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# **‘Gonna make yer gorgeous’: Everyday transformation, resistance and belonging in the care-based hair salon**

**Richard Ward**

University of Stirling, UK

**Sarah Campbell**

University of Manchester, UK

**John Keady**

University of Manchester, UK

## **Abstract**

This paper makes a contribution to an emerging debate on dementia and citizenship through a focus on the everyday experiences of women living with dementia and in receipt of care. In particular, a link is drawn between hairdressing and citizenship in the context of dementia care. Informed by a wider debate over the importance of an emplaced, embodied and performative approach to citizenship, the authors highlight the way that intersecting forms of resistance unfold in the salon. The Hair and Care project, as the name implies, focused upon hair care and styling in the context of a wider consideration of appearance and how it is managed and what it means for people living with dementia. With a focus upon the routine, mundane and thereby often unproblematised aspects of everyday life in/with care, the discussion draws together two key ideas concerned with the interplay of power and resistance: Essed's (1991) theory of 'everyday discrimination' and Scott's (1985) notion of 'everyday resistance'. The findings illuminate the creative and collective forms of agency exercised by older women living with dementia, in the context of their relationships with one another and with the hairdressers whose services and support inspire their loyalty and patronage. Findings from the study point to the link between (inter-)personal practices of appearance management and a wider set of social conditions that are manifest in the on-going struggle over time, space and bodies in dementia care.

## **Keywords**

dementia care, citizenship, hairdressing, hair salon, gender, everyday resistance

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## **Corresponding author:**

Richard Ward, University of Stirling, Colin Bell Bldg., Stirling FK9 4LA, UK.

Email: richard.ward1@stir.ac.uk

## Introduction

This paper draws a link between hairdressing and citizenship in the context of dementia care. We consider the hair salon as a site of resistance in the everyday lives of disabled older women, one that raises a series of questions regarding how we understand and define citizenship practices and the nature of political action in the context of living with dementia. The hair salon has a long-standing relationship with the age cohort of women currently in receipt of care in later life; many of whom would have started making regular visits upon collection of their first wage packet in early adulthood (Twigg & Majima, 2014; Ward, Campbell, & Keady, 2014). Yet, within the care system, the salon occupies a peripheral position and the contribution of the care-based hairdressing workforce remains overlooked within research and policy (Campbell, Ward, Haughain, & Parker, 2012; Ward & Campbell, 2013). However, in the context of growing awareness of the need for a more nuanced gendered analysis of dementia (Alzheimer's Disease International, 2015; Alzheimer's Research UK, 2015), we show that the hair salon offers revealing insights into the creative and collective forms of agency exercised by older women living with dementia and the workers who support them.

We draw upon an investigation into appearance and how it is managed by and with people with dementia in receipt of care and this paper focuses particularly upon the women who participated in our study. The Hair and Care project, as the name implies, took hairstyling and hair care as its focus but in the context of a wider exploration of appearance-related practices and questions of what appearance means to people living with dementia and those who care for and support them (for a more detailed account of the design and methods of the study, see Ward & Campbell, 2013). The argument we develop here is two-fold. We suggest that through research into the habitual and mundane routines of day-to-day life with dementia, unique insights can emerge regarding questions of belonging and social participation. Yet, it is at this level of the everyday that the real 'drama' of inequality and exclusion for the person with dementia is also manifest.

## Dementia, citizenship and the everyday

As part of a shift toward a rights-oriented approach to dementia, growing emphasis has been placed upon questions of citizenship within research, policy and increasingly in practice (as this special issue attests). This emergent interest within dementia studies (e.g. Bartlett & O'Connor, 2010; Boyle, 2008; Brannelly, 2011; Kelly & Innes, 2013) is situated with a broader critical response to more traditional and exclusionary notions of citizenship narrowly tied to a focus on rights and obligations within the public realm.

For instance, a core feature to a feminist critique has been a concern to trouble the public/private binary and in particular, exclusion of the private realm from a debate on rights (Beasley & Bacchi, 2000; Jones, 1990; Lister, 2011). Challenging definitions of citizenship linked solely to public forms of participation further underscores the need to reconsider the places and spaces associated with citizenship. Hence, Dickinson, Andrucki, Rawlins, Hale, and Cook (2008) argue: "Spaces of the everyday have been consistently cordoned off from liberal (and illiberal) conceptions of citizenship, produced as a private sphere in which rights and obligations themselves simply do not apply" (p. 104).

Consequently, Jones and Gaventa (2002) argue that there is a need to pay close attention to the 'actual spaces' in which citizenship is expressed. In this paper, we take the care-based hair salon as a key example of an 'actual space' of the everyday, arguing that it invites us to

re-think narrow assumptions about where the 'doing of citizenship' can and does take place and to recognise how different groups and individuals practice 'acts of belonging' (Mirza & Reay, 2000) in diverse spaces.

Another significant turn for the debate on citizenship concerns efforts to challenge 'disembodied' notions of the citizen. Commentators have pointed to the unequal relationship between citizens with 'control over the body' and the lesser status of those who are reduced to their bodies or seen to be 'controlled by their bodies' (Bacchi & Beasley, 2002). Interest in embodied citizenship has led to greater recognition of the role played by emotion, affect and embodied practices in the process of exclusion and inclusion (e.g. Ahmed, 2004; Dickinson et al., 2008; Haldrup, Koefoed, & Simonsen, 2006). Attention to bodies thereby provides a basis for re-thinking citizenship: 'Placing centre stage bodies conventionally regarded as mired in biology, marginal or 'lacking' enables new ways of considering citizenship and policy agendas' (Beasley & Bacchi, 2000, p. 350). We will therefore focus upon the embodied relationships, affiliations and collaborations of older women with dementia as a basis for enhancing our understanding of everyday resistance and social participation.

A third feature to the critique of a more traditional and 'fixed' notion citizenship lies in efforts to underline its negotiated and processual quality. Thus, in regard to cross-cultural relations in urban settings, Pine argues that citizenship is performative:

Citizenship is not a static positionality based solely on contestations with the state: rather, it is an identity created by the interactions between heterogenous elements of the modern city' [...] 'we need to reorient our understanding towards a more fluid definition of citizenship – one in which the relationships between different members of the polity are crucial. (Pine, 2010, p. 1104)

This way of thinking is pertinent to our discussion here because it anchors our understanding of citizenship in the context of people's everyday lived experience. In the case of marginalised groups, whose status may be contested, it highlights that citizenship can be both shored up but also eroded and undermined in the course of day-to-day encounters and relationships, hence the need for a more fluid conception.

Baldwin (2008) has similarly argued for an understanding of citizenship as performative, through an emphasis on narrative. He argues that 'the personal, interpersonal and the institutional/structural are inter-related through the stories we tell and are told about us, whether by individuals or collectivities' (p. 224). In other words, we can understand more localised social relations as part of a continuum with a broader set of relationships to different institutions and the state. Baldwin concludes that to support the on-going narrative practices of people with dementia is thereby a means to shore up the performance of citizenship as well as of personhood.

In building on this approach, we have argued elsewhere that efforts to manage our appearance can usefully be understood as a means to uphold a particular type of embodied narrative: 'Appearance and the work invested in it play a substantive role in narrativising identity and selfhood. Appearance embodies the biographical self, materialising the stories of who we are' (Ward et al., 2014, p. 70). Yet the social and subjective significance of appearance may be undermined when its management is subsumed within the task-oriented routines of care (Lee-Treweek, 1997).

In this paper we build on this perspective, and notions of narrative and performative citizenship, taking the everyday politics of appearance management as a focus. In particular, we argue that in recognising the performative and negotiated quality to citizenship, we must

also acknowledge its precarity. Our discussion here treats appearance work as a gendered performance, and we examine older women's salon-based practices and relations as examples of gendered resistance in care.

## **The politics of the everyday**

Our analysis and discussion draws together two key ideas concerned with a politics of the everyday. The first is Essed's (1991) notion of 'everyday discrimination'. Analysing first-hand accounts of women's experience of racism, Essed argued, controversially at the time, that despite headline-grabbing reports of racial abuses and injustices toward black and minority ethnic groups in the US and the Netherlands, that what she called the 'drama' of racism lay at the level of the everyday; those moments of social exclusion and discrimination that often pass as unseen or hidden and which are rarely recognised as racism. Essed argued against fixing on specific or individual incidents, which may in themselves be quite subtle or fleeting, and highlighted instead the importance of seeing everyday discrimination as repetitive, with a cumulative impact upon people's lives. This line of argument was later taken up and adapted by Bytheway, Ward, Holland, and Peace (2007) in the notion of 'everyday ageism', as developed in the context of participatory research into age discrimination. Using self-reporting and diary-keeping methods with older people, the authors found that much of the experience of exclusion and unequal treatment regarding a person's age took place at an everyday and often unseen level:

Everyday ageism does not exist as single events but as a complex of cumulative practices. [It] is heterogeneous in its manifestations, but, at the same time, unified by constant repetition of particular practices' [...] 'Because it is part of everyday experience, reinforced by mundane and commonplace practices, everyday age discrimination is rarely noticed. (Bytheway et al., 2007, p. 94)

We suggest that a corollary to everyday discrimination is Scott's (1985) notion of 'everyday resistance'. Scott's analysis centred upon forms of resistance that exist outside of a collective political consciousness; those disparate and disorganised forms of conduct that nonetheless undermine efforts to exercise power and control. Scott argued that everyday resistance is itself often hidden or passes unseen as resistance and could be localised to forms of embodied behaviour, gesture or uses of humour.

Everyday resistance is about how people act in their everyday lives in ways that might undermine power. Everyday resistance is not easily recognized like public and collective resistance – such as rebellions or demonstrations – but it is typically hidden or disguised, individual and not politically articulated [...] The existence of mundane or non-dramatic resistance shows that resistance could be understood as a continuum between public confrontations and hidden subversion. (Vinthagen & Johansson, 2013, p. 2–3)

Building upon these insights, Johansson and Vinthagen (2014) have identified certain key dimensions to everyday resistance which they argue provide a framework for its analysis. The authors propose that everyday resistance is best understood as a practice or set of practices (i.e. a culturally learned repertoire) that involve agency and are carried out in oppositional relation to the exercise of power. Their framework draws particular attention to notions of 'spatialisation' and 'temporalisation', which refer respectively to the socially constructed and hence contingent nature of space and time: 'Just as everyday resistance

involves spatially organised activities, social relations and identities and is practised in and through space as a central social dimension, one may equally talk about everyday resistance as temporally organised' (2014, p. 11). As a key example, the authors focus upon the body and embodied practices as particularly significant to analysing the link between power and resistance in time and space.

Central to their efforts to update Scott's original formulation, Johansson and Vinthagen propose the integration of an intersectional approach in order to avoid becoming 'stuck in a notion of one-dimensional, structural power that is fixed around a specific set of relations and one type of conflict that is given higher worth of explanation than others' (2014, p. 8). In this paper, we draw upon headings from the proposed framework and consequently seek to outline an intersectional analysis of the everyday politics of the care-based salon.

## **The study**

### ***Background***

The Hair and Care project builds upon and was informed by earlier participatory research with older people that revealed the tensions surrounding how we manage our appearance and presentation in later life (see Bytheway et al., 2007; Ward & Holland, 2011). Preparations for the study, including a review of the literature (see Ward, 2015) and exploratory discussions with stakeholders (such as practitioners, care inspectors, academics and groups of people with dementia and carers), highlighted that the more malleable aspects of appearance (e.g. hairstyle, clothing, make-up, etc.) and the on-going work invested in their management, have been largely neglected topics for research in the field of health and social care for older people. However, a key message from the limited existing literature was that care providers tend to focus rather narrowly on the presentation of care recipients as an endpoint to and as an objective for the provision of care.

Hence, in an ethnographic study of care work, Lee-Treweek (1997) drew attention to the figure of the 'lounge-standard resident' as part of the public face of a care home, and a basis for how the quality of care is often judged. The study highlighted a 'production line' approach to managing appearance through the imposition of an undifferentiated standard of dress and presentation. In a short article tellingly entitled 'bedroom abuse', Lee-Treweek (1994) argued that the achievement of a lounge standard was often the result of quite fraught and coercive, time-pressured encounters between care workers and care recipients that unfold 'backstage' in their bedrooms. With these findings in mind, our intention for the Hair and Care project was to re-think appearance and in particular, to shift the focus of care practice from a fixed, endpoint image and universally applied standard of presentation, and onto the process of 'doing appearance', understood as a culturally and subjectively meaningful set of on-going practices that are integral to our identity and biographical selves. We class appearance-related practices as part of that range of 'reflexive body techniques' (Crossley, 2006) out of which our sense of self emerges and is upheld.

One reason that we chose to focus on hairdressing is that it belongs to what Twigg, Wolkowitz, Cohen, and Nettleton (2011) describe as the 'body-pleasing and pampering' trades and so is quite distinct from the logic and discourse of healthcare. With its origins in the beauty industry, care-based hairdressing involves importing an alternative kind of body work into care, one that carries a distinctive approach to the body and is consequently characterised by a rather different worker-client dynamic to that of caring encounters.

## *Aims and objectives*

The Hair and Care project was a 28-month ethnographic study funded by the Economic and Social Research Council which took place in north-west England between 2010 and 2013. The overall aim was to generate a close and detailed description of the care-based salon and the happenings within it, in the context of a wider consideration of appearance management in dementia care. To achieve this, we pursued three more specific objectives: (i) Contextualising appearance through drawing on the perspectives of diverse stakeholders; (ii) Exploring the embodied histories of people with dementia by conducting what we called ‘appearance biographies’ (see Ward et al., 2014 for further discussion of this method); and (iii) Engaging with the immediacy of the body in the salon environment using ‘in-situ’ and visual methods. As a distinctly feminised environment, our focus here is on the salon as a gendered space and the particular significance it consequently holds for older women in the care system.

Ethical approval was obtained from an approved NHS Research Ethics Committee with knowledge of the Mental Capacity Act (2005) ID code: 11/WA/0147.

## *Methods and analysis*

Data collection consisted of a mix of qualitative methods that included mapping the provision of care-based hairdressing across the area of the study (i.e. looking at the distribution and availability of hairdressing services and any gaps in provision), as well as conducting sensitising discussion groups followed by more in-depth interviews with stakeholders (including care providers, people with dementia and carers). Filming and participant observation were used over a period of 10 months in a series of care-based hair salons in hospitals, day centres and care homes, as well as during visits to people’s homes, and diaries were kept by the project researcher (SC) throughout the period of fieldwork. During this time, we amassed 48 h-worth of video footage and spent approximately 300 h engaged in observation (spending between 3 and 8 h a day in each setting, most weekdays for 10 months). In total, we conducted fieldwork in eight different care-based hair salons (including one mobile hairdresser visiting people at home), and followed a total of 23 people with a diagnosis of dementia (16 women and 7 men).

We made a series of ‘process films’ to capture the patterns of activity and interaction in each salon, this involved filming as unobtrusively as possible in order to record day-to-day activity. We then progressed to filming a series of ‘in-situ’ interviews, where we asked both worker and client to describe and discuss what they were doing as they were doing it (an approach that placed less emphasis on recall and memory). We carried out 13 appearance biography interviews with people with dementia (seven women and six men), and semi-structured in-depth interviews with 10 hairdressers, 9 family carers, 6 key informants (including a service commissioner, a hairdressing academic and dementia nurse specialist) and 15 care workers/nursing assistants. The interviews lasted between 20 and 130 min and on occasion took place over more than one session, for example as a response to someone showing signs of tiredness or, in the case of care staff, in order to fit in with work commitments.

Different narratives served as the primary units of data for analysis (Riessman, 2008). This included the biographical narratives elicited during the ‘appearance biography’ interviews (see Ward et al., 2014), as well as the practice-related and experiential

narratives elicited using in-situ interviewing in the salon. Consistent with Phoenix, Smith, and Sparkes (2010), we considered each narrative as a context that gave meaning to the events, practices and short stories enfolded within them. We also constructed narratives using the visual data generated for the project. For example, by focusing upon the filmed and observed action surrounding sinks, hairdryers and mirrors, we compiled narratives of the role played by these material artefacts in mediating the relationships that unfolded within the different salons. This layered approach to narrative supported our over-arching aim of generating a rich description of the care-based hair salon.

## Findings

### *Spatialisation*

Access to, and the regulation of, space are a key indicator of the location of power, as well as a vehicle for exercising control. Indeed, existing research into dementia care settings has highlighted how people's movement in and occupation of space are variously controlled through design, the use of locked doors and by compromising privacy (e.g. Bartlett, 2007; Chatterji, 1998; Wiersma & Dupuis, 2010) while the lay-out of care settings facilitates surveillance and 'panoptic control' (e.g. Ward, Vass, Aggarwal, Garfield, & Cybyk, 2008). Far less attention has been paid to the efforts of people with dementia to resist such impositions (McColgan, 2005).

In the context of the Hair and Care project we found that often quite literally, dementia care settings made no space for hairdressing, granting at best a temporary opening. As one hospital-based hairdresser noted: *I don't even have a room, I'm in the hallway doing their hair. I'm in the laundry. I'm in a room with a toilet when I'm cutting* (Hairdresser: discussion group). This inhospitality of the built environment was often compounded by social and organisational forms of marginalisation. It was rare, for example, for hairdressers to be granted access to any form of training. They were not deemed to be part of the care team and so did not have access to service-user documentation, to hand-overs or briefings on new arrivals. As one hairdresser noted during interview: *'to them I'm just the hairdresser, in the one (hospital unit) I'm in now, I feel as if I'm an interference'* (HCP Hairdresser 2).

We learned early on that it was quite rare to find a designated and fully resourced hair salon in settings such as care homes, day centres or hospitals. Instead, the visiting hairdresser would be allocated a space on a temporary basis – perhaps the corner of a day room or a converted stock cupboard. Consequently, they were required to 'stage' the salon on each visit, often moving furniture, setting out equipment and singling out a chair as a focus for their labour, effectively re-purposing an environment intended for the provision of care.

These efforts at re-configuring physical space were only part of a process to transform the environment. As Johansson and Vinthagen (2014) emphasise, spatialisation involves the intertwining of the social and material environment. Hence, clients were immersed in a distinctive salon culture. All the salons we visited adhered to a discernibly white and heterosexual beauty ideal, continually reiterated through salon chat including references to Hollywood glamour and light-hearted comparisons to film stars. In this way, clients were supported to reach out to more 'privileged' identities through salon attendance. Yet, care-based salon culture also resisted dominant industry messages, particularly those concerning beauty work as fighting the signs of age, with hairdressers taking steps to counter the more negative self-evaluations proffered by some clients as they inspected themselves in the salon mirror. In one salon, the hairdresser hailed each newly arrived client with a promise of transformation: *'Gonna make yer gorgeous!'* (HCP Hairdresser 8).



We witnessed many occasions when hairdressers facilitated positive exchanges between clients. In one episode filmed in a care home, the hairdresser removed a client's head scarf with a flourish after wheeling her out from under the dryer:

*Mimi (fellow salon client): Oh, she's pretty*

*Hairdresser: She is pretty isn't she!*

*Gloria: Who me? (disbelieving tone)*

*Hairdresser: You are pretty, you're all pretty (turns Gloria around so she's facing the mirror)*

*Researcher: What do you think when you look at yourself in the mirror Gloria?*

*Gloria: It gives me a fright! (said with mock horror while raising her eyebrows)*

*Mimi: (wolf-whistles at Gloria)*

*Hairdresser: Do another wolf-whistle Mimi*

*Mimi: (whistles again)*

*Hairdresser: Wonderful!*

*Gloria: (smiles)*

(HCP Hairdresser 8)

Hence, salon chat was punctuated with comments and conduct aimed at fostering self-esteem, through the transformative power of beauty work. The hairdressers invited their waiting customers to comment positively on the outcomes of their labour and encouraged the on-going exchange of compliments. By carving out this distinctive material *and* social space against the back-drop of care provision, the salon continued to play a role in the lives of its clients that was both culturally and biographically familiar to them (Ward et al., 2014).

Traditionally a feminised space, largely free of masculine scrutiny, and a place for alliances and affiliations to be fostered, the salon has long served to mediate women's relationships with the wider worlds they inhabit (Furman, 1997; Gimlin 1996; Symonds & Holland, 2008; Tate, 2009). Hence, for women living with dementia, we found that the salon offered a space to make sense of and respond to the care of which they were in receipt.

For instance, we spent time in a day centre-faced with imminent closure. Here, the salon provided a safe and quasi-private setting where clients could share their concerns at cuts to their care, as well as a degree of cynicism at the day centre's own consultation exercise attached to the closure. We visited this facility, sited in a particularly deprived neighbourhood, over the course of five months. Our filmed record of the salon captured a series of discussions between the hairdresser, her clients and, on occasion, visiting care workers regarding the closure.

The day centre had begun to restrict access so that only individuals formally assessed as being in need of support were permitted to attend, thereby disaggregating a previously close-knit collective of attendees. Those who had self-referred, known as 'social members' were subsequently excluded and the dwindling footfall was interpreted by the hairdresser and her clients as the first step toward closure. The salon clients were quick to interpret this decision as financially driven, while noting the human costs involved, and in this exchange the hairdresser also signals the precarious nature of her own situation:

*Hairdresser: They say the council's withdrawn funding for day care, so it.*

*Client: ... It's all money, money isn't it*

*Hairdresser: It's all about money at the end of the day, but people really rely on it*

*Client: People look forward to it, and the company*

*Hairdresser: I don't ask questions, but we'll just have to wait and see*

(Hairdresser HCP 1)

On another visit, we filmed the hairdresser in conversation with an attendee, whose friend, a 'social member' had been prevented from attending. She commented: '*it doesn't mean because you're not disabled that you don't need help*' (Day centre client 1). It was clear that the unwelcome changes had ruptured the social networks of many of the hairdresser's clients and the salon now provided a forum to articulate their opposition.

On one of our last visits to the day centre, we captured an exchange between a care worker, the hairdresser and a salon client who was seeking to understand the implications of the closure for her own receipt of care and support:

*Client: ... there's method in their madness, getting rid of this (gestures to indicate the day centre)*

*Care worker: I know you know, and that you understand, as you've been there before, but it is proposals Maggie*

*Client: Well it makes it easier for them to just (waves her hand in a dismissive gesture) ... erm, do you still want me to come tomorrow?*

*Care worker: I do love, the bus is going to pick you up*

*Client: Yes?*

*Care worker: Yes, it's the consultation tomorrow and I'm going to sit with you and anything you've got to say, I'm going to write down and then I'm going to type it all out for the management team who makes the decisions on what's going to happen for future day care. And no (turning to hairdresser), I'm definitely not in agreement with it because there is definitely a need for day care*

*Client: Yes, there is*

*Hairdresser: Is it day care in general that's affected?*

*Care worker: All across. But it's proposals for here and another one in (neighbourhood) but there's nothing concrete*

*Client: Oh, I know that*

(Hairdresser HCP1)

Over time, the hairdresser acted as the link for a series of discussions with clients regarding the closure and its implications for their future care by eliciting details of the latest developments and passing on insights gleaned from earlier clients. These exchanges were powerful to witness as they illustrated the damage wrought by a policy of austerity upon the fragile social ecology of this group of women and the precarious conditions of their social participation. That these interactions took place in the context of the hair salon, underlined an implicit acknowledgement of the gendered impact of welfare cuts and the shared uncertain future for workers and service users. In this context, the salon served to link up the individual narratives of clients and the experience of cuts to their care. Over time it emerged as a forum to voice a shared sense of opposition, albeit with limited influence over the outcome.

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As the site of an alternative ‘micro-culture’ within the care system, the salon owed its existence to a collaborative process of place-making, one that was responsive to the care settings in which it was embedded. It came into being through the participation of its clientele; in how they conducted themselves, the atmosphere they jointly fostered, the stories they told and the active consideration they showed one another during the course of a visit.

### *Temporalisation*

In the context of dementia care, efforts to underline how power is exercised through control of time can be traced back to Kitwood’s (1997) early work on the attributes of a malignant social psychology. Kitwood drew particular attention to ‘outpacing’, pointing to occasions where care-workers imposed a temporal frame upon caring encounters that undermined the capacity of a person with dementia to participate on an equal footing. While this perspective has subsequently been criticised for attributing too narrowly to individual care-workers the responsibility for such conditions (Baldwin & Capstick, 2007), the practice of outpacing nonetheless demonstrates how inequalities can be upheld and reproduced in and through time.

More recently, efforts have been made to position these disabling encounters within a broader context, highlighting how wider political forces generate rigid temporalities in the context of institutional regimes. For instance, Cohen (2011) has emphasised how the rationalisation of labour in the care system creates time pressures at the level of the individual worker. It is the relative ‘powerlessness’ of care recipients, she argues, that is key to the temporal management of care work: ‘hard-pressed residential care workers systematically ignore residents’ requests to sleep late in the morning, in order to manage the intense demands involved in getting all residents up and to breakfast on time’ (p. 197). In this way a dominant temporal frame is upheld in dementia care settings to which individual residents, but also care staff, must learn to conform (Wiersma & Dupuis, 2010).

In the context of the Hair and Care study, we found tensions between the operation of the hair salons and the rigid temporal practices and routines of the settings in which they were embedded. Delays in escorting clients to or from the salon could present difficulties with throughput and the pace of the service. Inflexibility in the bathing routines of a care home or hospital could also lead to hairstyles being washed out shortly after a visit or to clients being left with unclean hair:

... and say I’m there ten till three, so their bath day might be in the afternoon [that] they have their hair done. So I’ve done their hair on that morning and they’ll think oh Tina’s done her hair, so they won’t wash their hair and that’s an on-going thing. And I’m thinking I can’t do this. And I just wet their hair, but I know it smells and it stinks... (HCP Hairdresser 4)

However, everyday resistance can also be understood as temporally organised, with processes of spatialisation and temporalisation intertwining and mutually reinforcing. Hence, in staging the salon environment for her clients, the hairdresser not only sought to (re)create a familiar sensory and material setting but also the temporal experience by which the salon is framed. As Black (2002) has argued, the hair salon is premised upon opportunities for clients to temporarily escape their commitments through an emphasis on ‘time out’ and ‘time for the self’. Hair and beauty work is consequently imbued with notions of pampering and sensual pleasure that are reinforced through one-to-one engagement.

We found that hairdressers and their clients formed an alliance that stemmed from the creation of a shared temporal frame for the duration of a visit; where their bodies became

synchronised according to the familiar rhythm of the salon. Through such an embodied alliance, the hairdressers were largely able to avoid the need for coercion or the denial of a client's will or choice. This shared temporal experience was achieved not only through the offer of 'time-out' but also of one-to-one 'time-with' – something often denied to the recipients of dementia care in many residential and hospital environments (Cohen, 2011; Nolan, Grant, & Nolan, 1995; Ward et al., 2008). 'Time with' and 'time out' encouraged pause for thought, reflection and story-telling. Biographical narratives and anecdotes were consequently elicited in an informal way as clients inhabited an alternative temporal frame to that of the rushed and busy tempo of the wider care setting. As a result, clients were supported to resist and even subvert the temporalities of care.

### *Bodies and embodiment*

Historically, women have been subject to particular forms of control and discipline, which focus upon the body. Yet, feminist analyses have shed light on various forms of 'everyday embodied resistance' to the imposition of dominant cultural and social expectations, and these have included the agentive and reflexive use of clothing, shoes and hairstyles (e.g. Entwistle, 2000; Hockey, Dille, Robinson, & Sherlock, 2013; Mirza, 2013; Tate, 2009; Turiel, 2003). Indeed, Weitz (2001) argues that hairstyling can usefully be understood as an everyday form of resistance. This emphasis upon appearance work and self-presentation as potential forms of resistance underlines how structural inequalities are often responded to at the level of everyday cultural practices that centre upon the body.

In a recent review on embodiment and dementia, Kontos and Martin (2013) identify research concerned with surveillance, regulation and the disciplining of bodies as one of three body-related themes within dementia studies. The literature reveals how practitioners are often charged with a 'mandate to create docile 'dementing bodies' through rigorous and continuous bodywork or policing to maintain and marshal bodies' (p. 292). The authors highlight how the management of appearance can be usurped for institutional purposes in dementia care 'through an assembly-line production of 'lounge-standard' residents, with its imposition of standardised forms of femininity and masculinity' (p. 293). However, very limited attention has been paid within research, policy or practice to the on-going efforts of people with dementia to manage their appearance (Gilleard & Higgs, 2013; Kontos, 2006; Twigg, 2010) or to the subjective, social and cultural meanings appearance may hold in the context of living with conditions such as dementia (Twigg & Buse 2013; Ward et al., 2014).

We found that the care-based salon was a place where appearance work could serve as a means of self-expression, maintaining forms of embodied biographical continuity. Here, a different conception of the body could be fostered that emphasised bodily enhancement and narratives of transformation. Clients were supported to experience and understand their bodies as sites of pleasure and sensual enjoyment. A visit to the salon offered opportunities to re-instate a contained and ordered bodily image but also one of glamour and even desirability. It thereby allowed clients to participate in an alternative culture of the body (to that enshrined within the care system) and consequently to lay claim to more positive self-narratives and self-images. For instance, one hairdresser re-called a client's insistence upon regular salon visits:

One lady there [care home], I do her hair and she's . . . she wears all her jewellery and her lipstick and she's 90 . . . no she's not, she's 101. She's 101 and she sits with her make-up on and she still dances even when she's got her eyes closed. She's called 'Dancing Queen'. But she wants her hair

done all the time. 'I want to feel good', she always says that. 'I want my hair done'. She's 101... 101! (HCP Hairdresser 4)

Here, the resident in question has been ascribed a persona by staff that responds to her appearance being an integral component of her identity and biography but the hairdresser is also seeking to underline the association between 'looking good' and 'feeling good' as a core feature of her work and which is linked to the power of everyday transformation.

In addition to promoting an alternative conception of the body, the salon offered practical, embodied support to visiting clients to enable their participation. Hence, we observed as worker and client combined their bodily efforts in order to overcome the disabling effects of the poorly designed and under-resourced salon environment. The hairdresser would often use her own body and capacities to augment those of her clients in order for them to successfully participate in aspects of the salon process that they would otherwise have been unable to. Examples of this bodily collaboration ranged from offering an arm to assist clients to walk around the salon, through to heavy lifting, for example to enable a client to lean forward over the sink to have their hair-washed.

### *Integrating an intersectional approach*

In the salon, the labour of the hairdresser necessarily takes place at a bodily level where different components of identity intersect, which, as Mirza (2013) has argued recently underlines the importance of recognising an embodied dimension to intersectionality. For example, commentators on gendered ageing have highlighted how frailty in later life for many women can be understood as the outcome of a life-long process of socialisation (Grenier & Hanley, 2007; Katz, 2011). Many other chronic conditions and impairments that we observed during fieldwork might also be attributed to the ravages of reproductive labour as gender and class intersect over the lifecourse. And, as Kontos (2006) highlights in her notion of embodied selfhood, many pre-reflective bodily habits and dispositions emerge from life-long patterns of socialisation and enculturation. Hence ageing, disability, class and gender interact in particular ways over time and as part of her role the hairdresser is required to engage with the cumulative bodily outcomes, dispositions, capacities and limitations associated with such intersectionality (Bourdieu, 1984; Young, 1980).

In order to further develop the analysis of everyday resistance, Johansson and Vinthagen argue that we need to 'look at the intersections between gender, age, sexuality, 'race'/ethnicity or class in the formation of resistance practices' (2014, p. 8). Thus, while close examination of the 'doing of appearance' points to the differing and interlocking forms of oppression that shape the lives of older women with dementia, it also sheds light on their collaborative and embodied efforts at resistance. For example, by augmenting the strength of her clients through bodily collaboration, the hairdresser not only supports them to overcome the ageism-disablism intrinsic to the poor design and under-resourcing of the salon space but also temporarily assuages the impact of gendered frailty upon the 'habitual body' in late old age (Featherstone, 2010). As a result, clients are enabled to continue to participate in meaningful cultural practices that have punctuated much of their adult lives; practices they would have been unable to accomplish without support.

Similarly, we suggest that the mutual recognition and supportiveness displayed by salon clients, often facilitated by the hairdresser, can be understood as a response not only to the social isolation experienced/imposed within care settings but also as resistance to the broader

imposition of social invisibility upon older women (Hurd Clarke and Korotchenko, 2010; Ward and Holland, 2011). In this respect, our findings echo those of Furman (1997) whose study of a community-based salon in upstate New York frequented largely by older women concluded:

Resistance to socio-cultural oppressions is embedded in the way that older women treat one another – with respect, affection, and attentiveness; in conversations, and gestures that affirm and hence make visible older women’s pride in and attention to their bodies, and that acknowledge the pain, suffering and loss that accompany embodiment. (1997, p. 168)

Indeed, the very presence of a salon in dementia care provides a means for resisting widespread assumptions that appearance no longer matters to individuals inhabiting the ‘fourth age’ (Gilleard and Higgs, 2013; Twigg, 2010) compounded by efforts to treat their bodies as somehow ‘outside of culture’ (Katz, 2011; Pickard, 2013).

Furthermore, the benefits to co-operation are by no means uni-directional. The alliance of worker-client helps create conditions for the economic viability of the labour of the salon in the face of a lack of institutional support and the low status ascribed to hairdressing, a feminised field of labour, within the care system. Hence, by participating in the salon, and often making great collaborative efforts to enable the efficient completion of each part of the hairdressing process, the hairdresser and her client ensure a smooth flow and throughput of clients. In this way there is a reduction in what Cohen (2011) describes as wasted or ‘baggy’ time. Consequently, we can begin to understand the salon as a site for intersectional forms of resistance. Our argument here is that integrating an intersectional approach to a focus on the everyday can help to understand how the micro-practices of the salon support resistance to a broad range of social and structural inequalities, which include but are not limited to the politics of care provision.

## **Discussion: Toward a politics of the everyday for dementia**

In this paper, we have explored the creative and collaborative forms of agency exercised by older women in the care-based hair salon and of the workers who support them. Our analysis is positioned in relation to a wider literature on everyday forms of exclusion, regulation and control faced by people living with dementia and in receipt of care. We have focused particularly upon the spatial, temporal and embodied dimensions to resistance that until now have been largely neglected as a field for analysis in the context of dementia studies. At the heart of our commentary lies an emphasis on ‘the everyday’ and the importance, as Smith (1987) has argued, of problematising and deconstructing the mundane, routine and habitual. In this section, we argue that such a focus sheds light on a series of questions regarding how we understand and define citizenship practices and the nature of political action in the context of living with dementia.

Behind the headlines of neglect, abuse and ill-treatment which have driven much of the debate on rights in relation to dementia, our study shows that on a day-to-day basis the struggle for self-determination, belonging and social participation takes place around far more mundane encounters, such as assistance with the management of appearance. Indeed, appearance is just one of a number of everyday battlegrounds, where the efforts of people with dementia to uphold aspects of their identity and remain socially engaged are contested through measures to control and regulate their lives.

Essed’s (1991) notion of everyday discrimination is helpful here in understanding this level of social experience as the real ‘drama’ of the exclusion and disempowerment faced by

individuals with dementia. The drama lies not only in the disabling and disempowering practices themselves but also in the failure to perceive such everyday encounters as reinforcing or upholding inequalities, and a tendency to dismiss what may be fleeting or minor occurrences without recognising that they are part of a far broader pattern. Hence, in the cut and thrust of busy care settings, sometimes brief or seemingly unremarkable incidents such as failing to wash someone's hair or even simply rushing a person through their morning routine may in and of themselves seem minor or inconsequential. Yet, we argue for the need to understand these episodes as part of a complex of practices, that reach across many different domains of a person's everyday life, and which are repetitious in their frequency and cumulative in their effect. If, as Baldwin (2008) suggests, we understand citizenship as performative, then we must acknowledge the 'performative asymmetry' (Ward & Price, 2016) that exists for people with dementia in care, and hence the precarious and contested nature of citizenship as it unfolds in the context of heterogeneous everyday encounters within the care system. But what drives these tensions at the level of everyday relations in dementia care?

Cohen (2011) suggests that through 'pseudo-market mechanisms incorporating targets, audits and rewards for cost-cutting' (p. 190), care work is subject to continual pressure to increase productivity marked by on-going efforts at reorganisation and rationalisation of the labour process. She argues that these pressures emerge in the form of a struggle for control over time and space within everyday care-based encounters. Such conditions underline that citizenship is always a situated and on-going achievement, one that unfolds at the intersection of differing forms of oppression (and privilege) at particular moments in time and place (Hulko, 2009; Valentine, 2007).

Yet, these efforts to exercise power also engender resistance and in his original treatise, Scott (1985) was keen to draw attention to forms of resistance that exist beyond the more organised and overtly politicised responses to inequality and injustice, where outright rebellion may for instance carry too many risks. Instead, he was interested in the quiet, dispersed and disguised actions that are part of everyday life and often pass unrecognised as resistance. We argue that this perspective helps to foreground an awareness of agency in the context of living with dementia and being in receipt of care. Control over space, time and ultimately over the bodies of women living with dementia is resisted through collective insistence upon and participation in the establishment of the salon.

The salon fosters forms of resistance that are necessarily more localised and often less likely to be politically articulated, but nonetheless represent moments of agency that issue a clear challenge to the imposition of control. Thus, Scott underlines the importance of recognising the situated meaning of certain embodied, affective and relationship practices and argues that we should expand notions of the political to include those sometimes localised practices of self-care as not only a vehicle for political action but also as existing in a continuum with more overt forms of rebellion and rights-claiming:

The problem with existing concepts of resistance [...] lies in what is a mis-leading, sterile, and sociologically naïve insistence upon distinguishing 'self-indulgent', individual acts, on the one hand, from presumably 'principled', selfless, collective actions, on the other, and excluding the former from the category of *real* resistance. (1985, p. 295)

Drawing on Scott's argument here, we suggest that to disentangle more overtly political action from these everyday forms of resistance is an unhelpful and artificial distinction in the

effort to understand citizenship practices in a context of living with dementia. Indeed, as Baldwin (2008) suggests, the micro and the macro are linked through the stories we tell and that are told about us. Embodied narratives of self and identity, as encapsulated in our efforts to manage appearance, 'form a bridge between personal biographies and wider cultural histories' (Ward et al., 2014, p. 70). Hence, the management of appearance involves a reflexive response to our social situation and is often a site for working through tensions that exist at the intersection of different aspects of identity and in the context of wider social conditions.

## **Conclusions**

In drawing together the arguments developed in this paper, we end by briefly considering their implications for dementia care.

Focusing upon the concrete example of the hair salon enabled us to explore citizenship as a situated and emplaced process. The care-based salon has been almost entirely overlooked by research, while salons themselves occupy a peripheral position within the care system. In drawing conclusions from her study of a community-based salon serving older women in the US, Furman (1997) takes issue with the way that places created by older women appear to be so often dismissed as politically insignificant and morally irrelevant. Our study builds upon Furman's work in showing that following a move to care, salons remain a place of mutual care and support, where the telling of stories continue to draw people into 'shared universes of meaning', becoming a site of collective agency. This highlights the importance of paying attention to the actual spaces where citizenship is expressed for people living with dementia.

Close examination of collaboration in the salon, the combining of strengths and capacities, reveals how bonds are established at a bodily level in ways that contest dominant temporal frames imposed within the care system. As the care-based salon demonstrates, agency and resistance are often necessarily relational, emerging from affective and embodied affiliations. These relationships point to an understanding of citizenship as intersubjective and interdependent, emerging from what Bacchi and Beasley (2002) describe as engagement between 'interacting, material, embodied subjects' (p. 330). The shared and collective accomplishments of hairdressers and their clients thereby allow us to reflect on how the embodied practice of care might also be tailored more directly to a citizenship framework.

We have seen how citizenship is negotiated and at times contested in dementia care. The salon underlines the significance of creating opportunities for alternative self-narratives based upon everyday transformation and demonstrates the power and potential of personal change as part of a wider process of citizenship. Ultimately, the participation of older women with dementia in the 'event' of the salon underlines the malleability of the dementia care-scape, and the potential to continually create knowable places for people to engage in everyday acts of belonging. In this way, the salon teaches an important lesson regarding the need to nurture place-making in dementia care.

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## **Author Biographies**

**Richard Ward** is a senior lecturer in dementia studies in the School of Social Science at the University of Stirling. With a background in social work, he has a particular interest in everyday experiences of life with dementia and his research focuses upon participatory approaches intended to support people with dementia in making a meaningful contribution to research. He is currently leading a five-year project: 'Neighbourhoods: Our people, our places' which is exploring the social and physical properties of the neighbourhood and what these mean for people living with dementia and those who care for and support them. Richard is also a co-founder of the 'Memory-Friendly Neighbourhood Network': <http://memoryfriendly.org.uk/>

**Sarah Campbell** is a research associate in the school of nursing, Midwifery and Social Work at the University of Manchester. With a background in mental health advocacy, Sarah was the researcher on the Hair and Care project and as part of this work is now writing-up her doctoral thesis which explores masculinities and men's experiences of dementia care. Sarah has worked on a series of studies with dementia as a focus and is currently a researcher on the 'Neighbourhoods: Our people, our places' project. She has a particular interest in ethnographic approaches and in the themes of embodiment, narrative and social identity.

**John Keady** is a professor of older people's mental health nursing in the school of nursing, Midwifery and Social Work at the University of Manchester. With a background in mental health nursing, John currently leads the interdisciplinary Dementia, Ageing Research Team at the University of Manchester and is a founding co-editor of *Dementia: the international journal of social research and practice*. John is currently leading a five-year ESRC-NIHR-funded programme of research on Dementia and Neighbourhoods and is an invited senior fellow of the NIHR School for Social Care Research.