positive way is the young people, while the most negative opinions were provided by the middle-aged people, as well as by the old people, although to a slightly lesser extent. It should be noted, however, that in the case of the two older age categories, the respondents' answers

also differ depending on their sex. In general, the women assessed their own appearance in a stricter manner than the men, and the older the female respondent, the lower her opinions on her looks, as the negative assessments in this regard were made mostly by the ladies belonging to the oldest age category, followed by the middle-aged women. As regards the men, the worst self-assessments were provided by the middle-aged respondents, while the old men's opinions were less strict.

However, the elderly research participants of both sexes more often perceived their appearance more positively than the middle-aged respondents. Thus, the level of satisfaction with their physical appearance increases in the oldest group of male and female respondents, i.e. people over 63 years of age, which can be proved by the answers such as the following: "[I assess my appearance] positively. I accept myself" (OM\_4\_64), "I consider myself to be attractive as well" (OM\_10\_71); "As regards my appearance, I can say that I am satisfied [...]" (OW\_5\_67), "I have no complexes about my appearance and, for a person of my age, I am very satisfied with my looks" (OW\_2\_64). Old people (especially men), having noticed physical changes in their bodies resulting from the passage of time, often adopt an attitude of acceptance in relation to the inevitable ageing of the human body, perceived as a natural phenomenon. If they make any subjective comparisons and assessments of their own looks, they take into account their chronological age, along with its biological, bodily consequences: "I mean, I probably got used to myself [...] the thing is, one should always be approachable and presentable" (OM\_7\_67); "I have already resigned myself to that [referring to wrinkles], as it is due to my age" (OM\_12\_72). Research of social psychologists conducted in Canada among a group of men aged 60–70 also revealed that elderly men are more likely to accept the changes occurring in their bodies than their female peers, while wrinkles, grey hair or weight gain due to decreased metabolism are perceived as a natural effect of the ageing process (Wiśniewska, 2014).

However, the representatives of the two oldest age groups most often expressed neutral opinions concerning their own attractiveness. The middle-aged and elderly respondents emphasised their averageness, ordinariness, and the fact that they did not stand out in any aspect, which also reflects the more general trend, according to which, with age, both women and men lose interest in their own bodies and are increasingly less anxious about their own images. Thus, in the case of the middle-aged and the old people, we can observe "a much stronger connection between psychological well-being and physical fitness than between psychological well-being and one's own physical appearance" (Głębocka & Kulbat, 2005: 16).

### **Factors Influencing the Assessment of One's Own Physical Appearance**

In the assessments of their own physical appearance and attractiveness, the respondents of both sexes directly or indirectly referred to various factors. The reasons for those subjective self-assessments that were given most frequently included the opinions of other people or comparing oneself to others, one's own psychological well-being, age and health, complexes or the lack of them (including highlighting the shortcomings of one's figure), and actions taken for the benefit of one's looks. The above categories of factors were mentioned by the respondents both in a positive and a negative context, depending on their opinion of their own physical appearance.

The factor that was most frequently indicated by both sexes as influencing the self-assessment of their attractiveness was external motivation, arising from their immediate surroundings: on the one hand, the opinions of other people (family members, partners, friends, co-workers) were cited, as they shape the reflected self of an individual; and on the other hand, many male and female respondents based their self-assessments on subjective comparisons of themselves with other people. Those factors provided the basis for adopting both positive and negative attitudes to their own looks. Another factor that was equally frequently mentioned by the respondents as having the greatest impact on determining their approval of their own images was their psychological well-being, defined as self-acceptance, sympathy for oneself, and the lack of complexes. Some respondents also referred to their chronological age or the ageing process as factors justifying their positive or negative assessment of their attractiveness. The research participants of both sexes provided the above types of answers most frequently. Despite general similarities in the arguments concerning the self-assessment of one's looks, we can also notice differences in how the female and male respondents expressed their opinions. In addition, the scope of factors influencing the self-assessment of their appearance defined by the women was broader than in the case of the men. This concerns both the larger number of justifying categories and the greater differentiation of those categories (e.g. the female respondents, when commenting on circumstances that affect the assessment of their image, such as health or lifestyle, pointed to individual factors, such as diseases, stress, lack of sleep, and level of fitness). As regards reasons given by the men, in contrast to the women, none of them took into account their health or efforts put into improving their appearance.

When analysing the references to the first of the above-mentioned external reasons for a specific assessment of one's appearance that was most

frequently indicated by the respondents of both sexes, i.e. other people's opinions of us, it should be noted that, in most cases, such opinions were used to justify positive self-assessments of one's physical appearance: "Nevertheless, I had a few situations when I found out that I might be perceived as an attractive woman by other people, both men and women. It also happened that my female friend considered me a rival when it comes to attractiveness" (YW\_2\_24); "I notice that others look at me as well and say: 'Elka, you look great!'" (MAW\_4\_46); "I am satisfied with the hair on my head. According to my friends and family, it is thick. Personally, I find it attractive, too, also because of the very fact that people often compliment me on it" (YM\_3\_22); "I feel good in my own body. [...] Perhaps, because I have this feeling that people around me accept me the way I am" (MAM\_8\_53). In addition, other people's opinions also provided a point of reference independent of one's self-assessment of one's appearance (positive, neutral, or negative), which is reflected by the following answers of the respondents: "It is not about me because I feel good with the way I look. It is about other people, right?" (OM\_2\_63); "Other people's opinions have a great influence, the way they perceive you and criticise you, the things they don't like about you" (YW\_7\_28).

The women slightly more often than the men indicated that they compared themselves to others as the basis for the subjective self-assessment of their own image. In addition, we can notice differences between the women's and men's approaches to that issue. The female respondents mainly compared their appearance with that of specific individuals – their friends and acquaintances, as well as famous people: "I've noticed that I also find women attractive. When I watch TV and see some female celebrities whose looks are similar to mine. So, it means that I find myself rather attractive. I undoubtedly accept myself. I like my face" (MAW\_2\_41); "You know, I think, in general, I am satisfied with everything. I also base my opinion on comparing myself with my peers, you know" (MAW\_3\_42); "When I look at my friends, I find them less attractive than myself" (OW\_10\_71). The comparisons in the male respondents' answers were, however, less personalised. They compared themselves to unspecified "others, in general", as in the following case: "[I do not] stand out too much, I do not differ much from other people you can meet on the street" (YM\_7\_28). Traditionally, femininity is strongly connected with corporeality, and a woman – socialised to constantly control her appearance and take care of her good looks – submits to the requirements of that social canon of physical beauty in an attempt to gain society's approval (Kaschack, 2001; Wolf, 2014). An attractive body is one of the basic elements of the modern concept of femininity (Wolf, 2014), and physical appearance, as an element of a woman's human

capital that has a considerable influence on her social position, is subject to assessment and competition (Berry, 2008; Jakubowska, 2009a). As Buczkowski points out, judgements are passed, in most cases, "on the basis of a woman's physical appearance, rather than on the basis of who she is and what she says" (Buczkowski, 2005: 285). This is probably the source of women's stronger need and imperatives to take care of their physical appearance, as well as their habit of analysing themselves and comparing themselves with other representatives of the fairer sex.

Self-acceptance and the lack of complexes constitute yet another factor mentioned by the respondents of both sexes in their assessments of their own attractiveness. In this case, both the female and male respondents mentioned that they "accepted the way they looked," "felt good with the way they were" or "liked themselves." However, one can notice a significant difference in how the women and the men who assess their own appearance positively refer to this factor. The men's comments were limited to unemotional statements that they accept their own images the way they are, thus perceiving physical appearance as a specific biological resource. They did not provide reasons for their assessments, and only in some cases did they additionally refer to the opinions of other people. The women, on the other hand, usually supported their points of view by naming a specific subjective feeling as the underlying reason behind their positive self-assessments: "I assess myself as physically attractive. I am satisfied. I feel good with the way I look" (YW\_11\_34); "If physical attractiveness can be considered equivalent to feeling good in one's own body, I would say that, yes, I feel attractive" (YW\_2\_24); "I feel that I am attractive" (MAW\_3\_42). Men's answers, on the other hand, were characterised by more confidence and unconditionality of their judgements: "But I simply accept myself the way I am" (YM\_5\_26); "In general, I think I like everything about myself. I would rather not change anything" (MAM\_1\_38).

One should also take note of the differences between the way the women and men justify the self-assessments of their appearance by means of listing their flaws and shortcomings, in particular in respect of their figures. The representatives of both sexes commented that their body shapes diverged from the ideal and they also admitted that they were overweight or obese. However, while the men only listed the elements of their build that they were not satisfied with (abdomen lacking musculature, protruding stomach, a "paunch"), the women additionally talked about things they did to eliminate the deficiencies of their looks or, in a way, excused themselves for their 'negligence' in this regard: "I think I know my flaws and assets and put a lot of effort into eliminating the former. I mean, for example, when I had some problems with being overweight,

I tried to reduce it” (YW\_9\_30); “I would like to be slimmer, which is difficult. It is not impossible, but is it hard to accomplish” (MAW\_5\_47). In addition, the above statements testify to the strong internalisation of the cultural models of femininity and the ideal of the feminine body promoted in the media. The model figure presented in various cultural messages clearly indicates that a woman is supposed to be slim and have a proportional, well-shaped figure, hence the great pressure women feel they are under to take care of their appearance, and the discomfort arising from being “pudgy” (Głębocka, 2005; 2009). As the above-quoted Głębocka proves in her research, the cult of the slim waist contributed to the fact that low weight became the indicator of being satisfied with one’s looks, and thus women take various measures to control their figure and lower their weight, which usually involves diets and exercises (Głębocka, 2009). Therefore, a successful attempt to keep a slim figure was a strong argument for the high self-assessment of the respondents’ appearance: “Now, as regards my appearance, I can say I am satisfied, as I have managed to lose 8 kg and I feel good, light” (OW\_5\_67).

In contrast to the men, the women also put a clear emphasis on the fact they took care of themselves, as well as the efforts they put into improving their looks, while not one man mentioned this kind of factor when assessing his own appearance. The female respondents not only declared that they cared about the way they look, but they also gave examples of specific activities, such as daily care of their skin, haircuts, manicures, putting on their make-up and choosing right clothes, which all contribute to their better psychological well-being and have an influence on their positive assessments of their own attractiveness. There is no doubt that the numerous beauty treatments and care regimens that the female participants of the free-form interviews underwent had a significant positive impact on their self-assessments: “I would describe myself in a very positive manner because. As I have already said, I take care of myself, of my everyday appearance. I never go out without doing my hair, and my nails must be manicured, so that my hands look tidy and to let people know that I take care of myself. Thus, my opinion of myself is positive” (OW\_2\_64); “As for myself, when I do my hair, it’s cool, everyone sees that I have cool hair, and when I sneak past them with my hair unwashed or tied up, they don’t. And when I dress in a hurry and, oh dear, I am dressed any old how, as I put no thought into what I was putting on, I feel uncomfortable” (MAW\_3\_42).

In their assessments of their looks, the ladies belonging to the two oldest age groups commented on their age in relation to their health and physical state, which was not mentioned by the younger female respondents, nor men of the same age: “I am very unsatisfied [...], as I am growing old

fast and my health is deteriorating as well" (MAW\_10\_56); "I would not say [that I am attractive], as I feel now that it's getting worse" (OW\_4\_66). Thus, as regards the older women, one can come to the same conclusion as Głębocka did, namely that the subjective self-assessment of one's looks depends not only on the level of satisfaction with the image of one's own body, but also on one's fitness, physical condition, and the general state of health (Głębocka, 2009).

Women, regardless of their age, mentioned factors which influenced their assessments of their own attractiveness such as other people's opinions, the lack of complexes, and the acceptance of their own appearance. They also compared themselves with others, especially women from their immediate surroundings. In the case of the youngest female respondents, however, the factor that, in their opinions, proved to be the most significant for their self-assessments of their physical appearance, was the compliments other people pay them. The young women's self-images were based, most of all, on the reflected self and, in this case, the opinions of their partners, family members, or friends were of key importance. It should also be emphasised that their self-assessments were mostly positive, e.g.: "Yes, I do believe [that I am attractive] because I sometimes hear that from my friends, colleagues and my family. They say that I look nice and that makes me more self-confident" (YW\_13\_34).

When assessing their own appearance by comparing themselves to other people, the young female respondents emphasised that they took actions for the benefit of their bodies and appearance: "I think that [I have assessed myself positively] because I have compared myself to my peers. Some of them either do not take care of themselves at all, which makes them less attractive in my eyes, or their actions bring completely the opposite results and make them look unattractive [...] I often [apply various treatments] and, when I assess myself by means of comparing myself with other people, I see that they do not apply any treatments and are more scruffy-looking, unattractive, at least some of them" (YW\_1\_21). While taking care of their appearance and applying beauty treatments proved to be the factor determining the positive self-assessments of the young and the old women (YW\_1\_21; YW\_3\_24; YW\_5\_28; OW\_2\_64; OW\_5\_67), none of the middle-aged ladies associated her own attractiveness with any activities aimed at taking care of her body. On the contrary, one middle-aged female respondent who commented on that issue assessed her own appearance negatively and admitted that she did not apply any cosmetic treatments: "I think that I am not presentable enough, or maybe I suffer from a lack of sleep. I don't go to the cosmetician often enough, well, actually, I don't go at all, or anything like that, but I know that my friends do (MAW\_5\_47)".

The women representing the two older age categories less often mentioned other people's opinions as a factor influencing their self-assessments, and even if they put forward such an argument, it was more often than not presented in a negative context. They believed that the lack of positive feedback from others confirms their unattractiveness or ordinariness: "You know, I can't say that I'm attractive because I don't know how other people perceive me. I think that I am not [attractive], as I do not attract attention with the way I look, and when a woman is attractive, everybody looks back at her on the street. And nobody looks back at me" (OW\_7\_70). On the other hand, other people's comments that had a positive influence on the self-assessments of the old women and made them more satisfied with their physical appearance most often concerned their looking young, despite their advanced chronological age: "I do not look my age and a lot of people say that, and even though I am now 64, no one would say I was that old, and they just say that I look much better, which means that I look as if I was 55, more or less" (OW\_2\_64); "I'm not sure [how to assess my appearance], but no-one would say I was almost eighty! This is a fact. Nobody believes that I will soon be seventy-eight" (OW\_11\_77). In the case of the oldest women, gentle ageing and young looks, despite the chronological age, were considered assets and provided the basis for a positive self-assessment, not only due to the compliments and nice feedback from those around them, but also in the context of subjective comparisons of one particular female respondent with her peers: "[People] my age often look older than me" (OW\_6\_69); "I don't know, I think that I compare myself with my peers and I believe I look not so bad for my age, relatively speaking" (OW\_8\_70).

Some of the middle-aged and old female respondents, in contrast to the youngest women taking part in the research, pointed out that their assessments of their own looks were affected by external factors such as the time of day and their lifestyles (they mentioned the beneficial influence of going on holidays and taking a rest). Another important factor that had an impact on the middle-aged and old women's self-assessments of their attractiveness was their health and mood or psychological condition: "Sometimes I feel great – as you say, I feel awesome. When I am dressed the way I want to be dressed, I feel great, I have no problems, I look good, I feel attractive and I can conquer the world. However, at other times I feel totally, absolutely unattractive" (MAW\_11\_60); "[I consider myself] to be ordinary [...] because I sometimes feel pain in various parts of my body and I walk like a cripple, which affects my psychological well-being and my appearance" (OW\_12\_84).

In addition, according to the concept of "the double standard of ageing" and social psychologists' theories concerning the negative perception

of elderly women's ageing bodies (Głębocka, 2009; Wiśniewska, 2014), some of the middle-aged and old female respondents assessed their own appearance negatively in the context of the passage of time and the changes affecting their physiognomy: "I notice some flaws, such as my eyelids drooping, but I can't help that. When I look in the mirror, I see some changes. Or when I look at old photographs. I can't stop the passage of time, so there's no point in deliberating on that" (OW\_16\_89); "Sometimes I feel completely, absolutely unattractive. Once, when I was a bit younger, those were the signs of my attractiveness" (MAW\_11\_60).

When analysing the arguments of men of various ages, one can notice that their justifications were not only more concise and circumspect than those of their female peers, but also fewer differences could be observed between individual age groups. The young respondents proved to be the most prone to reflection and found it easier to formulate their judgements concerning the subject matter than the two older groups of male research participants. In their answers, the young men most often referred to the positive opinions of those around them, especially women, including the respondents' partners, fiancées, and wives, e.g.: "Sometimes we talk about that and [my girlfriend] suggests that I am attractive and there's nothing I should change about myself. She finds me attractive the way I am and that's it" (YM\_4\_24); "My fiancée tells me that I have very nice hands" (YM\_6\_27). The middle-aged respondents took into account the compliments of their friends, family members, and colleagues most of all: "I have a large nose and a thin mouth, but, in general, I often hear that my face looks nice and handsome" (MAM\_6\_47). In the case of the middle-aged men, the positive comments of the opposite sex were mentioned less often as an argument proving their physical attractiveness: "Even in the last 2 or 3 years, I heard such simple compliments from women. For example, they sometimes say that I have a very beautiful tie and a nice shirt, they go together well" (MAM\_14\_61). In the case of the oldest male respondents, the lack of positive judgements on the basis of feedback from women probably proves that they are found less attractive in romantic or intimate situations, which are more intense at earlier stages of human life, when people are looking for partners and establish intimate relationships.

When assessing their own appearance by comparing themselves to other people, usually their peers, the young men focused on physical attributes, such as their build and figure: "As I said, when I compare myself to my friends and other people, I think I am definitely more attractive than them. [...] However, taking into account the fact that my friends, unfortunately, have put on some weight, I have no such complexes. I have no problems like: I take off my T-shirt and everybody sees my belly

sticking out. I look normal, so it is an argument for my attractiveness" (YM\_4\_24). What was important for the middle-aged and old men, however, was not physical appearance and body shape as such, but appearance and fitness in relation to their age: "I shouldn't be the one to judge, but at work I notice that a 20-year-old man who works with us is not able to do many of those things I do" (MAM\_2\_39); "As I have already said, I look younger than my peers" (MAM\_6\_47); "Some people say I don't look my age. They think I'm younger, even though I'm worn out, I feel it" (OM\_14\_82); "When I was younger, oh yes, I used to boast about my looks, but now there is nothing to boast about anymore" (OM\_12\_72). In the context of the above statements, one can notice that, in the case of the middle-aged men, the references to their chronological age are positive and make them perceive their own attractiveness in a more favourable way, despite being aware of the passage of time. In the case of the old men, however, the advanced age and the accompanying physiological changes have a negative effect on their assessments of their looks due to the biological processes they bodies undergo and the resulting increasing limitations.

In addition, it should be noted that no health or care factors were mentioned by men, regardless of their age. Only one of the middle-aged male respondents commented on the possibility of doing something in order to improve his appearance: "[I assess myself] negatively, as I could look better. [...] I think there are many things I could do. I could dress better, take more care of myself, etc. There is always such a compromise between possibilities and willingness, perhaps" (MAM\_10\_56). The lack of such reflections probably results from being socialised in accordance with the patriarchal concept of masculinity, and instilling in that group of respondents the belief that men are not expected to take care of their image or physical condition, since tradition demands that women – their mothers, partners, and wives – do that for them.

On the other hand, when we consider the answers of the participants of the free-form interviews only from the perspective of their age, we can observe two fundamental differences in formulating emotional judgements on the discussed subject. The young people – both women and men – definitely took into account what other people think of their physical appearance and sought their approval much more often. With age, that tendency to base judgements concerning one's looks on an external motivation decreases, and is gradually replaced with internal factors, often associated with the ageing process and the accompanying changes in the human body. What is more, the youngest respondents of both sexes, while seeking the support of those around them in their attempts to assess their own looks, mostly expected feedback from the opposite

sex, including their partners: "I can say yes, indeed. Both my boyfriend and those around me suggest that I am attractive. In fact, I agree with them" (YW\_1\_21); "My wife likes it that I look better. Thus, I am attractive not only for her, but also for other people, so she could boast to her friends that she has such a cool husband" (YM\_10\_31). As has been already pointed out in this subchapter, this is probably due to the greater intensity of relationships of an intimate or romantic character at this stage of life, and the stronger need to be perceived as an attractive and desired person on the matrimonial market.

The middle-aged and elderly respondents of both sexes mostly referred to their chronological age and mentioned youthful looks or the ageing process as factors affecting their physical appearance and attractiveness. In many cases, noticing how one's face and body change with age resulted in a negative perception of their own appearance. This applied in equal measure to the women and men. Nevertheless, chronological age was often the reference point for describing one's looks as attractive, acceptable, and young (considering that person's actual age), which could be noticed in the answers of the oldest respondents of both gender categories: "I don't consider myself attractive or unattractive in comparison with other gentlemen at my age – leaving the issue of hair aside, as this depends on one's genes – but when I see a man of a fit, athletic figure walking next to a guy weighing twice as much, with a 150 cm waist, I obviously assess myself as resembling more that first guy than the second one" (OM\_11\_77); "I have no complexes about my appearance and, for a person of my age, I am very satisfied with my looks" (OW\_2\_64).

The analysis of the answers of both the male and female respondents of various ages concerning the factors influencing their subjective assessments of their own physical appearance confirms the conclusions arising from the discussion about the self-assessments of their images (cf. subchapter 3.2.1) in the context of the general hypothesis, according to which women, regardless of their age, are stricter and more critical in relation to the subject matter. The wide variety of arguments the female respondents put forward to justify their moderately positive opinions about their own looks proves that women find physical appearance very important, and its positive assessment is strongly influenced by and depends on many factors, both external (such as the opinions of other people, biological age, and time of day) and internal (e.g. health, physical condition, psychological well-being, lifestyle, and cosmetic treatments). When assessing their own appearance, the female research participants more often than the men compared themselves with other representatives of their sex, usually their peers, and commented on numerous cosmetic treatments they apply. In the case of critical self-assessments of the female

respondents' looks, an aspect that proved to be of greater importance was their figures. The men justified their opinions less often and with greater difficulty, being influenced, in most cases, by the compliments of those around them, or their own psychological well-being and self-acceptance.

As regards the age categories, few differences can be noticed between the attitudes of the young women and the young men, since the modern cultural concept of youth diminishes the significance of the gender. For the young research participants, who expressed the most positive opinions on their appearance and much more often claimed that they perceived themselves as physically attractive, the most important factors influencing their self-assessments proved to be the opinions of other people and comparing themselves with their peers. The middle-aged and old respondents much less often sought feedback from other people to justify their self-assessments of their looks, and they often referred to their chronological age in their answers. An important factor influencing the neutral and positive opinions of the middle-aged and old women and men regarding their looks was also their psychological well-being, understood as self-acceptance. In the case of the older research participants, it also meant that they did not expect too much of themselves as regards their physicality, or that they had resigned themselves to the changes in their ageing bodies.

### **3.3. Behavioural Component**

#### **3.3.1. Gender and Gendered Age in Relation to Activities Which Have a Beneficial Influence on One's Appearance (Ewa Malinowska)**

In this subchapter, we shall discuss the methods of taking care of one's physical attractiveness described by the respondents or, more precisely, how young, middle-aged, and old women and men take care of their bodies and care about the way they dress. (As regards the old respondents, we shall also refer to some of the results of our own expanded analysis of the manners in which old women and men take care of their physical appearance, published in 2016 – Malinowska, 2016).

Beginning with the propositions put forward as part of the first hypothesis, we shall attempt to answer the following questions: were the similarities between the methods of taking care of one's appearance described by the women and men belonging to the three above-mentioned age categories observed mainly within a specific age category, e.g. among young people, regardless of their sex, while the differences depended not on the respondents' age, but on their sex? Can we talk about the gender differentiation of activities which have a beneficial influence on one's appearance only with reference to the old people?

### **3.3.1.1. How Women and Men Take Care of Their Appearance Depending on Their Age**

As regards the youngest generation of respondents, almost all of them attached importance to the way they dress. They unanimously emphasised the significance of having an individual style of dressing and claimed that the clothes they buy must be, most of all, comfortable. They also mentioned that one should dress appropriately for the situation.

As for the style of clothes, the young people, regardless of their sex, preferred the casual style: "I usually wear trousers, blue jeans, some cotton blouse – it must be comfortable – black, white, coloured, and fashionable, pumps or some high-heeled shoes, but I prefer pumps, as they are more comfortable. [...] I think I prefer casual and comfortable clothes" (YW\_13\_34). Some young men and women also highlighted the functionality and ease of their everyday casual clothes: "I am not the kind of person who obsessively follows fashion, so I prefer the [casual] style. It makes me feel more at ease. I think in this way I am also more approachable. And that's it" (YM\_8\_29); "My clothes must be comfortable enough so as not to restrict my movements and I don't want to flash my body when I move. They also should not to itch or rub against my skin" (YW\_2\_24).

The most important common criterion for young people when choosing clothes worn by the young people proved was their comfort: "[...] I very often like to dress casually. I focus on my own comfort. I must feel comfortable. I won't buy high-heeled shoes that would chafe my feet [...]. I want to feel comfortable and that's my priority" (YW\_2\_24). Only one young respondent, a woman, justified her preferring comfortable clothes with her parental obligations: "Comfortably. Now, especially when I take care of my children, I dress comfortably. Only when I go out without my kids do I dress uncomfortably – on purpose" (YW\_14\_35). On the other hand, only some young men (in contrast to the young women) firmly emphasised that they trust their own taste and attached greater importance to their own comfort than aesthetics: "[...] I want to feel comfortable

and that's my priority. Looking attractive comes second. As I have already said, I do not stand out and do not want to stand out [...] my shoes must be comfortable and I need to feel comfortable in my clothes" (YM\_5\_26).

If we consider dressing appropriately for the occasion being equivalent to elegance, the young respondents of both sexes should be called elegant. "Dressing appropriately for the situation" was the second rule that the young women and men adhered to most often, according to their answers. The young people dress 'casually' only at home: "[...] if I am home alone, I don't care how I look. At home, I like to feel at ease, some loose-fitting tracksuit and a ponytail or something like that" (YW\_3\_24); "When I go out, I try to dress elegantly and appropriately to the place I'm going to. I usually wear a shirt, [...] when I go out, I never wear a tracksuit" (YM\_4\_24); "I think that [my clothes] should be appropriate for the situation and the place I'm going to. You can make yourself look more attractive with the way you dress" (YM\_6\_27). Other young respondents of both sexes emphasised not so much the necessity of adapting their clothes to the specific place, as to the type of event: "Well, it depends on the specific circumstances, whether I dress in my everyday clothes or whether I have to go out and take part in some more formal event or a party. [...] Ranging from, let's say, a more formal shirt, dark trousers, more elegant shoes to [...] a suit, which is a symbol of elegant male attire" (YM\_1\_21); "When I go out or do some official errands, I try to dress appropriately, i.e. longer trousers, elegant shoes, some shirt, and a jacket. When I go to work, I wear formal clothes, as a certain dress code must be adhered to" (YM\_14\_35).

The young women and men also claimed that they attached importance to the colours of their clothes, especially the correct matching of colours. Some of them also commented that they took notice of the quality and price of their garments. However, in this case, quality took priority over the lower price: "For me, it is more important how it looks [...], what the quality of the material is, and that it won't look like an old rug when I've washed it a couple of times" (YM\_1\_21); "Well, the price is important as well, but it is not the crucial factor. I mean, I even prefer to save some money, wait, and buy something that is more expensive, but also of higher quality. In this way, it would serve me longer and, for example, the cut would be better, more comfortable" (YW\_12\_34).

From the gender perspective, one should take notice of the answer of a thirty-six-year-old female respondent, i.e. a woman who, at the time of the interview, was approaching the lower boundary of middle-age (i.e. 38 years of age), as none of her peers mentioned that issue: "I make myself look younger, for example with my attire. I noticed that when I was over thirty, I started wearing shorter skirts, oh, well, maybe not too short, but

I also started wearing dresses” (YW\_15\_36). Perhaps our male respondents did not feel such a strong pressure resulting from the current cult of youth and beauty as their female peers did, especially since, due to the very nature of the socialisation process characteristic of the patriarchal culture, girls are, from the very beginning, psychologically and socially predisposed to constantly take actions to preserve their youth and good looks. However, the specific situation of women results not only from the internalisation of the cultural concept of ‘the fairer sex’, which was reflected by the young female respondents’ answers, but also from their simultaneous efforts to have a successful life, which was defined androgynously by the young generation (in contrast to the traditional concept that equated a woman’s success in life only with a successful marriage and motherhood). In the case of the young people of both sexes, who have a secondary or higher education, that success is strongly associated with having a professional career. The road to that career is paved with competition, both on the job market and on the matrimonial market, which is now different than it used to be, as currently women are, at least formally, socially empowered (i.e. economically independent and with the same rights as men) and thus, when choosing their life partners, they want them to be young and presentable. This is confirmed, for example, by research conducted among Polish (but not only) single women (Czernecka, 2011). On the other hand, the specific character of the young men’s situation, when compared to that of their female peers and, in particular, to the situation of the older generation of men, results from the current incorporation of the features of physical appearance into the model of masculinity and the huge increase in the significance of a young man’s looks for his social functioning (of which our respondents belonging to ‘the rougher sex’ proved to be aware). The young men have to compete with women on the job market and, as regards the matrimonial market, they have to adapt to the new rules of the game, i.e. sometimes they have to take a passive, objectified role as the one who is chosen, and not only the one who makes the choice.

Taking care of one’s appearance also involves taking care of one’s body. The basic scope of those efforts, i.e. taking care of one’s personal hygiene and haircut, was not the only similarity between the behaviours of the young women and the young men (the men mentioned mostly have their hair cut, while the women described how carefully they do their hair and the great importance they attach to its health and presentable look). As regards the young people, even putting a face mask on ceased to be a treatment applied only by the women. The same can be said about manicures and peelings, which were mentioned by the young people of both sexes. The scope of behaviours associated with taking

care of the attractive appearance of one's body proved to be surprisingly similar. Other similarities could be noticed in the types and purposes of the cosmetics the respondents used. For example, the young men mentioned using not only colognes or deodorants, but also specialised cosmetics and fragrances. Interestingly, some of the young respondents emphasised the special role of women in accustoming them to those kinds of behaviours. However, the credit for that did not go to the women of the older generation, i.e. their mothers, who had tried to socialise them, but to their wives or partners – their peers, whom they are supposed to attract with their physical appearance, since the young women recognise the significance of presentable looks for one's social functioning. Another aspect common to the women and the men was the lack of willingness to apply aesthetic medical treatments.

The images of the physical activity of the young women and men were, however, not as similar. The young men readily admitted to their active participation in various forms of physical activity, however, two third thirds of them included some reservations in their answers: “Until recently, [...] I used to exercise [...], but then I stopped [...]. I have a lot of duties and I don't have much time for physical activity [...]” (YM\_6\_27); “Oh, well, I still go climbing sometimes, but I haven't practised that sport for a long time [...]” (YM\_5\_26); “To be honest, I have to say that recently I've neglected my sports activity a bit, partially because of my injuries” (YM\_15\_37). The young women, at least according to their answers, proved to be more diligent in exercising and mentioned many types of activities. The most popular were swimming, gymnastics, and going for walks, but also dancing and the supposedly men's combat sport – boxing. Taking into account the fact that the respondents were not teenagers, but young people aged 20–37, the discussed behaviours could be influenced by their professional and family responsibilities that did not allow them to practice sports and engage in other recreational activities on a regular basis. Therefore, in this context, one should ask about the gender model of the division of social roles that the female and male respondents adhere to (both at home and at work) (Dzwonkowska-Godula, 2015), as well as about the experiences arising from the genderally differentiated socialisation, for example, about preconditioning girls to be dutiful and diligent in fulfilling all their obligations (including those they took upon themselves for their own benefit, such as practising sports), which constitutes the core of the so-called ‘good student syndrome’.

It seems that the way the young men take care of their bodies reveals a tendency to feminise their behaviours. This is an empirically proved manifestation of the partial modification of the patriarchal definition of masculinity (concerning one element of the cultural model

of masculinity, i.e. physical appearance), based on taking into account the culturally post-modern method of defining youth.

On the other hand, the middle-aged people, regardless of their sex, mostly followed one rule when thinking about their attire: the clothes must be appropriate for the occasion. An interesting qualitative difference concerned the fact that the middle-aged women more often than their male peers attached importance to the comfort of their clothes, while the men focused on how good they looked, as well as their psychological well-being. They claimed that they dress appropriately, originally and stylishly: "Your clothes must be appropriate for the specific circumstances. When I go out with my friends, I can dress more casually; [...] you should dress in such a way that you feel good" (MAM\_2\_39); "So, for me, a perfect garment is something between elegant and casual because it makes me feel the most comfortable" (MAM\_1\_38). As only some women of that age category (and no men) mentioned "dressing according to one's age," one can assume that their sports, casual, and comfortable style of dressing was supposed to make it easier for them to still identify themselves with young people and to be identified as such by those around them.

The middle-aged men mentioned dressing appropriately for the situation with the same frequency as trusting one's taste and having an individual style. The women, on the other hand, mentioned dressing appropriately for the situation as frequently as the above-mentioned comfort of their clothes and having colours that go well together. Thus, the middle-aged women were evidently anxious about the visible signs of their ageing. For example, they used colours to correct any imperfections in their complexion that they noticed and to highlight those aspects that they considered noteworthy, such as their types of beauty. Some of the female respondents even referred to the psychology of colours: "At the moment, I need more energizing colours, as they make me feel better [...], i.e. some [...] green, orange, yellow, anyway, and the closer to spring we get, the more I need them" (OW\_11\_60). On the other hand, the middle-aged men (and, as we will see, also the old men) preferred more toned-down colours of clothes: "I like colours such as blue, navy blue, and black. These are the dominant ones" (MAM\_3\_40).

In a patriarchal culture, the social significance of the ageing process is genderally differentiated: middle-aged men do not fear old age yet, but middle-aged women do. Men do not lose self-confidence with age and, if they have managed to achieve satisfying social positions, middle age is the very period in their lives when their self-esteem is high and they make the best use of their empowerment. One of its manifestations, which is not without significance, is trusting their own taste and following their

own styles when it comes to choosing their clothes. It seems that Polish middle-aged men are the last generation that is not judged by appearance to such an extent as their female peers, while the men representing the younger generation are. Thus, at the moment, entering middle age releases them from the culturally unmanly pressure to be found attractive by others, unless, in the meantime, they have managed to internalise their attractive appearance as an autotelic value, and taking care of their own appearance has become a rule of their everyday life. But that was not stated by our respondents.

Therefore, as regards the middle-aged people, we can notice signs of the patriarchal genderisation of behaviours concerning taking care of one's attire, especially in comparison with the mainly androgynous character of the young people's behaviours. By the way, it should also be noted that only two middle-aged respondents – a man and a woman – mentioned the effort they made to conceal the shortcomings of their figures with their garments.

The women and men of all age categories, thus, including the middle-aged respondents, took notice of the tidiness of their clothes. It was not clear, however, whether such efforts were made by the men themselves, or whether it was a woman who took care of the state of the man's wardrobes, in accordance with their patriarchal habits. If we were to refer to the results of casual observations, the hypothesis that old men are the least independent in this regard seems to be justified.

As regards behaviours concerning taking care of one's body, the respondents' answers show that middle-aged people adhere to a specific basic standard: an everyday bath/shower, brushing teeth, and shaving – in the case of the men, or putting on make-up – in the case of the women. Only the women mask the shortcomings of their appearance. Treatments such as putting on a face mask – which are culturally associated with women – were applied only by the ladies; nevertheless, other treatments, including peeling, manicures, and pedicures, were also used by the middle-aged men, preferably at home, on their own. The middle-aged people of both sexes are also customers of beauty parlours, but even in the case of the women, those visits are very sporadic, while the only man who admitted to going to a cosmetician did that at his wife's prompting: "From time to time my wife urges me to go. I am not eager to apply a lot of cosmetic treatments, but I don't mind when a cosmetician does my nails" (MAM\_8\_53).

As regards taking care of their bodies, for the middle-aged women this kind of behaviour was entirely natural, as it had usually been instilled in them from childhood. However, as the men were inspired, and often also assisted, by women, their answers proved that they had gradually

become accustomed to behaviours that 'go beyond the standard' in comparison with those that are considered to be typically masculine: "I've used eye cream a couple of times, when I had noticeable bags under my eyes, but I also learnt that from the women" (MAM\_1\_38). The gendered differentiation of behaviours could be observed in the case of the sports and recreational activities of the respondents. The women admitted to doing exercises on a regular basis (half of them attended classes such as yoga or fitness) and cycling. The men mentioned going to the gym or a swimming pool, but not very regularly. They also claimed that they sometimes do exercises at home or at their garden plots, i.e. on the weekends.

Another manifestation of the feminisation of behaviours of the middle-aged men, in contrast to the patriarchal model of masculinity, is the broader range of cosmetics they now apply. These are no longer limited to colognes and deodorants or classic, male fragrances. They also used specialised creams, foams, and body lotions.

As with the young and the middle-aged people, the old people also commented on taking care of their clothes and their bodies. In addition, all of them claimed that they took care of their physical appearance. However, the old respondents' answers revealed that the women attached greater importance to their looks than the men (cf. Malinowska, 2016). The paradox of the old women's situation is that their male peers usually do not care whether women their age look presentable or not (and it should be noted that this is, in fact, the only group of men whom the old women can consider to be potential partners). In the patriarchal culture, which equates a woman's attractiveness with youth, beauty and fertility, men are not interested in old women, nor in their appearance (Malinowska, 2011). In any case, the women are aware that after reaching 'a certain age' they become 'invisible'. The old men, on the other hand, due to the same cultural factors, did not feel such a social pressure to preserve their attractive looks when they were young and do not feel such pressure now. In addition, their generation still consider taking particular care of one's appearance to be 'unmanly'.

As regards the hierarchy of importance of the criteria the old people took into account when choosing their garments, clear differences could be observed between the sexes. For example, in the case of the old men, one of the most important criteria was 'comfort'. After all, the patriarchal culture is, by definition, focused on men and their needs. As the comfort of clothes was also highly valued by the young men, we can assume that the general predisposition to take into account one's comfort becomes established a man's lifetime. Some concessions in this regard were made only by the middle-aged men, as this was the period in their lives

when they focused on establishing/consolidating their social position (in this case, they mainly put emphasis on the appropriateness and elegance of their attire), so in their old age they could return to buying and wearing clothes that are, most of all, comfortable. The old female respondents, on the other hand, despite our rational assumptions, did not attach as much importance to the comfort of their clothes as, for example, to having their own individual style and matching colours in the correct way.

The old research participants were not unanimous as regards their preferred style of clothes. The men described it simply as “casual” and “classic,” while the women commented that there are many types of casual style and their definition of the ‘classic’ attire was different than that of their male peers.

The respondents representing the old age category emphasised, most of all, “having and sticking to one’s own individual style of dressing.” Thus, it should be noted, as Bokszańska already did, that this expression can describe one’s individual style – chosen from what is promoted as fashionable – just as well as it describes one’s own “creative transformation of a style proposed by fashion” (Bokszańska, 2004; 29). As the analysed comments on that issue suggest, in the case of our research, creativity was manifested by the elderly women. The old men, on the other hand, understood the expression “own style” as rejecting the newest trends in fashion in favour of more classic attire, at the same time distinguishing between its two types: elegant (wearing a suit) and casual. In addition, the old men described the way they dress as “tasteful” or “toned-down”: “With age, my attire has become more toned-down and traditional” (OM\_2\_63).

One of the many criteria of classifying one’s attire mentioned by Bokszańska is “the attitude to rules, standards, and models that a specific group adheres to” – in a specific social order, we should add. From this perspective, the author distinguished between garments testifying to one’s conformism and non-conformism. According to that concept, the toned-down, classic style, is a manifestation of one’s acceptance of the current standards and rules, an expression of that person’s conservatism (Bokszańska, 2004; 29). Thus, by preferring the classic, toned-down style of clothes, the old men participating in the research revealed their conservative approach to the patriarchy as the prevailing social order. (Nevertheless, their conservatism, in this particular case expressed by the way they dress, could also result from their belonging to the old age category of respondents).

The old women distinguished between a greater number of styles of dressing and described them in more detail than their male peers. For example, they named the following three types of the casual style: “smart-casual” to be worn when they go out, leisurewear “worn only at home”

(OW\_5\_67) and casual style as opposed to an “elegant and dignified style” (OW\_7\_70), which was also divided into two types: formal, attracting attention and making an impression, and also formal, but understood as the opposite of casual, comfortable attire. In addition, some of the female respondents believed that, when it comes to their clothes, elegance can be accompanied by unconventionality, expressed in not taking into account one’s age when choosing one’s clothes: “[...] I dress in an elegant manner and quite bold for my age, as I wear clothes that most ladies at my age would not put on” (OW\_8\_70); while others emphasised that they do not care what other people think about the way they dress: “[...] I choose those colours and cuts that I like and I don’t care what other people think about that” (OW\_10\_71). On the other hand, some respondents timidly mentioned the necessity of dressing appropriately for their age: “I try to dress in way that is appropriate for an old person. Skirts not too short, colours not too bright and rather toned-down” (OW\_12\_84).

An important issue concerning the way the old women dress was colours: “Light colours, but dark ones as well, grey, blue, and white” (OW\_1\_64); “I usually choose beiges and browns [...]” (OW\_14\_86). The old women also described in detail the criteria they apply when choosing the right colours for themselves. Thus, they attach importance to “feeling good” in a particular colour, take into account fashion, and matching the colours of their clothes to the current weather, etc. The old women like to put their outfit together by playing with colours, using a specific range of their favourite hues that might be dark or light, or “toned-down [...], appropriate for an old person” (OW\_13\_85).

According to researchers, the main criteria that allow them to distinguish female attire from male attire are its colours and a cut that highlights the womanly shape of the person who is wearing it (our respondents attached great importance to matching their clothes to their figures). Thus, the approach to the colours of their clothes described by the chronologically old women is an indicator of their femininity. What is more, according to the above-mentioned typology of garments based on the criterion of “the attitude to rules, standards, and models that a specific group adheres to,” clothes that are varied in terms of style and colour reflect the lack of satisfaction of an individual or a group with the current *status quo* and their attempts to introduce some changes (Bokszańska, 2004: 29). Thus, the old women might be perceived as people who defy the patriarchal order.

What testified to the masculine character of the old male respondents’ style of dressing was its being toned-down, also in terms of colours: “I prefer pastel, toned-down hues. I don’t like suits in bright, gaudy colours. But I allow myself to wear [light] trousers in summer, like this, for

example" (OM\_4\_64), "In somewhat more normal, toned-down colours, as they say" (OM\_8\_70). As has been already mentioned, such "classicism" of the male attire also testifies – quite understandably – to the acceptance of the patriarchal order.

However, the most noticeable difference between the old women's and the old men's answers concerning the way they dress was the fact that no man commented on the necessity to match his garments to his figure. The female respondents, on the other hand, felt obliged to make themselves look attractive. Thus, they mentioned that they used their clothes to mask the shortcomings of their build and their excessive weight, as well as to highlight the assets of their figures. This is, according to the above-mentioned concept, another indicator of the feminine identity of the female respondents representing the old generation in our research. Another interesting genderally conditioned difference between the old women's and the old men's attitudes to the way they dress concerned "dressing is such a way so as to feel good in one's clothes." In the case of the men, it always meant that they "felt comfortable" (OM\_1\_63) when they were dressed in a particular way, whereas the women also took into account the aspect of being found attractive by other people: "I like to dress in such a way so as to make me feel and look good. After all, these [i.e. the shortcomings of her figure] have to be masked in one way or another" (OW\_4\_66).

The in-depth analysis of the answers of the respondents belonging to the discussed age category allows us to notice the results of the successful patriarchal gender socialisation of that generation. The old men, whose taking care of the way they dress was manifested mostly in having their own, individual styles, in this way expressed their internalised sense of empowerment. The old women, on the other hand, made a pretence of empowerment. They created their own styles of dressing, often refusing to blindly follow the fashion (although they did not ignore it), and some of them even refused to meet the expectations regarding their adopting such a style that would emphasise that they belong to the group of old people. At the same time, however, the old women, in their persistent efforts to be noticed and found attractive by other people, and be regarded younger than they actually are, remained conformist in relation to the patriarchal model of femininity, thus contributing to the ongoing process of objectifying women in that culture (cf. Malinowska, 2016).

As regards taking care of one's body, the representatives of the oldest generation did not consider it to be a topic for an in-depth discussion. Thus, the answers of the respondents of both sexes suggested that their basic activities in this regard are of an everyday, routine character and are so ordinary that there is nothing to talk about. Nevertheless,

the women were more eager to discuss that topic in more detail, while the men seemed to be more willing to be regarded as someone who does not take so much care of their bodies, as they are “still going strong.” The respondents of both sexes mostly commented on taking care of their bodies by means of treatments they applied themselves at home, as well as on their personal hygiene and physical activity.

The treatments applied by the elderly women mostly involved basic skincare of their whole bodies: “For the night, after taking a bath, I use some body lotion, as my body is not as young as yours, it is old now and, oh well, it’s different” (OW\_3\_65). More specialised activities were performed occasionally: “[...] for example, I put that anti-cellulite cream on my body” (OW\_3\_65). Only a few respondents mentioned facial care, for example putting a face mask on, or using a specialised cream. Less than half of the respondents in that age category admitted to putting on make-up, however, that otherwise typical activity was aimed at correcting their appearance, rather than making them more attractive. It was supposed to make them feel better and some of the respondents even claimed that it was absolutely necessary when a woman went out: “Oh, of course I apply a bit of make-up to my eyes or my face, but it’s very delicate. I prefer not to use too much of that artificial stuff because I am not of that generation. However, I like to look pretty. I never go out without putting on some lipstick. This is my habit and it makes me look more radiant” (OW\_2\_64). Obviously, the female respondents (almost half of them) also mentioned taking care of their hair and getting haircuts, and some of them also took notice of the appearance of their hands. Thus, the old women described basic care for themselves and admitted that they sometimes used a few drops of perfume to complete that everyday ritual: “Good perfume. My favourite one that I always keep to hand. They somehow raise my whole [...]” (OW\_4\_66). None of the women representing the oldest generation mentioned having undergone plastic surgery or other similar corrective treatments (cf. Malinowska, 2016).

The range of care treatments the old men applied at home, on their own, was not as broad. They mentioned, most of all, shaving every day or almost every day and – as an activity performed out of the house – having their hair cut on a regular basis. “My hair has to be cut short and my face has to be shaven. When I am unshaven, I don’t go out at all. I shave every second day” (OM\_12\_72). Another routine activity mentioned by the respondents was the morning and/or evening shower. The old men also occasionally took care of their hands and skin of their whole bodies (they put on some suntan cream on sunny days as a preventative measure): “Well, of course, an evening shower, a morning shower, a morning shave, well, taking care of my nails, for example, oh yes, such things are very

important" (OM\_5\_64). Thus, they use the basic set of cosmetics everyday: shaving cream and aftershave, as well as hair products and, once in a while, cologne: "Shaving cream or some aftershave, a good shampoo, appropriate for me and my hair, so I don't smell of roses. Moisturising and nourishing creams after sunbathing" (OM\_11\_71). Only some of the male respondents admitted to taking care of their hands or skin, and even then, only occasionally: "And hand cream, from time to time, or when we spend time at our garden plot and the heat is unbearable, my wife puts a sunblock on my skin, so I don't get sunburn. But this is her department, not mine" (OM\_8\_70). Thus, it should also be emphasised, as one of our male research participants did, that women – wives and daughters – play a very important part in instilling in men certain habits that go beyond the standard.

When it comes to taking care of their bodies, an interesting difference between the old women and the old men concerned not only the list of activities they performed, but also the reasons behind those activities. The women attached importance to aesthetic aspects and the resulting better psychological well-being. Men, on the other hand, gave hygienic and health reasons, while aesthetics came second (as in the case of shaving and having their hair cut).

Nobody mentioned the necessity of getting enough sleep, or plastic surgery or other similar corrective treatments. The analysed answers suggest that even standard visits to a beauty parlour are not customary for the old women (economic reasons? the lack of time? no ideas?), not to mention their male peers (cultural or other reasons?).

Taking care of one's body also involves physical exercise, understood in a variety of ways. In the analysed age group, the women's statements revealed that they spent more time exercising, and their physical activities were more varied than in the case of their male peers. They worked out outside their homes, in various social circles, sometimes accompanied by their husbands. Apart from typical physical exercises, they practised swimming and cycling, and went for walks. The men, on the other hand, seemed to talk more about their physical activity than actually putting some effort into it. If they mentioned doing some exercises, they were done irregularly, at home: "As I say, one should always loosen up those stiff joints in the morning, so when I get up, I do some exercises" (OM\_7\_67). Only one respondent who was at the lower end of the age-range in the group of the old men had something specific to say about his physical activity: "Walks, I run twice a week and I swim in a pool once a week" (OM\_4\_64) (cf. Malinowska, 2016).

To sum up this fragment of the chapter, the behaviours of the young people concerning taking care of their appearance seem to be subject to

androgynised genderisation, characteristic of the age of the modernised patriarchy, i.e. allowing for new models of the gender division of social roles (e.g. women being granted access to at least some male roles, or men taking social roles that are considered to be feminine, according to that cultural model), as well as making it possible for both sexes to gather and use any resources of human capital, including the one analysed herein, i.e. physical appearance, traditionally regarded as feminine. In other words, taking into account the obtained results, we can observe the similarity of the models of behaviours presented by the young people of both sexes. The main difference was the men's disregard for taking care of their bodies and fitness. Hence, a more general question arises: is androgenisation a manifestation of the influence of yet another of the self-preservation mechanisms that reproduce the patriarchal order? One can assume that the modified model of masculinity that makes use of such a culturally feminine human capital as attractive physical appearance makes it easier for the men to successfully compete with the social expansion of the women, who have not only got access to education and achieved more in that field than the men had done, but who also are becoming empowered and, as a gender category, are rising in the social hierarchy.

As regards the behavioural component of the attitude that is in the focus of our interest, the presented results of the analysis of activities that have a beneficial influence on one's attractive looks proved the hypothesis that, in the case of the young people, gender does not considerably differentiate the attitudes to one's appearance. The collected answers also show that, in the case of the old people, taking care of one's body and the way one dresses seem to be – in accordance with the patriarchal cultural gender concepts – more important to women than men, who show different attitudes to that issue. Therefore, the results of the research prove our hypothesis concerning the gender differentiation of that aspect of one's approach to one's looks, especially in relation to old people.

### **3.3.1.2. How Women of Different Ages Take Care of Their Appearance**

In this part of the sub-chapter, we shall attempt to describe the model of patriarchal femininity that the young, middle-aged, and old female respondents follow in relation to their appearance. In other words, we shall identify the empirical manifestations of age gendering by analysing the behavioural aspect of the women's attitudes to their own physical appearance.

As has been already mentioned (see subchapters 1.1 and 3.1.3), in the patriarchal culture, physical appearance is the main human

capital of a woman, as it confirms and gives a meaning to her existence, and has a significant influence on the quality and the course of her life. Thus, one of the key purposes of a girl's socialisation is instilling in her the belief in the high value of one's appearance, which results in her being convinced that taking care of that resource, including her clothes and body, is her duty. Innate features of one's body such as figure, type of looks, skin, and complexion were, until recently, regarded as not being subject to fundamental external intervention. Currently, this is only partially true. Nevertheless, one's attire still remains the main tool to control one's appearance.

When analysing the female respondents' answers concerning the ways they dress, one can notice that at least some of them, in particular the old women, recognise the significance of having one's own style. It was as if they too had heard what Frieda Loehmann said several decades ago to the then very young Iris Apfel, now considered a style icon: "Young lady, I've been watching you. You're not pretty, and you'll never be pretty. But it doesn't matter. You have something much better. You have *style*."

When characterising actions taken to make themselves look more attractive, the women taking part in the research talked a lot about the rules they followed when buying clothes or putting together their outfits. The basic one, although used mainly by the young and the old women, was the above-mentioned development of their own style. As regards the young women, the patriarchally conditioned reason for working on their own styles could be their desire to stand out in a positive way against their peers in order to attract (and keep) the attention of a man, preferably an 'attractive' one, according to the patriarchal standards of masculinity. The old women, on the other hand, seemed to be mostly motivated by their desire to still be found interesting by the other sex, and to delay – thanks to their attractive, presentable appearance – the moment when others start, without hesitation, to categorise them as old women. In the patriarchal society, such categorisation leads to social marginalisation due to the following interrelated reasons: belonging to the (dominated) 'other' sex, belonging to the group of old people, and the old women's age itself, which render them worthless in reproductive terms. The middle-aged respondents, who definitely less often mentioned the creation of their own styles, put more emphasis on other aspects of taking care to dress attractively. Should, perhaps, the reasons for this be sought in their reaching an age when a woman starts to look for a new concept of style that would be appropriate for her, i.e. not directly referring to the youthful model, but also not ageing her prematurely? Besides, since middle-aged women, in most cases, have already settled down in their lives, they do not have to compete with other women the way they did

when they were young and establishing their positions on the matrimonial market, or starting their professional careers, etc. However, they have not yet reached the age when women have to use their attire as a tool in their fight for the attention of other people, especially their peers – and not only the male ones – like the old women do, and this is not only due to the fact that they seriously outnumber the men of their age. Such presumptions are also confirmed by the preferred styles of dressing that are characteristic for the individual age groups of women. For example, the young respondents described their styles as elegant/traditional and modern/casual. The latter is, in their own words, ‘easy’ to adopt and wear, which was clearly important to them. Some of the old women who described the way they dressed also pointed out that their outfits were traditional and elegant, which was supposed to mean that they were carefully selected and ‘tasteful,’ as well as noticeably appropriate for their age: “Well, I dress rather traditionally, I would say. I believe that at my age I should not wear some leggings and tunics, as there are so many other interesting women’s clothes” (OW\_9\_71). However, other women in that age group answered that the way they dressed was unconventional and colourful, and that they preferred a casual, modern style, which they divided into several sub-types.

A rule that was equally frequently mentioned by the women when commenting on the clothes they buy was dressing appropriately for the occasion or the place. In official situations, the women preferred elegant or traditional clothes, while in the privacy of their own homes they focused on their own comfort. The above rule of putting together one’s attire was applied by the female respondents representing all age categories.

Separating the domestic and the official spheres of life was deeply rooted in the women’s awareness, especially in the case of the old ladies: “I think that when I go out, I choose my clothes more carefully, so as to make sure that they are appropriate for the place I go to. In such a case, I don’t wear a denim dress or trousers, but always a skirt and a jacket, or a woman’s suit and various accessories: beads, bracelets, or clip-ons, I love clip-ons, but small ones, as I don’t like to bedeck myself with jewellery [...]” (OW\_2\_64). Such a division of the social space was obvious for the women of that generation and most of them admitted that they followed it.

The division of social activities into specific spheres is also referred to in one of the many typologies of styles of dressing described by Bokszańska. Thus, we can distinguish between the sphere of work and the sphere of recreational and leisure activities (Bokszańska, 2004). As regards the feminist reflection, what proved to be functional in the context of the social analyses of gender inequality was the division into the public

and the private spheres, the former of which was the men's main area of activity, whereas the latter was the women's domain. The 'professional outfit', as Bokszańska points out, is becoming unified, or adapted to the official requirements of a specific job (e.g. of an office worker). Much more freedom, but also a difficulty in defining the models in an unambiguous way, can be observed in the case of recreational clothes, worn in the privacy of one's home or in unofficial situations. That problem was mentioned in the answers of the female respondents of various age groups, especially the middle-aged women: "When I'm going to visit the parliament building, I don't dress as if I was going to a garden party or some other similar event. Unfortunately, I have to wear a woman's suit and a skirt instead of trousers. Oh well, I try to dress in another way" (MAW\_13\_61) and the old women: "However, my clothes at work are rather standard, i.e. a skirt or trousers and some blouse – usually white, but I also wear some other colours – and a jacket. This is my attire, my official suit" (OW\_10\_71). The present-day high activity of the middle-aged women at work additionally explains why they seem to be less interested in creating their own style than the young and the old ladies – their everyday clothes are largely subject to institutional regulations (e.g. a certain kind of standardisation), while at the weekend they can allow themselves to return to the youthful, casual style.

Another factor that was often taken into account by the women when completing their outfit was their own comfort, although it was not the most important criterion they mentioned. As we observed, comfort was chosen mostly by the young women, and not only in relation to the clothes they wore at home, but also in relation to their everyday 'formal' garments, and even those they put on for special occasions. Some of those women admitted that they liked wearing trousers and flat-heeled shoes, for example. Only one of the respondents in that age category justified her wearing comfortable clothes with her duties as a mother of small children, while the oldest of the young women admitted that she tried to dress in such a way so as to make herself look younger. According to that respondent, thanks to the youthful way she dresses, she did not look her age: "I make myself look younger, for example, with my attire. I noticed that when I was over thirty, I started wearing shorter skirts [...] and I also started wearing dresses" (YW\_15\_36). As already mentioned, the middle-aged and the old women much less often stressed the importance of the comfort of their clothes, and if they did, they emphasised the significance of their appropriate cuts: "The clothes must be well-cut and comfortable, so as not to restrict movement" (OW\_4\_66). Those respondents also commented that they tried to wear well-fitting shoes.

Another important criterion the women applied when choosing their clothes proved to be the colours, and the age of the female respondents clearly made a difference in this regard. The young and the middle-aged women did not show much interest in the colours of their garments. The former – it should be remembered – focused on the comfort of their clothes and came to love several neutral colours, such as white, black, and grey, which always go well together, while the middle-aged women were at that stage in life when a woman is trying to find her individual style, temporarily based on her official outfit that is more or less imposed on her. Additionally, those two age groups of women did not yet feel the need to attract the attention of other people, especially with the colours (and cuts) of their clothes. It should be noted, however, that as a group it was the middle-aged women who attached the greatest importance to choosing colours that matched their complexions and their styles: “I try to choose colours that make me look good, considering my complexion. Even though I really like grey, I’m not sure I look good in grey clothes. But navy blue and raspberry are the colours that certainly make my skin look better. So, I try to choose these colours” (MAW\_1\_38). In addition, some of them preferred neutral hues: “Toned-down [colours], but contrasted with an accent colour” (MAW\_3\_42), while others opted for a practical matching of colours: “I try to choose colours in such a way so as to be sure that they match one another” (MAW\_10\_56). The old women, on the other hand, proved to be really passionate about choosing the right colours. Those female respondents precisely defined their favourite hues, usually neutral and appropriate for their age: “I try to dress in a way that is appropriate to an old person. [...] colours not too bright and rather neutral” (OW\_12\_84). However, another old lady preferred colourful clothes: “I am presentable and I believe that the way I dress is nice. I like colourful things, laces, ruffles, frills. I like to dress in such a colourful manner” (OW\_10\_71). It also should be emphasised that the old women attached great importance to their “feeling good” in a particular colour: “[...] [as regards choosing my clothes], I focus on colours. I love beige. Brown and beige are my favourite colours and I choose clothes accordingly, as they make me feel good. When I am dressed like that and I look at myself in the mirror, I like myself” (OW\_2\_64); “As for me, I don’t wear anything red, for example [...]. Sometimes, as a contrast, a joke, I might go for it, but, in general, I stick to a certain style. Such is my mentality” (OW\_4\_66).

As Bokszańska notices, the way one perceives and uses the colours of clothes corresponds to the generally-applied aesthetic conventions that constitute one of the rules of putting together an outfit, based on cultural definitions. Using appropriate sets of colours, matching and combining

them, and presenting the results of those combinations, are manifestations of the individual's cultural competences, or his or her knowledge of the current rules and principles of aesthetics (Bokszańska, 2004: 40). Even though the traditional combinations of colours and rules of composing one's attire seem to be the most popular model followed by the respondents representing the oldest age category, we should also mention their purposeful breaking of those rules as a way of expressing their avant-garde attitude. Although this was observed only in individual cases, some of the old ladies proved to be bold when it comes to defying the patriarchal concept of a dominated woman, or, in this particular case, a woman challenging the conformist approach to the stereotype of an old lady: "[...] in general, I believe I dress in an elegant manner and quite bold for my age, as I wear clothes that most ladies my age would not put on" (OW\_8\_70); "[...] I like to dress in such a way so as to not look [...] like someone's old aunt who has never heard of such a thing as fashion and does not know what people wear now" (OW\_8\_70); "[...] I choose those colours and cuts that I like and I don't care what other people think about that. I don't follow fashion. I attach very little significance to that. For me, it is important that I feel good in my clothes" (OW\_10\_71).

The women also commented on the issue of matching their clothes to their figures. Of course, one's outfit should be well-cut and, in the case of the young women, it should highlight the assets of their figures, while in the case of (some) middle-aged women, and especially in the case of the old women – the clothes should mask the shortcomings of their bodies. The old ladies commented mostly on their being overweight. This reflects the women's need to make themselves look more attractive, but the methods of reaching that goal are different, depending on their age.

Another factor that had an influence on choosing a specific outfit and the elements that make it up was the price, which was particularly important for the middle-aged women (as middle age is the period when people's expenses are the highest, especially in families with small children). Usually, finances had a limiting effect: "[...] I am limited by my funds, so I care about that, whenever possible, as it is important to me" (YW\_11\_34). The old women commented on the issue in a similar way: "I buy clothes I can afford, and this is the way I dress" (OW\_7\_70). In the patriarchal culture, it is the women, the ladies of the house, who are mainly expected to be able to manage both large and small family budgets (just like the men are expected to be the breadwinners). Thus, it might be assumed that our female respondents, especially the middle-aged and the old women, showed a lot of common sense when buying their clothes. They also took notice of the quality of garments and the materials they were made of. Perhaps it is not an accident, but

only one woman commented on that issue: “Well, the price is important as well, but it is not the crucial factor. I mean, I even prefer to save some money, wait, and buy something that is more expensive, but also of higher quality. In this way, it would serve me longer and, for example, the cut would be better, more comfortable” (YW\_12\_34). On the other hand, some of the old female respondents remembered the rule applied not only by their generation, but in particular by the generation of their parents: “It is better to [have], as they say, only one thing than three, but that at least that one thing be the way it should be” (OW\_14\_86). Those women took notice of, for example, the quality of shoes and, in the case of clothes, they preferred those made of natural fibres: “Because those artificial ones are neither nice nor healthy” (OW\_14\_86).

As already mentioned in the introduction to this part of the chapter (3.3.1.2), perceiving one’s body as a work of nature that is not subject to intervention ceased to make any sense in the modern world. The body is defined by the culture, and those definitions are subject to changes and fashion trends. Thus, a woman becomes attractive when, having applied appropriate treatments, she meets the current standards of the perfect feminine appearance, not only as regards her face and figure, but also her whole body. The problem is that the results of some attempts to change one’s body, or parts of it, in accordance with those standards, for example ‘making’ one’s face fashionable, might be bizarre. A good example to illustrate that phenomenon was the “Angelina Jolie mouth”, which does not match all types of looks and, as we know, such blind copying is very risky, even when it comes to the way one dresses: “Just because Angelina Jolie looks divine on the runway doesn’t mean you’re not going to end up looking like a horse’s ass in the same outfit,” Iris Apfel warns. Recently, for example, we can notice that a lot of women have their eyebrows plucked and depilated to the maximum, as well as thickened and darkened, regardless of the woman’s age, complexion, the oval of her face, the shape of her eyes, nose and mouth, and the individual composition of all those elements. As a result, some young women suddenly look as if they had aged at least 10 years in a single day, while other young female faces have taken on an ominous and grim look. Dull faces attract unnecessary attention, and some pretty mouths or noses have become less noticeable than those artificially set off eyebrows. Anyway, in the patriarchal culture, everything that concerned and still concerns one’s appearance, always was and still is significant, especially in the case of women, who, until recently, had no other tool at their disposal than their good looks, being denied human rights, education, and the right to have their own property (Malinowska, 2012). However, another issue arises as well. It concerns the cultural change of the meaning of one’s

appearance according to the patriarchal gender concepts (which was also referred to in other fragments of this chapter). In the discussed context, that change consists of the increasing importance of the male appearance and the development of social awareness concerning using one's looks as an element of human capital, which can be observed in the case of both sexes (and, as such, it depends on the individual's age).

In addition, it should be noted that the negative influence of attractive looks on the lives of beautiful women is currently being discussed in an increasingly bolder manner. The same can be said about the topic of the life experience of old women who, due to their 'non-compliance' with the ideals of feminine beauty, neither in their youth, nor in any other period of their lives, understood the necessity of having and using resources of human capital other than one's attractive appearance. Such resources, which include knowledge, creativity, and activity, are admittedly less impressive, but more effective, as they do not fade so easily with age. In an interview, the above-mentioned Iris Apfel, who became a fashion icon at the age of 84, commented: "[...] all the beautiful girls I know who were focused only on their looks lost their beauty with age and felt worthless" and she quoted yet another authority figure in the area of women's looks – Coco Chanel – who allegedly said: "[...] nothing makes a woman look old more than her desperate attempts to look young."

Some researchers, including Doquin, compare attempts to follow the current standards of beauty to attempts made by sportsmen, thus highlighting the phenomenon of training one's body. According to that concept, the body becomes 'a project' the women work on and change, depending on the current trends (Doquin, 1989: 105). In addition, the current developments in cosmetology and aesthetic medicine provide ready-to-use solutions that facilitate the taking care of specific parts of a woman's body, as well as masking the shortcomings of her looks.

All respondents taking part in the research also claimed that they took specific actions to take care of their bodies and fitness. Most of their comments concerned their personal hygiene. This was a priority for all women, regardless of age. The in-depth analysis of the female respondents' answers allowed us to specify (just as in the case of the analysis of the manners in which they make their attire more attractive) their own categories of descriptions of those actions and then to define the specific character of the actions depending on the respondents' age. The old women were the most circumspect in describing how they take care of their bodies. However, what is characteristic is that they mainly talked about their personal hygiene as their duty or a 'natural' activity: "I consider taking care of my personal hygiene [...] to be my duty. And not only mine. It is everyone's duty" (OW\_3\_65). The oldest respondents

perceived it not as a care treatment, but as an everyday, routine activity. If they ever “went beyond the standard” when taking care of their bodies, they did that to make the changes due to the ageing process less noticeable: “For the night, you know, after taking a bath, I use some body lotion, as my body is not as young as yours, it is old now and, oh well, it’s different” (OW\_3\_65). Thus, some of the older women applied appropriate anti-cellulite body lotions and other cosmetics that helped to preserve the skin’s elasticity and moisturise dry skin, especially after taking a bath. They did not usually give the names of the cosmetics they used, and did not specify the body parts they took care of. In addition, they attached somewhat less importance to hand and nail care than the women representing the other age categories. In this case, they focused not on the appearance of their hands as such, but on the necessity of reacting to the noticeable worsening condition of the skin on the hand resulting from the ageing process and their everyday housework: “Oh well, now I also put some cream on my hands, because my whole arms, not only my hands, have become [...] well, they are wrinkled now. The skin of my arms is wrinkled” (OW\_14\_86). The respondents used not only appropriate creams, but also more traditional, natural methods of improving the condition of their nails and the skin of their hands: “Lemon juice on the hands when I peel potatoes or something, for example. Usually I do everything in protective gloves. In this way, my hands don’t get dirty when I peel potatoes, etc.” (OW\_3\_65). Another elderly female respondent also mentioned using dietary supplements to improve her nail health and skin condition. Only one of the old women described the treatments she applied in more detail: “Face creams, but I also use hand and foot creams and I take care of my hands. I do my nails myself. I don’t go to a manicurist” (OW\_13\_85). The female respondents who were at least sixty-three also did not give many details concerning their taking care of their faces. They rarely mentioned using creams and other face care cosmetics, or taking special care of particularly sensitive parts of their faces. Their treatments were limited to applying the same cream to the whole face, or, eventually, to putting a face mask on: “I buy a face mask and put it on” (OW\_3\_65).

As regards the make-up, the old women mostly took notice of correcting or masking the shortcomings of their appearance. Like the middle-aged women, the old women also preferred make-up that is delicate, not over the top, and appropriate for their age: “I prefer not to use too much of that artificial stuff because I am not of that generation. However, I like to look pretty. I never go out without putting on some lipstick. This is my habit and it makes me look more radiant” (OW\_2\_64). The specific character of the way the old women took care of their bodies was

also manifested in their strong preference for professional care of their hair. They were the group that most often mentioned hairdressing services. In addition, the old women clearly preferred applying treatments of any kind on their own, at home, and did not mention aesthetic medicine at all. This group of respondents also commented much more often on taking care of their physical condition and exercising, although some of them also named specific recreational sports they practised (such as swimming or cycling). However, the old women seemed to attach much more importance to their physical fitness. For example, one of them said that she found it difficult to perform specific exercises at her age, so she limited herself to walking: "I walk a lot, whenever I can, as it would be difficult to engage in any other physical activity because I am weak and exercising tires me out. I am not able to perform some specific exercises" (OW\_9\_71). If, in the case of the young women, their physical training sessions are aimed at taking control of their own bodies and getting as close as possible to the current standards of beauty, the old women attached greater importance to maintaining their general fitness and good physical condition, so as to be self-sufficient and independent in their everyday lives. Some researchers call that phenomenon "active resistance to old age." It refers, in particular, to steps taken by old women in order to take control of their own bodies, often affected by various afflictions. Thus, physical activity is supposed to not only restore or maintain their level of fitness, but also to make the women believe that, by performing specific exercises, they can delay the occurrence of specific symptoms and even fight their physical disability. It should be noted, however, that even the elderly women's answers reveal their need to follow the current standards of a perfect woman's body. For example, one of the old female respondents commented that practising sports might contribute to losing weight: "And you know, I ride a bike to improve my physical condition and maybe lose some weight too" (OW\_3\_65).

The above description would suggest that the old women follow a model of femininity that is quite traditional (i.e. patriarchal) from the cultural perspective. It was adopted in their early youth, with the focus on highlighting their natural looks, which were preferred by the young men of the day (as features desirable in the candidates for their wives). In addition, such a model is in accordance with the self-contradictory patriarchal ideal of a woman, who is supposed to be attractive enough to be found interesting by men, but not so beautiful that she attracts too much attention with her looks, thus causing trouble for her husband. In that generation, the 'modesty' expected from a woman who performed the role of wife or mother meant natural looks: no or very little make-up, especially at work, nails unpainted, dressed in an unprovocative way, etc. Such were

the requirements that the fathers of our respondents set their mothers, and their own fiancés/husbands set them when they were young.

The women who are now categorised as old were also taught, as part of their socialisation, to take care of their health and personal hygiene as a precondition of their reproductive health. At the same time, however, they had instilled in them the belief that examining and taking care of their bodies is not only unnecessary, but also sinful, as it testifies to their 'immodesty' and lack of shame. One can notice that our respondents who represent that age category took care of almost only those parts of their bodies that are uncovered and visible, i.e. their faces, hands, hair, and haircuts. After all, it was that generation of women who, at the turn of the 1970s and 1980s, struggled to overcome the psychological barrier that had prevented them from examining their breasts, which was popularised in that period due to the increase in the number of cases breast cancer that were diagnosed too late. This also reflects the influence of the patriarchal concept of femininity on the behaviour of the women aged sixty-three (and older) in relation to taking care of their bodies. Analogically, their physical activity was aimed mostly at their health improvement and rehabilitation, while the young women took exercise as a prophylactic measure, or as a method of preserving their young, shapefully figures, and good looks.

On the other hand, the model of femininity that emerges from the analysis of the actions taken by the middle-aged women can be described as being already modernised, but also somewhat 'transient', sitting between the above-mentioned culturally conservative model of the old women and the post-modern model of femininity based on the mythologisation, and even overvaluation, of the meaning of one's appearance, which the young women follow. The answers of the middle-aged female respondents suggest that the model of femininity they aspired to was based on having relatively little interest in taking care of one's body, comparable to that of the old women. Of course, also in this case, taking care of one's personal hygiene was the priority, but only some respondents belonging to that age category mentioned using specialised cosmetics, such as body lotions. The information they provided on taking care of their hands and feet was also sparse and limited to some mentions of applying ordinary creams and – in several cases – painting their nails. However, the middle-aged women attached greater importance to their make-up, which should be subtle and delicate. They commented a lot on the way it was put on, including using eye shadows, foundation, rouge, and powders: "I'm not saying that I use a lot of that, but only a touch, some good rouge, good eye shadows and a little foundation of some sort – and that's it" (MAW\_14\_61). Some of those women also emphasised that they put

on make-up mostly for official occasions: "I make myself up when I go to work, not necessarily when I go shopping" (MAW\_6\_48).

As regards taking care of their bodies, the middle-aged women attached importance to the condition of their faces and hair. The vast majority of the middle-aged respondents used special cosmetics for face care and eye creams, appropriate for their age and complexion. This was aimed at concealing the first signs of ageing or delaying that process. In addition, this group of respondents made use of hairdressing services, including hair dyeing, more often than the young women. In this case, they also put clear emphasis on the fact that they want to mask the typical signs of ageing: "I go to a hairdresser quite regularly, when necessary. I try to conceal the shortcomings, such as the first grey hair [...]" (MAW\_6\_48). The physical activity of that category of women took various forms. Half of the respondents admitted to practising specific sports and or/participating in group exercises (such as fitness or aerobics classes). Others mentioned doing exercises at home and taking long walks on holidays.

Returning to the issue of taking care of one's body discussed during the interviews, the middle-aged women much less often commented on that and provided much less detail than the young women, even though they had, theoretically, more to do in that matter than their younger friends, and they started feeling anxious about approaching old age. A cultural explanation of that inconsistency could be the fact that the women who were middle-aged when taking part in the research are the generation raised by the current old women, who, as has already been discussed above, usually followed the traditional model of femininity. Thus, the middle-aged respondents remained under the influence of two models of femininity: the patriarchal ideal, which they knew in their childhood, or even in their youth, and which was used as part the process of their primary socialisation, and the current androgynous cultural concept of gender.

The issue of taking care of one's body was, however, commented on in greatest detail by the young women. They followed the model of femininity that could be, not very originally, called post-modern, if we consider the fetishisation of the significance of one's appearance to be one of the key characteristics of the modern age, especially in relation to one's face 'made up' as if for a photo session and the cult of the young, well-kept body. The answers of the young respondents concerning the steps they took to make their bodies look attractive began with stressing the importance of everyday personal hygiene. Over half of them mentioned, most of all, that they regularly took a bath and took care of their oral hygiene. In addition, the young women precisely described what their everyday

taking care of their bodies looked like. For example, most of them attached importance to the appropriate moisturising of the skin of their whole bodies by using appropriate body lotions and creams. Some of the young women also mentioned peeling. Those respondents liked spending time taking care of their hands, feet, and nails. Only the young women mentioned such treatments as depilation, manicures and pedicures, or at least regular use of hand cream. The same applied to taking care of their faces, mostly by means of using appropriate creams and putting face masks on. In addition, most of the young women said that they applied special creams on specific parts of their face, along with such treatments as the above-mentioned face masks and peelings. The focus on the appearance of their faces – including putting on make-up – was also characteristic of the middle-aged women, as has been already discussed herein. However, while the middle-aged respondents fought against the first signs of ageing, the young women's efforts were aimed at constantly improving their looks and making themselves more attractive. The young women also took care of their hair. This type of care treatments included both applying appropriate cosmetics and doing, or – less often – dyeing their hair. In this case, hair care was not limited to the privacy of their homes, as some young respondents admitted that they were regular customers of professional hairdressers (as well as cosmeticians). It should also be noted that the young women were the only group of respondents who commented on aesthetic medical treatments. However, only half of them claimed that they would not decide to go for any professional treatment of this kind to correct their physical appearance. The young women also proved physically active – ranging from practising various sports to working out at the gym and doing exercises at home.

The more intensified efforts of the young women – in comparison with the women representing the other age groups – aimed at improving their looks proves the increase in the significance that is currently attributed to a woman's image and appearance. Is it about the return to the patriarchal concept of femininity, according to which physical appearance was the only asset a woman had at her disposal and thus it determined her value? Today, such a mythologisation of the importance of one's looks should be considered outdated. After all, the human capital of a modern woman also consists of her rights, education, professional experience, and skills, which are often unique, up-to-date, and numerous. Or, perhaps attaching greater significance to women's looks, and the resulting amount of time they devote to activities that used to be considered trivial, even though very 'womanly', is supposed to distract their attention from other important matters, such as – common to every generation – the constant increase of their own human capital on the basis

of other components. This, in turn, results in their finding it more difficult to compete with men on the job market, even though their male peers are not only less educated, but also identity-helpless due to the loss of their roles as the sole/main breadwinners (Dench, 1998). The only argument against such a conspiracy-patriarchal hypothesis is the fact that today it is not only women, but also men who feel compelled to intensify the efforts they put into taking care of their physical appearance.

To sum up this part of the analysis, we can say that, in terms of taking care of their looks, the models of femininity followed by the young, middle-aged, and old women depended on their age. Of course, the age category herein is understood in sociological terms, as we are focusing on the psychosocial conditions common to women born in the same period and which determine the process of their acculturation into the then-current form of the patriarchal society.

### **3.3.1.3. How Men of Different Ages Take Care of Their Appearance**

This section of the chapter attempts to answer the question concerning the ways in which the patriarchal model of masculinity manifests itself in the personal appearance of the respondents who belong to different age groups: the young, the middle-aged, and the elderly. In other words, we will provide empirical evidence of the phenomenon of gendered age by examining the behavioural aspect of the respondents' attitudes towards their personal appearance.

The patriarchal social order is based on the complete symbolic domination of the male subject (Bourdieu, 2004) over "the second sex" (de Beauvoir, 2009). Culturally defined, patriarchy is deeply rooted in the above-mentioned power relations between the sexes and the models of masculinity and femininity that are ascribed to men and women. The main basic criterion for the differentiation of gendered socialisation patterns is the fundamental goal that the process of socialisation seeks to achieve: introducing a boy, a young man, or a mature man to his fixed role as a social subject, as well as introducing a girl, a young woman, or a mature woman to her fixed role as a dominated subject – or rather an obedient and docile object. According to this theory, in the case of the male subject, successful gendered socialisation takes place when it facilitates his becoming a man – a human being with a strong sense of subjectivity, even if he is not aware of having the status of a subject. As regards women, gendered socialisation is effective when a woman accepts her position as an object to be acted upon, even if she is not aware of the mechanisms of male domination and of being dominated and given the status of an object; in other words, "[o]ne is not born, but rather *becomes, a woman*"

(de Beauvoir, 2009: 299). Thus, any form of action or behaviour of a human being that functions in a patriarchal culture, depending on his or her sex, shows either a person's subjectivity or objectification.

In fact, the patriarchal social model manifests itself in a number of ways, since patriarchy takes on various historical forms, depending on the dominant religion, ideological monism or pluralism, the political system, civilisational and technological progress, or the dominant means of production, etc. (Malinowska, 2008). In democratic patriarchal societies, male subjectivity is, for instance, additionally reinforced, while the woman is given a chance to become aware of her own objectification, which awakens her desire for subjectivity (Malinowska, 1995).

Analysing this problem in relation to men, we should therefore identify the ways in which male subjectivity is internalised, and individualised in emancipatory attempts to transgress the patriarchal model of masculinity. The behavioural aspect of the male attitude towards personal appearance will be approached from this theoretical perspective.

The feature that differentiates the respondents is their belonging to various age groups: the young, the middle-aged, and the elderly. This is closely connected with the hypothesis that the patterns of personal care practised by the oldest generation are closest to the patriarchal ideal of masculinity, since this generation was most consistently subjected to patriarchal socialisation for the longest period of time (in spite of the transformations it has gone through, Polish society is still patriarchal). Younger men, by contrast, are often brought under the pressure of individualisation and other cultural changes taking place in patriarchal postmodernity.

When asked about their personal care routines, the men who took part in this survey described practices related to clothing and their bodies, including physical activities. When discussing the issue of appearance, as regards clothes, they mostly highlighted three things: having their own style, choosing the right clothes for the situation, and an equally important factor – their own comfort.

Bokszańska highlights that fashion studies should examine the above-mentioned strong individualistic trend. She states that "[t]he prevalence of the individualistic perspective in contemporary society also manifests itself in individual fashion behaviour, and in particular in the conceptual and functional aspects of clothing" (Bokszańska, 2004: 107). Our research results support this thesis. Regardless of their age, the respondents made statements about their style of clothing, which mostly highlighted their individualistic perspectives. They stressed that they have 'their own' style. When talking about their clothes, they underscored 'their own' preferences, and when discussing the criteria taken into account when shopping for

new clothes, they accentuated 'their own' comfort. Addressing the aesthetic aspects of personal care, they talked about 'their own' aesthetic preferences, rather than about being a source of aesthetic pleasure to others. Even when the respondents admitted that they are conformists who believe that a person should dress appropriately for the situation, they often identified such situations and defined what appropriate clothing means themselves. To some degree, everyone attempts to individualise his or her dress style. However, the women were less eager than the men to manifest their personal preferences. They also often considered their comfort as less important, for instance, when they bought something good-looking/fashionable at the expense of comfort. When taking care of their personal appearance, the female respondents considered the aesthetic preferences of other people and sought their acceptance (of course, with some exceptions). This is closely connected with the completely different meaning and function of personal appearance in the patriarchal models of masculinity and femininity which, however, only remain valid among the representatives of the middle-aged and the oldest age groups (women should be attractive to others, while men do not need to appear as such) (see chapter 3.1.3).

As in the case of the women, the answers given by the men varied depending on their age. This was conspicuous, for instance, in the preferred style of clothing and the way it was defined. Thus, the seniors mostly mentioned the traditional style, which they understood as going against contemporary trends and favouring 'classic chic'. The young male respondents wanted to be more fashionable but, above all, they valued individual style. As one of them stated, "[...] I believe that I have developed my own style. I tailored it in my head and I follow it. When I go shopping because I need to buy something, I choose things that I like and that match each other" (YM\_15\_37). The middle-aged respondents described their preferred style of clothing as casual: "[...] like now, short things, like shorts – I take it easy [...]" (MAM\_9\_54), or as a combination of casual and formal styles. One of the respondents said: "I prefer a blend of elegant and casual – it really makes me feel good" (MAM\_1\_38). The young men most often defined their style of clothing as casual and as street style. They stated that they usually wear sweatshirts, T-shirts, and jeans. They rarely mentioned traditional elegance. Only two out of fifteen respondents preferred stylish jackets and shirts which, in their opinion, symbolised elegance.

Let us go back to one of the criteria, which, according to Bokszańska, helps classify the types of clothing in the above-mentioned context – "the attitude towards rules, standards, and role models in a given group", or, in broad terms, in a given social order. According to this criterion, clothing

styles can be classified as conformist and non-conformist. The modest classical style is considered to be evidence of conforming to existing norms and rules, and it expresses a conservative attitude (Bokszańska, 2004: 29). In choosing such a clothing style, the senior respondents manifested their approval of the patriarchal social order. This choice is logical, since the patriarchal regime places them in the position of subjects and gives them the status of a dominant group. The middle-aged respondents seemed to be strongly attached to the patriarchal concept of masculinity (and the subjectivity it grants them) but, at the same time, open to change (perhaps since they wished to be considered younger than they really were), while the young respondents proved to be conformist and non-conformist at the same time. They were strongly concerned with their emerging status as subjects and, at the same time, they surrendered to the pressure of individualisation and the influence of the new concept of masculinity which considers attractive appearance to be a crucial aspect of not only female, but also male human capital.

Most of the respondents of all age groups declared that they dress appropriately for the situation. Classifying these situations, they referred to their social roles and/or typologised the social space in which they played their roles. Once again, as Bokszańska explains, the ability to adjust our clothing to the requirements of a given situation and place depends on our familiarity with specific cultural norms and dress codes. Still, our clothes may be not only an integral part of our self-image, but they may also communicate our social position, economic status, and belonging to a given group or subculture. The decision concerning the amount of information that is communicated in this way rests with the individual who can show a conformist attitude and dress himself or herself according to widely accepted rules and aesthetic norms, or he or she can choose original, non-conventional clothing, which often expresses individualism and the need to manifest his or her uniqueness (Bokszańska, 2004: 40). The men who took part in the survey mostly displayed the former type of behaviour. They chose their clothes depending on the situation and place (either the private or the public spheres). They differentiated between their 'home attire' and their 'public outfit'. The former was mostly functional and simple. We did not observe any differences in the way various age groups define these styles. The respondents only used different vocabulary (e.g. either "a waistcoat" or "a vest"). The public space was mostly associated with the workplace and also with social occasions, including visiting other people and various outings, e.g. to the theatre. Many of the respondents who participated in this survey described their style of clothing at the workplace by referring to a fixed, often imposed dress code. As one of them stated, "I don't run training courses

in T-shirts. It needs to be a shirt; I need to consider whether to wear a tie or not. And [...] to whom this course is addressed [...], with whom I'm meeting, if it's individual counselling, or not. Whether I'm going to travel far, or not" (MAM\_4\_40). Sometimes, however, the respondents expressed their personal preferences and stressed that even when they dress formally, they show their individuality. Yet, mostly they wanted their uniform to be comfortable (which was usually mentioned by the middle-aged respondents).

The senior respondents described clothes that are appropriate for the workplace and the job position (and, as some of them suggest, they often exceeded others' expectations, in accordance with the saying "if you want to become an executive, dress like one") and elegant outfits for important outings, for instance, to the theatre, in terms of an internalised aesthetic standard. Some of them underscored the fact that they carefully selected their clothing because they wanted to highlight their social position (and when talking about the origins of their attitude towards personal appearance, they recalled their adolescent aspirations for social advancement which they associated with a different style of clothing) (see chapter 3.1.3). The elderly respondents also mentioned a change in the official outfit and the need to upgrade their models of behaviour. One of them stated: "Well, today fashion has changed, so now I can go to the theatre in a jacket, without a tie, and wearing jeans. In the past, you had to wear a proper suit – a full outfit, and now it's no longer so, and one needs to watch what the others are wearing" (OM\_9\_70).

The young respondents also made a clear distinction between the private (domestic) and the public spheres. They also highlighted that their styles of clothing depend on the place and the event in which they are participating. The young men meticulously described the clothes they wear in 'official situations'. The outfit comprised a shirt, appropriate trousers, and elegant shoes. They mostly defined 'social situations' as visits to public places and to various public institutions, and the time they spent at the workplace. Importantly, one of the respondents also mentioned that "[...] Clothes can amp up your attractiveness" (YM\_6\_27). This shows that the belief in the important positive social significance of good looks, which is traditionally attributed to women, is becoming part of the contemporary model of masculinity.

A few of the middle-aged respondents also raised the issue of adapting their clothing to a given situation. Much like the young men, they made a clear distinction between the private and the public spheres, stressing that they followed a formal dress code when required. It seems that they considered it to be a matter of great importance and were thus prepared to quickly adjust to the changing situation and the requirements concerning

their clothing, in order to remain on the safe side. As one of them explained, “when I’m planning to attend an official meeting, I carry a spare jacket, tie, and white shirt in my car [...] I have two sets of formal clothes in my car [...]. And if I need to be ready to attend a meeting at any hour, then sometimes I also carry with me some shaving accessories and everyday hygiene stuff” (MAM\_12\_58). Another middle-aged man also highlighted the importance of appropriate clothing when meeting a woman.

This shows that although the respondents of all age groups were aware of the difference between formal and casual clothing, the need to adjust the outfit to the situation was mostly mentioned by the young and the middle-aged respondents. This is mostly related to their professional lives, while the elderly are much less professionally active. The young and the middle-aged respondents noted the impact of personal appearance on social attractiveness and professional appeal, and they also mentioned the ‘small matter’ that appropriate clothes may emphasise one’s physical assets or hide physical flaws. As one of the respondents stated, “[...] of course [...] now that I have a bigger belly, I don’t tuck my shirt in, so as to hide it” (MAM\_15\_61). The seniors did not mention selecting clothes that emphasise their physical assets at all, though some of them said that they wear clothes appropriate to their age. This mostly concerned elegant traditional wear which is not extravagant. One of the respondents explained: “I wear clothes appropriate for old people: suit trousers, a shirt, a jacket, classic shoes” (OM\_8\_70).

As has been mentioned, comfort was for the male respondents one of the three most important factors (besides their own style and adjusting their clothing to a given situation) that they considered when buying or selecting an outfit. The answers were different in various age groups, but comfort was most often mentioned by the young and the senior respondents.

The young men understood ‘comfortable clothing’ as sweatshirts, T-shirts, and comfortable shoes. Comfort was an important and often the most crucial factor when selecting clothes. One of the respondents stated: “comfort is most important to me. Attractiveness is ... of secondary importance. As I have said, I don’t stand out from the crowd and I don’t want to [...] I need comfortable shoes, things in which I feel good, and that’s all” (YM\_5\_26). These words show that the patriarchal model of masculinity is still present. In this model, a man’s physical appearance is not as important as his personality. They may also indicate that the respondent did not have any problems with his own attractiveness (he knew that others accepted his personal appearance and he accepted it himself), and thus considered it to be a secondary feature. It is an empirical fact that, unlike the young respondents, the elderly defined

‘comfortable clothing’ as garments that they wear at home and when out in the neighbourhood.

Body care, more than attractive clothing, is nowadays considered to be evidence of the androgynisation of gender models. The blurring of the boundaries between femininity and masculinity seems to mostly concern the young generation. This is one of the factors motivating the present study which postulates that the cultural definitions of gender should take gendered age into consideration. Getting back to the main subject of our analysis, in this chapter we mostly focus on the ways in which the age of the respondents corresponds to various forms of personal care which have, until recently, been reserved for women.

Regardless of their age, the men who participated in this survey understood body care as synonymous with personal hygiene (regular showers, brushing their teeth) and such activities as shaving and using after-shave lotions. One of the respondents stated: “after shaving, for instance, I use excellent lotions, because they really help, etc., but when it comes to some more complex procedures of this, this... they are problematic in financial terms” (MAM\_15\_61). The men also stated that they took care of their hair and hair style. In the case of the young respondents, this included washing and cutting their hair, usually at home, either on their own or with the help of someone close, such as their wives. The middle-aged respondents mentioned this aspect of body care much less frequently. In their case, hair care was mostly related to hair length, and having a regular haircut; some of them regularly visited a barber. The senior respondents, on the other hand, spoke about cutting their hair, using hair styling products, as well as regular visits to the barber. Furthermore, one of the respondents stressed that he did not use hair products intended for women: “a shampoo that is good for the hair, that is well-suited for my hair, that won’t smell of roses” (OM\_11\_77).

Regardless of their age, the respondents rarely mentioned performing specific hair care procedures. This may be because, as some scholars point out (Synnott, 1987), this form of personal care is commonly attributed to women and thus female hair care is more culturally acceptable than male hair care. It seems that this does not concern the young generation. However, a lot of research, like the present study, has proved that men usually state that they only follow basic hair care procedures. The situation is totally different with regard to facial hair, which is one of the external signs of manhood, or even one of its basic attributes, which is often juxtaposed with female attributes (Synnott, 1987).

General body care procedures were described most often and in greatest detail by the young men who, for instance, mentioned that they used selected face creams as well as professional peeling products

and cleansing gels. They also mentioned that they asked their partners for assistance. As one of the respondents stated, “Yes, face creams, and I’m lucky because once or twice a month, when my wife has some free time, she puts a mask on my face and I can watch TV while it’s working. And sometimes when my wife and I travel somewhere, we get a massage” (YM\_11\_31). The middle-aged men rarely spoke about using creams or facial care products. Some of them, however, mentioned using eye cream occasionally. One respondent said, “I sometimes use eye cream when I’m very sleepy, but I simply learnt this from women” (MAM\_1\_38). Another respondent mentioned using face balms: “I apply some balms to my face; my wife does this too to hide some wrinkles” (MAM\_7\_49). As with the young men, the middle-aged respondents made statements that confirm the impact of their partners that made them change their everyday body care procedures. In fact, women served both as role models and advisors. As regards the elderly, very few of them mentioned using facial care products. As in the previous cases, some of them declared that they followed the advice given by women, including their daughters.

In our culture, using fragrances is traditionally seen as a typically female practice (Melosik, 2006: 23). Among the participants in the survey, those who most often admitted that they use cologne were the young men. They stated that it is an important aspect of their daily body care. As one of them said, “I use scents I find appropriate [...] Eau de cologne, but not a cheap one that you can get at some newsagents, although I’m not saying it’s bad, but I think that [...] the fragrance does matter” (YM\_7\_28). The middle-aged respondents mentioned using fragrances much less often. The same concerns the elderly, only a few of whom addressed this issue. For all of the respondents, aftershaves and colognes were supplementary products whose role was to make them more attractive so that other people, and especially women, would see them in a better light. The feminisation of the cultural model of male personal care is visible not so much in the fact that men declared that they use fragrances, but in their reasons for doing so. It is also a sign of non-conformism and the individualisation of men’s attitudes towards their own physicality.

The respondents were also asked whether they keep fit – in other words, whether they actively seek to improve their fitness, strength, and health, which are typically male attributes. Those who strived to enhance their fitness were mostly the young men, who worked out at home or at the gym. They provided detailed and comprehensive descriptions of the activities, such as: swimming, volleyball, cycling, and running, which they performed on a daily basis or less often. They also stressed a general need to push their bodies in order to improve their weight and shape, as well as to stay healthy and fit. These activities decline with age. The middle-aged

respondents mentioned a number of different physical activities. These included exercises performed at home as well as group physical activities (e.g. fitness classes), walking, and cycling, but they were mostly performed in an irregular way in order to keep fit. As one of the respondents stated, “Keeping fit or active engagement with sports: cycling, running, some workout at home, some physical exercises, to be in shape” (MAM\_2\_39). Only half of the elderly interviewees mentioned that they do some physical exercises which help them keep fit. As one of them explained, “I’ve always said that you need to do some warm-up in the morning, so when I wake up, I do some physical exercises” (OM\_7\_67). The physical activities performed by the senior respondents also included some “more moderate” forms of keeping fit, such as walking. One of them stated: “Generally, I like walking, sometimes I like slow walks, although I am generally a fast walker and I also like it” (OM\_7\_67). More often than the other respondents, the elderly mentioned the limitations that they face due to their age. This concerned both mobility issues as well as the changes taking place in their bodies. Another respondent stated: “I work out so I don’t have folds of fat or cellulite. I do this so that when I undress, my body won’t look saggy. I care about it. For some time, it really hurt and I had to stop exercising” (OM\_10\_71). It seems that the middle-aged and elderly men talked more and did less with regard to their fitness than the young respondents.

As has been mentioned, practising sports and doing general physical activities were differently motivated, depending on the respondents’ age. The young men wanted to look more attractive and they cared about their aesthetic personal appearance. They mostly explained that they did sports because they needed to burn fat and build muscles. Losing weight may be beneficial to one’s health and may also improve one’s appearance. The exercises that help build muscles are both aesthetically motivated, as they increase one’s attractiveness, and they also fit in with the traditional model of masculinity. Nowadays, practising sports and doing physical activities reflect not so much a desire to be fit and healthy, but rather the fact that a person wishes to be “bold, fit, and beautiful”, which mostly concerns young men. Sports are becoming increasingly commercialised lifestyle activities which no longer promote health to such a degree as they used to. The old men perceived sports in a totally different way. First of all, the answers they gave to various questions indicate that they did not care about being attractive. Sports are practised because they are beneficial to health – they help deal with mobility and fitness issues related to ageing. As one of the respondents explained, “Now I have a lot of free time, I go to the garden, do things, mow the grass [...] it’s good for me, especially that I’m a bit restricted... in terms of mobility, my legs are restricted” (OM\_6\_66).

Interestingly, the individualisation and feminisation of male body care were visible in the respondents' declarations that they use beauty services. A few of the young men mentioned using professional beauty procedures; one of them confessed that he visited nail beauty specialists; another one admitted that he went to a sauna because it was good for his complexion. Much like the young respondents, the middle-aged men occasionally mentioned using spa services and having their nails done by manicurists, but only after they had been convinced to do so by their wives. The elderly definitely preferred to perform body care procedures at home without any assistance. None of them mentioned using professional beauty and body care services.

To conclude, the survey examined in this part of the chapter shows that belonging to different age groups illustrates the changes in the way the respondents take care of their personal appearance. The elderly respondents demonstrated a conservative attitude to the patriarchal definition of masculinity and showed a willingness to reproduce this order, which grants them a pleasant sense of subjectivity, even if this is not mentioned explicitly. In the analysed aspects of male attitudes to personal appearance, this fact manifested itself in the respondents' focus on their own values and aesthetic norms as well as in their egoistic need for self-acceptance combined with a psychological tendency to objectify others, and women in particular. The middle-aged men showed some willingness to change the patriarchal model of behaviour in the area of personal care. This includes some modest attempts to feminise their attitude towards clothing (which, however, did not show in their conformist attitude towards the dress code at the workplace) and body care, in the cases when they surrendered to women's expectations and adopted some aspects of the female model. The individualisation of these routines was most conspicuous among the young respondents. The ambivalent nature of this aspect of their activities was closely related to the fact that the young men had only started to become aware of their status as a male subject in the patriarchal culture and to be attracted to it.

## Chapter 4

# **The Cultural Genesis of Attitudes Towards One's Own Appearance in the Awareness of Women and Men of Different Ages** (Ewa Malinowska)

In accordance with the preliminary assumption made in the research concept which constitutes the empirical basis of this book, i.e. the propagation of the universal, common, and fundamentally important functioning of sex as a diversifying and stratifying variable (Mauss, 1969 [1932]) and underlining the sexual differentiation of the socialisation process (cf. Bourdieu 2004: 96) it has been assumed that the attitudes analysed here regarding appearance developed under the influence of cultural concepts of femininity and masculinity.

The aim of the analysis was to answer the following questions: How do the gender conditionings of the analysed attitudes function in the awareness of the examined population?: i) When explaining the genesis of their attitudes, do women and men refer to the patriarchal model of the relationship of the power and, if so, in what way? ii) When explaining the genesis of the examined attitudes, which elements of the cultural concepts of gender do women refer to and men do men refer to? iii) Does age differentiate the awareness of women and men about the gender conditioning of their attitudes towards their own appearance and health and, if so, in what way?

The statements given in 90 free-form interviews, including 46 conducted with women and 44 carried out with men, were the basis of the analysis. All respondents also fulfilled the remaining selection criteria of the sampling discussed in the first part of the book (Chapter 1.2.). To analyse the explanations given by the respondents in relation to their attitudes towards their own appearance and health, we propose using categories of analysis resulting from the adopted theoretical concept,

i.e. the patriarchal model of the relationship of power between men and women (male dominance and female subordination) and the cultural concepts of femininity and masculinity (containing sexually diversified sets of social roles, and the desired personality and appearance traits of men and women).

### **4.1. The Genesis of Attitudes Towards One's Own Appearance in the Awareness of Women of Different Ages**

The analysis of the oldest women's statements about the genesis of their attitudes towards their own appearance showed that they referred to both the patriarchal model of the relationship of power between women and men and to some factors coming from the cultural model of femininity and masculinity. (Of course, this was in general, and it did not define them in this way).

Above all, the oldest participants of the interviews emphasised the socialisation role of the mother as a woman instilling in her daughter both the principle and the duty of caring about appearance and teaching them the great significance of how a good appearance is important for women: "My mum also paid great attention to her appearance [...]. What is more, she instilled in me that it was very important for a woman to be well groomed" (OW\_5\_67). For the majority of the older respondents (but not for everyone) the mother was also the main model they imitated with regard to caring about appearance and style of clothing: "It came from the family traditions, because my mum always took care of herself, she always had a nice hair-do, she always took care of herself" (OW\_2\_64); "Well, my mum also had very good taste, she was always dressed nicely [...]" (OW\_9\_71). Apart from analyzing the style of their own mother, they also watched women from their social environment, i.e., from family, school, the neighbourhood, and as adults – from their workplace: "There were colleagues, such trendies, who could afford more. I used to observe them and then take it into consideration when buying clothes or sewing" (OW\_16\_89). Generally speaking, the older women shaped their attitudes towards their own appearance, mostly taking inspiration from things they had observed directly. Only some of the older female respondents admitted that they had adopted fashion trends from cultural

sources: "It came from somewhere, probably from books, from films I loved and watched, from the theatre" (OW\_8\_70).

However, it is characteristic that in the statements of women from this age category (this issue will look totally different when it comes to the younger participants) the influence of the media or professional fashion shows was rarely cited, and they only recalled it at the end of the interview. It seems that in the case of the oldest female respondents, this last source of inspiration took on more significance as reports from fashion shows became more accessible on television or in magazines.

The statement of the woman who pointed to her father as an important person in the process of shaping her attitude towards appearance should be regarded as interesting from the point of view of our search: "My dad had very good taste, he dressed very well. He was excellent with colours, my mum less so; he was always very attractive, washed, smelling nice and if a man has such a manner, somehow you absorb it and treat it as your own" (OW\_4\_66). So, in this case, it was a man who provided the example that one should always take care of one's appearance and who provided the role model for aesthetic standards; in contrast, the mother was not an authority in those matters, as her sense of style was the subject of criticism expressed by the interviewee. Therefore, some questions related to this case arise: Was he only an untypical example of the particular artistic sensitivity of the girl, which coincided with the father's aesthetics? Or was it perhaps a sign of male dominance, which manifested itself in his dominating in a field which, according to cultural concepts of sex, is the domain of women? More complete knowledge of the functioning of this family, let us formulate another hypothesis: the attitude of the daughter could be a sign of an unconscious desire to strengthen the father's social position, which was weak in this family.

Some of the older participants of the survey noted they had been subjected to the power of their male life partners, who dictated their expectations concerning how the women took care of their appearance. For example, one of the women described how her husband had required her obedience in terms of the make-up she was using: "You know what? [My husband] had [an influence on my appearance], a lot. Because, for example, he could not stand when a woman was wearing make-up, he had been brought up that way [...]. However, you know, there were always rows about me wearing make-up at work, he used to throw different things out" (OW\_3\_65). This conscious, strong, but accepted influence of the man concerning her approach towards her own appearance could also be found in another statement describing change of attitude after becoming a widow: "Perhaps, you know, maybe if I were in a relationship with somebody now, because I used to take care of myself more. I mean,

I did more things to make myself more visually appealing – it was when Andrzej was still alive. But then I stopped caring somehow, and it is still that way” (OW\_7\_70).

The women who formed the oldest age category of respondents experienced male dominance in the analysed issue in a few ways: firstly, in the form of the man imposing his ideas on the woman with regard to image (clothes, make-up, hairstyle etc.) depending on the social role she played and whether this role is one that was played before him, in his presence, or not. Secondly – they learned to comply with male aesthetic norms and they tried to fulfil the male ideas about a woman's appearance. Thirdly – being emotionally addicted, they felt the influence of the relationship with a man, even ones in the past, on different emotional and behavioural aspects of their attitude towards their own appearance.

Another type of explanations of the genesis of the attitude towards appearance which clearly appeared in the statements of women older than 63, portrayed the lack of awareness about the cultural character and social conditioning of the process of how their attitudes were formed: “It seems to me that [...] in my case [caring about the appearance] somehow happened spontaneously. I have always looked good in what I liked, I looked good. I felt very good when I had had a bath and had some perfumes on” (OW\_4\_66); “It is my personal sense of style” (OW\_10\_71); “Yes, it is an innate talent in life [caring about my appearance]” (OW\_13\_85). Understood in this way, the ‘naturalisation’ of cultural influences on attitudes towards appearance characterised scarcely one fifth of the older women in the group, but it did take place. It is worth adding that explanations of the genesis of the analysed attitude were not always cohesive and were strongly disjunctive; one woman gave more than one explanation for her attitudes.

Middle-aged women, as with the older participants, were aware of the socialisation influence of their mothers more than anything on how their attitudes towards appearance were formed. In fact, in accordance with the patriarchal tradition, mothers undertook the defined role of the person who took care of the children's (and husband's) appearance, and they acted as the model of femininity. They were actually very admired by our female interlocutors for their neat, presentable, and fashionable appearance, in spite of often difficult financial situations or having to perform hard physical work and work in shifts in the ‘light’ – but only in name – textile industry in Lodz. The female respondents underlined the role of their mothers in teaching them the care of their physical appearance and the way they dressed, and how willingly they imitate the models they represented: “I simply took it from my family home. My mum is a remarkable aesthete, caring about every detail, very

much a pedant, so to speak. Certain values have already been instilled in me and I cannot imagine perceiving myself in any other way [...]" (MAW\_9\_54). Many other middle-aged female respondents gave a similar opinion: "I took it in with my mother's milk. My mother was a weaver, she worked three different shifts, but always combed her hair, she always had a fashionable dress" (MAW\_14\_61); "I think from my family home. It certainly comes from my mum's model" (MAW\_7\_54). Also, those few middle-aged female respondents who did not pay too much attention to their look 'owe' their attitude towards their appearance to their mothers: "Yeah, my mum was as modest as I am. She lived in the countryside. An apron, a scarf on her head. She didn't used to go out, I mean beyond the courtyard. A home-bird. Maybe, I took 'not showing off', so to speak, from her" (MAW\_15\_62).

In some statements, the energizing influence of the student environment was underlined, and later of colleagues from work: "Rivalry at work, yes. Everyone knows women try to look the best. Everyone wants to have a new dress and to show it off to friends. So, I also tried somehow, somehow to fit in, in order not to stand out" (MAW\_15\_62). Almost all the statements of the interviewed females prove the great significance that middle-aged women give to their appearance. It coincides with the patriarchal concept of femininity, strengthened over the centuries, that preaches the concept that appearance constitutes the key resource of the human capital of women, and being attractive to others (mainly to men) is her duty. As a matter of fact, this last issue was reflected in statements indicating the particular role of men in how women form attitudes towards their appearance.

Returning to the cultural model of femininity and its influence on the examined attitudes, it is worth mentioning that some female respondents underlined the influence of the image of well-known women and the media – glossy magazines in particular – on forming their attitude towards their appearance and the way they cared for the body and the way they dressed. In several cases, women expressed the fact that they were conscious not only of the heavy promotion by the media of subsequent fashionable models of a woman, but also reinforcing in women the belief they have to live up to these presented standards: "And fashion as well. Because, you see, everywhere you look, there are slim girls, fashion models, TV presenters [...]. Yeah, you must aspire to this ideal, it is required of you. I am trying to keep this shapely body of mine" (MAW\_4\_45); "Yes, it is certainly inspiring, [...] so looking at the style of celebrities somewhere, of people who look good, who are your age, and it always inspires, it gives you a feeling that it can still be done [...]" (MAW\_2\_41); "And today, on top of all this beauty worship and youth

etc., there are all these covers which inundate us with 'fotoskop' (purposefully misused term – the respondent had 'Photoshop' in mind – translator's note) [...]" (MAW\_5\_47). One of the interviewed females shared a more general reflection on the fact that, in the patriarchal culture, the duty to be beautiful was enforced exclusively by women: "[...] because women generally, in this patriarchal way, in our way of raising children, in socialisation [...], somehow we pass it on in such a way that the woman should be just like that" (MAW\_5\_47).

Seeking the genesis of their attitude towards their own appearance, the middle-aged women were aware of the substantial role of men in this process. They perceived it differently at the consecutive stages of their life and depending on situational contexts. Some of these statements prove that the interviewees integrated not only the patriarchal concept of femininity but also the patriarchal model of the relationship between sexes that was imposed externally. For example, some female respondents remembered from their childhood that it was the father or the grandfather who usually cared about his appearance and was well groomed, which taught them about the systematic care for hygiene (however, they did not recall their father or grandfather actively caring about the children or grandchildren's appearance). One of the women remembers, even today, the typically male ritual of everyday shaving performed by her father (and before the age of the electric shavers, shaving was a spectacular set of complicated and slightly dangerous motions). Another female respondent had a vivid memory from childhood, judging from the content and tone of her statement, of the special pattern of the relationship between her parents: her father arranging clothes for her mother, imposing a certain style of dressing on her, so to speak: "[...], because my dad cared for my mum very much, very much, he kept an eye on the dresses she was wearing, and he spoiled her very much [...] once or twice a year he bought her some fine Milanówek silk. There was a shop, on Piotrkowska Street, there was a dressmaker there, who sewed it for my mum, because not everyone knew how to sew natural silk. My mum always had this elegant Sunday dress which was unique. He paid great attention to my mum's look, he was such a pedant, an aesthete" (MAW\_13\_61). Without information about the respondent's mother's attitude towards the described behaviour of her father, one may express concern for the subjectivity of this woman in such a type of relationship. One of the radical feminist theses actually warns against this type of 'symbolic violence'. It says, that "the woman cannot live in the patriarchy without harm to herself" (Mary Daly after: Tong, 2002: 79). As for Daly's opinion, in this culture the woman is made by the man and according to his preferences. Enslaved in this way, she loses her identity. Women who "[...] let the 'Daddy' dress them up

in different kinds of jewellery let him 'make them use more face and body cosmetics' and perfume them, dress them up in scaffolding under crinoline, put pelisses and corsets on them [...] these are women in whom the 'Daddy' destroyed the real, natural woman, i.e. the one who does not agree to be what the patriarchy wants her to be, who, at all costs, wants to be herself, who removes from her body and mind the colours in which the patriarchy painted her" (Tong, 2002: 80). In order to remain yourself, to create yourself independently, you need to be a subject rather than an objectified being which, in the patriarchal model, by definition of its order, is impossible in relationships between men and women. (From a sociological point of view, it is interesting that this pattern of the relationship between parents was described with great admiration by the female respondent, who belongs to the educated generation of professionally active women, and who is at least not entirely dependent on husband, so potentially empowered.)

The symbolic, unconscious dominance of men over women internalised in the middle-aged respondents' minds was also visible in the statements of those who talked about the desire to be liked by their fathers, about the aspiration to meet their father's criteria of attractive femininity as factors generating their attitude towards their own appearance: "Yeah, maybe a little bit, perhaps it had an influence on me. To the extent that I pay attention to my figure. Because my dad liked slim women, or he said that a slim woman was pretty – yeah, maybe he was not saying it directly, but he implied that somehow – then maybe somehow it [...] influenced me" (MAW\_4\_45).

A single statement amongst the female respondents from this age category appeared which indicated the deliberate use of her appearance as the means that helped her to achieve particular objectives in life: "So, to all intents and purposes, I used make-up 100% when I did not have a husband, but later on, when I'd actually got him, somehow it was in-different" (MAW\_8\_53). (The young women participating in the survey were definitely bolder when talking about the instrumental use of their own appearance.)

In the generation of middle-aged women, emancipation aspirations concerning their search for their own concept regarding clothes and make up also became apparent. A few respondents described their efforts aimed at freeing themselves from the influence of their mothers: "Mummy dressed me beautifully from childhood, in these dresses sewn by herself. Later she also dressed me for a long time, until I left home or started looking for my own style of a sort" (MAW\_11\_60).

A conviction about the lack of social influences on the attitude towards the own appearance also appeared in this group of women, although

the significance of shared experience was emphasised: "I think that it came with time, somewhere experimentally, that you are experiencing something and there is a ground to build on it [...]. No, simply alone, nobody, nobody" (MAW\_2\_41). In one case, however, the social genesis of the attitude towards appearance was rejected, although it was emphasised that it referred to the woman herself: "I mean nobody ever repeated to me that I should look somehow either [...] somehow or another I was not [taught] in the course of the socialisation in such a way that I am supposed to be beautiful or not be beautiful, [...], [although it happens] that girls are told, yes, you are supposed to be this way. Or no, not that way. The environment did not influence me, neither positively nor negatively, it somewhere, somehow [happened] in me alone" (MAW\_4\_45). Comparing the statements of the old and middle-aged women concerning this subject, it seems that the latter more boldly naturalised the genesis of their attitudes towards appearance.

The analysis of the young women's statements about the genesis of their attitude towards their own appearance shows, above all, that the cult of youth and attractive appearance rule – demonizing the importance of the appearance for achieving their life objectives: "I am trying to look younger, for example, by the way I dress. I noticed that after 30 I started wearing shorter skirts, of course without going over the top, but I started wearing dresses – like this. Earlier, I used to only wear trousers. So, I am aware of the fact that I have to fight for men to look at me, that is, through the dress, because I have great competition amongst teenagers" (YW\_15\_36); "We know very well that a nice appearance is the basis of success, if not in your private life then definitely at work" (YW\_9\_30). However, one of interviewed female respondents appeared to be definitely critical of assigning superiority to appearance in this way, and especially towards judging people mainly based on appearance: "Some years ago I tried to lose my weight and I did, like a lot, but instead of being happy about it, I was very irritated with what people were telling me, I mean, what a cool girl that I had become! I couldn't bear it. And what's more, I had known these people for a long time. It is great that I looked better, but suddenly a different character and everything?! Only my appearance mattered to them. Terrible [...]" (YW\_13\_34).

What can be seen from these statements is that in the patriarchy, the significance of appearance over the course of a woman's life does not seem to decrease (cf. Malinowska, 2011) which was even once brilliantly commented on by the famous detective Hercule Poirot: "It is important for women, it often determines their fate" (Poirot, in an episode entitled 'The ABC Murders'). However, Poirot was talking about women and a society from one hundred years ago (and as a fictional character created by

a woman, he knew well what he was talking about). And so, the question arises: Has indeed nothing changed in this respect over the decades? Taking into consideration the findings of our study, one may risk the hypothesis that a noticeable change consists in the fact that, in our times, the cultural order of having a young and attractive look (to varying degrees) concerns everyone, irrespective of sex and age, although the standards of beauty are all relative.

Returning to young women, they explained the genesis of their attitudes towards their appearance, above all, with the social pressure they felt, the existence of the imperative to 'be beautiful', mainly aimed at women: "Even if a man does not use a comb, nobody notices. But a woman, even if she has got short hair, she has to arrange it appropriately, to take care of her nails, to make herself up, her clothes must be appropriately selected so everything goes together. Even if a man puts on some elements of clothes that do not match, only a few people pay attention to it" (YW\_2\_24); "So I think that it is worth caring about your own appearance, especially when it comes to women, as we are a bit stigmatised with this title 'the fairer sex', but it is not worth obsessing over" (YW\_9\_30); "I think that women have to put more effort into taking care of their appearance [...]" (YW\_11\_34).

All the female respondents from this age category were conscious of the influence of the media in promoting specific models of femininity, their attitudes towards appearance: "Yeah, certainly what is happening, generally speaking, in the media somewhere or other. Yeah, it certainly influences us" (YW\_4\_27); "[...] I, for example, look at fashion on the Internet, which clothes are fashionable, or even when I go to the shops, then I look at the shop windows, what is trendy this season, what is not" (YW\_7\_28). However, they also underlined the influence of women from their most immediate environment – grandmothers, mothers, and, from their own generation, sisters and friends: "Actually, the influence of my friends, of my female friend who takes care of herself very much, yes, I think that more women from my social circle. But not just them" (YW\_15\_36); "I think [...] from my mum. Because my mum has always taken care of herself. And through my entire life I have watched how she has taken care of herself [...]. My mum liked choosing some colourful things for me and I probably learnt how to select colours from her, just enough to know what goes with what. In the same way, she taught me to select things to go with the shape of my body. Of course, I rebelled and I went through some terrible periods. Now when I look back at the photographs, I regret now that I did not listen to her. She liked when you looked modest, but nice, so maybe that is why I have never been into extravagant, provocative clothes. To show, but not to exaggerate, and in

order to highlight the good bits and to hide the flaws. So, I think that it was my mum who instilled it in me" (YW\_3\_24); "My sister often tries to motivate me, so I feel like taking care of my body because she cares about it more than me" (YW\_2\_24). At the same time, however, they emphasised the critical attitude towards promoted models.

Young women often and openly talked about their desire to be liked by a man – a father, a life partner, a potential partner – as an influence on their attitude towards their appearance. So, the culturally defined duty of the woman is internalised in such a way that it seems to be their own desire (a good empirical exemplification of Bourdieu's symbolic concept of violence). Appearance can, above all, make woman noticeable, but it can also help to keep the interest of a man: "Every woman wants to be attractive to her partner. We are aware that guys like pretty women and they do not appreciate the ones they have [...]. So, it seems to me that every woman wants to be pretty for her man, and sometimes also to some other guys too" (YW\_9\_30). Sometimes, young women who want to be attractive for a man give up their own concept, and they condition how they appear with the tastes and opinions of men: "The people who surround me certainly have an influence. If I go to the shop with somebody, for example, with my boyfriend and I like something but he says I look bad in it, [...] then I will trust him, because he sees me more often than I see myself" (YW\_2\_24); Sometimes they 'do something' for themselves and for their husbands; "I want to feel this way for myself. Sexy, nice, yeah, maybe in this feminine way. But, for my husband, I dress nicely in the evening, in our bedroom, then it is for him, yes" (YW\_14\_35).

The female respondents also talked about being guided by their fathers' or brothers' aesthetic canons: "For example, when we watch TV, my dad makes a comment on something regarding the appearance of women [...] at least, when I was a child, it could have affected how I perceive the attraction of women. [...] I think it might have had an influence on how I care about myself now, and what approach I have, I think" (YW\_1\_21); "It is important for me as well, so my neckline is not too big or, for example, a skirt is not too short [...]. I prefer to cover myself up. My dad taught me this [...]. He said once, the more a woman covered herself, the more mysterious she was, and the more she was attractive for a man and he would want to get to know her better, [...]" (YW\_2\_24); "Certainly my brother shaped it to a considerable degree. [...] all his critical comments influenced me a lot and as a matter of fact they still do" (YW\_4\_27); "My dad had such principles that a girl should wear a skirt or a dress. More him, than my mum [...]. Above all, he meant a skirt" (YW\_14\_35).

As previously mentioned, the young women's statements prove they were not conformist towards the image of women promoted by the media. Similarly, their attitude towards the taste of their mothers and other women from the older generation was critical. It also concerned some comments made by their fathers. But if we ask whether the internalisation of patriarchal dependence on men is reflected in young women's statements, the reply does not seem that simple. After all, they declared a desire to be attractive to men, but it was not about having expectations of being accepted or chosen. In the concept of young women, the arrangement of their appearance is not an expression of passivity and obedience, on the contrary – it turns out to be an active attitude, because it consists in the instrumental use of their own look in the fight for the interest of the chosen candidate. It is not the realisation of an abstract ideal of femininity but it is the reply of a specific woman to the previously recognised aesthetic standards of a specific man. It allows us to put forward a hypothesis about young women freeing themselves from the patriarchal concept of femininity and male dominance. If, in some situations described by the respondents, the woman gave priority to the taste of a man, it looked rather like a consciously made concession which resulted from taking into consideration the patriarchal cultural reality in which she happened to accomplish her goals. The film 'My Big Fat Greek Wedding' exemplifies this issue very well (and not only concerning appearance). In such a context, however, another problem arises, i.e. the woman's acceptance of her self-objectification. It also begs the question whether, in the more distant future, the presented changes of behavioural patterns will actually turn out to be only corrections which, in the *de facto* patriarchal 'post modernity', will help maintain the patriarchal model of the relationship of power between the sexes, fundamental for this system.

Young women appeared to be conscious of many and multiple cultural influences which shape their attitudes towards their own appearance (however, it is not possible to rule out the fact that they suffer from 'gender blindness'). Another fact is that not a single woman mentioned a 'natural' or 'coming from myself' origin of this attitude.

A comparison of the results of the analysis presented above allows us to attempt to answer the question: Is women's awareness of the sources of their attitudes towards appearance differentiated according to age, and if so, in what way? As it turned out, all the women participating in the study referred mostly to cultural concepts of femininity, but they were also aware – or made themselves aware during the interviews – of the meaning of their subjection to men in the examined context.

Above all, age differentiated the women's ability to free themselves from the influence of patriarchal models concerning caring about their

appearance which had been passed onto them in the process of socialisation, mainly by their mothers. They were also able to free themselves from the power of men, i.e. to gain autonomy in terms of the concept of their own appearance: criticism and independence from others in attitudes concerning their own appearance seem to grow in subsequent generations. It is most characteristic for the young women who also start to dominate the young men as specialists on their appearance, overtaking the recent primacy from the boys' mothers. Moreover, they adopt some male ways of getting dressed (e.g. applying convenience as an important criterion when buying clothes). The female respondents of this age group made great effort to gain independence, which was also visible in their frequently critical attitude of the media and the ideals of the women's figure and beauty promoted there, more so than among the other interviewed females.

It is worth emphasizing that the young women were the most open and honest about treating their appearance instrumentally. They did not hide the fact that they took advantage of it when competing for 'men's glances' or in the fight to keep their life partner, while the middle-aged women scarcely mentioned seeking men's recognition and attention. The oldest female respondents scarcely sought approval for their appearance, especially from close friends and family, and their attitudes towards the own appearance in great measure grew out of the conformism towards the preferences of their mothers and husbands.

Women's awareness about the social genesis of their attitudes towards appearance change with age; the naturalisation of this process was deep only in some old and middle-aged women's awareness. However, the different age of women co-occurred with the scope of the noticed socio-cultural influences on attitudes towards their appearance. The older women adopt models from direct observation of the feminine ideal of appearance in the family, the neighbourhood, at school, or in the workplace. Meanwhile, middle-aged and young women talked about the influence of different peer groups – school and studies, and about the overwhelming influence of the media – young women in particular talked about this last factor.

The younger the respondent, the more they commented on the attitudes towards their appearance and its conditioning. The younger female individuals also appreciated most the influence (positive but also negative) of an attractive appearance in different situations, and for attaining objectives in private and professional life. Some young women assigned an exaggerated significance to appearance, and some were conscious that this factor has been extensively overestimated.

## 4.2. The Genesis of Attitudes Towards One's Own Appearance in the Awareness of Men of Different Ages

As in the case of women, in men's statements about the genesis of their attitude towards their own appearance, more or less conscious manifestations of the impact of the patriarchal culture were sought: a model of power relations ensuring male dominance and a concept of gender including a set of social roles determined for men, the desired features of a male personality, and perfect male physical features. Statements of old, middle-aged, and young men were analysed.

When old men looked for sources of their attitudes towards their appearance, they mostly associated them with male dominance: with power of the father and the requirements of a man's social status. Several statements referred to the high position of the man in the family and power related to being the head of the family as the main (if not the only) breadwinner. And so, in one of the cases, the father's behaviour concerning clothes expenses for his sons was indicated as having a fundamental influence on the respondent's present attitude towards his appearance: "[...] my father was a rich but mean man. And he really saved on his sons. Thus, the sons wore second-hand, darned clothes, old shoes etc., all hand-me-downs. And you know, I was the second, and S. was the third [...]. And I remember those ugly coats, shoes that were too big, and I didn't like it at all. And I thought to myself, God, if it is ever up to me, it won't be like that [...]. I think this also might have had an impact in my case" (OM\_1\_63). Another interviewee noticed the difference between the way he and his friend from an intellectual family looked. The higher social status of that family compared to his own was reflected in the way his friend dressed and looked in general. The young man was impressed by this, and felt the need for social advancement: "Yes, I had a friend who would always wear an elegant jacket. His parents were educated people. I mean, his mother was a teacher and his father worked in an office. They lived a different life. Now that I think about it, I must have been impressed by this, somehow. Perhaps I wanted to be like them. Perhaps this is where it came from. I think that this might have been the beginning" (OM\_13\_77). For old men, their guiding lights in terms of clothes and appearance were their fathers. For example, another respondent clearly emphasised that he had copied his father's "conservative" style of dressing: "[My father] would shave every day, his hair was always trimmed, he always had a clean shirt, and a suit. I guess I took this very conservative

way of dressing from him" (OM\_12\_72). Acknowledging that a classical style of dressing is characteristic of people who accept a given social order (Bokszańska, 2004), we can assume that the father and the son appreciated their social status that in the patriarchy is, by definition, already very high (mostly compared with the status of women). In some cases, a different male family member was the model for our interviewees: "I had a cousin who worked at the operetta. And Zbyszek always encouraged me to be elegant" (OM\_8\_70).

Old men, especially in comparison with respondents from other age groups, did not note any particular role of their mothers in creating the need to take care of their appearance or in developing their taste. More frequently, they emphasised the influence of both parents: "I think that such basic things are formed in childhood. It seems to me that we were taught these things by our parents" (OM\_5\_64); "No, I don't think so, no one's ever explained this to me but this [taking care of one's appearance] was always natural at home. [...] [I followed the example of] my parents" (OM\_11\_71); "Yes, yes. [My parents] ensured that we were neatly, cleanly dressed. I remember that. They always told us that fine feathers make fine birds" (OM\_6\_66). Perhaps by combining the socialisation efforts made by the mother with following the example of the father and his position as head of the family, the sons subconsciously diminished the role of women? Was it their intention to relatively exaggerate the significance of the father? (Virginia Woolf wrote about such a mechanism a long time ago: "Possibly, when the professor insisted a little too emphatically upon the inferiority of women, he was concerned not with their inferiority, but with his own superiority. That was what he was protecting [...]") (Woolf, 1997 [1929]: 53). Or perhaps some men who now belong to the category of old people share the patriarchal conviction that women are unable to create anything (meaning to shape attitudes), even within the area of private life, which is assigned to them by gender?

The statements of the old men also included explanations emphasising 'intrinsic' reasons for such an attitude towards their appearance. Generally, however, the old men said little about the sources of their attitudes.

The statements of the middle-aged men indicate that the major role in shaping specific attitudes towards their appearance has always been played by women. At first, it was the mother who drummed into them the principles of personal hygiene and how to care for oneself: "My mum always expected men to be aesthetic. Not pretty but aesthetic. So, everything should be ironed, buttoned up, and in matching colours" (MAM\_14\_61). The female gender role played by the mother was then assumed by other women entering the life of the respondents – girlfriends, wives, and daughters: "Mostly my wife. Earlier some girlfriends,

definitely. If I were to compare myself and how I take care of my appearance, the line would be my school girlfriend, and today it is definitely my wife and daughter. If I don't notice something, they will pick up any mistake, tell me about it, and won't me let leave the house" (MAM\_12\_58). Thus, the sense of responsibility for the appearance of other family members, and particularly men, developed in women as part of the gender-determined socialisation process, turns out to be deeply internalised, and this is a duty they perform throughout their lives as part of their different social roles: as daughters, girlfriends, wives, and mothers, and in relation to all men appearing in their lives in different, significant roles: as brothers, fiancés, husbands, sons, old fathers etc. As it is commonly known, the patriarchal cultural ideal of masculinity does not attach such significance to the appearance of men as it does in the case of femininity, as there are different bases for the social status of men, i.e. income, power. They do not have to be physically appealing to be called attractive. Anyway, on account of their subjective status, they are the ones who determine the standards of aesthetic assessment of women and representatives of their own sex, including the significance and canons of male beauty. Considering the statements of the respondents, however, it is worth noting that the middle-aged men more than the old men appreciated the significance of appearance when dealing with women, and they even mentioned rivalry among men for a more attractive appearance. In their opinion, this becomes important whenever men compete for the affection of the opposite sex. Within this generation of men, however, taking care of one's appearance mostly meant maintaining basic standards of hygiene.

The middle-aged men also admitted that their attitudes towards their appearance were influenced by the socialisation process in a given family as well as the expectations and orders of their parents and grandparents: "From the socialisation process, parents have a great impact on whether the child goes to school dirty or clean. They are responsible for this during childhood, so I think that later on their behaviour has an influence on adults" (MAM\_4\_40); "[...] I always emphasise that the fact that I lived with my grandparents was very important in my life, that the whole aesthetics of appearance and behaviour were instilled in me from the day I was born, I mean I already heard about it since I was three" (MAM\_15\_61).

Other statements of the respondents once again confirmed the internalised significance of the social status of men in the patriarchy. Their attitudes towards their appearance were influenced by their social position, and their behaviour model was shaped in terms of the adequacy of their image for the position held, considering the expectations of their

professional environment: "What matters is that I don't neglect myself, that I eat regularly, I make an effort, I wash myself. I have to, because I'm a manager, I've got some people, I meet women, so the determination is always stronger. So that there is no gossip that the boss stinks like a skunk, and, believe me, we have a few people like that. In this sense, this is a determinant, it's not of key importance, but it has its impact" (MAM\_3\_40). It seems that according to the concept by Marilyn French, in the 21st century "structure" and "possession" remain the main male values in the patriarchal culture based on "the power above" and "hierarchy" (French, as cited in: Tong: 75–76). Attaching significance to them helps one understand why some of the interviewees emphasised the positive impact on their attitude towards their appearance made by the school that, at the time they attended it, was an institution determining boys' appearance in a formal manner, in the school statute: "I attended a classical school and at that time we had to wear school badges, we had to have our shirts ironed, we had to change shoes and wear dark blue uniforms. Some traces of that have remained in me. I work at a university, so it definitely has some influence on me" (MAM\_10\_56). The significance of the other value mentioned by French, possession, and particularly possession of even the smallest scope of power, such as the ability to decide about one's own appearance, is reflected in the answer of one respondent who questioned the example of his father and behaves in a completely different way, symbolically taking away some part of the paternal dominance from his father: "My father was more pedantic than my mother. I was always a bit rebellious, probably because I was raised by my grandparents. For example, when my father got out of the bath he had to put his feet into a pair of slippers, he would not stand on the bare floor or walk barefooted. I [...], just the contrary, out of sheer contrariness I did the opposite" (MAM\_3\_40).

So, the middle-aged men turned out to be aware of the cultural determinants of their attitude towards their appearance (even though they did not describe it this way), mostly noting the significance of the role of women in this process, which was in accordance with the model of femininity. Some knew (or realised during the interview) the impact of the significance they attached to the male social status on the attitude studied, revealing the significance attached to the social position achieved and being guided, also in relation to taking care of one's appearance, by male values typical of the patriarchal culture.

The group of young men was characterised by full awareness of the fact that their attitudes towards their appearance were culturally determined. They recognised the influence of a number of factors, referring directly to the contexts of gender and patriarchal power relations. Their statements

also revealed an increasing significance of appearance for the modern concepts of masculinity (Melosik, 2002), i.e. its feminisation.

Nearly all respondents from this age group realised and described the influence of women on their attitudes towards their appearance, which was twofold. Its first aspect was the socialisation-related influence of the mother and other female family members. Dress codes taught by the mother referred to the classical style, i.e. in accordance with the patriarchal concept of masculinity they did not emphasise the significance of nice appearance but acknowledged that the person was familiar with and followed the rule of selecting clothes appropriate for the occasion: "[...] for example, my mum, whenever there was a ceremony [...] at school or [...] if we went to the theatre, she would always dress me first and then she would say that I should dress elegantly. [...] sometimes [...] I looked like, let's say, a penguin surrounded by [...] other birds. [...] I was dressed up, while other children wore their casual clothes" (YM\_1\_21); "I think that definitely [my mum was my inspiration when it came to clothes]. I can talk to my mum about clothes. It feels as if she was my best friend. What is also interesting is that, thanks to my mum, I know a lot about fabrics. I know what is made of what and I know what different fabrics look like [...]" (YM\_6\_27). Sisters, who apparently got into the habit of taking care of others in the process of their upbringing in accordance with the ideal of femininity, helped the young men take care of themselves: "There were also situations [...] My sister ironed all my clothes. That was my favourite sister" (YM\_13\_32). These classical patterns, and particularly mothers' efforts to maintain them, were more and more questioned by the respondents, or even rejected by some as no longer valid. Such responses had some emancipation context – attempts to break free from the childlike dependence on the mother who dominated in this field of activity, assigned to her by culture: "My mother used to say: 'you have to buy this,' – 'but I don't want this'; 'buy this,' and she would buy it. Now it's changed because I say, 'I don't want that, I'll buy this myself.' [...] I wear what I like [...]" Of course, my mum frequently suggests something and says, 'dress like that,' but then I say, 'you've got dad, dress him, you won't dress me,' and that's the end of the discussion" (M\_2\_22).

The other type of influence which most young men consciously fell under involved accepting suggestions and following practices recommended by young women the respondents wanted to appeal to (which, in gender terms, is typical feminine behaviour), who played the roles of "girls", girlfriends, fiancées, partners, and wives. Patterns of behaviour and recommendations concerned the figure, facial skin, losing weight, and clothing style: "[my girlfriend tells me] no, you won't eat this because you have to take care of yourself [...]" She works out a bit, you can tell" (YM\_2\_22).

Paradoxically, some of the young women treated their partners/husbands the way mothers treat their sons while some of the young men accepted this dominance, perhaps without even realising that, having freed themselves from the power of their mothers, they had got under the same power of their wives, friends, and partners. In the context of the generation, the expectations of men and models promoted by young women had changed from classically masculine to modern, confusingly similar or identical to culturally feminine ways of taking care of one's appearance, figure, body, and even clothes (including the emphasis on colours): "For example, I now know that I look really bad in green, I look like a corpse, it's terrible. I've learnt not to wear such colours" (YM\_6\_27).

The young men taking part in our research realised the impact of other men on their attitudes towards their appearance in different ways. They imitated their older brothers, and particularly the clothes the older boys wore: "I chose my brother. He impressed me. I copied his behaviour, his manner, and the way he dressed. Partly casually, and partly elegantly. Depending on the occasion" (YM\_4\_24). A different case involved an uncle who was the complete opposite of the model the respondent perceived negatively, i.e. the respondent's father: "My uncle, who pays great attention to this, and who is the same age as my mother and father, but is very fit [...]" (YM\_10\_31). The model adopted by the father was accepted and followed as long as it satisfied the aspirations related to the need for social advancement, which is significant to a patriarchal man: "My father always wore shirts to work, even though he worked as an electrician. So before leaving the house, he put on a shirt, jeans, or some other trousers, but a shirt was obligatory [...]" (YM\_13\_32).

Some respondents noticed the influence of fashion and the media on their attitudes towards their appearance, and they highlighted the promotion of general principles that are important regardless of sex, and the type of influence exerted on men and women: "What matters is neatness, posture. They talk about it all the time in the media and on the Internet so that's probably the case [...] The media show some model of beauty, how people should look and dress, and I think that when it comes to appearance people strive after this imposed ideal. [...] We've got used to being controlled by the media and we don't even notice it. I think that people don't really buy what they want but what is imposed on them [...]" (YM\_3\_22). The respondents also noted the popularity of sports fashion and its unisex character: "I think that mostly fashion [had an influence on my appearance]. Sports fashion [...], more casual. There was a time when everyone wore sports clothes and this is what it looks like now [...]" (YM\_8\_29).

Nearly all the young men we interviewed indicated the influence of their parents on their attitudes towards their appearance, including not only the necessity to be obedient as a child but also following the parents' example because they liked their style: "[...] you know, when you are a child, you have little choice, in those days you had to wear not what parents told you to but what they had managed to obtain [...]. Mostly during the early stages of childhood, but later on my own, right?" (YM\_8\_29); "[...] Your parents have a great impact on what you wear, [...] and how you behave in relation to your appearance, because this is the first stage of socialisation, isn't it? Primary socialisation. When you go to school, they still influence you, depending on whether you live with them or not. If you move out when you go to the university, you try to find and fit into a group of people you socialise with. This is when your parents lose their influence on what you wear, how you behave and what you look like [...] [Now] they have no influence whatsoever. I make my own money, I earn a living, they have no say in it" (YM\_5\_26).

The respondents indicated the influence of their peer group, not only of people of the same sex: "I go [shopping for clothes] with both female and male friends who tell me what to wear" (YM\_5\_26); "[...] I think that I tried to manifest something with my looks, even as a teenager, I used to wear T-shirts with metal bands, ripped jeans [...] I don't know, probably [I wanted to manifest] being part of some group. I had friends who dressed like that. This identified us" (YM\_6\_27).

Like the middle-aged men, the young men admitted to a dose of conformity in relation to their attitude towards their appearance, mostly enforced by their workplace.

The attitude of the young men towards their appearance was thus formed under the influence of the patriarchal concept of masculinity, at the same time being subject to standards of attractive looks originating in the patriarchal concept of femininity. Such understood androgynisation of newly created attitudes towards one's appearance mostly manifested itself in the increasing significance of appearance within the young men's systems of values. The research participants realised both types of influence, just like the great role women played in this process. The statements of the young men also indicated that the analysed process saw a clash of two tendencies: culturally masculine – striving after autonomy through breaking free from the influence of their mothers and remaining reasonable when faced with the media's influence, and culturally feminine – the readiness to submit to dominance, which in this case takes the form of the rule of young women and their vision of a feminised ideal of a man.

The newly formed attitude of men towards their appearance was accompanied by full realisation that the process was culturally determined. It can be added that none of the respondents from this sex and age group mentioned a 'natural' source of their attitude.

To sum up, we should remember that the first part of the hypothesis that related to the way men and women of different ages explain the sources of their attitudes towards their appearance (and health) assumed that people refer to, among other things, cultural concepts of gender and age. In the socialisation process, individuals acquire social expectations concerning such elements as a certain attitude towards their appearance (and health) and towards taking care of these resources. They try to come up to them, realising the existence of social control. Thus, the analysis of the statements of the men and women taking part in the research aimed to find indications that they had noticed or experienced the genderisation of beliefs, feelings, and behaviour in connection with their appearance. The typology of justifications included references to i) patriarchal relations of power, ii) elements of the patriarchal ideal of femininity, iii) elements of the patriarchal ideal of masculinity.

It turned out that the respondents had indeed perceived patterns of patriarchal relations of power, such as male dominance and female submission, as well as other types of dominance relations characteristic of this society, e.g. paternal power, parental power, the dominance of the mother over her children, or even of the wife over her husband. It should be clearly emphasised that, in the patriarchy, the last two types of dominance – of women as mothers and, possibly, as wives – can and did concern only the area related to women fulfilling social roles originating in the patriarchal model of femininity, and so performed in the context of general submission of women to the power of men.

On the other hand, constituents of the patriarchal model of gender had also been perceived by the respondents who, in order to find the source of their attitude towards their appearance, referred to gender-dependent expectations of their appearance and to the special significance of appearance as women's human capital. They also presented gender roles played in the socialisation process of the young generation (in this case, in relation to issues related to taking care of one's appearance) and described cultural changes in this respect (the ones they introduced or observed).

The statements of some people taking part in the research showed they had not realised any cultural influence on their attitudes. On the contrary, these respondents were sure that the sources of their beliefs, aesthetic standards and behaviour patterns were 'natural'. They even described sources of the attitude analysed in terms of personal feelings, judgments,

decisions etc. A lack of awareness of the cultural determinants of one's attitude, however, does not mean that there are none. Quite the opposite. Following Bourdieu, we assume that nothing fosters the spreading of the patriarchy as effectively as this lack of awareness: "male dominance is [...] continuously maintained by a lack of awareness that allows categories of thinking created by the relation of dominance itself to be used in connection with the dominated groups [...]" (Bourdieu, 2004: 97), whereas "categories constructed by dominant groups are applied by the dominated even in order to perceive and describe the relation of dominance, as a result of which they treat this relation as natural" (Bourdieu, 2004: 47). In view of the above, the first part of the hypothesis concerning the determinants of male and female attitudes towards their appearance seems to be only partly justified.

The other part of the research hypothesis tested stated that the existence of (patriarchal) social control does not mean that individuals assume cultural concepts of gender and age without any reservations and do not make any attempts to modify them. This will mostly concern young people, who are aware of the restrictive influence of culture on people. Older people will accept the social expectations of men and women unquestioningly, assuming that their source is natural, which is in accordance with the patriarchal model of the society. Looking for explanations for their attitude towards their appearance, all the respondents recalled their childhood; thus, each generation of the respondents found themselves in a different situation. It can be assumed that, from this point of view, it was relatively the most difficult for the oldest interviewees. On the other hand, the situation of this group, as the one subjected to the most consistent patriarchal socialisation during their formative years (similarly oriented by the main agents of socialisation), was relatively the easiest.

Based on the results of the research in question, it can be confirmed that old people seemed most conservative, thus proving the internalisation of the patriarchal model of power relations between sex categories and gender concepts. Old women mostly emphasised the role their mothers (and other women) played in the reproduction of gender-dependent patriarchal ideals of femininity and masculinity and, in some cases, consciously agreed to male dominance in the area of the social reality analysed herein. The oldest men diminished the role of women in the area ascribed to them by culture, symbolically validating their submission and lack of subjectivity also in this respect.

Attempts to modify patriarchal cultural concepts of gender were mostly made by young people, both male and female. In this process of cultural change, men seem to be passive and they seem to subconsciously exert a destructive influence on the patriarchal social order. Their attitudes

towards their appearance are being feminised. Young women, as actors of this change, feminise the concept of the appearance of modern young men, thus becoming the group dominating men as those who yield to this influence. This, however, rule of women is only illusory as they also overestimate the significance of appearance in their actions. Young women do not seek general male acceptance (which was also true for middle-aged women) but they are focused on the acceptance of the chosen male. As they said, when they 'fight' for it, they simply further the aims they set themselves. However, it has to be noted that by reducing themselves to their looks, young women change their status from that of a person to that of an object, i.e. a thing. Questions about whether this is conscious are empirical. Just like questions about whether it is easier to accept self-objectification than be objectified by others. In this context, one should also remember that a prerequisite for the existence of the patriarchal social system is dominance over (the objectification of) women.

## Chapter 5

# Attitudes of Men and Women of Different Age Towards Their Health

### 5.1. Cognitive Component

#### 5.1.1. Reasons for Taking Care of One's Health Given by Men and Women of Various Age (Emilia Garncarek)

Continuing our discussion about the attitudes of men and women towards health, this subchapter will deal with reasons for taking care of this resource. One of the question the research participants were asked was if it was worth taking care of one's health and why. All the respondents, regardless of sex and age, gave positive answers to the first part of the question. It is worth noting that they made such positive declarations as: "yes", "absolutely", "naturally", "definitely", and "of course". However, an analysis of the data gathered indicates that, despite the positive declarations, there are differences between the significance men and women attach to such a resource as health. Women, regardless of age, were more interested in taking care of their health and they were unequivocal about it. Whereas in the case of men (regardless of age), despite positive declarations, some doubts about whether it was worth taking care of one's health appeared. There were also differences between the declared care of health and taking care of it in practice: "I think so, but so far I haven't paid that much attention to it" (YM\_3\_22). Only statements of some of the men included certain reservations about whether one should take care of one's health and how to do it. Some of them emphasised that one naturally should take care of one's health, however, they did not mean any excessive care: "Yes [you should take care of your health] but you shouldn't go to extremes. [...] Otherwise you might go nuts" (MAM\_6\_47); "You have to take care of it, but take it easy. I don't go to the doctor all the time, and I'm healthy" (MAM\_13\_60).

As already mentioned, women (regardless of age) emphasised the significance of health as a resource, and they were more interested in taking care of it in practice. This awareness of how significant health is might result from the women's socialisation process, which from their childhood years had instilled in them the significance of health. Women should be healthy in order to play the roles assigned to them by the patriarchy: the roles of wives, mothers, and guardians of the hearth. According to this model, taking care of health is the domain of women, who take care not only of their own health but also of the health of their family (children, partner/husband, elderly parents), which was mentioned by most of the respondents who took part in the research (these issues will be discussed in greater detail in the following subchapters). Even though the men knew one has to take care of one's health, they were also somewhat hesitant and they played down the significance of this resource of human capital for people's functioning. According to the patriarchal model, men should be strong and fit, even if they suffer from some ailments. Thus, their priority should be to take care of their physical fitness, which makes it possible for them to be professionally active and to take care of their families or compete with other men (in professional or sports terms), and not take care of their health (i.a. Mandal, 2003; Curran & Renzetti, 2005).

When conducting our research, we asked the participants about whether it is worth taking care of one's health and about the reasons for taking care of it. A detailed analysis of the answers, considering gender, age, and the 'gendered age' of the interviewees, indicated that, just as in the case of the previously studied aspects of their attitudes towards health, there are differences between the individual categories of the respondents. We will start with a presentation of the women's reasons for taking care of their health (regardless of age). They will be listed in accordance with their frequency – from the most frequently mentioned to the ones indicated by the smallest number of the respondents. Men's reasons for taking care of their health will be presented in a similar way.

When answering the question "Why should you take care of your health?", the female participants most frequently indicated the fear of an illness that would make it impossible for them to live their normal, everyday life. Examples of reasons for taking care of one's health can be found in the following statements: "So that you can live a normal life, right? Any health impairment limits you" (MAW\_3\_42); "To me, health is a fundamental issue related to my functioning" (MAW\_9\_54). Another significant reason for taking care of one's health mentioned by the female interlocutors was remaining physically fit and independent of others: "To me, it is very important to be healthy because I'm horrified at the vision

of being ill. I'm horrified at the vision of it leading to a situation where I'm bedridden and dependent on someone. [...] I can see how the people around me who have health problems are dependent on others and this really horrifies me; that each time I would have to call someone to help me, to buy me some drugs because I'm unable to go out, or that someone needs to help me do something I'm unable to do on my own" (YW\_3\_24). As the female respondents stressed, taking care of one's health allows one to remain independent, and by remaining healthy one does not cause others – neither family nor society – any problems: "[...] And if such changes take place, particularly in your brain, dementia or Alzheimer's disease, when you don't recognise anyone, you don't know what's going on, it's a burden on society, not to mention the family. And if someone has no family, it's even worse. Those nursing homes aren't nice places at all" (OW\_16\_89). An equally important reason for taking care of one's health, as indicated by the women, is perceiving the given resource as the highest value in life: "Health is the basic thing. When you're ill, you don't feel like doing anything. Ill means weak. Thus, you have to take care of it" (MAW\_15\_62). The women who took part in the research also said that one should take care of one's health because it is something you get only once. The female interviewees typically had some reflection on the reasons for taking care of one's health. In their opinion, health is a resource that gets depleted, which is why you should start taking care of it when you are young, even if there is nothing wrong with you: "Definitely yes, because if you don't take care of it [your health], it's very easy to lose it" (YW\_2\_24); "I think you should take care of it a lot, but you have to have some awareness. Young people in particular should have some awareness because they don't know, they don't understand that they have to take care of their health. I mean, you have to eat properly, get enough sleep, and avoid any stimulants, let's say. Because in the future, the negative effects of all this will appear. They definitely will if you don't do the right thing when you're young" (MAW\_10\_56). The women also emphasised that awareness of how significant this resource came with age: "Of course [health is something you should take care of]. But this comes with age. When we're young, we're all healthy, nothing bad happens and we don't really care, but with time we realise that health is very important and we should take care of it" (YW\_15\_35). At the same time, they indicated the significance of preventive activities which have an impact on maintaining health, and they believed that one has to take responsibility for one's health and take care of it, which includes consulting doctors and keep health under control through preventive tests. Such behaviour also has a positive influence on the person's well-being: "I think that you have one life to live. And to live it well, you should be treated. You

should go and have a check-up" (OW\_7\_70). "If you neglect something, then in the future... If you invest in something, this will pay off. If you neglect some symptoms, then it might turn out in a year or two that it's something dangerous. So, prevention is better than cure" (MAW\_6\_48). The next reason for taking care of one's health indicated by the women was planning motherhood or being a mother. The respondents emphasised that they wanted and had to be healthy for their children in order to play the role of the mother well, and in order to teach their children the pro-health attitude: "Now that I have children, there is another argument, as if I should take care of my health even more, for my children. [...] Besides, I should set a good example for them. And this is what matters. Because whatever I do, I teach them something" (YW\_14\_35). According to the female interviewees, taking care of one's health is a duty not only towards themselves. One should take care of it because a healthy person can help their family: "[...] in order to have strength for my children, and my grandson who's on his way" (MAW\_4\_45); "At least you should consider the fact that when you have children, you can't ruin your health. I mean I believe we should take care of it because our children and our loved ones need us" (MAW\_5\_47).

The above quotations show that women refer to the gender-determined female duty/obligation to take care not only of their own health but also of the health of their family. This obligation requires women to take care of their health in order to fulfil the roles assigned to them within the patriarchy – the roles of mothers and guardians of the hearth. Based on an analysis of the data gathered, one can conclude that women take care of health on their own and that they have an internal sense of duty to take care of it. Women's more active pro-health attitude results from the already mentioned gender socialisation. Their more frequent visits to doctors (compared with men) and greater knowledge of health are also related to their role of 'home doctors' who provide care to their children and other family members, which is associated with the traditional model of femininity (Tobiasz-Adamczyk, 2000). Only a few of the female interlocutors said that they took care of their health to feel good. In their opinion, physical health is the basis for one's well-being and good mental health ("A sound mind in a sound body" – YW\_7\_28), which entails a positive attitude towards life and good relations with other people (YW\_7\_28): "[...] taking care of one's health pays off because we feel good, we're full of energy, strength, and simply the will to live. To do all kinds of things" (YW\_14\_35). They also emphasised that one should take care of one's health because it is a precondition for life, and the desire to live as long as possible: "If you're healthy, both physically and mentally, then you're full of life, you want to move forwards, think about

the future" (MAW\_4\_45). Unlike the men who took part in the research, only a few women indicated the necessity to take care of one's health in view of playing different roles in public life. Some of them mentioned taking care of their health on account of education or professional career (young women), or in the context of different types of work done at home and in a professional context: "Why should we take care of it? Because when you're healthy, you can do everything. Work well, function well at home, at work, there's nothing you can't do" (MAW\_14\_53). There were isolated answers of some women which concerned the economic reasons for taking care of one's health. The female respondents mentioned that one should take care of one's health because illness entails costs: "Mostly not to be dependent on others, not to have problems, not to spend loads of money on drugs; in this country we live in they are terribly expensive, so I'd like to remain fully healthy as long as possible" (YW\_3\_24). One should note indications which were only present in the women's statements. They concerned the necessity to take care of one's health because life and health are gifts from God. Thus, man is obliged to take care of health in order to use this gift for as long as possible and not to waste it: "You should take care of your health for various reasons. Starting with the religious ones, because we were given health from God and it is our duty to ensure that our body is in good condition, that's the priority" (YW\_14\_35). Compared with the men, the women did not mention taking care of one's health in order to avoid contact with the health care system. An analysis of the respondents' answers demonstrates that women are used to such contact and consulting doctors is not as difficult for them as it is for men.

When it comes to the men who answered the question: "Why should you take care of your health?", it has to be stressed that they referred to slogans such as "health is the priority", or "you only get your health once" more frequently than the women. They emphasised the significance of health as a value, a priority in life, however, they failed to provide as much detail as women regarding why one should take care of this resource: "Generally, health is most important. When there's no health, there's nothing" (YM\_9\_33); "I think that it's important, but my attitude is as if taken from Kochanowski's epigram, you don't know its value until it's lost, that's exactly my case, frankly speaking" (MAM\_3\_40). Like the women who took part in the research, most of the men interviewed stated that one should take care of one's health in order to avoid illness and health problems that might hinder normal life. However, it was the women who more frequently indicated this reason for taking care of one's health. They also typically drew attention to different aspects of "normal" life more than the men. The men talked about life in a

professional environment, which was indicated by only a few of the women who took part in our research. The men mostly associated normal, everyday life with their professional environment, and this was also connected with pursuing their goals in life: "I think health is most important, because when you're ill, then everything is connected with it. You can't work, you can't take care of yourself, you can't work at home, help your family, and you're dependent on others" (MAM\_2\_39); "[...] for example, in order to go somewhere, you need to be generally healthy. I'm not talking about any extremes, but in order to do anything, for example, go on holiday, you need to be healthy as well" (MAM\_6\_47). This group of respondents typically emphasised that they took care of their health not only for the sake of the health itself but also for pleasure and satisfaction with activities undertaken in relation to their health. For some of the men, taking care of their health was a source of their well-being, not only physical, but also mental. It is worth remembering that the men interviewed mostly associated taking care of their health with taking care of their physical fitness. They indicated that one should take care of one's health in order to maintain an active lifestyle, do sports, and have strength to compete with others (in professional and/or sports terms) for as long as possible: "So I'm more motivated to follow all those diets and to exercise by striving for this self-esteem than health. Health is far less motivating. It's more about feeling better" (MAM\_3\_40); "I feel better when I go swimming. My body simply tells me: you're tired, man, but see how great it is now. And it's true. When I deal with a problem, then my brain tells me: We've made it! And next time we'll make it, too!" (MAM\_4\_40). According to the men, one should also take care of one's health because its condition determines one's general satisfaction with life: "When you're healthy, fit, and attractive, then your will to live and to see people is definitely greater, and I think that's all our life is about, to socialise and all that..." (YM\_7\_28). While the women showed more reflection on the aspect in question, the men's attitudes were more reactive. They mostly associated taking care of one's health with activities aimed at overcoming present problems and psychophysical discomfort. It is also worth adding that isolated statements of the interlocutors concerned the association between taking care of one's health with functioning within family life. Only a few men emphasised that when they were fit, they could take active part in the lives of their children, play with them, e.g. play football: "[...] to take an active part in the life of my children, I think this is important" (YM\_12\_32); "[...] if I remain healthy longer, even when I'm older, I can teach my children how to play football, I can teach them many other things that I need to be healthy for, and not just lie in bed and suffer from some diseases. Then I'll be able to actively spend time with my

friends, my children" (YM\_3\_22). Also in the case of these statements, there were differences between the attitudes of the men and women: the women more frequently take care of their health in order to help their children or grandchildren, while the men do it to play or do some sport with them. Based on the gender-related division of roles and spheres of activity in Polish families, women are the ones who mostly run the house and take care of children, while men, to a large extent, focus on their professional career, leaving taking care of their children to their wives/partners. The father only becomes involved when the child is older and has no problems with communication; then the father starts developing relationships with the child, often based on playing with it (i.a. Titkow, Duch, & Budrowska, 2004; Sikorska, 2009, 2012; CBOS, 2013b; Dzwonkowska-Godula, 2015). An analysis of the data gathered suggests that the respondents, when talking about reasons for taking care of their health, referred to a stereotypical division according to which the man/father is concerned with fun (plays football, goes swimming, and rides the bike with the child), while the woman/mother deals with the upbringing and care of the child (prepares meals, feeds the child, cleans, remembers about vaccinations and doctor's appointments etc.). Only a few men also said that thanks to taking care of one's health can one avoid health problems, remain active longer, and thus stay independent of others. Maintaining a good psychophysical condition is the basis for remaining independent. According to the participants, as a result of illness we become a burden to other people and our family. In the case of illness or decrepitude, we oblige our family members to take care of us, thus causing them some problems: "I think health is most important, because when you're ill, then everything is connected with it. You can't work, you can't take care of yourself, you can't work at home, help your family, and you're dependent on others. I think that health is, or at least should be, most important to everyone" (MAM\_2\_39). The indicated reasons for taking care of one's health also included avoiding diseases and health problems that might involve some limitations and the necessity to change one's previous lifestyle: "Once you lose it [health], then it's difficult to regain it, right? Generally, in some cases it's even impossible because when you have kidney or liver damage, then you have to be on a diet all the time, and eat some dietary supplements and other such things, right? So that everything works more or less as it should" (YM\_5\_26). Only a few interviewees indicated that one should take care of one's health because it is a resource that, without proper care, might be lost. However, unlike the interviewed women, who stressed that health awareness came with age, the men only realised that they had to take care of their health after losing it, or when it started failing: "I think you should take care of it.

I only realised it when my health deteriorated, I suddenly understood that there were some things I could do and some that I couldn't, and I was trying not to overdo it, so as not to make things worse" (OM\_12\_72). Some of the respondents also noted the economic aspects of health and illness. In their opinion, if one fails to take care of one's health, then treatment might involve high costs: "You definitely have to take care of yourself. I've already talked about it a bit. Because otherwise... when you take care of your health, the costs are much lower. I'm referring here to the financial aspect, without considering the health issue as such, the cost of getting better is definitely higher, I mean money for drugs, some procedures, rehabilitation" (OM\_11\_71). It should be noted that none of the men interviewed said that one should take care of one's health because it is a gift from God or in order to help their children or grandchildren (possibly, to spend some time with them, play with them). The men also did not mention that they took care of their health because they wanted to live as long as possible. As already stated, those were reasons listed by the women who took part in the research.

An analysis of the data gathered indicates that when giving reasons for taking care of their health, the men refer to the traditional/patriarchal model of masculinity, within which the resource in question is not as valuable as, for example, physical strength and the possibility of using it, mostly for the purposes of professional, sports or social activities. The women, on the other hand, indicated the significance of health as an important resource of human capital which has an influence on their functioning in different areas of life. Thus, after analysing the statements of the men and women from different age categories about reasons for taking care of their health, we can verify our hypothesis that women more frequently than men perceive health as a resource of human capital that has an influence on their social life.

There was also a significant linguistic difference between the men and women when talking about reasons for taking care of their health. The women used such words as "fear" of illness and "anxiety", whereas the men said that they took care of their health because they wanted to "avoid illness" or "health problems". In accordance with the model of traditional female roles, the response pattern in difficult situations involves analysing feelings, and it is also more acceptable for women to openly express fear, whereas a man showing fear is associated with weakness and can be interpreted as unmanly (cf. Frąckowiak-Sochańska, 2011).

When the analysis of the statements of both the male and female respondents took into consideration their age, it turned out that people from the various age groups indicated slightly different reasons for taking care of their health. We will start with a discussion on the reasons for

taking care of one's health indicated by the women from the three age categories.

The young participants of the research paid particular attention to the possibility of leading a normal life, however, they did not understand 'normal life' as just the possibility of 'living life to the full' but also as lack of expenses for treatment and the possibility of living an independent life. According to the young women, illness might interfere with a person's functioning and entail a number of limitations (related to, for example, the necessity to give up studies, a professional career, or a social activity). The middle-aged women also mentioned this reason for taking care of their health, but they mostly associated 'normal life' with the possibility of maintaining everyday activities in their private life (e.g. taking care of the home and children) and in their professional career. They also emphasised that they took care of their health in order to remain independent of others: "I think it's only in the context of this selfish attitude, so that I don't have to be at the mercy of others. So that I can do what I want" (MAW\_7\_49). The same reason was given by the older women. However, they treated 'normal life' as well-being and 'living life to the full'. "If you're healthy, then you use your health for fun and pleasure" (OW\_6\_69); "Well, health is very important, you know. This is what people live for, just to have a good time, right?" (OW\_3\_65). Only two elderly women said that one should definitely take care of one's health because "it gives [people] the strength to live and work, most of all" (OW\_10\_71). As the female respondents noted, being a mother also has an influence on one's attitude towards health and taking care of it. The young women emphasised that they wanted and had to be healthy for their children in order to fulfil their parental role and to teach them the pro-health attitude, whereas the middle-aged and old women stressed that one should take care of one's health in order to be able to help their children and grandchildren as long as possible, and not to become a burden to them. There were also isolated statements from the young women that one should take care of one's health because it is a gift from God, and one should take care of it. This reason for taking care of one's health was also referred to by the female representatives of the oldest age category (the middle-aged women did not mention it). The young women also said that one received one's health only once, and that it was a fragile resource that might be lost if not taken care of properly. There were also comments that awareness of this came with age, or when some health problems or ailments appeared. This reason for taking care of one's health was also indicated by the middle-aged women, who added that even young people had to undergo preventive examinations and take care of their health. Further, they emphasised that the awareness and the significance of preventive healthcare only

came later in life. The female respondents from the oldest age category did not mention this reason for taking care of their health. According to the older women's declarations, they had already partly lost this fragile resource, and compared with the younger respondents, they paid greater attention to professional medicine. The young women emphasised that one should take care of one's physical health because it is the basis for one's well-being and good mental state. Only a few of the middle-aged respondents also associated these two health resources. Both the middle-aged and old women used some obvious statements which stressed that health is the most important value in life, that it is the "fundamental value" (OW\_6\_69); "Health is the most important thing in life, nothing else matters, health is most important" (MAW\_14\_53); "Well, health is the basic thing. When you're ill, you don't feel like doing anything. Ill means weak. Thus, you have to take care of it" (MAW\_15\_62). One of the women also noted that taking care of one's health is the prerequisite for life, and this is the reason why we should do it: "If you're healthy, both physically and mentally, then you're full of life, you want to move forwards, think about the future" (MAW\_4\_45).

The young women's attitudes towards health typically did not indicate any intention to avoid visits to the doctor or having to deal with the Polish healthcare system as reasons for taking care of their health. None of the middle-aged respondents said that one should take care of one's health because it makes one feel good or for pleasure (such answers were given by some of the younger and older women, and by the men), or that thanks to taking care of one's health one can avoid dealing with the Polish healthcare system, which is generally negatively perceived. However, they said that they took care of their health because they wanted to live as long as possible: "It matters, when I think of health, it somehow brings death to mind, so the healthier I am, the longer I will live. I have so much to do, so I'd like to live long" (MAW\_8\_53). As already mentioned, another reason was the need or necessity to help their families.

It has to be said that the older interlocutors had problems with providing detailed answers to the question "Why should you take care of your health?". They were unable to indicate reasons for taking care of their health. The questions about whether health was important for the respondents, and how important it was, were more comprehensible to the participants of this age (this issue was already discussed in the affective component of the attitude towards health). When answering the question "Why should you take care of your health?", some of them indicated the significance of taking care of one's health in order to avoid illness and thus avoid causing problems for others, not only family members but also society, which was not mentioned by the younger respondents.

Only a few of the older women emphasised that one should take care of one's health because it has an influence on one's well-being. In their opinion, in order to remain healthy, one should follow the doctor's orders and keep one's health under control by undergoing preventive examinations: "I think that you have one life to live. And to live it well, you should be treated. You should go and get checked out" (OW\_7\_70).

Analysing the above reasons for taking care of one's health, one can indicate certain generational differences between the attitudes towards health of the women from the different age categories. They refer not only to their physical condition. While the older women pay greater attention to issues connected with their well-being, the way they feel, or the lack of pain, on account of their worse condition and age-related health problems, the younger women defined 'normal life' through references to their social roles, for example, as employees and mothers. The analysis of the data gathered indicated that it was mostly the middle-aged respondents who referred to the previously mentioned gender-determined female duties (the duty to take care not only of their own health but also the health of their family, to take care of children, and to combine a professional career with household obligations). They can also be classified as the 'sandwich generation', a term was coined by Dorothy Miller. Originally, it concerned women in their thirties and forties who took care of their children, at the same time looking after the needs of their elderly parents as well as other family members or friends (Miller, 1981). Today, this is a group of women in their forties and fifties, living as if 'in a sandwich', torn between taking care of their elderly parents and their children or grandchildren. It is mostly women of about fifty who are trapped in this 'sandwich'. They look after their decrepit parents and in-laws, they support their adolescent children, they take care of their grandchildren, and they run not only their own households, but they also cook, clean, and do the shopping for their elderly parents or not fully independent children (Diller, 2012). This entanglement in gender-determined duties makes some of them quit their jobs, even a few years before the planned retirement. Due to their involvement in family life, for some women this is also a period when they stop taking care of their health (these issues will be discussed in relation to the behavioural component of the attitude towards health).

In the case of men there were also a few typical reasons for taking care of one's health, indicated by the representatives of the different age categories. The young men emphasised that health made it possible for them to be professionally active (which was also indicated by the other male respondents) and to maintain contact with other people, mostly their friends, which was not mentioned by the other men or the women who

took part in the research. The young men focused on such elements as satisfaction with life, energy, good mental state, satisfaction with oneself, and fitness. They noted that life expectancy depended on one's health. They believe that one should take care of one's health because, in the case of illness, one is forced to change one's lifestyle and might have problems implementing one's plans and fulfilling one's dreams. The fact that the young men indicated psychophysical aspects of health and their lifestyle as significant elements in the aspect in question, and that they were convinced of their responsibility for their psychophysical condition, might result from having grown up in a culture which promotes a healthy lifestyle and the healthism ideology. Those men, unlike the representatives of the older generation, are more aware of the significance of health, and some of them apply this knowledge in practice. It should be emphasised that in the male group, only the young respondents mentioned playing the role of the father as a reason for taking care of one's health. In their opinion, one should be healthy to be able to take care of their children. However, they mostly stressed the significance of being an active father, i.e. a father who is healthy and strong enough to play with his children. Thus, the young men indicated activity not only in the public sphere, related to their professional career, but also involvement in family life. An analysis of the answers of the respondents who took part in our research, and the results of other research on the issue of contemporary models of femininity and masculinity, indicate that contemporary young men get more and more involved in their parental role and family life (i.a. Sikorska, 2009, 2012; Szlendak, 2010; Dzwonkowska-Godula, 2015). The reasons for taking care of one's health given by the young men also included avoiding diseases and health problems that would make life difficult not only for them, but also for their families. They also believe that health is a resource one should take care of, or otherwise it will be lost. These reasons were also listed by the middle-aged men.

A typical reason for taking care of one's health given by the middle-aged men was the need to maintain a good psychophysical condition, which allowed them to remain independent of others. Those men would like to avoid burdening their families with the obligation to take care of them and save their families worry, which might have a negative influence on their health. Such statements refer to the traditional concept of masculinity, according to which men show no weakness. Illness is beyond the traditional image of a man who is strong, tough and needs no help (i.a. Mandal, 2003; Ostrowska, 2006; Królikowska, 2011). "Thanks to the fact that I'm healthy and I'm doing quite fine, I can't complain because I suffer from no serious diseases. So, I don't cause anyone any problems or worries" (MAM\_8\_53). Only the middle-aged men emphasised that taking

care of one's health is a source of a better mental state, and that it might be a source of pleasure. This category was not present in any of the remaining groups of respondents. Some men from this age group mentioned that they took care of their health not only for the sake of the health itself, but also for pleasure and satisfaction with the activities undertaken in relation to their health. What should be considered here, however, is the way men understand the notion of health: mostly as physical and sports activity. When analysing the issue of reasons for taking care of their health, they associated this pleasure and satisfaction with activities undertaken in relation to their health with the possibility of competing in sporting terms: "I do it, so I derive pleasure from it. I come up with ideas, I encourage, propose some crossminton, I try to make it as attractive as possible so that there's a cognitive element to it, this is why I cycle, it also has its purpose" (MAM\_14\_61). The middle-aged respondents also emphasised that health is a priority value in life, that it is a 'prerequisite for life', which was also mentioned by the other men interviewed. Further, most middle-aged men made some remarks about functioning in their professional environment, which was rarely mentioned by the younger and older interviewees: "I think health is most important, because when you're ill, then everything is connected with it. You can't work, you can't take care of yourself, you can't work at home, help your family, and you're dependent on others" (MAM\_2\_39); "Well, yes, it's [health] important. If I weren't healthy, for example, if I had problems with my back, I wouldn't be able to work [...]" (MAM\_6\_47). An analysis of the statements gathered in this case also revealed that the middle-aged men referred to their activities in the public and professional spheres, which corresponds with the patriarchal model of masculinity. None of the participants from this age category said that one should take care of one's health to help one's children or in order to live for as long as possible, which was mentioned by the women of this age.

It was typical of the old men to say that they had neglected their health in their youth and had become interested in it only after the appearance of some serious health problems: "I think you should take care of it. I only realised it when my health deteriorated, I suddenly understood that [...]" (OM\_12\_72). As some of them stressed, even when they had started suffering from different ailments, some of them had ignored them, and only encouraged by their family – wives or daughters – did they start to have their condition diagnosed and follow the doctor's orders. When asked if it was worth taking care of one's health and why, some of the respondents referred to other people who encouraged them to do so or who took care of their health: "Yes, of course. I think we do it. I mean me and my wife. Probably she is more involved because she has thyroid problems, but

I also do it. She always makes sure I do. With those herbs, and the diet.” (OM\_8\_70). It was only the old men who drew attention to the economic issues related to taking care of one’s health, which were not mentioned by other men who took part in the research. The representatives of the oldest generation emphasised that one should take care of one’s health in order to avoid expenses related to the treatment of diseases: “You definitely have to take care of yourself. I’ve already talked about it a bit. Because otherwise... when you take care of your health, the costs are much lower. I’m referring here to the financial aspect, without considering the health issue as such, the cost of getting better is definitely higher, I mean money for drugs, some procedures, rehabilitation” (OM\_11\_71). What distinguished the old men from the other interviewees was comparing their health and taking care of it with taking care of a car: “Of course, we don’t only take care of it. This is how I always explain this: we take care of the car more to have money [...]” (OM\_6\_66).

The analysis of the reasons for taking care of one’s health given by the men and women considered the ‘gendered age’. As the data collected indicate, the men and women from different age categories indicate slightly different reasons for taking care of their health. While the young people (regardless of sex) have a similar awareness of the significance of the resource of health, they are convinced of their responsibility for their psychophysical condition, and to a certain extent they give similar reasons for taking care of one’s health (e.g. they indicate the significance of leading an independent life and the possibility of being active in both family and professional life), in the case of older respondents, there are clearer differences within the aspect in question. When stating reasons for taking care of their health, the middle-aged women mostly emphasised that they took care of this resource in order to remain active in the sphere of family life, whereas the men mentioned professional and social spheres of life. There were also differences between the men and the women from the oldest group. The old female respondents take care of their health to avoid illness, not to cause any trouble to others, and to remain active (i.e. help their family or take part in social life). On the other hand, the old men were mostly afraid of decrepitude and becoming dependent on others, and of the costs related to medical treatment.

Considering the age of the respondents, sex does not differentiate attitudes towards health among the young people much. Thus, there is androgynisation in relation to attitudes towards health, and mostly with regard to the significance of health for the capital of an individual. The young people treat health as a significant resource. The behavioural aspect of the attitude towards health is slightly different in this

age category. The health behaviour of the young people is still influenced by the patriarchal models of femininity and masculinity (this aspect will be discussed in the following subchapters). Attitudes towards health of the middle-aged and old people are far more diverse, depending on sex. This results from the fact that they follow the patriarchal models of femininity and masculinity. While health is a very significant resource for women, men do not value it as much as, for example, physical strength, activity, or the possibility of pursuing their professional career (regardless of their condition).

## 5.2. Affective Component

### 5.2.1. The Evaluation of One's Own Health in Relation to Gender and Age (Krystyna Dzwonkowska-Godula)

As Sokołowska wrote, “the criteria of health are historical, they change with the social situation, with environmental conditions as well as with the norms and customs of specific social communities. They are also dependent on the aspirations and values leading people's lives. Therefore, the evaluation of health and illness changes depending on the individual, because it is conditioned very much by subjective individual needs and reactions” (Sokołowska, 1980: 125–126). The results of surveys show that, among others, gender and age belong to the variables differentiating satisfaction from one's own mental and physical condition. Women, relatively more often than men, assess their health condition as bad (16% and 9%, respectively) (CBOS, 2012a). Only slightly more than half of them (52%) describe it as good in comparison with 62% of men from the examined group (source as above). It results from, among other things, the fact that in the population of women there are more elderly individuals (which derives from the greater mortality and the shorter lifespan of men) and a lot of them struggle with chronic illnesses (44% in comparison to 26% of men)<sup>7</sup> (source as above). Ageing, and the decline of the mental and physical condition associated with it, is commonly ac-

<sup>7</sup> The differences between what is declared may partially be the result of men who avoid medical check-ups and visiting doctors not being aware of such illnesses.

accompanied by complaints about one's own health, whereas young people universally declare satisfaction in this regard (source as above).

However, it is not only how people assess the condition of their health that is interesting, but why they judge it this way and, additionally, which criteria they use to do so. The respondents – both women and men of different ages – were asked about it in the qualitative study that was carried out. As a factor determining a good mental and physical condition, the lack of illness, health problems, and complaints, but also dealing with diseases, were indicated in all examined groups. So, it can be concluded that suffering from a disease doesn't preclude one from calling oneself a healthy individual as long as the disease is cured or under control, and that it is not a great handicap to everyday, normal functioning. Interviewees of both genders and of different ages repeatedly refer to their current state of being as the basis for a self-evaluation of their medical condition, but respectively relying on medical criteria – medical diagnoses, findings, or taking medicines as indicators of the 'quality' of their mental and physical condition could also be noticed.

There was also a common indication in every group examined, such as comparing their own health condition to the condition of other individuals representing the same age group, or to their own mental and physical condition presented in the past. What is worth mentioning is that the same factors were the basis for completely different evaluations of the psychophysical condition for different respondents e.g. for some, an illness being treated was grounds for determining their own health as good (illness did not handicap their life and did not pose a threat, because it was under control), in the case of others, however, it resulted in lowering this evaluation (if health is defined as the lack of illness, its existence does not allow them to evaluate their mental and physical condition as positive) (Łuczak, 2015).

The analysis of respondents' statements allows us to notice differences, both in the evaluation of health and in the arguments given by women and men representing all sorts of age groups. Firstly, let us take a closer look at how the affective component of the attitude towards one's own health is differentiated by gender.

The results of the study confirmed a relatively good assessment of men's own mental and physical condition compared to women. In the group of young respondents, all men participating in the research evaluated it positively, (in spite of simultaneous indication of ailments of different kinds), whereas some young females defined it as average. (In addition, the satisfaction men derived from the state of their body rarely meant an unequivocal, very good evaluation; it was usually accompanied with statements such as: "good – at the moment", "just good

enough”, “quite good”, “it is not so bad”, “it is ok, but it is deteriorating”). Among the middle-aged respondents being interviewed, there were no men who assessed their health negatively (positive evaluations dominated against a few “averages”), however, negative evaluations did appear among the female participants examined in this age group. There were no such differences in the evaluation of their own mental and physical condition in the oldest category examined: in the discussed group, the representatives of both gender categories defined their health as good, average, and bad, (a similarity in the health self-assessment of elderly people has also been observed by other researchers – cf. e.g. Tobiasz-Adamczyk, 2000: 61).

Differences between women and men with regard to their evaluation of their own health condition can easily be explained by the gender socialisation and cultural concepts of femininity and masculinity. The more critical self-evaluation of the mental and physical condition in the case of women can be connected with their greater openness in talking about the different kinds of complaints they felt, which respectively derives from “the higher social acceptance of women being ill” (Tobiasz-Adamczyk, 2000: 61). As representatives of the ‘weaker sex’, they have greater consent of society to complain about the state of their health, but it is also thought that they observe their own body and know how to identify ailments (e.g. during menstruation) (source as above; Królikowska, 2011: 390). Moreover, as they are usually the ones in charge of taking care of the health of the entire family, they have greater knowledge about illnesses, the accompanying symptoms, and the courses of treatment. As a result, women more quickly than men react to symptoms of illness, even those defined as ‘unimportant’, and they pay attention to the physical discomfort that can be felt, which can result in the poor evaluation of their own health (Tobiasz-Adamczyk, 2000: 61). In the case of men, complaining about any ailments is treated as a weakness and doesn’t constitute the cultural image of a strong man, whose health “is indisputable, as ‘the strong sex’ is supposed to have it, by definition” (Malinowska, 2011: 11). Women’s greater dissatisfaction with the state of their health can also derive from their objectively worse psychophysical condition, proven by statistics which demonstrate the more frequent appearance of individual illnesses, dysfunctions and mental disorders among women compared with men (Ostrowska, 2006; 2012; Frąckowiak-Sochańska, 2011; Renzetti & Curran, 2005: 525).

Validating their health self-evaluation, the female respondents describe their illnesses and sensed ailments more precisely than the men examined, which proves their greater self-health awareness. Observations of other researchers confirm the above. As Tobiasz-Adamczyk

noticed, “how health and illness are described is different in the case of men and women. It has been observed that women use different expressions than men to describe the same morbidities, they name more detailed symptoms, and, in addition, they announce their illness through the prism of the emotions that accompany pathological changes, i.e. the description of a disease’s symptoms includes both the physical and the psychological context of the illness” (Tobiasz-Adamczyk, 2000: 61). The female participants of the research paid attention to the complexity and difficulty of determining the state of their health, e.g. pointing to the objective and subjective dimension of such an evaluation. Some of them asked what it was exactly they had to refer while self-evaluating their health: “What is the scale? In what way am I supposed to determine my health? What evaluation criteria are there?” (YW\_11\_34); “Are you asking in some specific categories?” (YW\_12\_34). Some of the interviewed females formulated ambivalent evaluations of their own mental and physical condition, noticing the divergence between objective indicators of the health and their own frame of mind: “[...] I was afraid that it was bad, [...] yeah, but I did the medical tests and the results were fine, yeah, so my health, for the moment, turns out to be good” (YW\_5\_28); “[...] I don’t feel ill, however, I know that I am ill. [...] these are the problems associated with enteropathy. [...] I was examined, I had a stated illness and I went through with the surgery. [Now I am feeling fine.] In contrast to what the doctors are saying” (YW\_14\_35). According to one of the respondents, comparing your own mental and physical condition to the condition of others results in a change in your health self-assessment: “subjectively I would judge it poorly, however, comparing myself to my acquaintances in the same age range, it is not so bad” (MAW\_7\_49). Remarks were made that this evaluation is changeable and relative: “It depends on the day. Sometimes it is very good, but at the moment I’m mentally experiencing a jumble of various things beyond my control” (MAW\_13\_61). The female interviewees paid attention to the need to take into account both the physical and mental state of health while evaluating the condition of their bodies: “as for my physical health, I am feeling very well, I am fit, more or less. [...] however, when it comes to my mental health, it is definitely worse” (OW\_5\_67).

Such ambivalent health self-assessment was also visible in the men’s statements, but only of those who were middle-aged. One may have the impression that, in spite of distinct indicators of their bad state of health, which they talked about, they were unwilling to assess their mental and physical condition as explicitly negative, which might derive from the cultural concept of masculinity, which doesn’t allow men to complain about their health, and that being ill is treated as a sign

of weakness: “it is possible to put it this way: I am perfectly healthy and very ill at the same time. My motion system rebels against me, when we talk about joints – the knee joint and the hip joint, which are a real nuisance and limit my movements on an everyday basis (MAM\_11\_57); “[I assess my health] probably better than it really is. In such a way that I assess it now as good, but I think that it is not so good” (MAM\_12\_58). Those who were examined seemed to search for arguments that ‘it is not so bad, yet’: “Yes, I would assess my health in a way that it is ... poor, but it still allows me to accomplish my goals and live my life in a way I want” (MAM\_15\_61).

Analysing the statements of the men interviewed, it was noticed that they needed specific criteria or measures in order to be able to give their opinion about the condition of their own health, which can possibly be attributed to male rationality. Some of them applied scales for the evaluation of their mental and physical condition: “On a scale of one to ten – it’s an eight” (YM\_13\_32); “At the moment I am already close to number one [on a scale from 1 to 5]. Optimistically, I would like to say it is more like a two, but it’s most probably a one” (MAM\_11\_57); “I would assess my health... as a three” (OM\_14\_82). Others used ‘professional’ indicators such as: “I am going to show off a bit, I am 46 years old, I did the composition of the body weight test and I have 16% fatty tissue, 79 kg of muscle, and a biological age of 28” (MAM\_5\_46).

The results of the cognitive component research of attitudes towards health showed that the male respondents treat their physical fitness as the defining feature of their health. They, when asked for the evaluation of the state of their own mental and physical condition, also referred to physical fitness and their body’s performance. The possibility of being active and practising sport was a criteria of good health, however, injuries and motor restrictions were grounds to indicate its decline: “I am fully functioning and I think that my body performs well enough; I am fit, athletic, and feel good about it” (YM\_3\_22); “I have no problems with respect to my physical performance and my physical capabilities” (MAM\_14\_61); “So, I conclude it is OK, since my body is healthy enough to practice sport” (MAM\_4\_40); “At present, I have only one injury that makes it impossible to practice sport regularly” (YM\_15\_37). Some of the examined respondents named specific kinds of sports or physical activities: “I jog, I practice sport actively, I cycle, I go to the mountains at least a couple of times a year, not only to walk down a posh mountain resort street but to hike and climb the peaks. I go to the mountains to go rafting, I do so-called rafting” (MAM\_2\_39); “Let’s say I can run and I don’t complain that I have to rest after a minute. [...] I swim a bit, so it is not so bad with my physical fitness” (MAM\_7\_49). These statements confirm

the importance of sport, physical power, and fitness for maleness. The female participants of the survey didn't refer to these aspects in the evaluation of their own health.

In spite of certain similarities between the health self-evaluation given by the interviewed groups of women and men expressing their opinion, both satisfaction from their own psychophysical condition and reasons for the given assessment were differentiated by age. There were no individuals who assessed their health negatively among the young female respondents. What distinguished them from the older participants of the research was that they treated taking care of themselves as a 'measure'. So, in the respondents' beliefs, what proves that one has a good mental and physical condition is a healthy lifestyle – regular medical check-ups and screening tests, physical activity, and proper diet: "[In terms of the state of my health, I give myself] a good grade B. Or a B+. I usually check myself, I mean, I regularly do my blood work and cytology. And recently, if some symptoms alert me, I usually give it a check. I take care of my health" YW\_15\_35); "I lead an active lifestyle which has a beneficial impact on my health. I am active, I don't have any addictions, in principle I have no addictions at all, so [...] yeah, it's mainly activity, it is that much, [...] and a moderately good diet" (YW\_10\_30). On the other hand, neglecting health and anti-health behaviours were indicated by young female respondents as grounds for lowering their mental and physical condition self-evaluation. "[I assess my health as] not very good, but good only because I smoke cigarettes all the time" (YW\_9\_30). One of the examined females who assessed her health as 'average' said: "I evaluate my health in that way because I feel that I don't take care of myself as much as I should, and I feel constant pain coming from different parts of my body" (YW\_13\_34). Through this statement, the young female participants expressed their belief that they were the ones bearing the responsibility for their frame of mind and the functioning of their body in the process. This tendency, concerning young respondents (both women and men), has been already noticed while discussing the results of the study concerning the cognitive component of attitudes towards health (the way of comprehending health and the beliefs concerning what factors influence it). One may easily notice the influence of health and health education promotion emphasizing 'the dominant role of the individual in achieving health' and, as a result, holding them responsible for their health (Borowiec, Lignowska, & Makowska, 2009: 170). In their statements, the young respondents, or at least some of them, expressed the belief that "it is possible to achieve health through effort and self-discipline, with the focus on improving and protecting the body, forming its weight and size" (Crawford, 1980, also: Lizak, Seń, & Kochman, 2014: 150).

What is interesting is that young female interviewees – in spite of their objective youth, which, so to speak, naturally carries with it health and vitality – referred to their age, just like older female respondents, underlining that ‘they are in good shape’, compared with others, or on the contrary, observing the decline of their mental and physical condition: “[...] I think that it is quite OK, as for my age. [...] I mean, friends of mine, mainly because they smoke, already have problems with, for example, their lungs, and it is fair to say there are quite a lot of them, some strange cysts appeared on their lungs, so I think that in my group of friends, I am holding up quite all right” (YW\_3\_24); “My health is average. There are always some ailments bothering me, aching in the small of the back. Yeah, I am falling apart a bit already” (YW\_13\_34).

The middle-aged female participants noticed the influence of ageing on their mental and physical condition, which seems more natural in their case. However, it concerned only the respondents who were more than fifty years old. They compared their current health status to an earlier state, noticing the decline in power and performance of the body, or the appearance of certain diseases: “I am growing old, [...] my voice is getting weaker [...]. I see more problems with my health” (MAW\_8\_53); “[...] I am no longer as fit as before. [...] I don’t have physical power any more. I come back from the shop and it tires me out. I need to sit down and rest for an hour, which I didn’t do before, and now I have to rest [...] I don’t feel like doing different things. Maybe I could do something more, but the disease takes all my physical strength away. This life comes to an end and you just don’t feel like doing anything” (MAW\_15\_62). What was characteristic for people examined from this age group (not only fifty plus) was the emphasis on problems with their spine, or more generally, problems with their osteoarticular system, and sleeping disorders: “I suffer from bone, knee, and hip pain, high blood pressure, and I cannot sleep” (MAW\_15\_62); “[...] I sometimes have problems with my back, yes, in fact I suffer from back pain, yes it hurts” (MAW\_2\_41); “If, for example, I don’t sleep at night, or things I think of intensively cumulate, I wake up at four o’clock in the morning and I feel like starting the day” (MAW\_13\_61). One may be under the impression that the middle-aged female respondents expected a decline in their health in relation to their age, and some of them expressed surprise at their good state of health: “I don’t have problems with blood pressure, I sleep at night normally, I fall asleep and I get up” (MAW\_1\_38); “I mean, everything is fine, I am feeling sensational, I wonder if I am still alive as I don’t suffer from any kind of pain. And more and more often I reconsider running some medical tests to see if everything is OK [...] It seems that I am healthy, although most probably I am not” (MAW\_9\_54); “Nothing aches, I feel well, so

I guess [my health] is good, isn't it? [...] I am aware that it is just matter of time and some ailments will eventually... appear, yeah, because, it is like with a car, it works fine but unfortunately at some point, some part wears out and yes, it is definite..." (MAW\_14\_53). What draws the attention in the last quoted statement is the comparison of the body to the car, which repeatedly appeared in the group of interviewed men. In their health condition self-evaluation, the interviewed middle-aged women compared themselves not only to their peers, but to younger individuals as well: "I know that younger people have more serious health problems than I have" (MAW\_6\_48); "Generally, I belong to the sort of people who do not suffer from anything serious [...]. Because some people at that age already have high blood pressure, quite a few, they suffer from different diseases, but I don't and, knock on wood, I hope I won't" (MAW\_14\_53).

It was characteristic for the elderly female respondents to come to terms with, as they saw it, 'normal' complaints, diseases, and restrictions in the functioning of their body, as well as getting used to them. They felt that with controlling their health condition, following doctors' orders concerning taking medicines, and their lifestyle, they had the feeling of dealing with health problems just fine, which allow them to give the positive assessment of their mental and physical condition: "I have ailments characteristic of every human being. I sometimes suffer from one thing or another but I have a feeling I have it under control" (OW\_7\_70); "[I assess my health] as fairly good, because I have my blood pressure under control – I have had it under control for a few years now. [...] I take medicines, and heart adjuvants as well (OW\_14\_86); "[...] My hearing is a bit dulled in one ear. [...] it is disturbing, because it is wailing and wailing, but I got used to it over the years. [...] You need to live with it" (OW\_10\_71). As one of the interviewed elderly women noted: "I am making a mountain out of a molehill. I have these medicines and I take them" (OW\_14\_86). The elderly female participants of the research expressed the belief that they must appreciate the health they have, as it could be even worse. They denied themselves 'the right to complain', claiming that "for my age, it isn't bad" or "it could be better, but it could be worse too." They also compared themselves to others, considering the very fact they were alive as some kind of achievement, even more significant than being in a not so bad mental and physical condition. "It so happens that I go to funerals of people my age all the time" (OW\_16\_89). On account of the number and the diversity of diseases, including those inextricably linked with a given age, as well as due to relatively well diagnosed health condition as a result of regular doctor's appointments, the interviewed elderly women gave the statements full of 'medical' details: names of illnesses, or types of taken medicines: "Health issues, those with the urinary tract, kidney

stones (renal calculi). Cataracts, osteoporosis, knee pains start, joints. [...] Yes, in fact I have been in hospital and have had some medical tests regarding kidneys disease, kidney stones. I have been to the ophthalmologist" (OW\_1\_64). They paid special attention to physical health problems causing discomfort and disturbing them in their normal everyday functioning. Self-reliance and dealing with everyday duties were as essential as the possibility of being active outside the home environment for the evaluation of mental and physical condition in this age group of respondents: "Yeah, the health I have lets me function just enough in a normal independent way, although, as I mentioned before, it is not great, but as long as I am self-reliant and I can participate in some outside social life, yeah, I am quite pleased with it" (OW\_9\_71); "[...] There are a lot of people who feel worse than me and who fall ill with such progressive illnesses and they have more and more difficulties walking, or they are not able to leave their houses any more at all" (OW\_16\_89). Only in this age group of women was there a respondent who emphasised the meaning of mental health, which, in her belief, is usually underestimated. Having first-hand experience, she indicated that the body's performance and good body functioning does not have to go hand in hand with a good state of mind.

In the group of interviewed men, the young respondents stood out with the positive assessments of their health, which can probably be explained by their age and the good mental and physical condition connected with it. Analysis of their statements shows that some of them struggled with ailments of different kinds, however, it didn't influence their general positive health self-evaluation. A fact worth mentioning is that some of the male individuals used 'professional' names of diseases, or types of medical tests, even though, as already mentioned, it's women who have greater health awareness and medical knowledge. As their statements show, the respondents who experience some medical problems remain under the doctor's supervision, or they seek medical information on their own initiative and are competent in the evaluation of their own mental and physical condition: "I have elevated cholesterol, but the rest is just fine. [...] Since I have an allergy, my eyesight has gone down the drain by half a dioptré within a year, but I don't wear glasses yet. [...] I have had my appendix removed" (YM\_5\_26); "I had a few little problems. It turned out I have slight hypothyroidism, which is being treated" (YM\_10\_31). Since physical body performance and fitness were a measure of their physical health, they indicated injuries which limited their ability to practise sport or health issues which made it impossible, or they mentioned obesity, which also affected their motor activity together with their physical appearance, which was hugely significant to the young men.

The young male respondents emphasised that when assessing their own health, they mainly base it on their own subjective impressions and feelings: "I think my health is OK" (YM\_10\_31); "It seems that I am a healthy person" (YM\_4\_24); "Well, I guess that [my health] [...] is good" (YM\_1\_21); "Generally, I think it is not that bad, right? I have never complained about any major diseases, I have not experienced any serious health problems yet" (YM\_7\_28). Some of those interviewed were surprised that their subjective evaluations were reflected in the good results of their medical check-ups, while others needed such objective indicators in order to be able to determine the condition of their own health: "[My medical condition is] good, very good. Even on the basis of the medical tests I did, all the results were OK" (YM\_12\_32); "[I assess my health as good] based on how I feel as well as the results of the medical tests" (YM\_14\_35).

Taking care of oneself as grounds for health evaluation was what made the young male participants stand out in the group of men. And so the respondents assumed that taking pro-health steps, such as following their doctor's orders, controlling their medical condition, changing their diet or being physically active, proves their good health: "I think that [my health is] good. I am trying, as far as possible, to take care of my health, and every now and then I do the preventive screening tests. Of course, as I get older my attention is drawn to some other things, more to what I should eat, to my cholesterol and blood sugar level, and to slightly different stuff..." (YM\_14\_35); "I am rarely ill, I try to take care of myself somehow... I try to care about my physical condition so that it looks just fine" (YM\_9\_30); "It is a good question, because a year ago I had a little problem with my blood pressure, but I changed my diet a bit, I started eating dark chocolate and drinking a lot of still water, and it went away, so yeah, my condition is good. It is not very good, it is good" (YM\_2\_22). As previously noted, such feelings of individual responsibility for their own health were also expressed by the young women participating in the survey, in response to the question about evaluating the criteria of their mental and physical condition.

Comparing the statements of the young male interviewees to those who were middle-aged, one may get the impression that the latter assessed their health in a better way. When the young used the term 'good' to describe their own psychophysical condition, it came with the reservation that it was not perfect or that it stemmed from their personal conviction. The middle-aged participants of the research assessed their condition as very good relatively more often, with no stipulations: "I think that my health is good, with the emphasis on very good" (MAM\_1\_38). "[I assess my health] very well" (MAM\_9\_54); "I do not get sick. I am healthy"

(MAM\_13\_60); “Fit and well, being able to move and walk” (MAM\_2\_39); “I have no problems with respect to the functional performance and capabilities. I would wish many people had such a functional performance, such capabilities” (MAM\_14\_61). As one may notice in the above statements, for some of them, the physical efficiency of the body was a basic measure of their health. Some of the interviewed middle-aged men expressed pride in their own mental and physical condition, underlining that they “never” or “at no time” have been ill, and they do not suffer from any chronic illnesses: “I don’t remember when I was last at the doctor’s” (MAM\_9\_54). Comparing themselves to younger people was of great significance to them: “I can see my peers and younger people who feel worse than me. They suffer from back pains, leg pain, and I somehow walk quite all right and somehow nothing much hurts, even though I am already 47 years old” (MAM\_6\_47). In addition, it should be noted that some of the middle-aged men did not expect too much from the own body in order to be able to assess their own health in a positive way: “I am still alive, in the positive sense of the meaning. I cannot complain about having such great problems [...] What should I answer? That I have two legs, I have two hands, I do not vomit, I do not have any headaches, that about sums it up” (MAM\_10\_56).

One may be under the impression that the interviewed middle-aged men had a need to underline or prove their personal vitality and their good physical fitness, “in spite of [their] age.” It could be an expression of longing for youth or a sign of how difficult it is for them to come to terms with the passing of time, or just the attempt to stop it (Chmura-Rutkowska & Ostroch, 2007: 69). The indication of the above can be found in the statement of one of the respondents who boasted about his good indexes for his own body, including his biological age (assessed as 28 although his certified age was 46): “And I honestly admit, it gives me great pleasure, because a certain youth cannot be kept, but it is possible to show off a little bit about it, and mentally I also feel like a thirty-year-old rather than like a forty-five-year-old man” (MAM\_5\_46). The respondents emphasised the need to maintain their own body fitness, mainly through being physically active with the simultaneous assumption that, for some of them, practising sport, including extreme sports, was an indicator of their health condition alone (it being identified with physical fitness).

The interviewed middle-aged men, who assessed their health a little bit worse, but still as positive, did not always explain where this ‘lowered’ evaluation came from: “I think that it is [...] quite all right. Very good, maybe not very good, but quite all right” (MAM\_4\_40); “I will put it this way – it is not that bad” (MAM\_6\_47); “How do I assess my health? As good, perhaps not as very good, but as good, for sure” (MAM\_8\_53).

And so, they were not so sincere and open in talking about their diseases or complaints as the young respondents. Perhaps this is due to the fact that the younger generation of men does not treat a confession about a bodily dysfunction as a sign of weakness or 'non-maleness'. On the other hand, among the middle-aged male respondents there was one individual who talked about his health problems which were of a psychological nature: "I think I have problems of a psychogenic origin. I do not suffer from any chronic diseases; however, I often do not have control over my emotions. I also go to therapy associated with this problem. [...] I have more existential problems. [...] They affect my health, because I give some thought to the meaning of my life and I cannot see it" (MAM\_3\_40). However, as a forty-year-old man, he belonged to the younger respondents in this age group, and generation-wise he felt more like a thirty-year-old than a sixty-year-old, which might be a source of this not conforming to the patriarchal concept of maleness and its associated attitudes towards one's own health.

It should be remembered that in the group of middle-aged men, there were individual respondents who had formulated an ambivalent psychophysical self-evaluation, which differentiated them from the rest of the men. What seemed to be a problem for the interviewees were the restrictions of their own motor skills that made normal functioning impossible and excluded them from certain physical activities. "I was quite a lively man, I liked playing football, I liked jogging, I liked walking, walking, and now... I avoid it, I avoid it. Certain things, generally speaking, are not within my reach anymore, things like football or practising sports. It is generally not accessible for me as I have a problem with walking. [...] That's a shame" (MAM\_11\_57). One of them, who had a permanently non-functional hand and a problem with walking after an accident, described himself as a 'disabled person', showing by his own example the power of the determination and the strong will in overcoming such health problems: "[...] I try not to go easy on myself, I try to walk, ...and it helps me, because then you forget about these illnesses, and this physical rehabilitation here is progressing. [...] But, but I can say that mostly I owe it to myself to try, ...to do what I can with what I have, with these my physical capabilities" (MAM\_15\_61). He noticed the gendered conditioning of such an attitude, underlining that "on account of the in-born optimism and the ability to deal with problems, a man is able 'to live how he wants'" (MAM\_15\_61). In his belief, the representatives of his gender do not give in to illness, they do not let anything put them off achieving their goals. There is a reference here to features, stereotypically attributed to men, such as: being active, being autonomous, being independent, and having faith in oneself (Lisowska, 2008: 76-77).

The elderly respondents also tried to put a brave face on it, i.e. they affirmed that, in spite of their health problems, 'it is not so bad' and they tried not to complain. An attempt to refrain from giving an explicitly negative evaluation of their own health was observed in one of the interviews, in which the individual determined the state of his mental and physical condition in the following way: "I think that it is bad. Neither very bad, nor very good, just bad. Yes, it is so-so, average" (OM\_13\_77). For some elderly men, never having had surgery or a stay in hospital, which was treated as a success, was a measure of their health. The elderly male interviewees compared their mental and physical condition to the state of their own body from the distant past or to young people: "For now, I assess it positively, in spite of those six heart attacks, but I can see really young people whose health is worse than an eighty-year-old man. And this is what horrifies me" (OM\_7\_67). Additionally, as observed, what characterised men, regardless of age, was that they often identified their health with physical efficiency. The ability to make a particular effort and to be physically active was a quality measure of this particular resource: "You know, this man is not fit. Once I was able to do a few push-ups, to pull myself up twenty or more times on the bar, now I would be glad if I could do ten" (OM\_11\_71). However, when justifying their health self-evaluations, the elderly men commented on the decline of their intellectual efficiency – trouble with the memory or senses functioning: "And eyesight, not to mention hearing. Forgetfulness, memory – you remember what happened fifty years ago, but you do not remember what was a day or an hour ago, you often forget" (OM\_13\_77). What distinguished respondents of this age group was giving a significant meaning to their age in relation to their mental and physical condition: "I do not complain. Generally, it can be said in that way. However, it is known that with age your eyesight and some circulatory matters get weaker" (OM\_11\_71); "It is not so bad, but unfortunately, my health is no longer as strong as it used to be" (OM\_2\_63). The interviewed elderly males, however, did not refer to medical criteria – they did not mention medicines taken or diagnosed illnesses. In contrast to their female peers who participated in the research, they did not describe their health problems in detail, laconically stating that they were ill, or using common, euphemistic expressions: "[...] my heart is bothering me. I walk a bit faster and it starts to pound terribly" (OM\_14\_82). They used comparisons, specific 'measures' for the quality of their health: "Yes, yes [my health] is wrecked, just like a car with two hundred thousand kilometres on the clock" (OM\_3\_63); "Yeah, it is not good. My state of health is a quarter of the standard health condition" (OM\_11\_71). One may get the impression that elderly men were talking about their diseases

and complaints unwillingly, which could result from their belief, formed in the patriarchal socialisation, that it is not suitable for a man to complain about his health or to show weakness.

To sum up, the analysis of the research results concerning the affective component of attitudes towards health confirms the legitimacy of constructing hypotheses referring to how the influence of a person's gender and 'gendered age' differentiate the evaluation of their medical condition. In the group of interviewed participants, the women showed themselves to be more critical than men in terms of their own mental and physical condition. The male respondents more rarely described it as average or bad, using positive determiners, although they simultaneously pointed to ailments they felt of a different kind, or they formulated ambivalent evaluations, as if they wanted to avoid complaining about their own health, as it was not befitting the idea of maleness. The influence of the cultural concepts of femininity and masculinity can be noticed in the evaluation criteria of medical conditions given by the interviewed individuals. The interviewed women described their health problems in more detail, referring to medical terminology, which results from their greater interest in health matters, shaped in the processes of socialisation. It was characteristic of men to treat physical fitness and good body performance as the evaluation criteria for their own mental and physical condition, which can possibly be associated with the cultural image of masculinity, which naturally comes with physical power and body efficiency. And their need to apply specific measures to determine their health condition (e.g. some scales or other numerical indicators – e.g. the number of pull ups on the bar they are able to perform) can be interpreted as an expression of the male rationality.

A hypothesis about giving poorer health evaluation along with age was also confirmed in the study. However, it was observed that young people noticed a lot of various ailments or health problems which affected their bodies – although as a rule they expressed satisfaction with their own mental and physical condition. In their health self-evaluations, they made statements that their state of health “was good, but not very good.” This finding also referred to young men who, in contrast to the older representatives of their sex who participated in the study, stood out as having no unwillingness to talk about the weaknesses of their bodies. Thus, the generational change in comprehending maleness can be noticed here – young people no longer perceive illness as an issue that is not suitable for a man to discuss. What is more, they used professional, medical terms in describing their complaints, proving their interest in health and 'medical' knowledge. The young men who gave statements shared their female peers' belief about individual responsibility for one's health, which

can possibly be associated with their generation's socialisation, compliant with the ideology of so-called 'healthism' and the fashion for a healthy lifestyle (Crawford, 1980, 2006; see also: Borowiec & Lignowska, 2012; Szpunar, 2009). So, initially assumed in the hypothesis, the weak influence of gender on how young participants of the research assess their own health can indeed be noticed here.

In the analysis of the affective component of attitudes towards the health of the middle-aged and elderly interviewees, the diversifying influence of gender is more noticeable. In the group of middle-aged respondents, the men tried to underline the good, or even very good condition of their health, pointing out how they maintained their fitness and good health in spite of their age. It can indicate their belief that man, according to the patriarchal concept of masculinity, is – by definition – healthy and strong, or at least he should not complain about his own health or 'go easy on himself', as one of the interviewed men described. Also, the pride that they have 'never' or 'at no time' been ill, expressed by some men, attests to the above. When it comes to the elderly respondents, some of them could not positively assess their health on account of sensed health problems, and they gave their opinion about their bad mental and physical condition very unwillingly, briefly, and without any details. Their statements were in contrast to the accounts of their female peers who described their diseases and complaints precisely, proving the concern for their own health and the regular use of the health care services (they named the illnesses, types of taken medicines, and the medical tests and examinations which they were undergoing).

## 5.3. Behavioural Component

### 5.3.1. Pro-Health Behaviour and Gender (Emilia Garncarek)

The definition of health behaviour includes activities aimed at helping one achieve health-related goals. If such behaviour proves to have a positive impact on health, then it is called pro-health behaviour, but if it leads to the occurrence of numerous disorders it is anti-health behaviour (Tobiasz-Adamczyk, 1998, 2000). When examining individual attitudes towards health it was decided to find out not only how people think

about health in relation to their gender and age, but also their behaviour towards this resource. This part of the study focuses on pro-health behaviour<sup>8</sup>.

Researchers dealing with the issue of pro-health behaviour indicate different forms of activity aimed at the protection or improvement of one's health (Puchalski, 1989). Tobiasz-Adamczyk distinguishes five categories of pro-health behaviour: avoiding stimulants; positive health practices (such as physical activity, taking care of personal hygiene, an adequate amount of sleep); eating habits (e.g. a balanced diet, avoiding eating between meals, an appropriate number of meals during the day, sticking to a specific diet); safe driving; behaviour related to preventive health activities (i.e. regular check-ups, prophylactic medical examinations, such as cervical screening tests, breast exams, testicle exams, and self-monitoring) (Tobiasz-Adamczyk, 2013: 27). The last group listed by the author can also include following doctor's orders, which some of our respondents failed to do, and which we will indicate further in this study. Quoting the model of health behaviour developed by Kasel and Cobb, Tobiasz-Adamczyk emphasises that these authors also attach great significance to self-monitoring, which makes it possible for individuals to avoid a number of risk factors (such as smoking, excessive alcohol consumption, lack of physical activity, and the wrong diet) (Kasel & Cobb, 1966, as quoted in: Tobiasz-Adamczyk, 2013: 26).

During the research, we asked the respondents how they took care of their health and what their pro-health behaviour involved. Most of the pro-health activities undertaken by the women were the same as those undertaken by men, i.e. physical activity, a healthy diet, prophylactic medical examinations, and taking care of personal hygiene. A detailed analysis of the answers, considering the gender, age, and the 'gendered age' of the respondents, indicated that just as in the case of the previously studied aspects of their attitudes towards health, there are differences between the individual categories of the participants. To some sex and age categories, certain types of pro-health behaviours were the main pro-health activities mentioned by all interviewees from a given category, whereas other types of behaviour were only indicated by a few representatives of a given sex and age group. It has to be emphasised that the same pro-health activities were understood differently by different respondents. First of all, we are going to deal with the pro-health activities undertaken by the women (regardless of age), and then by the men (also regardless of age). Further in the study, we will present differences

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8 An extended version of the book was published in Polish. It contains a chapter devoted to anti-health behaviour.

in the health behaviour of the men and women representing different age categories, and finally, we will examine how people from different age categories take care of their health. The pro-health activities undertaken by the interviewees will be presented in accordance with their frequency – from the most frequently mentioned to the ones indicated by the smallest number of respondents.

An analysis of the data gathered has shown that most female respondents talked about physical activity as a significant pro-health behaviour. The women declared that they exercised at home or in fitness clubs, that they did sports, walked a lot, and tried to move a lot. It has to be emphasised that the women taking part in the research mentioned different types of physical activity to the men. The female respondents talked about sports such as swimming, horse riding, cycling, going to the gym, exercises (also at home), walking, dancing, or doing exercises based on dance elements that improved skin firmness and body flexibility, and exercises for the mind or improving one's mental state: "I love sport, I love swimming, horse riding [...]. Recently, I started cycling, I like going somewhere to have some rest, I'm very aware of this, I go to places where I can calm down, where I don't have to think about things I have to do, this really matters to me. Well, swimming, but swimming is a mental reset to me because I've always practised swimming and it's completely natural for me that I have to go swimming, to do exercise; there are some days that this is all I need" (YW\_5\_28). Women mostly engage in physical activity to remain healthy or in order to eliminate health problems, for example, swimming in the case of back problems (MAW\_3\_42); physical activities/exercises in the case of a sedentary job (MAW\_5\_47); exercises at home as a remedy for pain (MAW\_7\_49); tai chi in order to improve fitness and feel invigorated after the activity (MAW\_8\_53). Some women said that they also engaged in physical activity for their appearance, i.e. to keep their figure or improve it: "[...] unless I overdo it when cycling, then I have to give myself a break. But I also know I have to do it regularly in order to keep fit and keep my figure. [...] cycling, physical activity, some swimming" (MAW\_4\_45). As Królikowska emphasises, stereotypes about the appearance of men and women present in our culture may be manifested in, for example "forms of physical activity, eating habits, and different diets preferred by each sex, as well as their eating disorders" (Królikowska, 2011: 391). National research conducted in Poland demonstrated that forms of physical activity preferred by men include cycling, volleyball, basketball, swimming, football, tennis, water sports, and workouts at the gym. On the other hand, women choose different forms of exercises such as aerobics or Callanetics (CBOS [Centre for Public Opinion Research], 2013a). In accordance with the stereotype

about physical appearance, most women prefer exercises that allow them to shape their bodies and get slimmer, whereas men feel the need to increase the amount of muscle tissue and to improve their stamina, speed, and agility. The division into forms of physical activity preferred by the men and women reflects the stereotypical distinction between 'a strong male' and 'a weak female'. The way bodies of men and women are perceived is clearly related to gender stereotypes (Królikowska, 2011). The female respondents who took part in our research also preferred activities ascribed in our culture to women, and they primarily associated health with taking care of their appearance. It has to be added that some women, when referring to physical activity, also mentioned massages, visiting spas, and physiotherapy.

Another pro-health activity undertaken by the women was following a proper diet, also referred to as 'healthy eating habits'. The respondents stressed choosing the right products to eat, avoiding heavy meals, a light and low-fat diet including lots of fruits and vegetables, limiting the amount of junk food, and avoiding or limiting chemical substances in their food. The women also mentioned eating natural, healthy food: "I eat hardly any chemical products. I mean I don't use any flavour enhancers or any ready-made spice mixes when I cook. I like cooking on my own. [...] I try to eat healthy food. But this doesn't mean that I don't get tempted by something at times. But you only live once" (YW\_8\_29). The female interviewees emphasised that they tried to cut down on sweets and eat food modified as little as possible. Some of them stressed the value of 'home-made food', regular meals, and eating appropriate portions that are not too big (eating little and often). Some of them said that they had eliminated food that might be harmful to their health or that caused some health disorders or weight problems, thus influencing their appearance: "To me, health is connected with a healthy lifestyle and eating habits, proper products; in my case, this is only partly true, I've eliminated heavy meals and substituted them with salads" (YW\_5\_28); "I try to eat healthily, less meat, I try to eat a lot of vegetables" (YW\_15\_35); "Instead of fizzy drinks, I drink juice, aloe, I'm totally addicted to aloe, it is ten times as hydrating as water and I can really feel this, I can feel my skin's improved, my hair's improved, I eat the same and live the same life but I've started drinking more aloe juice and it's turned out that there's a huge difference, so when I see that something works, I just include it in my lifestyle" (YW\_5\_28). Compared with the men who took part in our research, the women described the pro-health activities mentioned in greater detail. They indicated choosing the proper products and a varied diet, and eating organic products. Some of them said that they paid close attention to the ingredients of the food products they bought. Typically,

they would also emphasise that a diet might help one treat certain diseases and disorders, and that eating special foods might even be the cure to certain health problems, which was not mentioned by the men: “I use so-called *superfoods*, such as goji berries or some seaweed, but this is connected with the diet, yes, chia seeds [...] for example, I add all those different substances to smoothies or some meals” (YW\_12\_34). The above statements refer to the cultural models of femininity and masculinity, including eating habits characteristic of men and women. As the research conducted by CBOS demonstrated, men more frequently than women eat animal fats, including fatty meat and cold meats, whereas women’s diet includes more fruit and vegetables, but also more carbohydrates and simple sugars. In the opinion of the average Polish man, a perfect dinner consists of meat, potatoes, and beer, while in the case of women it includes vegetarian meals: dumplings, pasta, cakes, or groats (CBOS, 2005, 2014). It should also be mentioned that despite the improper nutritional choices that Poles make, the women, more than the men, are open to changes in health behaviour, mostly in relation to eating habits that involve improving their health potential (Wojnarowska, 2007). According to national research, women more frequently than men follow specialist diets, both for health-related reasons and in order to shape their bodies (CBOS, 2005, 2014). Contemporary cultural models of femininity, combined with the ‘slim body tyranny’ (i.a. Melosik, 1999; Wold, 2014), have their effect on women’s eating habits but they also lead to all kinds of eating disorders (such as anorexia, bulimia, or orthorexia). As Królikowska emphasises, the behavioural models promoted by contemporary popular culture coincide with the stereotypical perception of the female body. According to this stereotype, women should be slight, delicate, and light, which corresponds with women’s health behaviour. They select physical activities, eating habits and specialist diets that should help them live up to the image of a slim and neat woman. As the author highlights, following different diets, including weight-loss diets, might lead to health problems (Królikowska, 2011).

The next pro-health activity indicated by both the men and the women (regardless of age) was avoiding or limiting the use of stimulants (e.g. cigarettes, alcohol). Most female respondents declared that they were trying to limit all kinds of stimulants: “I don’t smoke, I try not to drink large amounts of alcohol or party too much, so even if I go out once in a while and drink two beers or a few shots, I don’t think it’s very harmful to my body” (YW\_3\_24); “I don’t smoke, I am aware [that this is harmful]” (YW\_10\_30); “[...] I try [...] not to drink alcohol, not to smoke. This doesn’t mean that I never do it but I know that I shouldn’t, that I should avoid it” (MAW\_5\_47). Some women mentioned that they did not use any

stimulants, but mostly that they had never smoked: “I don’t smoke, I even feel sick when someone else smokes, I can’t stand the smell, and I drink very rarely” (MAW\_9\_54); “I don’t smoke, and alcohol, well, when you go to a wedding reception, you have to drink to the health of the young couple...” (OW\_14\_86).

Some interviewees said that they had quit smoking. Mostly for health reasons: “I used to drink and smoke too much. [...] I wasn’t aware [that this was bad for my health]. [...] Neither did it do me any good. I quit the first much earlier, 20 years ago, fags, and the other relatively recently. This did me no good, neither did alcohol” (MAW\_11\_60). Only a few women said that, apart from reasons related to health problems caused by smoking, they had quit after being encouraged by their families: “[...] there was more and more *music* in my chest. Wheezes, whistles. And there was my grandson. He said: ‘Grandma, you stink of cigarettes, my grandma stinks of cigarettes.’ And I thought, ‘a child shouldn’t tell me that I stink of cigarettes.’ And I came home, you know, and everything smelled there. So, I quit. [...] And you know what I’m proud of? I’m proud of the fact that I quit smoking and that I left my husband” (OW\_3\_65). It is worth adding that based on an analysis of the statements about health behaviour and answers to other questions asked during the interviews, one could get the impression that most women who took part in the research did not use any stimulants. However, when asked about how they took care of their health, they were more likely to think about positive activities they undertook and not about avoiding specific risks, or perhaps they treated a lack of addictions as something normal, natural in their case, and so they did not think it was worth mentioning as an activity undertaken for health-related reasons. Considering the cultural concepts of femininity and masculinity, anti-health behaviour including smoking, alcohol abuse and risky behaviour on the road, are more characteristic of the traditional model of masculinity than femininity. Mostly cigarettes are perceived as stereotypical symbols of the ‘real men’. Drinking or even abusing alcohol by men is also more socially acceptable than the use of stimulants by women.

Other activities undertaken by women in relation to their health were those connected with preventive medicine, i.e. regular check-ups, or prophylactic medical examinations: “I go for check-ups, I have my vision tested because I wear glasses, and I go to the dentist. I do those normal tests at the doctor’s, blood tests, and other strange things [...] I simply get examined regularly, when I go to the doctor I simply have everything checked out [...]” (YW\_3\_24). It was characteristic of the women to list in detail all the preventive activities they undertook for health-related reasons; they mentioned having blood tests, gynaecological examinations

(cervical screening tests, breast exams, mammography), ultrasounds of different organs, and monitoring blood pressure (during visits to specialists and on their own, at home): “I get my blood tested once a year. I usually have the full set, including a breast ultrasound, cervical screening test, a visit to the gynaecologist” (YW\_13\_34). The women declared that they consulted a number of specialists, such as ophthalmologists, dentists, endocrinologists, and neurologists. The female respondents relied more on doctors and their diagnoses when determining their condition than on listening to their own bodies and making independent decisions about treatment, or using alternative medicine practices, which was more frequently mentioned by men: “I go to the doctor when there’s something wrong with me or when I feel bad” (YW\_1\_21); “I try to follow the doctor’s orders” (YW\_9\_30); “[...] When I’m diagnosed with a disease or when there’s something wrong with me, I go to the doctor and I take the drugs I need” (YW\_11\_34); “When I know there’s something wrong with my body, I go to the doctor and then I become very inquisitive” (YW\_13\_34); “I take all kinds of drugs and I make sure I don’t miss any visit to the endocrinologist” (OW\_3\_65). Some women emphasised that they followed a certain schedule they had been using for years, and some mentioned that they always did all tests regularly: “I try to regularly go to the doctor and check how my health is. [...] I’ve got a schedule, I always go to the endocrinologist, I do osteoporosis tests. It depends. In some cases, it’s a check-up once every six months, in others it’s once a year and so on. I’ve got a schedule of activities I have been following for years” (MAW\_7\_49); “[...] I do some preventive, standard tests. [...] A breast ultrasound, a cervical screening test, I do some blood tests and some standard tests and that’s it. If something is wrong, I pursue the issue. And I go to the ophthalmologist because I’ve got a sight defect, so I have to control it. It sometimes gets worse” (MAW\_3\_42). Some female participants said that prevention, consulting doctors and following the doctor’s orders are some of their main activities aimed at looking after their health. In this case, there are differences between the women from different age groups, which will be described in detail further in the study. Only a few female respondents admitted that they did not always undergo regular check-ups: “[...] I’ve been trying to do this for the last six months. Every day I tell myself I will go and arrange a visit” (MAW\_2\_41); “I know I should finally go to the doctor, I postpone it but, in the end, I go there” (MAW\_5\_47). Also in this case, the respondents’ age was of significance.

Women, more frequently than men, emphasised that apart from regular check-ups they tried not to ignore any alarming symptoms, which is why they consulted doctors and followed their orders. Most of all,

they had the diagnosed diseases treated, which was not always true for the men taking part in the interviews. None of the women said that the visits to the doctor or tests they had to do on account of their professional activity, the so-called periodic health examinations, were enough. Quite the contrary, some women stated that such activities were not enough and that one should take care of one's health on one's own: "I regularly go to all check-ups; I have to because of all my diseases. I follow the doctor's orders, and this lets me get by. I can't say I feel wonderful, that I get some wonderful drugs that cure everything, because it's not true, but the quality of my life has definitely improved" (OW\_2\_64); "I do tests every year. Every eighteen months or so I go to the gynaecologist, I do the cervical screening test. I do those tests every year, blood tests etc., all those creatinine tests, and every year I go to the endocrinology clinic because of my osteoporosis. I try not to miss it. I take care of my osteoporosis, I take the drugs regularly and that's it. [...] you have to check it every now and then. [...] at work it's just once every 5 years and it's a sham, not real tests. They don't even run any detailed blood tests, only the basic ones [...] I think that if I do some tests privately once a year, it's fine" (OW\_7\_70). As the analysis of the data gathered suggests, women are more interested in their body and condition than men. As already mentioned in previous subchapters, on account of the character of the socialisation process, their knowledge of the prevention of diseases is greater, and they use it not only in relation to their own health but also the health of others (children, husbands, elderly parents). As Tobiasz-Adamczyk notes, women tend to respond more quickly to the first symptoms of diseases (Tobiasz-Adamczyk, 2000). Their social roles, and particularly the role of the mother, entail numerous health-related behaviours, more frequently exhibited by women than men. In Polish households, regardless of the model of marital and family life, the person responsible for running the house is the woman, which is in accordance with the stereotype of female gender roles. Activities connected with running the house directly or indirectly involve health and are performed nearly every day. Thus, women regularly take responsibility for the health not only of themselves, but also of other family members (Ostrowska, 1999; Tobiasz-Adamczyk, 2000; Titkow, Duch-Krzystoszek, & Budrowska, 2004; Dzwonkowska-Godula & Garncarek, 2015).

In all age categories of the women researched, there were indications of using dietary supplements and vitamins. The female respondents stated that they used them particularly when the risk of infection was higher. The women described this health-oriented activity in greater detail than the men. They said that they took vitamins and minerals in an attempt to boost their immunity and strengthen their body, particularly when

fighting some infections: “Definitely some pills so that the immunity... some vitamin C or things like that” (YW\_7\_28); “Of course, I take some vitamins, vitamin C, magnesium, now that I do sport, magnesium is very important to me, sometimes calcium because I’m allergic to some things, so I need it once in a while after I eat something, or I might add it to something [...]” (YW\_3\_24); “I take vitamins A and E or ascorbic acid” (OW\_12\_84).

For some of the women, pro-health activities included proper lifestyle and personal hygiene, which they understood as remaining clean, using proper cosmetics, and getting an adequate number of hours’ rest and sleep: “Cleanliness, personal hygiene, food hygiene. [...] I get up in the morning, after a full night’s sleep, I wash myself, I take my medicines regularly, I do lots of crossword puzzles in order to train the mind, I walk or exercise, I’ve already told you about it, taking care of personal hygiene, regular meals” (OW\_12\_84). Unlike the women, the men who took part in the research talked about personal hygiene in a very general way. They only associated it with keeping clean. They did not describe in detail how to take care of it, like the female respondents did. Talking about personal hygiene, some women also said that they selected proper cosmetics and cleansing products: “For example, personal hygiene, because this also has its impact. Washing yourself every day, taking care of your hair, all those conditioners, cosmetics, it’s not only taking care of your appearance, because it has an influence on the inside” (YW\_9\_30). One of the participants emphasised that she only used organic products, while another said that due to her health problems she had had to eliminate some cosmetics including harmful ingredients: “The cosmetics I use, all of them, nearly all of them, are organic, the same goes for cleansing products” (YW\_12\_34).

Isolated declarations of the female interviewees concerned the necessity to ensure their bodies got an adequate amount of sleep as an example of a pro-health activity. As their statements indicate, women are aware of the significance of rest and sleep hygiene for their health. They highlighted the significance of following a regular bedtime routine to all kinds of physiological and regenerative processes. One of the respondents also took care of her sleep quality by ensuring proper rest conditions: “I make sure that it is dark in the room where I sleep, that there is no computer, telephone, not the telephone, but, other devices, such as a TV. I try to ensure that I sleep well, with a proper amount of sleep” (YW\_11\_34); “I follow a bedtime routine, I mean the time when I go to bed, go to sleep, so that it is between 10 and 11 pm, and since I started sticking to this routine, I’ve been feeling better, I’ve been more rested [...]. From about 11 pm, the liver and the gall-bladder regenerate, and all those processes take place [...]” (YW\_12\_34).

Few respondents (regardless of their sex and age) indicated alternative treatment methods as ones that helped them maintain good health or that supported the conventional treatment of different ailments. Some noted that they also used home-made methods their grandmas had used. The women, however, much less frequently than the men, declared that they use alternative treatment methods. Referring to the already listed pro-health activities, the female respondents much more often went to specialists with their health problems.

Unique pro-health activities, i.e. those undertaken by the women only, included taking care of one's mental state through relaxing, meditating, and listening to relaxing music. Only a few women mentioned that they had undergone physiotherapy procedures – at home and away (in sanatoriums) – or had gone to spas, which was not mentioned by men who took part in the research. In isolated cases, the female participants emphasised that they took care of their health by wearing proper clothes, talking walks, and maintaining their mental activity (by filling in cross-words, and attending all kinds of courses and classes of the University of the Third Age). It should be noted that very few female interviewees said that they had engaged in some pro-health activities because someone close to them had encouraged them to do so. The husband of one of the respondents encouraged her to replace the antiperspirant with a safer cosmetic. In the other case, the respondent's grandson complained about cigarette smoke, which is why the woman quit smoking. However, as the respondent stressed, she had overcome the addiction mostly because of some health problems. The situation in the case of the men was slightly different as, regardless of their age, they confirmed that they frequently undertook pro-health activities encouraged by their family and friends.

Like the women, most men who took part in our research talked about physical activity/movement as the pro-health activity they undertook. The men listed such activities as: football, volleyball, swimming, going to the gym, exercising at home (strength training), cycling, running, skating, walking, working in the garden, and mountaineering: "Health means running" (YM\_9\_30); "I swim, I cycle" (YM\_13\_32); "Let's say, I definitely play volleyball twice a week and I try to run two, three or even four times a week. I actually do this regularly. My ambition was to go to the gym and I used to do it but now I don't have enough time" (YM\_11\_31); "I go mountain hiking, which would be difficult without being in the right shape, my older daughter is a mountaineer, a Himalayan mountaineer, she climbs mountains over 7,000 [...]" (MAM\_14\_61). The men also declared that they tried to remain physically active and that they wanted to do sports more often, however, they did not have enough time or

willpower, they did not feel like exercising regularly, or it was impossible because of injuries or their condition: “Definitely exercising a lot... doing sports in general. [...] unfortunately, I’m a bit lazy when it comes to this but when I want to, I start running, I run for some time but then again, I don’t feel like doing it any more, but when I buy a gym membership, I go there, you know, I remember that I paid for it, so I have to do it. [...] physical activity, definitely, because I do some sports, I cycle a lot, actually, I don’t use public transport or a car unless it’s raining” (YM\_2\_22); “Not so long ago, a month and a half or so, I exercised at home, I had a special training programme prepared and I stuck to it for at least six months. I gave it up some time ago but I intend to resume the training” (YM\_6\_27); “But I try to take care of myself, some arm swings and leg swings, I take them up as high as I can, all sorts of bends, a bit of running, and also knee bends. Especially that I had some back problems but they’re gone now” (OM\_7\_67). Typically, when men talked about the aspect in question, they referred to other people (friends) doing some sports, and indicated that this motivated them. The interviewees mentioned that they compared their training programmes and sports achievements with others (e.g. the distance covered when running, the number of kilometres cycled): “Definitely also my friends who do sports, this is motivating. In May there was an event in Łódź, Warsaw, and other European capitals, how many kilometres each of them would cover. This is very motivating. I went to work by bike to do more kilometres. [...] My friends have a great impact on this rivalry, training programmes. [...] I like going there [to sports events], running, cycling events” (YM\_10\_31). While the women were physically active mostly in order to maintain their health and to feel and look good, men added to these reasons the possibility of proving themselves and competing with other people who do a given sport, or comparing their sports achievements. This also fostered social contacts and meetings. According to some statements, physical activity/movement was understood as working in the garden or a professional activity allowing them to stay in good shape and remain healthy: “[...] besides, I get a kick out of work, but movement as well” (YW\_10\_30); “I try to cycle, go for walks, I work in the garden, I generally try to remain active” (MAM\_10\_56). Thus, in the case of the men, physical activity is of a slightly different character than in the case of the women. As previously mentioned, stereotypes about the appearance of men and women present in our culture may manifest themselves in the physical activity preferred by the different sexes. Based on the patriarchal model, men should increase the amount of muscle tissue and improve their stamina, speed, and agility. The division into forms of physical activity preferred by the men and women reflects the stereotypical distinction

between 'a strong male' and 'a weak female'. Women's physical activity stems not only from health-related issues but also the need to achieve the desired appearance (in conformance with the already presented pattern). As the analysis of the statements gathered suggests, men also focus on elements of competition which makes them start, continue, or stop physical activity.

Another pro-health activity undertaken by men is connected with proper/healthy eating. The respondents mentioned choosing the right food products, paying attention to the ingredients of the foods they bought, avoiding eating too much, and limiting or eliminating fatty foods and sweets: "I also try to eat healthily. I don't eat sweets. [...] Deliberately. Because I know that sugar is unhealthy. So, I don't eat it. And I try to eat regularly" (MAM\_13\_60). Some men said that they 'tried to' or had just started to pay attention to their eating habits. A few men stressed that they had had to change their diet because of health problems reflected in poor test results, diagnosed diseases or ailments they suffered from. "I try to eat wisely. I even listened to the voice of reason and had my gallbladder removed because my blood pressure was too high, there were lots of ideas but I talked to my friend who is a surgeon and he told me that if there was a density lesion, he could remove it. I left work on Friday at 1 am, I went to the hospital on Saturday, they cut it out, on Sunday morning I went back home, and on Monday I was back at work. This was a pro-health element [the respondent is not a doctor] (MAM\_14\_61); "My blood sugar tended to be high. If it happens when you're young, I mean I'm only 30, then it means that my lifestyle, i.e. little physical activity, the wrong diet, some sweets, too many carbohydrates, pizza, junk food... I have to do something about it because otherwise I'll die from we-all-know-what when I'm 50 or 60, when I'm old. I started acting immediately, now I despise sweets" (YM\_10\_31). Some of the interviewees emphasised that they tried to follow a healthy diet, however, during various meetings with family and friends they abandoned it: "Unless I go to my mum. Then there's breaded pork, cabbage, potatoes with pork scratchings" (MAM\_9\_54); "I don't pay much attention to my diet, although I sometimes try to follow it, I mean stick to it just to take care of myself but it's difficult. For example, I can't deny myself, let's say, junk food, unhealthy things" (YM\_9\_30). The respondents said that what mattered in the context of health was having regular meals and eating specific foods, e.g. home-made meals. For some of them it was possible, because they still lived with their parents who prepared food for them, while others were taken care of by their wives or daughters. Relying on others, not only in relation to food, was typical of the males (regardless of their age). It is worth noting that some men were encouraged by their family and friends to change their

eating habits. Some of them, however, claimed that they did not like some of the ideas: "Eating healthily, encouraged by my girlfriend, which I've already mentioned. She serves some dinners, tonight we're also going to a food festival, and this is the problem, I want to eat in both places but she says: 'you won't eat this because you have to take care of yourself.' [...] healthy food... She tells me to go to Green Way but frankly speaking, I don't like it there, such food is not for me" (YM\_2\_22). Other participants, commenting on their eating habits, frequently used the plural, meaning the whole family, and particularly their mothers and wives who followed the same rules when it came to food: "This is quite healthy food, home-made food. I'd say [...] I think that my mum prepares healthy meals and I also try to supplement them with different vitamins..." (YM\_4\_24); "My wife mostly cooks healthy food [...] My cholesterol level is slightly elevated, so we've been trying to pay attention to this. To what we eat. My wife brought home some diets, magazines with recipes from my daughter. My daughter also finds things on the Internet [...]" (OM\_8\_70). Furthermore, the men, more frequently than the women, admitted that their awareness of the significance of a diet for health did not translate into any actions: "I don't pay much attention to my diet, although I sometimes try to follow it, I mean stick to it just to take care of myself but it's difficult. For example, I can't deny myself, let's say, junk food, unhealthy things" (YM\_9\_30). Some of them admitted that they were not very restrictive when it came to eating and that they sometimes ate 'unhealthy' food. It is worth adding that some of the respondents stressed that they tried to eat properly not only for health reasons but also to keep their figure. However, they did not use the expression "to improve my appearance", which was used by the women. What the men meant by this was having muscular build, without a pot belly. The above statements refer to the cultural models of femininity and masculinity, including eating habits characteristic of men and women, and their preferred appearance.

Equally frequently, the respondents declared that they avoided, limited, or eliminated stimulants. They mostly mentioned cutting down on smoking (e.g. replacing cigarettes with their electronic versions): "I quit smoking, [...] [I replaced them] with electronic, ecological cigarettes. [...] you know, smoking is an expensive and unhealthy sport, and one day I came back home from work and my child told me: 'Yuck, Dad.' Seriously, my son said something like that and the next day I started smoking e-cigarettes. Yes, in this case my kid was the spur to quit" (YM\_13\_32); "Of course, no stimulants, I neither smoke nor drink... Well, I drink but only very reasonable amounts, rarely [...]. Generally, I hate addictions. If someone's addicted to alcohol, drugs, coffee, cigarettes, then I think they're weak. Stimulants mostly have an impact on

your health and on the way you look” (YM\_15\_37). Only a few respondents said that they quit smoking not only for health but also economic reasons (“because they’re expensive”). Referring to alcoholic beverages, some young men mentioned that they did not drink any alcohol or that they drank ‘in moderation’. In their opinion, drinking in moderation was related to “drinking in reasonable amounts”, occasionally, or “not getting completely sloshed”: “I’ve never smoked a single cigarette in my life and I don’t want to, I don’t drink either but, you know, sometimes you have to drink something, but in moderation” (YM\_2\_22); “Alcohol – I don’t avoid it, but I drink only sometimes, depending on the occasion, I don’t get wasted. [...] I try not to drink too much. [...] I smoke at parties” (YM\_5\_26); “I don’t smoke because it’s harmful. I sometimes drink alcohol” (YM\_9\_30). Very few men said that they did not drink alcohol at all. One of the respondents drew attention to moral issues related to abusing psychoactive substances (the man was a scout): “I smoked for a few years but I quit. Yes, it was an important step for my health. Recently, I haven’t drunk any alcohol, although it was not connected with taking care of my health but my work as a scout, this was more like a moral challenge. It seems that it also has a positive impact on my health. When you wake up the day after a party, hungover, but without a hangover you feel a hundred times healthier. It seems to me now, after I haven’t been drinking for 3–4 months, that my sense of smell has improved, taste as well. I’m not sure whether it’s just an impression or it’s really changed” (YM\_6\_27). As previously mentioned, in the female group there were more statements about the complete elimination of stimulants. The men said that limiting drinking was not recommended, and to some of them it was unthinkable. In our culture, a cigarette is still a symbol of masculinity, while drinking alcohol on different occasions is standard. A refusal to drink a toast may be seen as inappropriate. In the patriarchal culture, masculinity has been associated with using the psychoactive substances mentioned, i.e. cigarettes and alcoholic beverages, for ages, and it’s more acceptable for men to use them than for women (i.a. Ostrowska, 2006; Królikowska, 2011), which is proved by the following statements of the respondents: “Well, drinking, I mean alcohol, limiting it... not completely, because that’s also unhealthy, or so I’ve heard [laughing], even doctors say so... [...] I’ve got some friends, when they start, they go to extremes [...]. Even a horse after a race doesn’t immediately get locked up in the stable but they let him walk for some time, right?” (OM\_3\_63); “And an active lifestyle. And, of course, not avoiding any, how shall I put it, everyday pleasures. Some good wine for dinner, some good vodka from time to time, this is all normal. Besides, when my father was still alive, our friend, a doctor, came to a party

once, and my Dad said: 'I could use some cognac', and my Mum: 'You and your...'. 'Mrs. J., when you're 92, a glass of cognac won't hurt, quite the contrary, it might even help'" (OM\_5\_64); "Most of all, I try not to treat all my diseases and other problems too seriously. A sense of humour is very important. They say that a joke a day keeps the gloom away, and it's true. But that's not all. I listen to my body, and if it wants, for example, grapes, I eat grapes, when it wants a glass of wine, I drink it. I drink very little alcohol, limited amounts, but I sometimes feel like eating fish, tripe..." (OM\_7\_67).

Preventive tests and check-ups as well as treating diseases and ailments form another group of pro-health activities undertaken by the men (with different frequencies, depending on the age category). However, it has to be stressed that they were declared less frequently than in the group of women researched, and no regular check-ups were mentioned, whereas the female respondents paid particular attention to them. Some of the men said that they had tests once every few years, and they also referred to the periodic health examinations related to their professional activity. For some of the men, periodic health examinations were their only contact with the health care system. In their opinion, examinations of this type were readily available and did not require any additional costs (time or money). "Prevention is the most important thing. You have to observe yourself, and if there are any alarming symptoms, you should get tested immediately. I mean, in some cases it is worth having periodic health examinations. I have them every 2–3 years because of my job, but it depends. Now I've got a certificate valid for 5 years. Because all the test results were good" (OM\_4\_64). Only a few interviewees declared that they did prophylactic medical examinations on their own or visited doctors privately. Such behaviour was explained by having problems obtaining a given service through their health insurance, or a lack of perseverance in looking for and waiting for the doctor's help as part of the National Health Service. The respondents mentioned that they were often encouraged by their family and friends to have some tests. This mostly shows the role of women in shaping men's attitudes towards their health. As previously mentioned, in accordance with the patriarchal gender concept, it is women who are responsible for taking care of their family's health. Some participants stressed that their doctor's appointments were scheduled by their wives or daughters: "Well, only the ophthalmologist. And my GP, but not very often. When you come down with the flu or some inflammation, then you have to take antibiotics. But otherwise, I don't go there. My wife takes care of me [...]. I used to have them [periodic health examinations] at work, but it was a long time ago. And now, only once a year, unless I feel bad [...] When my daughter finds out about

it, she forces me to go and I go. Once, she even took me herself. To a private clinic. And they did all the tests [...]" (OM\_7\_70).

The men, more frequently than the women, also mentioned listening to their bodies and taking decisions about treatment on their own, or using alternative treatment methods, which frequently helped them to maintain good health or support the conventional treatment of different ailments. According to the respondents, in the case of a disease, pro-health activities do not have to involve a visit to the doctor, they can be something simple like treating themselves at home. As already said, the men declared that they used all kinds of tinctures, which they believed could help them cure different ailments (e.g. hot beer with syrup, vodka, other alcohol beverages). "Very much, and listening to your own body, carefully. I mean, when you feel some pain, you shouldn't worry too much, pain is normal, but when you feel pain for several days, then you have to do something about it" (OM\_4\_64); "[...] I went home, to my mum, she gave me an aspirin, so I told her to give me two, and I drank a glass of moonshine. And I spent two hours under a feather quilt, covered head to toe. I changed twice, and after that I stopped coughing. [...] Now when I get a cold, I take beer, add raspberry syrup, I heat it up and drink it. I warm myself up, sweat it out, and that's it" (OM\_6\_66); "[...] I don't go to the doctor, I prefer to stay at home for three days because I'd feel stupid going to the doctor with a stupid cold" (YM\_1\_21). Some men admitted that they only went to the doctor when they noticed some very alarming symptoms, that they failed to follow the doctor's orders, and that they rarely had enough willpower to complete the treatment: "I suffer from migraines, and there are times when I get a sudden idea and I decide to do some tests, I get a CAT scan and so on. But it's really stretched over time... The doctor once prescribed me some pills, and I took them whenever I remembered. So, it doesn't work very well, either" (YM\_13\_32). The above statements refer to the patriarchal concept of masculinity, within which a disease is treated as a weakness one should not admit to. Men avoid contact with doctors, they frequently ignore the symptoms of a disease, and when they suffer from some serious ailments, they prefer self-treatment. This shows a clear difference between the men's attitude towards health and the women's. The women more frequently relied on specialists and their diagnoses when determining their condition, and they listed types of preventive examinations and organs they took care of in greater detail than the men.

Like the women who took part in the research, the men stated that they took dietary supplements and vitamins as a pro-health activity. They use them particularly when the risk of infection is higher. However, the male interviewees did not describe the types of dietary supplements

taken in as much detail as the women. Few respondents mentioned that they also tried to take care of personal hygiene. This activity was more frequently and in greater detail described by the women. By taking care of personal hygiene, the men meant washing themselves and 'not neglecting themselves'. They did not talk about food hygiene, neither did they indicate the significance of using/selecting proper cleansing and skincare products depending on the skin type: "And I try not to neglect myself. I shave every day. I eat regularly" (OM\_8\_70). Based on the declarations of the respondents of both sexes, one can conclude that women take better care of their personal hygiene. In the case of the men, this only concerns basic standards of hygiene. Most of them did not say that they use any specialist products to the same extent as women.

It is worth noting that some of the participants talked about reading press or online articles about health issues. In the case of the press, this included magazines borrowed from their wives/partners (women's magazines, lifestyle magazines) or men's magazines (such as *Men's Health*). "I look for advice on the Internet. I mean, what elements I might be missing, what I need considering my eating habits. Usually, I look for such information online. Sometimes I also seek the opinion of people with similar problems, I look for opinions of experts on the Internet. [...] I also seek my friends' advice, I ask what they take in specific cases etc." (YM\_3\_22); "I read some monthlies, you can read articles on the Internet, some news about specific health issues, what men should pay particular attention to, for example, when they're over thirty, over thirty-five, around forty, what you should pay attention to" (MAM\_2\_39).

Also, when the analysis considered the 'gendered age', i.e. the cultural concepts of femininity and masculinity depending on the stage of life, some differences between the respondents in relation to the attitudes researched were identified. They mostly result from the respondents' socialisation in different socio-cultural conditions, and thus specific expectations of them. It turns out that young, middle-aged, and old people list slightly different activities aimed at improving their health. In the following part of the study we are going to attempt to identify empirical manifestations of age genderisation based on the example of pro-health behaviour of women (in the three age categories), and then in the group of men (also in the three age categories).

The analysis of the statements of women of different ages concerning pro-health activities they undertake revealed certain differences in their attitudes to the subject researched. Pro-health activities undertaken by the young women were typically combined with taking care of their appearance. It was similar in the group of middle-aged women. The young women demonstrated extensive knowledge of healthy eating

habits and all kinds of diets. They were the only group to mention eating organic products and 'superfoods', such as chia seeds, goji berries etc. The young interviewees also listed all kinds of skincare products used for personal hygiene (including specialist and ecological ones). What was characteristic of this group of women was that they pay particular attention to the significance of sports activities and, unlike women from the older age groups, they engage in all kinds of physical activity, or at least so they claimed. They were also the only ones to mention relaxation and meditation. An analysis of the data gathered might indicate a greater awareness among young women of how to take care of one's health, compared with middle-aged and old women. This awareness is also reflected in practice (pro-health activities), which mostly results from the fact that younger women grew up in a culture which promoted healthy lifestyles and the healthism ideology.

On the other hand, most pro-health activities listed by the middle-aged female respondents involved treating diagnosed diseases and consulting different specialists. They also frequently talked about avoiding or eliminating stimulants. The middle-aged women mostly take care of their health as a result of declining physical condition/health (similar answers were given by the women from the oldest age group). At the same time, the group of middle-aged women provided most answers concerning the lack of regularity in taking care of their health. They mostly explained this with numerous duties related to combining their family and professional roles. This was also the group of interviewees where representatives of the so-called sandwich generation (Miller, 1981) were found. The women said that they frequently played the role of the so-called 'home doctor', taking care of their family (children and elderly parents), so they lacked the time or strength to take care of themselves. This phenomenon was mentioned not only by the female respondents from this age group but also the men and other women who took part in our research. This group of women researched talked about taking care not only of the body, but also of the mind. The middle-aged women stressed the necessity to constantly develop in mental terms in view of their psychophysical fitness: "[...] so we read, watch, there are so many sensations we are able to accumulate, very diverse, from exhibitions, trips, meetings with people, this is important. Our intellectual development, there should be harmony [...]" (MAW\_11\_60). The old women also referred to mental activities (doing crossword puzzles, or attending classes of the University of the Third Age).

It was typical of the oldest group of women to talk about regular check-ups, following the doctor's orders, and treating diagnosed diseases as pro-health activities. These respondents paid great attention to professional

medicine. This behaviour mostly resulted from their declining health, assessed both objectively and subjectively, and a number of health problems and ailments they suffered from. Based on an analysis of the data gathered, these were the chief pro-health activities in this age group of women. The participants also mentioned taking care of their personal hygiene and a healthy lifestyle. They primarily indicated changes in their eating habits following the occurrence of health problems. Some of them emphasised that they took some exercise (e.g. walks, exercises). Unlike the younger respondents, they did not associate taking care of their health with taking care of their appearance. As one of the women said: "With time, women become 'transparent', 'invisible', they have no-one they would like to look good for any more" (OM\_7\_70) (this issue was elaborated on in the chapter about behaviour aimed at improving one's appearance).

An analysis of the statements of the men from the three age categories concerning pro-health activities they undertake also revealed certain differences in their attitudes to the subject researched. It was typical of the young men to associate taking care of their health with physical activity/doing sport. As previously mentioned in the chapter about the cognitive component of attitudes towards one's health, it was understood as fitness and a good physical condition. Interestingly, this pro-health activity was encouraged by the respondents' friends. This type of behaviour clearly indicates the significance of competition, which was also present in the statements of some of the middle-aged interviewees. Further, the young men mentioned proper/healthy eating habits as factors which have a positive influence on their health. It is worth noting, however, that in this case, a significant role was played by the respondents' mothers or wives/partners. They were the ones who prepared the meals or encouraged the men to change their eating habits. The young men also indicated the value of home-made food. They mentioned avoiding stimulants but, as an analysis of the data gathered demonstrated, their awareness of the harmfulness of psychoactive substances was not fully manifested in practice or the pro-health behaviour of the participants from this group. Only the young men indicated that they read articles about taking care of one's health or leading a healthy lifestyle. Compared with the middle-aged and old respondents, one can note much greater health awareness of the young men, mostly in relation to healthy eating habits, the significance of physical activity, and preventive care. It seems that the way young men think about health has been partially androgynised. It has to be emphasised that, like the young women, they were socialised in an age which promoted a healthy lifestyle, however, compared with their female peers, young men still apply the knowledge acquired in practice less frequently.

The middle-aged men also associated taking care of one's health with physical activity. Apart from the already mentioned sports, this age category also talked about activities related to gardening or working on an allotment. An analysis of the data gathered suggests that the physical activity of middle-aged men becomes less and less intense and, compared with the participants from the younger age group, fewer respondents engage in it. In the age group in question, giving up any physical activity was also noted (e.g. for health reasons, due to a lack of time, or because of laziness). These respondents also mentioned treating diseases and all kinds of ailments (such answers were given by them more frequently than by the younger respondents). The middle-aged men also mentioned proper/healthy eating habits as factors which have a positive influence on their health. They mostly talked about avoiding eating too much and heavy/fatty meals, not only for health reasons but also in order to stay slim (with a flat belly as a priority). Also in this group, a significant role – from the point of view of the activity in question – was played by women (wives/partners), who prepared meals or encouraged the men to change their diet. These interviewees indicated the value of home-made food, too. Like the younger men, they mentioned avoiding stimulants. An analysis of the respondents' statements indicates that their awareness of the harmfulness of psychoactive substances is not fully manifested in practice or their pro-health behaviour.

The unique nature of the oldest age group of men was mostly related to proper eating habits (avoiding overeating and fatty meals). This group of men declared a relatively low level of physical activity (walking, gardening, professional activities/supplementing their pension). Physical activity was generally understood as any kind of movement. These men, like the middle-aged participants, mentioned using alternative treatment methods, including those based on alcohol. What clearly distinguished them from the younger respondents was their complete dependence in terms of taking care of their health on others/their family, mainly their wives and daughters. The oldest interviewees also indicated the great role women played in following a proper/healthy diet, scheduling doctor's appointments, doing tests and following their doctor's orders.

Finally, we are going to examine the pro-health behaviour displayed by different age groups. We will start with the generation of young people, nearly all of whom paid great attention to health issues. The first place in this age group was occupied by physical activity as one which has a positive impact on one's condition. Most young people associated physical activity with sport. One should remember that the young men and young women indicated slightly different types of physical activity, and in the case of the young men, elements of rivalry appeared, which

were not mentioned by their female peers. The young people associated physical activity not only with activities promoting health but also looking good. Analysing the statements of the participants, and mostly of the young women, one can get the impression that their priority is their appearance, while their general state and health only form added value. Physical activity of the respondents decreases with age. The middle-aged and elderly respondents also indicated other types of physical activity, i.e. any kind of movement, and gardening. The least physically active group was the oldest men. The old people's lack of, or little activity resulted not only from the limitations of their bodies, but also from age-related health problems. One should also note the sociocultural conditions, and mostly the age stereotypes present in our culture, which associate age with decrepitude and a conviction that the only activity an elderly person can take the liberty of doing is to look after their grandchildren or, possibly, spend time in the garden. Thus, it is inappropriate for elderly people (regardless of sex) to be as active as young people. There is a great fear of negative opinions about unusual activities of elderly people, which is why some of them do not undertake any physical/sporting or social activity. As long as they have enough strength, they only help their children or grandchildren. This situation, however, is gradually changing, most of all thanks to different national and local programmes aimed at motivating the elderly (e.g. 'Seniors' Days', 'Seniors in Action', 'Flying Grandmas'). Senior issues are more and more frequently discussed on TV, and there are press articles about them. However, women relatively more often engage in different forms of activity, whereas the potential of elderly men remains fulfilled to a smaller extent (Szimanek & Wejcman).

Generational differences also concerned eating habits. The young people indicated the significance of a proper diet and the choice of products they ate. Some emphasised that they paid attention to the ingredients of the products they bought and that they avoided heavy meals. They stressed the value of home-made food that, in their opinion, is healthier than what is served in restaurants and especially in all kinds of fast food restaurant chains. The middle-aged respondents mentioned the harmfulness of eating out less frequently, while the oldest participants did not mention eating junk food at all. Regardless of sex, the older the respondent, the more frequently they talked about giving up heavy meals (so-called traditional Polish cuisine), and about the necessity to change their eating habits and follow a proper diet due to their age and different ailments and health problems. However, there were differences between the sexes in relation to proper eating habits. The pro-health activities listed were more frequently mentioned by the women than the men. The men (regardless of age) more often than the women admitted that

their awareness of the significance of diet for their health did not translate into any actions.

With regard to avoiding or eliminating all kinds of stimulants as a pro-health activity, the generational differences were smaller, yet the respondents' sex was of significance. Most women mentioned that they did not use any stimulants, but mostly that they had never smoked. An analysis of the data gathered suggests that a lack of bad habits was treated as something normal, natural, which is why some of them failed to mention it as a pro-health activity.

Preventive examinations were more frequently mentioned by the young people than the middle-aged and elderly respondents. It is worth noting that the young people (regardless of sex), mainly paid attention to their lifestyle (involving the previously mentioned eating habits, physical activity, and preventive examinations) as something that has a positive effect on their health. Preventive examinations were more significant to women than men, and the older the respondent, the more frequently they talked about treating age-related ailments and diseases. The group of old people also attached greater significance to and placed greater trust in professional medicine, which was primarily declared by the women. It is worth noting the generational differences related to perceiving taking care of personal hygiene as a pro-health activity. The young people more frequently than the middle-aged and elderly mentioned the selection of proper skincare and cleansing products, with mostly women referring to this. For the remaining respondents, taking care of their personal hygiene in the context of health primarily meant staying clean. It was typical of the middle-aged participants that they neglect their health, however, the reasons behind this differed. The women claimed that they had problems reconciling duties connected with their family and professional roles, while the men referred to their involvement in their professional career, health problems, and reluctance or lack of patience as elements preventing them from taking care of their health. As already stated, the oldest group of respondents typically put their health in the hands of specialists and relied on professional medicine. However, this was more frequently true for the women than the men. In the group of men, there were also cases of using alternative treatment methods (such as tinctures), which was less often mentioned by the young people. Compared with the younger respondents, the older men were dependent on other people in terms of taking care of their health. According to the statements of the elderly men who took part in the research, their eating habits, regular visits to the doctor, and taking the right medicines depended to a large extent on their wives or daughters. As some of the interviewees admitted, those women took

care of their proper diet and the frequency of check-ups, and they reminded them about taking medicines.

Interestingly, there were also linguistic differences between representatives of the age categories distinguished in the research (regardless of sex). When listing activities that have a positive effect on their health, the young people talked about a proper “lifestyle”, whereas the older the respondent, the more frequently they referred to “the way of living”, “good conduct” and “living hygiene”. The differences mentioned mostly result from the different sociocultural conditions of the respondents’ socialisation process. It is also worth noting that the younger the participant, the more convinced they were of their responsibility for their health.

Summing up the discussion so far and referring to the hypotheses put forward, it has to be said that young people are more aware of the significance of health for the capital of an individual, and they attach greater significance to their lifestyle. The fact that young people indicate personal responsibility for their own health might result from having grown up in a culture which promotes a healthy lifestyle and the healthism ideology. Unlike the older generations, they are more aware of the significance of health, and this was put into action by the young women more frequently than their male peers. The cultural concept of femininity emphasises the significance of health in relation to young women (e.g. with regard to their reproductive role) and it requires them to take care of this resource. On the other hand, the concept of male youth views fitness and vitality as natural male attributes allowing them to deal with health issues less often. The cultural concept of femininity that refers to individual stages of life reinforces the habit of taking care of one’s health developed during childhood. However, on account of the “rules” governing the female role, women mostly take care of the health of their family, and not of their own health (“women have no time to be ill”). With age, the professionalisation of taking care of one’s health increases (in both sex categories). The health behaviour of middle-aged and old people differs depending on sex, which results from following the patriarchal models of femininity and masculinity. The cultural concepts of masculinity related to middle age and old age are primarily characterised by attaching less significance to health, compared with women. It should also be emphasised that the older the respondent, the more frequently they rely on others (their wives and daughters) with regard to the issues discussed herein.



## Chapter 6

# **The Cultural Genesis of Attitudes Towards One's Own Health in the Awareness of Women and Men of Different Ages (Krystyna Dzwonkowska-Godula)**

The object of interest in the conducted research project, and of this book, is the cultural conditioning of the attitudes of women and men of different ages towards their own health (and appearance). Getting to know these attitudes (in the cognitive, affective, and behavioural dimensions) lets us notice differences resulting from our belief in, among other things, “gendered age” – the cultural definitions of femininity and masculinity, differentiated with reference to young, middle-aged, and old people. The beliefs, evaluations, and behaviours of the examined respondents, who represent both gender categories and various age groups, prove the influence of gender and generational socialisation on the attitudes of these individuals towards their own health. However, we were also interested in whether people are aware of this influence. In the research, which was qualitative in nature, some questions were asked: How do the individuals explain their attitude towards health? Does the gender conditioning of these attitudes function in the awareness of the examined individuals and, if so, how? and Is this awareness differentiated by gender and age? The elements of gender that women and men referred to while explaining the genesis of their attitudes towards their health were analysed. In the present chapter, the beliefs of women of different ages – starting with the oldest participants – concerning the conditioning of their attitudes towards the health will be discussed, followed by the beliefs of the men.

## 6.1. The Genesis of Attitudes Towards One's Own Health in the Awareness of Women of Different Ages

As the earlier presented findings concerning attitudes towards health show, the women participating in the research demonstrated greater health awareness compared to the men (they attached great significance to health, and demonstrated more comprehensive and detailed knowledge about their psychophysical condition, the factors which influenced them, and ways of caring for their health) and they gave the impression they were more concerned about their health and also took more care of it. The question arises whether the differentiating influence of gender on attitudes towards health was noticed by the female respondents. When asked about the genesis of these attitudes, did they indicate the significance of gender socialisation (including health socialisation)? And what elements of the cultural concepts of gender did they refer to when explaining their attitude towards their health? Comparing the statements of the respondents studied in the three age groups will give us a better look at whether and how age differentiates awareness about the gender conditioning of attitudes towards health in the studied population of women.

The oldest participants of the study pointed to the woman's role as mother as the one which influences their attitude towards their own health. They referred to their own experience, emphasising the significance of taking on this role and having offspring for their attitude towards health. The respondents conformed to the fundamental rules of the 'cultural script of motherhood', according to which a child is the most important thing in their lives (Budrowska, 2001: 107). They noted that their concern for their own health was conditioned by the need to care for their offspring, to fulfil the role of the mother, which you need to be physically and mentally ready for. "If you are mature, you know: I have to be healthy, because I have a child. I now have duties towards other people, above all towards my child" (OW\_3\_65); "My biggest worry was: God, if I die, what will happen to my child? So, health is very much a matter of major importance, that you want to live, to be healthy and to have enough strength to fulfil all these duties resulting from motherhood" (OW\_8\_70). This requirement to be healthy, that is, looking after oneself on account of children, is very much present in the belief of the respondents, even in old age. Among others, a dislike of 'being an inconvenience to children' was the underlying reason for their aspiration to be physically active for as

long as possible. That is, the mother is supposed to be healthy, to be able to look after her children, and her old age should not be a burden for them. On the contrary, as a grandmother she should be able to help them.

On the other hand, for some participants from the oldest age group, following the principle that 'the child is most important' meant neglecting their own health. Focusing on their offspring's health needs, particularly in the case of chronic illness, meant that they "did not have time to be ill," but they also had no time to go to the doctor with their own health complaints: "I totally gave up taking care of my health, my children were of principal importance" (OW\_6\_69). Some respondents mentioned that such an approach towards health had characterised their mothers or grandmothers, in the process noting the cultural continuity of the model of the femininity focus on other people: women care/do not care about their health not on their own account, but because of others, and not only the closest family members. As one of the female respondents mentioned, she did not make use of sick leave and she went to work with her leg in plaster in order not to burden her co-workers with her condition (in addition, she did not point to the economic costs of not working, but actually to her commitment towards others). The statements of the old women show that in terms of caring about their health, they had internalised this principle, expressed by one of the respondents with the following words: "People should be responsible for themselves in order not to inconvenience others" (OW\_6\_69).

The female respondents from the oldest age group recalled that it was their mothers who had played the main role in their health socialisation. They talked about mothers who had cared about the cleanliness of the children and who had taught them about personal hygiene, as well as about home remedies that had been used by their mothers. Knowledge of the rules of non-medical, amateur treatments (Nowakowska, 2012) appeared to be particularly important in the days when it was difficult to access doctors and medicines. It was also the basis for treating mothers as an authority in the field of health and of curing illnesses. The female respondents talked about them with admiration and respect for their knowledge and involvement in looking after other household members, which also manifested itself in imitating them in their adult life, e.g. in preparing an onion syrup to prevent coughs, or in drinking herbal teas. The interviewed females talked about the 'relay race' of generations, with the older women in their family forming their attitudes towards health, and then, when they became mothers themselves, with them taking on this role ("My mum handed this down to me and I am handing it down to my children now" – OW\_4\_66). With an interest in health matters and the responsibility for the health of the entire family

having been aroused by the respondents' mothers, in adult life it resulted in them finding out more information in this area through the media, specialist books as well as conversations with doctors ("Yeah, it is available everywhere, it's true, on television, in magazines, in conversations with doctors, probably mainly from these" – OW\_9\_71; "Of course I use it. Because people read a lot and when someone grasps something, then he applies it, maybe this will help" – OW\_13\_85).

The image of the mother as a 'home doctor' (Ostrowska, 2006: 116) appears from the respondents' statements. This role not only consisted in treating the complaints of family members with home-made methods and building up their immune systems (e.g. by giving them cod-liver oil, or providing them with a healthy diet), but also in going with the children to the doctor, not only in case of falling ill, but also for medical check-ups, and in teaching them the necessity of reacting to the symptoms of illnesses and seeking medical attention ("if something bothers you, go to the doctor's right away" – OW\_14\_86). Apart from mothers, the people who encouraged the respondents to take care of their own health were other women: grandmothers keeping an eye so that their grandchildren dressed warmly and did not catch a cold, and friends reminding them of prophylactic examinations.

As can be seen from the old women's statements, their attitude towards health was formed in the process of primary socialisation, ("above all, I had it instilled at home, to a certain extent, to take care of my health" OW\_5\_67), mainly by mothers and in the process of the secondary socialisation in relation to their motherhood. They pointed to the gender conditioning of their attitudes towards health in this process (of course not phrasing it this way). However, not all of them were aware of the social influence on these attitudes, expressing the belief that they care about their health 'from their own inclination': "I had some awareness regarding what is right. Also for my family" (OW\_16\_89); "I know, somehow it comes naturally" (OW\_3\_65). Such a way of thinking proves the deep internalisation of the norm concerning taking care of health (both one's own and others') by the participants of the study, which involved the 'naturalisation' attitude towards health.

The middle-aged respondents also referred to motherhood – their own and that of their mothers – as a determinant conditioning their attitude towards health. Like the older females in the study, they also emphasised that a mother has the duty of caring for the health of her children, which starts during pregnancy: "When I was pregnant, my mum told me – she emphasised – that I was supposed to take care of myself, of the baby, of the children" (MAW\_4\_45). It is mothers who were recalled as the ones who went with their children to the doctor's, who paid

attention to their health problems, and who taught them how to deal with them, and then also care about, the health of their grandchildren. In addition, this motherly concern about the health of children does not pass when the offspring is an adult and should already be taking care of themselves. As one of the respondents recalled, her mother sent her adult daughters (her and her sister) to the doctor's when they had a cold.

On the other hand, from another interviewed respondent's experience, there is a belief that mothers can also harm their child, even though in their own belief they are taking care of them the best they can. The woman mentioned being overfed by her mother, guided by the principle that the child should, above all, be full up. Irrespective of the effect, we have here a pattern of a mother focused on (the slightly misunderstood) needs of the child.

What was characteristic of the statements of the participants in this age group was that they noticed the influence of their health condition (as wives, mothers, and housewives) on the functioning of the entire family and the household. They talked about the fear they felt wondering if the husband and children would manage during their stay in hospital. They also talked about the worry of their immediate family when, on account of illness, they were not able to fulfil their everyday domestic duties: "If I have a headache, then it's a disaster for me, and it happens so rarely that they are horrified. [...] They worry very much if something happens" (MAW\_9\_54). These statements indicate the women's care of their own health on account of others, which was also observed amongst the older respondents. When ill, they do not think about themselves, but about the family – 'how will they manage without me?' It also results from the division of roles deriving from gender: it is still women who, in the majority of Polish families, are responsible for running the household (CBOS, 2013b). As the middle-aged respondents noted, burdening women with the household and parental duties, and holding them responsible for the health of not only children, but also the husband, means that they neglect their own health. They start taking care of themselves only when 'there are no other options', i.e. illness prevents them from functioning normally and performing social roles.

As can be seen from a few middle-aged participants' statements, their attitudes towards health were considerably influenced not only by their mothers, but also by other women – their female friends. It appears that women talk to each other about various matters associated with health – health problems, medicines taken for various ailments, doctor's appointments, ways of caring for one's health, including taking care of oneself during pregnancy, and also healthy eating. One way in which women's focus on others, shaped in the process of socialisation,

manifests itself is in the concern for the health of those around them, not only family members. One of the respondents mentioned a friend asking her repeatedly whether she had been to the doctor's, in relation to some health problem. It was a result of this friend's insistence that she did seek medical help.

Friendly conversations between women and giving advice to each other concerning health prove women's interest in health, formed in the process of the gender socialisation. In the same way sport is a 'natural' and obvious interest of men (as research results show), knowledge of and an interest in health matters is expected from women. From childhood to adulthood, females and their health are the focus of concern for other women – their mothers and grandmothers, and then friends or daughters. This why health may seem to be a 'typically' female area. As we can see from the middle-aged respondents' statements, even if they did not show any pro-health attitudes, they underlined the significance of health socialisation at home. They recalled the detailed instructions from parents concerning looking after themselves: "drink your milk", "sit up straight", "don't sit on cold paving stones" etc. Such statements did not appear amongst the men, and therefore it can also prove, on the one hand, that girls pay greater attention to different health issues than boys in the process of socialisation (cf. Ostrowska 2006: 116–117). On the other hand, perhaps it can result from the greater diligence and obedience of women (the exemplary pupil syndrome) towards the authority of parents or teachers. Thus, we have here a reference to patriarchal relations of power in which women remain in the subordinated position.

The statements of the interviewed individuals indicate that they also pay attention to announcements concerning health and pro-health behaviours disseminated by the media: "The media somehow push me, that it is necessary, they remind me – mammography here, this and that, here and there, this you can prevent, that is possible to cure, it matters somehow" (MAW\_2\_41). The above statements can attest to the fact that women are sensitised to matters associated with health. They absorb information concerning them, but they also search for it on their own.

The middle-aged respondents, when talking about the influence of upbringing or the media on their attitudes towards health, pointed to the social conditioning of these attitudes. They expressed a belief about the need to acquire, to learn principles concerning caring about one's own psychosocial condition. However, in this group there were also individuals who talked about 'self-awareness' or 'self-knowledge' as being the reasons why one must take care of one's health. Some remarked that a pro-health attitude is a natural necessity: "I think, it comes naturally that we should take care of ourselves, since we are going to live for

God knows how long" (MAW\_12\_60); "Rather, no one has ever said anything to me about how I am supposed to take care of my health. One observes it one one's own, from observing myself too. [I take care of myself], because I have such a need and I feel such a need" (MAW\_6\_48). As in the older group of participants of the study, in this age group we also dealt with the 'naturalisation' of gender-formed attitudes towards health in the awareness of the studied group.

As in the case of the older participants of the research, the young women's statements referring to the genesis of their attitudes towards their health reveal an image of the mother who cares about the health of her family. The respondents mentioned how mothers taught them about personal hygiene, and how mothers performed the role of the 'home doctor' ("My mum has always had an ointment for everything, a panacea for everything, the answer to everything" – YW\_4\_27), both with reference to their children as well as to the husband (e.g. arranging doctor's appointments for him). One of the women stated directly the gender conditioning of such an attitude: "My mum is such a home doctor and a nurse at the same time. That's how women are, unfortunately" (YW\_13\_34). This bemoaning of the culturally attributed responsibility of women for the health of the closest family members probably results from their mothers neglecting their own health and other needs, which was observed by the young female study participants (but also respondents from the older age groups). The following statement attests to it: "[My mum] doesn't care [about her health]. My mum cares for other people more. She did everything so that her children had a good upbringing and were healthy. [...] I think that her children are the most important thing for her, the house, the family" (YW\_2\_24). Criticism of such a situation on the part of the young research participants can result from their disagreement with the patriarchal model of femininity and the burdening of women with the care of the children and of the private sphere, which they do not accept. On the other hand, the young respondents who had become mothers observed how pregnancy and caring for their children had changed their attitude to their health. They cared more about their psychophysical condition on account of their children: during pregnancy, they controlled their diet, changing their eating habits in relation to their offspring's illness, and they started to control their health condition in order to "be healthy for their child's sake, full of energy in the right frame of mind" (YW\_15\_36). One of the respondents who still doesn't have any children fulfilled the caring role of a woman when it came to the health of her partner. She talked about attempts to implement changes in his lifestyle, including restricting his alcohol intake. The same person also talked about the adverse impact of caring for the man through 'feeding

him', which made her put on weight: "I fell in love and I started feeding my guy. Yeah. And I ate the same portions as he did. And since he is tall and needed more food, and he liked eating more, then, yeah I put on weight the same as he did" (YW\_8\_29).

As the analysis of young participants' attitudes towards health showed, they attach great significance to diet as a factor which affects their psychophysical condition. Therefore, when trying to explain where these attitudes come from, they searched in their memory for people who had influenced their eating habits. As can be seen from their statements, mothers were individuals who, according to the patriarchal gender division of roles, and with the ideal of femininity, were responsible for feeding the entire family – buying food products and preparing meals: "Maybe that is why I cook and I cook healthily for myself, because my mum is a cook. And what's more, I simply took it from family tradition" (YW\_8\_29); "My mum cared that products were sourced locally, rather than bought in shops. For example, cold cooked meats were only brought from the butcher's, and it is still that way. She got apples and other types of fruit from the friendly fruit farmer for years. And, what is more, what I took from this family tradition is to pay attention to buy only from the farmer [...]. Then I have a bigger chance that it will be healthier" (YW\_5\_28).

The experiences described by the young women (as well as by the older participants of the study) concerning their health socialisation show that caring for health, not so much their own but their immediate family, is incorporated into all the female family roles. The participants mentioned grandmothers preparing herbal tea for various ailments, or their roles as daughters dealing with health issues of their parents. With reference to this last role, one respondent who talked about it justified her role as the 'home doctor' with her medical education: "I studied medicine, so it has always been connected with health, not only mine, but of my family. I was such a doctor at home and for everyone. I distributed medicines or I knew what was happening or when my mum was ill, then somehow or other, I also helped her with her illness" (YW\_10\_30). One may say that her professional preparation let her take on the role assigned to women in the family, replacing her mother and maintaining the 'tradition' of this being a female role. Other people influencing the respondents' attitude towards their health were friends, also named by the older participants ("My friend convinced me that it is worth controlling yourself once in a while" – YW\_13\_34).

The remarks about the connection between appearance and caring for health provided by the young respondents, in order to clarify their own attitudes towards health, were distinctive. The women referred to

the requirement included in the cultural ideal of femininity to look attractive, which includes being slim. One of the respondents emphasised that her partner influences her attitude towards her own health, because she wants to be physically attractive for him. However, she noticed that when you are single, in contrast to being in a relationship with somebody, then you have more time to take care of yourself. On the other hand, another respondent mentioned that as a teenager she had been overweight, and her uncle teased her for this reason, and when she lost some weight she noticed with satisfaction that she was arousing the interest of men. The respondent expressed the belief that men decide whether a woman is attractive or not, and a slim figure is of key importance, in line with the principle that "male aesthetic criteria are applicable in a patriarchy, and the evaluation effected by men is of social significance" (Malinowska, 2011: 11).

A comment on the fact that the physiology of women makes them more sensitised to the needs and problems associated with how their own bodies work, and that they attach greater significance to health, appeared only in this studied age category. Moreover, one respondent who gave her opinion noted the obligation of caring for so-called women's matters, through proper hygiene, but more importantly that regular visits to the gynaecologist are imposed on them: "Girls are just sensitised because of menstruation and so on, so ... and we have mums keeping an eye on it the most, but also grandmothers. It is also connected with maintaining some standards of hygiene and so on, so it is certainly significant. [...] Certainly, my parents made me pay special attention, both my mum and dad – my dad is a doctor himself – that it is necessary to go regularly to the gynaecologist, to be examined, and also for cytology and so on" (YW\_12\_34). The image here of teaching women how to care for their reproductive health results from the social significance of their reproductive role from among their many female roles, which entails the medicalisation of women's bodies (which manifests itself in perceiving women "through the prism of their reproduction organs" and exposing them "to permanent medical supervision" – Buczkowski, 2005: 144). This issue was also present in another respondent's statement, when she indicated the role of the media in propagating pro-health behaviours, including those which concern women only: "There might be a big fuss in the media so that women examine their breasts and go for a mammogram" (YW\_1\_21).

As can be seen from the quoted statements of the young women participating in the research, they are aware of society's influence – mainly of being brought up in a family – on their attitudes towards health, and they realise they are subject to a process of health socialisation: "I think that

the knowledge handed down by parents, observations of what's going on around us, social influence, those around us, we socialise with the elderly, they care, yeah, it builds such an awareness that it is necessary to care about our health" (YW\_11\_34); "I think mainly parents, grandparents, and doctors put this into my head somehow" (YW\_3\_24). In this group of participants, there were no women who were unaware of the social conditioning of their attitudes towards health and who treated them as 'natural' or innate. Even when they underlined that they were aware of various health issues, they had a feeling that it was as a result of different experiences which had shaped their attitudes towards health. One of the respondents stated that she takes care of her health 'on her own', perceiving this autonomy and 'self-reliance' as taking over the responsibility for her own health in her adult life, which earlier on her parents had taken care of ("I simply came to the conclusion on my own that, every once in a while, it was necessary to go to have a medical check-up. [...] I think for myself. [...] Certainly, my parents pushed me [to go to the doctor], but a time came when I decided that it is time to go, every once in a while, for some medical check-ups and that it will be a wise decision" – YW\_3\_24). One could recognise it as a symbolic end of her primary health socialisation.

Some of the examined respondents referred in detail to the knowledge or health behaviours handed down to them, underlining that they closely followed rules of caring for their health which had been instilled in them, which may be treated as a sign of women's diligence in learning and their obedience towards the authority of those who were socialising them – as previously mentioned. The statements of the young respondents concerning their interest in health, which manifested itself in them looking for information on this subject, improving their skills in this area, and paying attention to announcements concerning health in the media, can prove the effectiveness of the socialisation directed at making women more sensitive to health issues. It may then seem that interest in matters associated with health is something natural and obvious, which indicates the internalisation of the significance of and the norms of caring of it.

As the analysed statements of the respondents of different ages show, it is the cultural ideal of femininity along with appearance (physical attractiveness with the requirement of having a slim figure), personality traits (concern and protectiveness, focus on others, diligence), the social roles expected from women (mother, wife, daughter, the role of the 'home doctor'), as well as gender socialisation, which lead to an interest in their health affairs. All of this shapes their awareness of their own body and the significance of their reproductive health, which are two of the underlying reasons for their present attitudes towards health. What

draws the attention is a permanence of the pattern of the mother being responsible for the health socialisation of her offspring and for the health of the entire family, often at the expense of their own health.

Based on the collected study material, it can be noticed that age differentiates the awareness of the women participating in the study regarding the origins of their attitudes to health and the way they implement the model of femininity, which is reflected in particular attitudes towards health. It was characteristic that some of the elderly and middle-aged female respondents were completely unaware of the genderisation of the examined attitudes or their social conditionings, which was revealed in their statements about taking care of their health simply due to 'their own internal need'. We defined it as the 'naturalisation' of attitudes, resulting from such a deep internalisation of the norms and values related to health, associated here with the social role of women and their attitudes towards health, that they are treated as their own. The young female respondents showed greater reflexivity and sociological sensitivity in explaining their health attitudes, recognising various factors that influence them (not only their parents, but also school, doctors, the media, and education), including the possibility of shaping their own health attitudes through 'further education'. They had a more active interest in health, as if the knowledge gained at home was insufficient, seeking information about various health issues, using different sources of knowledge, but at the same time maintaining a critical opinion towards it. Therefore, they cannot be characterised by their unreflective conformity towards the content given to them in the process of socialisation and towards the social expectations put upon them as women. It is proved by their critical attitude towards their mothers, focused on the children and husband's health and ignoring their own health. Even if they mentioned that due to pregnancy they had had to change their eating habits, for example, they emphasised that they had not gone over the top; "I knew that a pregnant woman cannot possibly eat this and that, but on the other hand, I was not doing God knows what" (YW\_14\_35). None of the women admitted that her health had become of secondary importance to taking care of her child and his/her psychophysical condition, which may also result from the fact that some of them did not have offspring. It was actually in the group of middle-aged and old female respondents where comments appeared about a woman not having time to be sick and being forced to take care of the husband and children's health as a priority. On the other hand, there were women in the youngest age group who followed the model of a woman who takes care of her partner and who has a role of the home doctor, however, there was no question of her carrying out these functions at the expense of her own health. Only

the young respondents, in their explanations of their attitudes towards health, referred to such an element of the cultural ideal of femininity as the requirement to be physically attractiveness. What motivated them to take care of their health was the desire to be attractive. It can prove their belief about the significance of a woman's appearance in social functioning and the sense that they are subject to social assessment due to the 'quality' of this resource. Also, only among participants in this age were there references made to female physiology and reproductive health as factors affecting their greater care for their health, in comparison to men, which may result from the phase of life in which they were interviewed i.e. their procreation age, when they were 'naturally' interested in these aspects of their own psychophysical condition.

The women participating in the study, when indicating different factors which affect their attitudes towards health, also referred to the cultural concept of masculinity. However, those comments were relatively few in comparison to the number of references to different aspects of femininity, which confirms that the respondents primarily drew from the cultural model of their own gender (according to the scheme of gender socialisation). In the young female respondents' memories, men appeared in the role of the father, encouraging them to take up physical activity (the older respondents did not mention such an influence of their fathers). According to the gender division of roles and areas of activities, sport is treated as 'a male world and an area of male dominance' (Jakubowska, 2009b: 53). One of the respondents noticed this gender demarcation in her family: "In my family, neither my mum nor my sisters take care too much, they do not like sport; my dad, however, instilled in me such an idea that sport shapes your character, if everything else in your life is falling apart, then you will still have your passion – sport" (YW\_6\_28). However, as can be seen from the above statement, for men, sport is not only about developing your physical fitness and efficiency, but also about 'shaping one's character' and about passion. This ambitious approach of the father towards his children practising sport can also be noticed in the statement of another young female respondent whose father functioned almost as a coach, controlling the children's lifestyle, including their diet. Another positively perceived influence of the father was about teaching the children how to maintain good hygiene practices (washing hands or not eating food picked up from the floor). Those comments were present in the statements of the young respondents and of one elderly woman. And one may get the impression that they were underlining the uniqueness of such an approach among men, for example, by saying that their father was a doctor (hence the significance of hygiene) or this kind of comment: "My father was crazy about hygiene. [...] I did not

have bad patterns to follow, for example, that dad came home, all sweaty and in his boots, and went straight to the sofa; there was nothing like that. And I knew, this is forbidden" (OW\_5\_67). In many statements, the socialising role of the fathers in the field of taking care of health was present, but not direct, with the respondents more generally indicating the influence of both the parents or being brought up in a family. However, after such general statements, the mother was named as the person responsible for specific tasks in this area, thus one may have the impression that role of the father was supportive and they only complemented the mothers' actions (beyond the typically male sphere of sporting activities). Unless the father was a doctor; then he took an active part in his daughters' education concerning their reproductive health, but it resulted from his professional role, rather than that as a parent.

The responses of study participants in each age group reflect the dichotomy of gender relying on the opposition: the woman caring for health and the man who ignores it. Respondents in all age groups talked about it being the woman's duty to take care of her husband/partner's health (booking doctor's appointments, giving support during medical treatment, encouraging them to live a healthy lifestyle), referring both to the experience of their relationships as well as observations from home. The reluctance of men to visit doctors was mentioned ("As soon as something happened, my husband would say: 'You will immediately send me to a doctor, but how does it help me?' Well, later, as it turned out, I was the one who had to keep an eye on him, to remember about the appointments, and I was always going to the doctors with him, if there was a need" – OW\_14\_86) as well as ignoring the ailments they suffered from ("Oh well... it will pass.' That's what my father used to say" – OW\_1\_64). We are dealing here with the model of masculinity in which disease is treated as a weakness, at odds with the image of a tough, strong man. In the statements of the women, the man is depicted not only as an individual who does not take care of his own health, but actually as someone who harms himself in this regard. The middle-aged and elderly respondents mentioned brothers or friends who smoked or drank, leading to premature death.; "My friend smoked three packets of cigarettes a day when he was 23; I knew he was going to end up with lung cancer and he did. He died at the age of 30-something. I knew that some of my fellow students in the hall of residence were drinking far too much, I knew that one of them would surely get cirrhosis of the liver, and he did, or one became an alcoholic and simply ended up a lost cause" (OW\_5\_67). In addition, they pointed out the genderisation of anti-health behaviours, treating them as typically male. This can be actually confirmed by the comment given by one of the women concerning her younger brother (two older

brothers, who 'drank and smoked', died of cancer); "He lives but he does not care [about his health] either, that's the way men are" (MAW\_15\_62).

Only two statements (one from a middle-aged respondent and one from an elderly woman) included comments about their fathers taking care of their health. The uniqueness of such an attitude is proved, on the one hand, by the small number of such accounts, and on the other, by focusing on and underlining them by the interviewees. As it turns out, the behaviours of the fathers, in spite of their uniqueness, fit in with the patriarchal pattern of masculinity, as one of them cared about his psychophysical condition (which included having preventive screening tests) not 'from his own need' but in relation to his job ("As a police officer, dad had to" – MAW\_4\_45). In the second case, however, the man's caring about his health resulted from the fact that, in the respondent's belief, he could focus on himself and his personal needs, in contrast to the mother, who focused on caring for the children. Although the woman in question did not determine it this way, an image of the father as a hypochondriac, anxious about every suspected complaint, emerges from her statement: "My father [...] when something was bothering him, he went right away to the doctor, right away, off he went" (OW\_14\_86). On the one hand, then, we have the pattern of men disregarding their health, even harming themselves, and on the other hand (and far less often) we have the image of egocentric men excessively caring about it.

## **6.2. The Genesis of Attitudes Towards One's Own Health in the Awareness of Men of Different Ages**

On analysing the answers of the interviewed women of different ages concerning the genesis of their attitudes towards health, one can notice that the cultural ideal of femininity, which brings with it a specific set of features related to appearance, personality, and social roles, is fundamental to their attitudes. Thus, we are dealing here with people imitating others of their own gender, which may involve modifying the pattern. The influence of the cultural concept of masculinity on the female respondents' attitudes towards health seems marginal: it is related to men introducing women to masculine sports, fathers supporting or supplementing the health socialisation made by mothers, or confirming

the model of a woman taking care of her health in contrast to a man disregarding his own psychophysical condition. Quite different is the gender conditioning of the male respondents' attitudes towards their health, as shown in the results of the analysis of their statements in the following paragraphs. On the one hand, as with the female respondents, they are subject to socialisation by women (most of all their mothers), who play the key role in taking care of the health of the family members and shaping their health-seeking behaviours. On the other hand, according to the gender socialisation scheme, they draw from a cultural model of masculinity, following the example of other men, and playing male roles according to social expectations. Let's take a closer look at the elements of gender that the men participating in the survey referred to, explaining their attitudes towards health, verifying whether their age affects their awareness of the gender conditioning of these attitudes and, if so, to what degree. First, the references to masculinity, the gender of the respondents, will be discussed, followed by the references to the 'the opposite gender' in the opinions of the elderly, middle-aged, as well as young research participants.

When studying the elderly respondents' statements on the genesis of their attitudes towards health, a stereotypical image emerges of a man who not only neglects his health but also damages it by using stimulants. One of the respondents mentioned his brother and father, who smoked and drank alcohol, which resulted in the deterioration of their psychophysical condition and diseases: "My brother didn't care, he smoked a lot, liked to booze, which resulted in him developing cancer. My dad also smoked but he didn't drink as much as my brother. My father lived longer" (OM\_8\_70). Another interviewee mentioned that, in our culture, drinking alcohol is a standard on many occasions and refusal is not well received. Thus, in many respondents' opinion, men are to some extent forced to act to the detriment of their health because of social rituals: "There are too many opportunities to drink. After a match, after a meeting, a friend's birthday. Before I joined the army, I hadn't even tried alcohol, but when I got a job, you know. At work, if you don't drink, people look at you strangely. That's when the parties started. [...] I indulged too much" (OM\_12\_72).

Another element of patriarchal masculinity mentioned by the older respondents when talking about the determinants of their attitudes towards health is treating professional work as the key plane of men's activity, important also for their attitude towards their own psychophysical health. The respondents mentioned that they 'were forced' to have a medical check-up, for example, in connection with military service: "Because it was compulsory, you had to undergo a medical examination

in the army. However, now in civilian life, as they say, it is occupational medicine" (OM\_1\_63). Or they stressed that they didn't cease their professional activity despite an illness: "While I worked in the mill for 10 years, I think I was on sick leave only once" (OM\_6\_66). So, we have a positive and a negative influence of professional work on men's attitudes towards their own health: the first is connected with obligatory health checks, and the other is the result of putting professional activity over other spheres of life. One of the respondents mentioned devoting himself to work and workaholism manifesting itself in not going on holiday; he became aware of how harmful this kind of lifestyle was when he went to the funerals of friends who had died prematurely. He noticed the universality of such a masculine pattern of behaviour in his generation – the evidence of it being determined by gender.

Other male behaviour mentioned by the older men participating in the research which matches the patriarchal concept of gender is avoiding doctors and trying to cure themselves when they get ill. On the one hand, it is connected with men's aversion to absence at work. On the other hand, going to a doctor would mean admitting to a weakness – being unwell or sick – which does not fit in with the image of a strong man. Therefore, one of the interviewees proudly mentioned that his contact with the health service was limited to compulsory preventive vaccinations when he was a child; as an adult, he coped with infections or diseases on his own, as he had been taught by his mother. A 'male' way of treating oneself can be noticed here, which is based on drinking alcohol to fight an infection: "When I get a cold, I take beer, add raspberry juice, I heat it up and drink it. I warm myself up, sweat it out, and that's it" (OM\_6\_66). Another respondent expressed his distrust towards doctors and his belief that it is necessary to cope with a disease on one's own, especially since he felt that, because of his age, doctors did not care to cure him.

The respondents' statements prove that shaping their attitudes towards health in their childhood consisted mainly of developing habits of personal hygiene and cleanliness, understood as washing hands or washing in general, as well as oral hygiene. They noticed the influence of both parents in shaping this attitude: "Washing hands, washing hands, because my father paid particular attention to it. Always washing hands before meals, washing hands as often as possible, true. [...] wash before going to bed, wash before going to school, [...], brush your teeth after every meal" (OM\_4\_64). Therefore, one can notice that their sense of obligation to take care of their health or, more generally, of their body, boiled down to elementary hygiene procedures. Also, they themselves noticed the fact that it was only with time that they started to see the necessity of taking

care of their psychophysical wellbeing. The impulse was the deterioration of their health, some health problems, or a disease or death of somebody from their social circle. One of the respondents stated that biological studies “opened his eyes” (OM\_4\_64). Some commented that the development of health problems inspired them to search for information on counteracting or treating the disease. Such statements show that the male respondents either had not undergone health socialisation or did not take ‘health education’ seriously. With age, they realised they had neglected their own health and noticed they were neither immortal nor indestructible. Such an attitude of the old respondents can be interpreted as a result of the patriarchal gender concept, where taking care of health – your own and that of other people – belongs to women, while masculinity is associated with strength, fitness, vitality, and health. As previously mentioned, Ostrowska notices that it is girls who are made aware from a young age of issues related to health and their body, and who are taught to take care of their health (Ostrowska, 2006: 116–117). Boys whose fathers do not take care of their psychophysical condition may tend to believe that health is not a man’s concern. What they are taught is personal hygiene and, sometimes, avoiding risking their health and life. One of the respondents recalled ‘a lesson’ his father gave to his brother and him: “I remember one thing. My father said that... there were such customs at Easter of making small, noisy explosions. In Kalisz, there were even fatal accidents. So, once, to teach us not to play such games, my dad took us to a mortuary and showed us two brothers who had been torn apart because they ground up potassium chlorate in a meat grinder and the whole house exploded. [...] And this is how he trained us. His methods were so radical. After that we stopped shooting. But this is the only situation like that I can remember” (OM\_4\_64). The message was addressed to boys because of their inclination to risk and bravado, which is an inseparable part of the cultural concept of masculinity. Also, the way the father gave the lesson, based on ‘shock therapy’, is worth drawing attention to as being very effective, according to the respondent.

The elderly men participating in the research also mentioned the role of women in shaping their attitudes towards health. According to the patriarchal concept of gender, taking care of men’s health belongs to women. It refers not only to mothers taking care of the psychophysical condition of their sons, but also wives and daughters. The respondents likened the family roles of the above women to those of a house doctor. They remembered mothers treating their children with the use of home remedies: “I never went to the doctor for something as simple as a pain of some sort. My mum just gave me drops. When I ate a lot of plums and drank water and then got terrible stomach-ache and curled up in pain, she prepared

some wormwood infusion, I drank it and got better" (OM\_6\_66); "For colds, of the kind that kids catch in winter, you know [...] she put us to bed and treated us on her own, rubbed us with vinegar and something and... the next day you were as right as rain" (OM\_9\_70). One of the respondents talked about his daughter who "arranges doctors" for both parents, sends them for periodic health examinations, checks if the medicines prescribed are proper, etc. Another interviewee mentioned the double female care of his health: "My mother all the time, while my wife only gives some advice but looks after everything. I call her a nurse" (OM\_12\_72).

From the statements of the older men, a picture emerges of the mother as the one responsible for children's health socialisation, teaching them about the value of health and the necessity to take care of it: "It was my mother, she was elderly already, but she would tell me, 'Son, you must take care of your health because, without it, you will not exist in this world.' [...] She explained it to me and I've always done my best to take care of my health" (OM\_14\_82). Sometimes a mother's care for health was seen as exaggerated: "My mum was a pill-popper, really, she complained about some illness all the time. [...] She was sick all the time. [...] Always at the doctor's" (OM\_9\_70). But in the respondents' memory, the mother's image remained as that of a woman concerned about health matters, not only her own, but of the whole family. The men, when talking about their lifestyle, emphasised that their pro-health behaviour was the result of their wives' care, and they were responsible for things like proper diet: "I think that this is my wife [influencing us], that we take care of ourselves and there are effects of it, we are not seriously ill [...] When I look at it now, on reflection, I guess it was my wife. [...] She took care of the children and of me. She takes good care of our home. I can see it's got positive effects" (OM\_8\_70). The conclusion can be drawn from the above statement that taking care of the husband and children is the role of the woman and it relates to the broadly defined care of her house and family.

Like the elderly respondents, the middle-aged respondents referred to the cultural model of masculinity when explaining their attitudes towards health. However, they also pointed to other aspects that in their opinion influence these attitudes. They drew attention to the importance of fitness and doing sports or taking up some other physical activity. We have reference here to socially expected, desired features of men's appearance. On the one hand, as the respondents noted, staying in good physical shape by participating in sports is fundamental to achieving a masculine figure and strength that would appeal to women. On the other hand, sport is a field where men can compete, show off, get an advantage

over others, and win general respect. The following statements confirm it: “[At school] I took part in competitions in various disciplines, I loved gymnastics, running. I was very fit. It gave me a lot of satisfaction and prestige among my friends” (MAM\_14\_61); “Every boy at some age, at adolescence, practises something, wants to do some sport. [...] I did some karate, kick-boxing, football, cycling. I practised boxing and cycling longest. In my secondary school there was a gym, and I wanted to appeal to the girls and have some strength. [...] Yes, there was some competition, the pursuit of some ambitious goals” (MAM\_2\_39). One of the interviewees talked about constant comparisons among men, including older with younger, as to who was stronger, fitter, could carry a greater weight at work or, for example, who did long-distance cycling. Since the respondent was in his late thirties, at the beginning of middle age, this focus on physical fitness and the need to prove he had it could be the result of the desire to stop time, or the fear of losing the attributes of youth and masculinity, such as strength or vitality (Chmura-Rutkowska & Ostroch, 2007: 43).

The research respondents in this age group confirmed the relevance of the model of a man who does not take care of his health, either referring to the example of their fathers (“My mother went to the doctor with us. My father didn’t. I presume he never visited doctors in his life” – MAM\_13\_60) or admitting that they followed the model themselves. The statements confirming that avoiding doctors and ignoring their own health problems was typical for men, resulting in their premature death, prove the awareness of some of the middle-aged respondents about gender determinants of attitudes towards health. They noticed gender polarisation – masculinity was in opposition to femininity, the latter being linked to taking care of your health. As one of the respondents stated: “I don’t feel any need to be diagnosed, really. Some things I learn myself by observing my body, and I feel I know everything. [...] But women don’t, they explore the issue, they go to doctors, they get medical care and live longer. Men... suddenly die. He was so ‘healthy’ and died. [...] This is the approach of most men. And I am not an exception here. We have this ‘never-mind’ attitude, very much so” (MAM\_11\_57).

The abovementioned statement shows that the interviewees follow the personal masculine pattern, including ‘masculine’ features such as independence, autonomy, competence, or self-confidence (Deaux & Lewis, 1984 cited in: Mandal, 2000: 17–18; 2003: 39). They are manifested in the lack of need to consult a doctor about any aches and pains or other health problems, in relying on themselves in diagnosing their own condition, and applying self-treatment, even though the respondents are aware of the adverse effects of such behaviour. Another feature pointed out

by the middle-aged survey participants as important for their attitude towards health, also stereotypically attributed to men, was rationalism (Lisowska, 2008: 76). It was manifested in referring to expert, scientific knowledge. Apart from upbringing, one of the respondents pointed to university studies and books as the basis for shaping his attitudes towards health as being a value. He mentioned becoming aware of the philosophy of Max Scheler during his studies, offering arguments and examples supporting his thesis that "health is important, but it's not the most important thing". A second respondent also stressed his rational approach to health, based on his education and scientific work: "I think it is rational what I do. [...] After all, I work at the university and deal with the natural sciences" (MAM\_10\_56). According to some interviewees, going to a doctor for a medical examination and explaining the causes of a bad mood, thus gaining confidence that there is nothing to worry about, was a sign of rationality: "I mean, I go to a doctor and find out that everything is OK. Then I know that it's all right. But I need to make sure" (MAM\_6\_47). According to one of the respondents, it's important to go to two specialists to confirm the diagnosis, "because mistakes happen. People do make mistakes" (MAM\_2\_39). There were also some critical remarks about the Internet as a source of knowledge about health.

In one of the statements, a remark about hypochondria in men appeared (MAM\_6\_47). As in the case of men ignoring their health, here it was stressed that 'every man' is, to some extent, a hypochondriac. So, we have a paradox here: on the one hand, men do not take care of their health and disregard health problems; on the other hand, they 'slightly panic' when it comes to experiencing symptoms. This paradox was also noticed by the female respondents talking about the necessity to take care of their husbands' health. They said they had to drag their husbands to a doctor in the case of serious diseases, like prostate problems, which men disregarded, claiming they were fine. At the same time, a simple cold was treated by them like a disease that made it impossible for them to function (but rarely forcing them to go to see a doctor). According to the respondent who mentioned hypochondria as a typically male feature, the remedy for this defect is the rational approach – referring to the authority and knowledge of a doctor who will resolve doubts and confirm his good state of health.

When explaining the genesis of their attitudes towards health, the middle-aged research participants pointed to social roles resulting from the cultural concept of masculinity, such as family roles and those connected with public activities – with professional work. The respondents referred to their roles as a father or husband, which encouraged them to take care of their psychophysical condition. One of them stressed that

because he became a father quite late, at the age of 36, he had to do his best “not to stop looking after himself so that these kids can profit out of having a dad, [...] to support those kids longer. To be strong for them longer. [...] because somebody must bring them up” (MAM\_3\_40). Some commented that when you start a family, you need to take care of yourself for them, and you need to care for them: “You keep going somehow, first [you take care] of yourself, then of the first child, the second one” (MAM\_7\_49). As the respondents' experiences show, the father must get involved in taking care of his children's health (which usually is the woman's domain), when the children are seriously ill: “I went through a lot with my children, we had to visit so many doctors” (MAM\_7\_49).

One of the respondents perceived taking care of his family in a specific and instrumental way, as he argued that by avoiding getting sick he does not infect his children and wife, whose sickness would mean additional duties and problems with housekeeping for him: “If I am sick [...] I might infect my children, who would not go to school and who would have to be taken care of. I might infect my wife, who makes dinner, and then I would have to make dinner. Of course, I can help my wife to prepare dinner, but when a woman is ill, the whole household is ill, because without her, we cannot cope” (MAM\_6\_47). This situation confirms the validity of fears expressed by the middle-aged female participants of the survey that, should they get ill, their family wouldn't manage. However, most of all, it confirms the typical gender role division in Polish families where women do the housekeeping and care for the children, even if they also have professional work (CBOS, 2013b).

The interviewees relatively seldom mentioned the influence of their fathers on shaping their attitudes towards health. As has already been mentioned, some gave them as an example of people who didn't care about their psychophysical condition at all. Others talked about both parents' care of their offspring's health, drawing attention to the father's role which was reduced to either paying attention to dressing for the weather (“in autumn and winter my father says: ‘wear a hat’” – MAM\_9\_54) or to giving lessons on the harmful effects of smoking: “When I wanted to pluck up courage, to smoke cigarettes when I was old enough, my father said that only utter idiots waste their good health. I was a bit offended but he was right” (MAM\_14\_61).

One of the interviewees mentioned his son as the person who, at the time of the interview, took care of his health. The respondent, himself one of the men who avoided doctors, admitted that it was his son who ‘forced him to go’ for medical checks. Interestingly, the respondent also had a daughter, but he mentioned the younger son as the one who took care of his health. Thus, we can observe a different generational approach

of men to health, sons not replicating their fathers' behaviours. From this statement, a traditional vision of a man emerges – as the head of the family, whose health is the object of care of the other family members, not only the women. The interviewee noticed that it is his family who takes care of his health more than he does, forcing him to go to a doctor or supervising his taking the prescribed medicines (MAM\_12\_58).

The middle-aged research participants drew attention to the importance of professional work for their attitudes towards their own health. It is worth noting that the women did not mention that at all, which proves the lasting quality of the division of patriarchal roles according to gender, where the key field of men's activity is in the public sphere. Additionally, their family roles are connected with professional work outside the family home. One of the respondents claimed that he had to take care of his health by avoiding infections so as to be able to act as the bread-winner – to work and earn a living: "If I am sick, I will earn less" (MAM\_6\_47). The interviewees also pointed to the negative effects of their professional activity on their health, mentioning stress, heavy mental and emotional burden (related to the job of a police officer and managerial duties – MAM\_3\_40), or a sedentary lifestyle: "dissatisfaction because you gain weight, sitting" (MAM\_14\_61). There was also a remark made about a job connected with health care (physiotherapy and rehabilitation) influencing the approach towards that person's own health: "I've worked all my life in health care, with some small breaks [...]. I deal with health issues and health loss every day. [...] The nature of the profession, yes, for sure [influenced my approach to health]" (MAM\_11\_57).

The respondents in this age group also drew attention to the economic conditions which affect their attitudes towards health. They noticed that when you need to work and earn money, taking care of your own health becomes less important. The threat of losing employment or lowered wages may lead to diseases being ignored and not going to a doctor, or avoiding absence at work out of fear of being fired. Some interviewees also talked about the cost of practising sports. As the results of the research on men's attitudes towards health showed, physical activity is of great importance to them, being the key health-oriented behaviour (the young and middle-aged participants), with them associating health with fitness and being in shape. Thus, considering the reasons for their attitudes, they drew attention to the possibilities and limitations connected with the above aspects. On the one hand, they would note that you may be physically active without spending much, unless you wanted to have various gadgets or better equipment ("All you need is to run a bit, money is not an issue" – MAM\_2\_39). On the other hand, some respondents claimed that a lack of money can make it impossible to practise certain

sports which require some financial expenditure. As such economical determinants of attitudes towards health were not mentioned by the women (neither health awareness nor pro-health activities), it may result from the gender. In the case of the men, professional activity and financial status are the social 'measure' of their success in life, while in the case of the women, it is motherhood and family. What is more, as the ones responsible for providing for their family, they must control earnings and expenditures, and have a more materialistic, economic approach to life and health.

Like the older men participating in the research, the middle-aged men also pointed to the role of women in shaping their attitudes towards health. They mainly referred to the role of mothers teaching their children to pay attention to various problematic symptoms and to quickly react to them, as well as to counteract various health threats: "My mother is a person who's always taken care of us as she has had some health problems of her own. [...] It was my mum who created the atmosphere of treatment, drawing attention to blood pressure, such things. If somebody had some pain, one should not ignore it because it could result from this or that, etc. So, it was my mum, at home again" (MAM\_8\_53); "Yes, I learnt it at home, I learnt one thing – that when there is a threat to your health, you need to react immediately instead of waiting for a total disaster, true. My mother taught me that and I try to instil it in my whole family" (MAM\_15\_61). As seen above, the mother is the personification of home for the respondents – when talking about instinctive behaviour or ways of thinking about health, they point to their mothers as the one who played the key role in teaching them. The leading role of the mother in health socialisation can also be noticed in another statement where a respondent starts talking about the influence of his family in general, or both parents, but when it comes to details, he only talks about his mother. Although the same respondent mentions his father's lesson on the harmfulness of smoking, it seems that the didactic role of the father was only occasional i.e. only took place in a problem situation (like when the son smoked cigarettes), while the mother's involvement in shaping health attitudes of the child was constant, as it referred to diet and physical activity.

According to some middle-aged research participants, their mother's activity in the scope of child healthcare was not always evaluated positively. The rules of nutrition were most criticised by adult sons as unhealthy. They pointed to children getting too much food and to treating grandchildren to sweets. But even those unhealthy behaviours of mothers and grandmothers confirm the image of caring, loving women, acting in the child's best interests, however strangely it was understood by them.

Interestingly, unlike the elderly respondents, the interviewees in this age group did not mention any influence of their wives or partners on their attitudes towards health. Possibly, the dependence of men on women taking care of them is present in their childhood, when they are under the influence of their mothers, and later when they grow older and their wives become their carers and home doctors. Middle-aged men, as can be concluded from the respondents' statements, are independent and autonomous in the scope of healthcare, although it was mentioned that parents still take care of their health, their children, and the family in general (so probably the wives, too) also remind them of doctor's visits or taking medicines. As it turns out, men's health is also subject to care by women from outside the family, for example female co-workers. One of the interviewees mentioned that they had convinced him to have his health checked and start a treatment: "When my female colleagues were checking their blood pressure at work I refused to do so. But they insisted. And they won. My blood pressure was almost 200. I started the treatment, they repeated their check and it was 200 again. Since then I have been taking hypertension medicines, just to reduce it" (MAM\_11\_57). Here we have the confirmation of the image of a man disregarding his health, who needs to be encouraged and motivated to deal with health problems that he is not even aware of (pursuant to the cultural ideal of a man who is strong and healthy).

To sum up, the middle-aged respondents' statements on the genesis of their attitudes to health give evidence of gender conditioning. They noticed differences between women and men in healthcare, for example: a father not caring about health – a caring mother, a man ignoring any health issues – family or friends caring about his psychophysical condition. They referred to the cultural ideal of masculinity – a desired look, character traits, or social roles expected from men and influencing their thinking about health and caring/not caring about it. One of the respondents, referring to his own parental experience as the father of a daughter and a son, voiced his conviction about the different socialisation of girls and boys, directed to feminine care of appearance and masculine care of health, perceived mainly as fitness (the same participant of the research emphasised the importance of physical activity and sport in 'every boy's' life): "From a young age, a girl must know that she is a girl and she must be fancied, right? So, we must teach her about personal hygiene, taking care of details and choosing clothes. Children wear different clothes to school, going out to play, on an official occasion, for special events, etc. A boy also gets some guidelines: taking care of his health, fitness, wellness, such things" (MAM\_2\_39). The interviewees do not always treat their attitudes and perceived differences in women and men's

behaviour as the effect of cultural influences. Some expressed their belief that their attitude towards health was shaped 'by itself', they shaped it on their own, drawing conclusions from their own and others' experiences, supplementing their education in this scope, or that it results from their state of health or their body's predispositions (for example, to practise sports): "I don't know [where my approach to health came from]. It has always been like this. I liked sport. I liked riding a bike. I've ridden a bike since I was young" (MAM\_13\_60). According to one of the respondents, this independence and autocreation in the scope of his lifestyle and attitude towards health is an indication of human independence: "I don't know who came up with the idea but this is what we decided at home, that we do not eat heavy meals after 6 pm. [...] We always make sure to have fruit at home [...] we don't try to imitate anybody. We draw conclusions and see what happens at home – we reached such conclusions by our own deduction [...]. If somebody follows the example of others, it means they don't have their own patterns... I don't know how to say that... they don't think on their own. In my opinion, they aren't independent because they have to follow the example of others" (MAM\_2\_39). As mentioned before, such features as independence, individualism, and autonomy are culturally attributed to men (Lisowska, 2008: 76), which may explain the respondents' way of thinking.

Young men, when talking about what determines their attitudes towards health, also referred to the cultural ideal of masculinity and such elements as the looks, personality traits and social roles attributed to them depending on the gender. In reference to the first aspect of masculinity, some of the respondents admitted that they had started taking care of their health (or they were planning to do so), they followed a healthy diet and were physically active because they wanted to look good: not overweight, but muscular, slim: "I started taking care [of my health], because I was frightened by high cholesterol, I needed to lower it, and also, I would like to look better, to get rid of my big belly. [...] To have a six-pack, not a 'beer keg'" (YM\_9\_30); "I used to weigh more, I was bit overweight, and I knew that it was no good but I didn't care. [...] I noticed we assess people better when they are slim, take care of themselves and weigh less. Now, I like myself more. I am more self-confident now" (YM\_10\_31). The respondents were motivated to stay fit by the need to be attractive for their wives and other women. As mentioned before, according to the stereotypical image of a man, he is tall, strong, well-built, and broad-shouldered (Deaux & Lewis, 1984 as cited in: Mandal, 2003: 39) and the respondents would like to look like that. So, their motivation to take care of their psychophysical condition is not health itself but an attempt to meet society's expectations regarding what a masculine look is. As one

of the respondents noted, it not only affects the way a person is perceived by others but also how they perceive themselves.

As the research results show, the participants, mainly the young ones, associate health with fitness, and they treat sport or other physical activities as a very important way of taking care of their health and looks. For the respondents in this age category (but also for the middle-aged ones) in sport, both rivalry and fighting are important, aspects which are assigned to men in culture. One of the interviewees mentioned his hobby connected with historical re-enactments, where the participants must exhibit fitness and can get involved in a fight: the role of friends who practise sports, with whom one can compete, comparing results, training plans, etc. was also mentioned: "For sure if your friends do sports, this is motivating [...] the rivalry, the training plans" (YM\_10\_31). The young respondents, when mentioning people who helped in shaping their attitudes towards health, usually pointed to other men who impressed them with their fitness, skilfulness, endurance, and youthful, healthy looks; despite their older age, they encouraged and motivated them to be physically active, and are an example to the rest of us. What's interesting is that these men were not the respondents' fathers but distant family and friends: "My uncle pays a lot of attention to it, he is the same age as my mother and father but is a very sporty person, practises sport, plays football. He's always told me straight: you've got excess fat, get rid of it, and I never felt offended" (YM\_10\_31); "A father of an acquaintance, a friend, [...] sport is his passion, his life, he is totally absorbed with running, marathons. [...] He never wastes his free time, he cannot live without exercise and sport. He is fifty something but physically and mentally he looks young, which I liked a lot. [...] This is the first such person that comes to my mind. [...] forever young. I appreciate that" (YM\_10\_31). The respondents highlighted the importance of their social circle, friends who promoted a given approach to life, an active way of spending free time, sharing the passion connected with practising sport, etc.: "The fact that I always made friends with people who drew attention to the way we look or how we spend our free time, and most often it was an active way of spending free time" (YM\_7\_28); "For sure, scouting education promotes being healthy and strong, to be able to serve others, to help" (YM\_6\_27).

As can be seen above, the young interviewees pay a lot of attention to their appearance, which in the patriarchal gender model was typical for women (Malinowska 2011). This new approach of men towards their body is regarded as a sign of "the feminisation of the male body" (Melosik, 2002: 21), metrosexual masculinity (Barabasz, 2007; Dziekanowska, 2008), or androgynity (Badinter, 1993: 145–148). But the appearance of a man, although well-groomed, (which refers to the cultural

concept of femininity), should be 'manly' – show physical power, good condition, vitality, and health.

The young participants of the research, when explaining the genesis of their attitudes towards health, referred to the social roles they performed that fall within the cultural concept of masculinity. The role of a father is one of them. The respondents emphasised that being a parent has a positive influence on their approach to health. They mentioned changing their lifestyle because of children to provide them with the best possible conditions for development. For this reason, they started paying attention to the quality of the food products they bought, the rules of a healthy diet, or they stopped smoking: "For our son we buy things that theoretically are the best. We try to limit or eliminate sweets. We squeeze juice ourselves or buy juice that is specifically made for children. [...] Right now, we cook amounts that are sufficient for a six-month-old child, but when he is bigger and able to eat with us, we will follow the nutrition rules good for him" (YM\_12\_32). This statement shows the involvement of a young man in the care of a child, which is a feature of the so-called new, active fatherhood (Piątek, 2007; Sikorska, 2009; Dzwonkowska-Godula, 2015). What is more, the respondent stressed that he would like to participate in his child's life as much as possible and that it motivates him to take care of his own health. Here we witness a departure from the patriarchal concept of masculinity and fatherhood (at least at the level of declarations), identified with the role of a parent but also with role of the head of the family, with responsibility for its financial support, thus with external roles that take place outside the family home, in the public sphere. However, this way of comprehending the role of a father – as providing support, mainly financial, for the family members – was also present among the young respondents and was shown as a reason to take care of one's own health: "If I am healthy, I will live longer, if I live longer, I will be able to help my children longer, this is a simple reasoning, the healthier I am, the longer I will live, and I will be able to help my family – in a nutshell. And I can experience more nice things" (YM\_15\_37). This statement also shows masculine individualism – the respondent did not forget about himself and his own needs that he will be able to satisfy if he stays healthy.

The young interviewees, when explaining the origins of their health attitudes, also mentioned their fathers and their attitudes to health. Some of them stressed that they were anti-models for them in the scope of caring for their psychophysical condition. They pointed to gender polarisation in this respect: the woman-mother who takes care of health in contrast to the man-father; they emphasised that they did not mimic the behavioural pattern of their fathers: "My mother always reminded me

about medical check-ups, that is her influence. [...] My father, like a lot of people, was afraid of the dentist or any other doctor, and preferred to go to work because, according to his criteria, it would be a waste to be on sick-leave" (YM\_12\_32). This statement paints a picture of a man as someone who treats his work as a priority, while his health is marginalised and health problems are treated as an obstacle in carrying out the role of the family supporter. However, it seems that the young respondents, while criticising such an approach of men from the older generation towards their health, reject the patriarchal concept of masculinity, or at least the neglectful attitude to health connected with it. As we remember, in their statements on various components of their attitudes towards health, they expressed their belief in individual responsibility for their psychophysical condition.

Some of the interviewees recalled health-seeking behaviour they took after their fathers, or they remembered their fathers giving them advice on taking care of their psychosocial condition: "[...] my father would be sick once in ten or twelve years, a big event, but I also observed him a bit, because he also likes vegetables, to eat them raw, raw onion and so on, because apparently it helps, it hardens him, if he isn't sick for such a long time" (YM\_9\_30); "[...] now, when I am thirty-two, there is a pressure, of course, my father says: 'do not carry heavy things because you will suffer from...', you know, he is on a disability pension, had his hip-joints operated on twice, so he says: 'stop struggling, because when you get old, you will... you know...', and so he has been telling me for a few years now, but only because he experienced it himself and now, you know, he plays the smart guy" (YM\_13\_32). However, the fathers that were mentioned were not perceived by the respondents as people who took care of their health. We have an example here of a man who limited the care of his health to supporting his immune system with home remedies, but we do not know if his nutritional habits stem from intentional health-promotion, and we have an example of a man who did not take care of his health and who, 'wise after the event', gives advice to his adult son.

More of the young men's statements concerned professional work as a sphere of life that influenced their attitudes towards health, which is consistent with the cultural concept of masculinity associated with activity in the public sphere. The respondents talked about the necessity to have periodic health examinations, which determined their ability to work, or medical check-ups related to the risks at work (for example, in the case of handling chemicals). The fact that access to such examinations was "easier" and "free" (YM\_14\_35) was also a factor. Even though periodic health examinations are obligatory for all employees, regardless of their sex, the female respondents did not mention them

when listing the various factors influencing their attitude towards health. Thus, we can observe that more attention is given to professional work by men, for whom their jobs determine other areas of their life, including their attitude towards health. What is more, they are not willing to go to a doctor, and often the compulsory visits connected with their employment are their only contact with healthcare, easing their conscience ("but I have regular check-ups"). In the case of one of the respondents, the conviction about the necessity of having prophylactic medical check-ups resulted from his scientific work connected with cancer: "I simply have check-ups to detect illnesses. You can say this is the influence of my studies, because now I know that it is better to detect something early, to diagnose it, especially since I work with tumours, than when it is too late, right?" (YM\_5\_26).

Professional work also contributed to shaping the health attitudes of men when it was connected – practically or theoretically – with physical activity and sport, or required physical fitness and strength (for example, the profession of a sports coach). The determination of the attitudes towards health by the cultural ideal of masculinity can be noticed for two reasons: firstly, once again, the male respondents mention professional work as being fundamental for their attitudes towards health (which, as already explained, was not observed in the case of the female respondents). As one of the interviewees who works physically noted: "It can be said that everything revolves around my work, so if I don't eat things that have a high energy content, my muscles will not be strong, they will refuse to cooperate, and I will not be efficient at work. I would feel bad. All the minerals, lost when doing hard physical work. And you have to supplement liquids and lots of minerals" (YM\_8\_29). Secondly, interest in sport, in physical activity, paying special attention to fitness and endurance is, in our culture, treated as a male domain and feature.

So far in this dissertation, the young male respondents, when explaining their attitudes to health, referred to elements of the cultural concept of masculinity, and pointed to the attitudes of other men as a reference point for their own behaviour. Like the older participants of the survey, they stressed the role of women in their health socialisation. They mentioned their mothers, who take care of their own health and taught their children to do the same, and who attached importance to a healthy diet and preparing home-made meals: "[My mother] sometimes shouts at me for eating junk food again, that's true. [...] I am aware that it is important and should not be disregarded because it can affect my body that will feel it shouldn't be like this and there can be some complications. So, I listen to my mum" (YM\_4\_24). An additional asset of some mothers as 'the teachers' of how to care for one's health was their medical education.

They passed knowledge on to their sons concerning coping with illnesses by applying home-made remedies, the necessity to have prophylactic check-ups, the meaning of some specific symptoms, and the risk of diseases, i.e. they played the role of family doctors. One of the interviewees mentioned an untypical mother – one that was unconcerned about health, and whose attitude was adopted by her son: “I was brought up with a deep conviction that I am healthy and there is nothing wrong with me. My mother’s attitude to health is also a bit dismissive, she doesn’t really visit doctors” (YM\_6\_27).

The young research participants also mentioned other women in the family who influenced their approach to health and a healthy lifestyle. A grandmother was mentioned who told her grandchildren to wear warm clothes and often cared excessively, in the opinion of the respondents. The role model in the scope of health care for one of the respondents was also his sister, whose lifestyle became healthier when she became a mother, which influenced the health awareness and change of diet of the whole family. The interviewees mentioned the role of their female partners in shaping their health attitudes, too. Mostly, they changed their nutritional habits, eliminating or limiting junk food, fast food, and sweets, and they started paying attention to the products they ate, including the right amount of vegetables and fruit in their diet, and they ate more regularly: “My girlfriend. [...] She fusses about my diet, that there is no fruit or vegetables. She thinks that I eat my meals irregularly. That is true, but in my opinion, it is not a problem” (YM\_3\_22); “Here, I guess my fiancée has a bigger influence on me; how I care for my own health improved [...]. Since we started living together I pay more attention to what I buy and eat” (YM\_6\_27). So, we have a female model here – of a carer and provider of food for a man. Some respondents also mentioned that it was their wife who made them lose weight and take care of their shape (the desire to be attractive for their partner was a motivator here), which confirms the importance for the young interviewees of their own appearance, and their motivation to take care of their looks rather than their health.

As can be seen from the analysed statements, the young respondents were aware of the influence of culture on their health attitudes, and the importance of the process of socialisation, which started in childhood at home and, later, was related to adopting new social roles and joining new social circles (fatherhood, professional work, interests). They also mentioned how friends and family shaped their health awareness and the internalisation of standards connected with healthcare. Parents, for example, were set as role models of care or – quite the reverse – lack of care for their health. The interviewees also drew attention to the role of education

in shaping their attitudes towards health, mentioning, for example, school campaigns promoting healthy diet or dental hygiene. Some respondents pointed to the role of the media in shaping pro-health attitudes, changing eating habits, and popularising healthy diets. Other participants admitted that in their health-focused actions they tried to use expert knowledge, looking for information or advice in the media, mainly on the Internet, where they have access to “the opinions of people with similar problems” and “experts’ opinions”: “Sometimes I would see something on television, on the Internet, or I’d read something in a newspaper about a healthy diet, especially when I did more intensive workouts” (YM\_12\_32).

The young men participating in the research also emphasised that their experiences connected with observing and experiencing the illness of their closest relatives, family members, had influenced their attitudes towards health. This made them frightened of diseases and suffering and the limitations related to it. It also made them aware of the necessity to take care of their health in advance: “This increased after the death of my father, he had not cared about his health. He smoked and died at the early age of 49. It was caused by his couch-potato lifestyle. He got home from work and was active no more. [...] It was a heart attack, connected with his obesity, smoking, and lack of physical activity outside work. [...] After my father’s death, I started to pay more attention to the cardiac-pulmonary system, which I hadn’t done before” (YM\_12\_32). This statement shows that young respondents treated the representatives of their gender from the older generations as anti-models in the scope of health care that they did not want to copy. Some of them admitted that poor results of medical check-ups, which suggested some health problems, and the risk of diseases, made them change their lifestyle and take care of their psychophysical condition: “There was a period in my life that, to my surprise, in my medical examination, my blood sugar tended to be high. If it happens when you’re young, I mean I’m only 30, then it means that it’s my lifestyle, i.e. little physical activity, the wrong diet, some sweets, too many carbohydrates, pizza, junk food... I have to do something about it because otherwise I’ll die from we-all-know-what when I’m 50 or 60, when I’m old. I started acting immediately, now I despise sweets, [...] now I feel younger” (YM\_10\_31). The simple fact that they have routine medical check-ups and are concerned with their results shows a generational change in men’s approach to their health. The respondents did not ignore their health problems but they adopted a task-oriented approach, saw it as a challenge, which seems to correspond to the cultural ideal of masculinity. In the above statement, we can notice the sense of individual responsibility for health, typical of the young people taking part in the research, and as mentioned before, in extreme cases resulting

in blaming oneself for a disease (Borowiec, Lignowska & Makowska, 2009; Słońska, 2010: 218; Słońska, 2015: 108).

Among the young participants of the research, there were some men who expressed their conviction that they had formed their own attitudes towards health – ‘resistance’ to the influences of their social surroundings. For example, one of the interviewees noticed that, despite the fact that in his family great importance was attached to health and taking care of it, he does not follow the pattern. What is interesting is that he says, “maybe I was born like this”, which could suggest that the respondent regards his attitude towards health as inborn, since he is resistant to social influences. Another respondent stressed that his attitude towards his health was “shaped on its own”: “[It was not influenced by my] parents – no, brothers – no, surroundings – no. The only thing that might have some influence is that I deal with modern-age diseases and it can be the reason for me simply having some kind of awareness regarding type 2 diabetes, tumours, and such things” (YM\_5\_26). There also appeared a remark about it being an individual system of values and life priorities, and about character traits such as laziness affecting the approach towards health: “I am still young and I don’t think health should be a priority for me. I prefer to devote my free time to other things than going to doctors, having medical check-ups or other kinds of preventive activity. Also, the reason is I just don’t want to, out of sheer laziness. This is the reason for my approach to health” (YM\_3\_22).

The statements of the men participating in the research confirm the enduring nature of patriarchal gender ideals. The respondents indicated ‘masculine’ areas of activity: professional work and physical activity – sports – as fundamental for their attitudes towards their health. They referred to stereotypically masculine traits of character which determined their attitudes to their psychophysical condition (rationalism, individualism, independence). They confirmed the persistent model of a man neglecting his health or not paying attention to issues connected with such things as a healthy diet. However, the collected research materials show a generational difference – only the young respondents were critical about men’s unhealthy attitude, criticising, for example, their fathers’ behaviour or treating as role models those representatives of their own sex from their social circle who led a healthy lifestyle and thus were physically fit (which men identify with health). They also linked their health to good looks, seeing the need to take care of both. Among the interviewees from the middle-aged and young generations, there were some who pointed to the role of the father as the one who determined their attitude towards health, which makes them similar to women, taking care of their psychophysical condition because of others, not for themselves.

Men often connected their role as parents with that of the breadwinner, which corresponds to the patriarchal ideal of masculinity. On the basis of the male respondents' statements, a conclusion can be drawn that, also in their opinion (as was observed among the female interviewees), health and the care of it is the woman's domain, while dealing with health issues is a part of their social role. The respondents in each age category seemed to think it natural that their psychophysical condition is the subject of care from mothers, wives, grandmothers, daughters, or female friends.

To sum up, the statements of both the male and female participants in the research reveal gender conditioning of their attitudes towards their health. Thus, it seems justified to advance a hypothesis that when explaining their attitudes towards health, people refer to gender and cultural concept of age, for example, because in the process of socialisation they absorb social expectations, including a certain approach to health and healthcare. When explaining the genesis of their attitudes towards their health, the respondents pointed to their gender or the gender of the people responsible for their socialisation, as important for shaping their approach to health, referring to society's expectations towards men and women concerning their appearance, personal features, or social roles (which conforms with the structure of the cultural gender model). They referred to the patriarchal concept of gender. In the case of references to femininity, they mentioned such aspects as: the role of the mother (taking care of her reproductive health, taking care of her health during pregnancy, staying healthy 'for the children'), the role of carer and family doctor, having the responsibility for domestic duties including feeding the family, the importance of her appearance for a woman who takes care of her personal hygiene and her figure because she has to be slim and attractive, which, at the same time, has a positive influence on her health. The references to the patriarchal ideal of masculinity included, among others: indicating professional work as a fundamental area of male activity (if he takes care of his health, it is because of his work and his role as the breadwinner), not taking care of his health, because a man is, by definition, healthy and strong, while a disease is a sign of weakness, and 'contracting' care of his psychophysical condition (including his diet) to (female) family members – mothers, wives, daughters; finally – identifying health with physical fitness and treating sport as the domain of men.

Apart from explanations referring to cultural ideals of femininity and masculinity, the respondents' answers regarding the origins of their attitudes towards health also refer to the patriarchal model of power relations: male domination and female submission. It is manifested in the 'service-oriented' role of women towards men in the scope of taking

care of their health, connected with the general care function of women. Even though it may seem that the responsibility for family members' health may be the power zone of women, they are not the ones who make the decisions (it is the result of the female roles scenario) and they are not able to persuade others to take some co-responsibility, so their power is only of an "executive type" (Duch-Krzystoszek, 2007: 80). Women's subordination can also be observed in their feeling that they must stay healthy in order to be able to perform their family roles. Thus, their care for their own health does not result from their personal needs but from the necessity to fulfil social obligations which questions the autonomy and independence of women. What is more, the representatives of 'the fairer sex' seemed to demonstrate obedience towards the people socialising them in the scope of healthcare (the syndrome of an exemplary pupil syndrome), internalizing the norms passed on to them and displaying a greater health awareness in comparison to men. Finally, power relations can be noticed in the statements of the young female respondents on health care for the sake of being attractive. This is not simply to look good but to meet the expectations and standards of physical attractiveness formulated by males.

Although the respondents' statements clearly show the genderisation of health attitudes, the interviewees who noticed the differences between men and women did not associate them with gender, accepting these differences as 'natural'. They would say that is what women or men are, taking or not taking care of their health, which was not the result of understanding that gender behaviour is the effect of culture. A kind of confirmation of legitimacy of treating it as their 'nature' was the 'heredity' of certain roles or behaviours, observed from generation to generation, for example successive generations of women in the family taking on the role of family doctors, or unhealthy male habits (avoiding doctors, using stimulants). As noticed by Bourdieu, a lack of awareness of gender determines how people think or behave, or a low level of such an awareness (few respondents) favours the reproduction of the patriarchy (Bourdieu, 2004). However, a generational difference can be noticed here – the young people participating in the research seemed to be most aware of the social influence on their attitudes towards health, pointing to various factors of their health socialisation. Among the representatives of the older generations, more often the respondents had 'naturalised' these attitudes, ignoring their cultural conditioning, convinced that they do or do not take care of their health 'because of themselves'. The young people were critical towards the patriarchal gender model exhibited by people around them (a mother devoting her health to others, a man putting his professional work over his own health), determined not

to copy them. Thus, the second part of the hypothesis can be considered justified, referring to the explanation of attitudes towards health by the research participants, according to which it is mainly the young people who, aware of the limiting influence of culture on people, would question the patriarchal concepts of femininity and masculinity and attempt to modify them. The older people would accept social expectations toward women and men without questioning them, seeing their origins in 'nature', according to the patriarchal model of society they were socialised in.



# Conclusions

The presented results of the qualitative study, carried out as part of the project entitled *Gender and cultural concepts of age in relation to men's and women's attitudes towards their health and appearance* expand the general knowledge about the gender conditioning of social phenomena, and they broaden the knowledge about the influence of cultural factors on people's attitudes towards their own health and appearance. Differences in beliefs, evaluations, and behaviours with reference to these resources between representatives of various social categories (taking into account factors including sex, age, education or where the interviewed person lives), had been indicated in previously conducted studies, however, the problem of the origin of those differences was not investigated. In the current project, however, the authors concentrated on the hitherto unexamined cultural conditioning of attitudes, i.e. the definitions of femininity and masculinity associated with the definitions of youth, middle age, and old age created within a given society. The innovative juxtaposition of the cultural concepts of gender and age, and the introduction of a new sociological category of 'age influenced by gender' (*gendered age*) allows for a more complete interpretation of the beliefs, evaluations, and behaviours of both women and men representing various generations, with reference to their own appearance and health. In the social sciences, it is possible to find works devoted to specific phases of life, (it is worth noting is that studies concerning old age and the elderly dominate, with occasional works referring to early maturity and youth, while middle age seems to be omitted), however, the reflection on granting them specific meanings within a given culture is missing. Gender and cultural concepts of age are usually analysed separately, and their mutual interfusion in the process is not acknowledged.

The results of the conducted qualitative study prove the functioning of 'gendered age' – the concept of femininity and masculinity differentiated with reference to people being in different phases of their life – in the social awareness. The phenomenon of age genderisation is manifested through physical features and personality traits being distinguished, as well as the social roles assigned to women and men described as young, middle-aged, and old. It is possible to notice them by comparing the images of women across all age groups, as created by the female and male respondents, and analogically comparing the images of men, but also by comparing the social images of young, middle-aged,

and old people representing both sexes (a young woman versus a young man etc.). The analysis of the respondents' statements allowed us to notice the generation gap in the way of both comprehending and enacting the femininity and the masculinity by representatives of various age groups in the studied aspect of social life.

The conducted research project is also unique on account of the fact that the attitudes of individuals towards health and appearance formed the object of the analysis, as these are becoming increasingly more important individual resources in our times. So far, studies have been devoted to issues either of health or of appearance. Within the developing sociology of health, there have been conducted many studies devoted to such issues as 'health as a value declared and maintained', 'subjective health', and attitudes and behaviours towards health, (Piątkowski, 2002: 30, 32). As a rule, the gender and age of the examined individuals are taken into consideration, and the differences, for example, in taking pro-health behaviours resulting from the above, are indicated (e.g. Ostrowska, 1999; Sereżyńska, 2009). However, they do not delve deeper in order to explain where those differences come from. The influence of culture on people's attitudes and behaviours in the sphere of health are stated, however, this influence is not the object of analysis (Taranowicz, 2002). A cultural interpretation of attitudes and behaviours associated with the health of representatives of all sorts age groups is missing. On the other hand, when people's appearance is discussed, starting from the 1990s, it is possible to notice an increasing amount of theoretical and empirical sociological research concerning the body and corporeality. However, these issues have only recently appeared in the works of Polish researchers. Most of them are theoretical deliberations (i.a. Buczkowski, 2005; Jakubowska, 2009) with only a few empirical studies. Above all, they concern analyses of media coverage (i.a. Arcimowicz, 2003; Łaciak, 2005; Melosik, 2010), body image, the image of oneself and corporeality in illness, the image of the body in anorexia and bulimia (i.a. Głębocka & Kulbat, 2005; Brytek-Matera, 2010), habits concerning the body and corporeality, taking care of one's figure (i.a. Kurczewski et al., 2006; Szczepański et al., 2008), and body perception in specific phases of life – by young or old women (Zierkiewicz & Łysak, 2005; Garncarek, 2010). Above all, it is the body which is the object of interest rather than the idea of appearance, which in this project was understood as a category wider than corporeality alone (including physical attractiveness, sex appeal, and actions aimed at achieving physical attractiveness – way of dressing, decorating, and modifying the body, caring about it, etc.). One should underline that, so far, there has not been a wide body of research which considers the significance of appearance for the social functioning of women and men

of different ages. Above all, no research referring to matters of cultural conditioning influencing the attitudes of individuals towards their own appearance as an element of human capital has been conducted.

In the project carried out at the Department of Sociology of Gender and Social Movements of the University of Łódź, the findings of which are presented in this publication, an attempt was made to examine the attitudes of women and men towards their health and appearance, simultaneously taking three components of the attitude into account: cognitive, affective, and behavioural.

As previously mentioned, free-form statements of the female and male respondents concerning their beliefs, evaluations, and actions towards the two above mentioned areas constituted the research material. There are always doubts accompanying the choice of non-standardised research techniques based on communication used for studying attitudes. Those doubts concern whether it is possible to draw conclusions about the knowledge, emotions, and behaviours of people based on their verbal accounts. However, it was not important to receive 'hard' data concerning the people's attitudes towards their own health and appearance, but rather to grasp both the similarities and differences in the ways men and women of different ages think, evaluate, and behave towards those resources. It was also important to acquire knowledge about their awareness in terms of the influence of cultural concepts of gender, age, and gendered age on their attitudes. Issues formulated this way and the exploratory nature of the study required applying qualitative research techniques. In the purposive sampling, the study population included people whose status can be recognised as middle class (on account of the level of education, the type of performed work, and material status). The unification of the group (also in terms of where they live) resulted from the desire to focus on the influence of gender and age on the examined attitudes.

One should emphasise here the scale of the conducted qualitative research (12 sessions of focus group interviews and 90 in-depth individual interviews), especially considering the small size of the research team. This book does not show the entire richness of the gathered material, however, it lets us communicate to the readers the most important results coming from the analyses conducted thus far.

The obtained results showed the legitimacy of constructing a hypothesis concerning the differentiating influence of gender and age (in their cultural dimension), but most of all gendered age, on the examined attitudes.

With reference to the attitudes towards appearance, we observed the permanence of the patriarchal concept of femininity, which was manifested in, among others, the female respondents paying great attention

to their own physical attractiveness, irrespective of age, and their sense of duty while caring about their appearance. As the research results showed, in comparison with the men, the female respondents do more in relation to how they look, which might be a consequence of their assessing their own appearance more critically. On the other hand, when analysing the respondents' statements concerning various aspects of their attitudes towards appearance, and taking into consideration gendered age, we notice the young women and young men becoming similar when assessing their physical attractiveness and taking care of it. It can be treated as one of the signs of the androgynisation of the new ideal of masculinity, in which an attractive, well-groomed appearance – treated as a woman's resource in a patriarchal society – becomes for the representatives of the younger generations also an important male capital. Comparisons within the studied population of women and men show a disparity between patterns of femininity and masculinity regarding attitudes towards one's own appearance demonstrated by individuals representing various generations. The research participants of the oldest age group seemed to be the most 'faithful' to the patriarchal concepts of femininity and masculinity, which was demonstrated in the different ways they dressed and care for their body. The differences were visible between the sexes of this generation as well as between this generation and the younger respondents. The middle-aged women and men often appeared to be suspended between the traditional/patriarchal and 'modern' understanding of femininity and masculinity. One may interpret this as an effect of socialisation. On the one hand, it was shaped by their parents in accordance with the patriarchal tradition (the oldest respondents in the examination), and on the other hand, by their children (classified due to their age to the group of young people within the study population), presenting a more 'modern' way of thinking about gender and negating gender divisions (e.g. in the mentioned care of appearance).

Similar observations concern the findings about attitudes towards health, showing that the young respondents are more similar to each other – in comparison to the women and men in the older age groups – when talking about understanding health and the factors which affect it, and in the self-evaluation of their psychophysical condition, as well as in pro- and anti-health actions they undertake. However, the hypothesis that young individuals ignore health matters due to the sense that they feel well has not been confirmed. They expressed the belief that individuals are responsible for their own health, which can be associated with their generation's socialisation in line with the healthism ideology and the healthy lifestyle fashion. However, a comparison of attitudes of the female and male respondents in this examined age category shows

that women are more 'health driven', which corresponds to femininity defined in the patriarchal way. In the groups of middle-aged and elderly individuals, the influence of gender on attitudes towards one's own health was even more noticeable. Women demonstrated greater health awareness (which was manifested in various ways, e.g., in particular knowledge about their own body, illnesses, and types of medical treatment) and with greater care about their own health, as well as the health of family members. Their male peers seemed to adhere to the patriarchal ideal of masculinity, according to which the man is supposed to be (is) healthy and strong, so he does not go to the doctor, because illness is a sign of weaknesses, and caring about one's health is restricted to caring about physical fitness. So, the constructed hypothesis that caring about health increases with age is confirmed only with reference to women.

As emphasised before, the focus of the research project was the cultural conditioning of attitudes of individuals towards their own appearance and health. The influence of cultural concepts of gender, age, and gendered age was noticed in the differences of attitudes to these individual resources. Another crucial part of the project was examining the awareness of this influence, the results of which were presented in Chapters 4 and 6 of this book. They confirmed the legitimacy of constructing the hypothesis which stated that people, when justifying their attitudes towards appearance and health, refer to, among other things, the cultural concepts of femininity and masculinity. In the process of socialisation they assimilate social expectations, which includes specific attitudes towards these resources and how they deal with them. Explaining the origin of their attitudes, the interviewees referred to patriarchal relations of power, i.e. male dominance and female subordination (which can clearly be noticed in their statements concerning the conditioning of attitudes towards appearance, e.g. men establishing canons of women's beauty and the duty to be attractive to the opposite sex instilled in women's heads). They referred to patriarchal concepts of femininity and masculinity, pointing to their own sex or to the sex of those who socialised them as significant for the formation of their attitudes towards appearance and health, noting specific social expectations towards women and men concerning their appearance, personality traits, or social roles (which corresponds to the structure of the cultural model of gender). However, there were female and male respondents, mainly in the middle-aged and old age groups, who were unaware of cultural influences on their own attitudes, treating their beliefs and behaviours as 'natural'. The differences between the attitudes of the women and men towards health and appearance were, in their opinion, the result of 'natural' sexual differences (statements that women or men 'are this way', e.g. they do or do not take care

of themselves). The confirmation of the above could be an observed 'succession' of specific behaviours or roles by women and men (e.g. the female role of the home doctor) that took place from one generation to the next.

The analysis of the gathered material allowed the authors to verify the hypothesis on the influence of age, or of belonging to a specific generation, on the attitude of the individual towards gender and gendered age. The respondents from the oldest generation, subjected in childhood to the most consistently led patriarchal socialisation, seemed to accept social expectations towards women and men without reservation. The young interviewees more critically approached the patriarchal patterns of gender, more or less consciously making attempts to modify them, which manifested itself in, among others, the feminisation of attitudes of the young men towards appearance.

In conclusion, the results of the project allowed the authors to notice in what ways culture conditions the different approaches of individuals towards health and appearance, and their behaviour towards these elements of human capital. This issue is significant in modern society, in which 'the degree of individual responsibility for one's own health is growing, and social activities to maintain and preserve the 'supply' of health are increasing' (Piątkowski, 2002: 31). It also refers to appearance. Due to increasing life expectancy, as well as a longer period of occupational activity (extending the retirement age), both resources must be functional for as long as possible, and therefore they require individuals to take specific actions to support their development, maintenance, and restoration etc. As the research findings show, in our times, appearance and health have greater significance for the functioning of individuals in various areas of social life than education or economic status (Hakim, 2010). And so, having an attractive appearance and good medical condition, or lacking one of them, is significant for the course of the social stratification processes.

The analysis of cultural concepts of gender and age (and gendered age) allows for a more complete interpretation of the beliefs and behaviours of women and men of different ages, and not only with reference to their own health and appearance. The proposed theoretical research perspective can be applied in research referring to other areas of social life, enabling a better understanding and explanation of how individuals act. In addition, a new approach to the analysis of health and appearance as connected components of human capital which influence the social functioning of individuals, can be an inspiration for further research.

Authors

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