

# Ageing/body/sex/work – Migrant women’s narratives of intimacy and ageing in commercial sex and elder care work

Sexualities

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## Abstract

This article analyses how sex and elder-care workers negotiate intimacy and ageing in their work. We find surprising similarities between sex and care work that derive from the ways in which Eastern European migrant women are sexualised in the sites of our studies: Italy and Finland. The bodywork and intimate labour conducted by the women is defined in part by the social status of their work in society, in part by the ageing bodies upon whom the work is done, and in part by the ways in which the bodies of the workers are gendered, sexualised and racialised. The article draws on interview and participant observation data collected during two ethnographic research projects with female migrants from post-socialist countries working as eldercare workers in Italy and in sex workers in Finland.

## Keywords

Ageing, intimate labour, bodywork, sex work, elder care work, migrant women

## Introduction

In the 2000s, migration scholarship has turned to investigate the role of emotions and sexuality in migration in what has been termed as an ‘emotional turn’

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(Davidson et al., 2005), a 'sexual turn' (Mai and King, 2009) or a 'queer turn' (e.g. Fortier, 2001). However, as Mai and King (2009: 297) noted 10 years ago, in mainstream research the 'role of emotions, feelings, and affect in the motivation and experience of migration' has been sidelined:

It is as if migrants are not allowed to love, express their sexualities, have emotions, be intimate. A consequence of this is that emotional relations are regarded as something apart from the economic or the geographic, as something essentially private, removed from the researcher's gaze... (Mai and King, 2009: 297)

This is especially so when research focuses on ageing migrants. The body of research on transnational ageing (Horn and Scheppe, 2016; Karl and Torres, 2016; Walsh and Näre, 2016) has focused on the experiences, well-being and vulnerability of migrants who are ageing (e.g. King et al., 2017; Walsh and Näre, 2016) and how ageing transnationally changes practices of caregiving and home-making (Näre et al., 2017; Walsh and Näre, 2016), yet the role of sexuality and intimacy has been overlooked in research on ageing migrants, as it has been overlooked in migration research in general.<sup>1</sup>

Similar omissions regarding sexuality and intimacy were long present in the ways in which ageing was socially constructed (Gott, 2005; Gilleard and Higgs, 2013: 101–114). The field is dominated by quantitative, health-centred research and qualitative studies of sexuality in older age are relatively scarce (however, see Gott and Hinchliff, 2003; Jackson, 2016; Sandberg, 2011). In studies on later-life sexualities, researchers almost automatically evoke the stereotype of asexual and undesirable old people – a stereotype that they then refute (Sandberg, 2011: 23).

In this article, we bring together research on ageing-migration nexus with theorising on bodywork, sexuality and intimacy to analyse how ageing migrant women who are involved in commercial sex and elder-care work negotiate intimacy and sexuality in their work. We take our cue from Oerton and Phoenix (2001) and argue that analysing the experiences of women who are involved in diverse kinds of bodywork (sex and elder care work) is fruitful in illuminating the current theorising on bodywork and intimate labour. In doing so, we find similarities between sex and care work. This is not to suggest that they are similar types of work but that in both types of work intimacy plays a key role. Moreover, we argue that these similarities derive from the ways in which Eastern European migrant women are sexualised in the sites of our studies: Italy and Finland. Thus, the analyses of bodywork need to be intersectionally grounded and include the ways in which intersections of age and ability, gender and sexuality, migrancy and ethnicity/ 'race' configure in the specific contexts in which the bodywork takes place (see also Näre, 2013a).

Our discussion draws on interview data collected during two ethnographic research projects with female migrants from post-socialist countries working as elder care workers in Italy and in sex work in Finland. In this article, we focus on those respondents who themselves were over 45 years old at the time of the

research.<sup>2</sup> In what follows, we first discuss the context for the research projects, then proceed to present the theoretical concepts that have informed our analysis. We then present our data and methods followed by our findings and conclusions.

## **Research context: Gendered post-socialist migrations to Italy and Finland**

The collapse of the Soviet Union, along with the bloc associated with it, caused some of the most radical social transformations in post-war Europe. The move from a centralised economy to neoliberal market capitalism transformed the everyday lives of millions of people in Eastern Europe and altered the gender regimes in these countries. There is now an important research literature concentrating on the gendered effects of the ‘transition’ within particular nation-state contexts (see e.g. Gal and Kligman, 2000; Johnson and Robinson, 2007; Kuehnast and Nechemias, 2004). As Tatiana Zhurzhenko (2001) has argued, one of the most obvious consequences of the transitional economies was the marginalization of women. The ideology of ‘transition to a market economy’ was used to justify the worsening position of women and other groups in society, while the needs of establishing a market economy took priority over the welfare of certain groups of people (Zhurzhenko, 2001: 36). Women’s migrations can be also interpreted in this context, although their migrations fit neither the category of involuntary, forced migration nor voluntary, labour migration (Kopnina, 2005).

One of the dramatic effects of the post-socialist ‘transition’ and the economic crises that ensued was the mass migration of women and men to European Union countries, but also globally. Thousands of women migrated to Italy to find work in families, responding to the care ‘drain’ (Näre, 2013b; Bettio et al., 2006). This ‘care drain’ resulted from a familial welfare-state system in which public-care services are lacking as the population is ageing. Extended family and kinship networks are eroding as primary providers of care in Italy, because of changes in women’s occupational and educational aspirations and roles, and the persistence of men’s non-caring family roles and a culture of care that emphasised home-based care over institutional care (Näre, 2013b). This care drain has been mainly mitigated/alleviated by the private employment of migrant workers. There are presently over 2.4 million migrants from post-socialist countries residing in Italy (ISTAT, 2018). This amounts to almost half (48%) of the five million migrants who are regularly residing in Italy. A clear majority (56%) of these migrants are women (ISTAT, 2018) who predominantly work in care and domestic services occupations.

As of 2016, in Finland, there are over 130,000 people who were born in post-socialist countries (Statistics Finland, 2018). Women from post-socialist countries migrate to Finland through various channels: with tourist visas, as au pairs, labour migrants, students and so forth (Krivonos, 2015). Marriage to a Finnish man is one of the most common ways for Russian women to gain access to Finland

(Säävälä, 2010). Russian-speaking women are highly sexualized in Finland, with particular emphasis on mercantile forms of sexuality (Marttila, 2008).

## Sex and care work as intimate labour and bodywork

Care work and sex work are similar in that they are both holistic and highly heterogeneous forms of labour which involve emotional and bodily contact and intimacy between the worker and the client or care receiver. Sex and care work are part of what Boris and Parreñas (2010) and others (e.g. Yeoh et al., 2014) call *intimate labour*. Intimate labour is a form of labour that involves ‘touch...bodily or emotional closeness or personal familiarity...or close observation of another and knowledge of personal information’ (Boris and Parreñas, 2010: 2). Intimate labour connects a diverse group of workers through their racialised, classed and gendered positions and relations within the globalized labour market. Not only can such work as nursing, domestic care, sex work be understood as conceptually similar, they are often done by the same people, as there is fluidity between these jobs, with workers moving from service and care work into sex work and back again (Grant, 2014). Attentiveness, both to the emotional and material sides of life, and possession of information about the client that might be damaging to them if revealed are key features of intimate labour. Intimate labour involves both short-term encounters and sustained relationships and can be performed both at a distance and through face-to-face interactions. As Cohen and Wolkowitz (2018: 44) argue, studies on intimate labour do not ‘clearly differentiate physical intimacy from proximity from emotional intimacy (or an exceptionally intense form of emotional labour)’. We agree that it might be important to distinguish between different kinds of intimacy, but that this is an empirical question and does not undermine the usefulness of the notion of intimate labour.

Sex and care work are also assumed to be part of the innate sphere of life, as activities which does not involve skills, but which is perceived of as natural for women to do (see Diatlova, 2019). Care work conducted in households and sex work are alike in that their nature as *work* is obscured (Finch and Groves, 1983: 3–4). Care and sex work are then understood as an unspecified type of labour with tasks and skills that are difficult to define (Graham, 1983: 26; see Diatlova, 2019). Sex and care work are also similar in that they involve emotional labour, i.e. ‘the management of feeling to create a publicly observable facial and bodily display’ (Hochschild, 1983: 7). Emotional labour is often gendered in that such requirements are common in female-dominated occupations.

As Wolkowitz (2006: 79–80) argues, emotional labour is also *embodied* labour as it involves the body of the worker in emotional management. Sex and care work thus require that the worker both manages emotions and intimate relations with the client, but it differs from many other types of service job in which emotional work is required in that it is work involving the body of another person. Both care and sex work are forms of bodywork, i.e. ‘employment that takes the body as its immediate site of labour, involving intimate, messy contact with the (frequently

supine or naked) body, its orifices or products through touch or close proximity' (Wolkowitz, 2006: 147). By highlighting the similarities in care and sex work, we do not intend to suggest that they are the same kind of work. Put simply, while both kinds of labour involve work *on* the body, the body of the *worker* is involved in significantly different ways in care work and in sex work. In sex work, the worker provides primarily a sexual service which can involve dimensions of care, while in care work, the worker primarily provides a care service that can have sexual dimensions.

The body itself is imbued with social meaning and different bodies are differently situated in relation to power and value. As such, interactions with these bodies require workers to negotiate and manage complex emotions, both their own and the emotions of those on whose bodies they are working (Cohen et al., 2013). The proximity of the bodies and the necessity of physical contact in bodywork create anxiety over intimacy and sexuality (Twigg, 2000). Thus, even when bodywork does not directly involve sexual or erotic acts, there is constant negotiation and renegotiation of sexualization/de-sexualization that both the workers and the clients are involved in (Cohen et al., 2013). As Twigg (2000) argues, caregivers may use gloves or other forms of physical barriers in their work to counteract the intimacy of touch, but it can be experienced as dehumanizing by those receiving care. At the same time, there may be an incentive to foster intimacy in bodywork. In the service industry, workers are frequently dependent on repeat customers for their livelihood, and this acts as an inducement for building closer, more intimate relationships with clients (Cohen et al., 2013).

As the population ages, their ageing bodies are incorporated into the market economy as recipients of services, goods and work (Wolkowitz, 2012). This is a multifaceted process that includes both sustaining life and augmenting certain functions that people cannot perform for themselves but also prolonging activities and appearances associated with youthfulness. This includes domestic and health care as well as aesthetic interventions and leisure activities. Paid elderly care work has become essential in prolonging the period of independent living for the ageing population. With states relinquishing responsibilities for elder care, paid elderly care performed in the home becomes a necessity for rapidly ageing populations. The ageing subject is not only expected to remain independent but also active. Popular imagination may still paint the ageing body as asexual or hypersexual (Sandberg, 2013), but pharmaceutical and medical interventions produce ageing subjects who are expected to have a sexual life well into old age. This medicalised sexual life tends to be heavily heteronormative, penetrative and masculinist (Loe, 2004). Yet some studies of male sexuality and ageing have noted how the ageing process diversifies the types of experiences that men consider intimate and sexual as their bodies age (see e.g. Sandberg, 2011, 2013).

Those performing care and sex work engage directly with the ageing bodies of their clients and must contend with their own bodies that are also in a constant process of ageing. Thus, they need to negotiate the embodied and affective aspects of their intimate labour. For example, bodywork that involves direct physical

contact can destabilize the sovereignty of the body and requires the worker to apply techniques that would reclaim dignity for themselves or for those on whose bodies they are working (Korczynski, 2013).

## Empirical data

The data for this article come from two ethnographic research projects. Lena Näre conducted ethnographic research on migrant domestic and care work from Eastern Europe and Sri Lanka in Italy in 2003–2005 during which period she conducted participant observation and interviewed in total 74 migrants and employers. She interviewed 10 of her Ukrainian informants again in 2013 for a follow-up study. For the purposes of this article, Näre re-analysed interview and ethnographic notes relating to those Ukrainian, Polish and Russian research participants who were aged 45 years and over and who were working as caregivers for ageing individuals. The data used in this article consist then of fieldwork notes and 18 interviews with Ukrainian, Polish and Russian caregivers. Participant observation data from two Neapolitan households in which two of the research participants were working as live-in caregivers for ageing individuals have also informed the analysis of this article.

The other data derive from a study of Russian-speaking<sup>3</sup> sex workers in Finland conducted by Anastasia Diatlova in 2013–2016. This study includes semi-structured interviews with Russian-speaking women engaged in commercial sex (N = 41) and participant observation in four erotic dance clubs and private shows and a non-governmental organisation (NGO) that provides services to sex workers in Finland. Out of the 31 Russian-speaking interviewees, approximately 12 were over the age of 45. However, most of the interviewees, including the younger women, spoke about ageing and participated in various body management practices aimed at delaying visible signs of ageing.

The interviews with Russian-speaking women engaged in commercial sex were part of a larger project focusing on their everyday experience of life and work in Finland. The particularities of sexuality, sexual practices and other aspects of commercial sexual labour were not the focus. These aspects were discussed only when they came up spontaneously during the interview process. For the purposes of this article, Diatlova selected the interviews in which ageing and care were discussed.

The interviews with the Russian-speaking women engaged in commercial sex in Finland were conducted in Russian, but the interviews with Eastern European women in Italy were conducted in Italian. We acknowledge that cross-cultural translation is never neutral, perfect and thus bound to fail. The quality of the interviews varied depending on the informants' language skills, but if the interviewee could not find words in Italian, they used their own language which was later translated into English from the recording.

In both research projects, ethical concerns were taken seriously. Principles of informed consent and voluntary participation in the research and the avoidance of social, mental or physical harm to our research participants and the protection

of privacy were applied. Moreover, *microethics* guided our data collection. Accordingly, maximum attention was paid in the interview context to participants' immediate feelings and comfort zones (Guillemin and Gillam, 2004). In order to access the field, several methods were used, including snowball recruitment, approaching gatekeepers working for NGOs, as well as approaching research participants in the venues they worked in (in the case of sex workers) or in parks and in public spaces where they met during free days (in the case of domestic workers).

In Naples, domestic workers were also recruited through various NGOs including associations of migrant women and organisations related to the Catholic Church, such as the Catholic worker's organisation for domestic workers *Associazioni cristiane laboratori Italiani per le collaboratrici e i collaboratori familiari (ACLI-COLF)*. In Finland, the NGO through which research participants were recruited was primarily involved in providing social and health services to people engaged in commercial sex as well as providing a space for social interaction. The use of the NGOs as gatekeepers did create ethical concerns, as it was doubtful how much power the women using their services felt they had to decline an interview. As several women we met through the NGOs did in fact decline participating in the research projects, it is possible to assume that they felt comfortable enough to refuse regardless of the setting. Approaching potential interviewees in the places of their work and in public spaces such as parks proved more challenging, yet the power relationship in these spaces was more balanced. A number of the women we approached did refuse to participate in the interviews. In Naples, the most common reason to refuse was lack of time, as most live-in workers only had Thursday afternoons and Sundays free.

In both projects, the goal of the study was to allow the interviewees the space and opportunity to recount their own experiences and ideas in their own voice. The interviews were open-ended and thematic, i.e. a list of themes guided the interviews, but the aim was for interaction that was as conversational as possible. We analysed our own data first separately and then together in regular data sessions. We analysed our data sets using theory-driven thematic analysis which meant repeatedly reading the interview transcripts and the field notes until patterns began to emerge (Boyatzis, 1998). Then we organised these patterns into themes and then with our conceptual tools moved back and forth between the data, theoretical and research literatures.

## **Ageing and sexuality in commercial sex**

In research into different aspects of commercial sex, ageing has not been a prominent subject of analysis. When age is discussed, it tends to refer to the age of those who sell commercial sex, in particular their youthfulness, especially concerning trafficking (Andrijasevic, 2007). Ageing sex workers or ageing clients' and their use of commercial sex are topics which are even less researched. While in this article, the clients are still not in focus, we analyse the narratives of sex workers who are themselves ageing and the way in which they relate to the ageing bodies of the clients. Ageing configures in commercial sex as bodywork in two significant

ways: first ageing affects clients and their sexuality which then has an effect on the intimate relationships inherent in commercial sex. Second in commercial sex, the women not only need to work *with* their bodies and the bodies of their clients but also work *on* their bodies to maintain the desirability and attractiveness needed in sex work. Ageing brings challenges to all dimensions of bodywork.

The advancements in technology and medicine have not only prolonged human life, they have also affected how the ageing process is understood. Successful ageing is seen as the ability to continue to be active and to engage in a variety of leisure activities and an active sex life is seen as an integral part of healthy ageing (Sandberg, 2013). However, as Sandberg (2013) points out, medical interventions into sexuality in later life often have the effect of re-inscribing sexuality as a masculine function, focusing on erection and putting pressure on men to experience their sexuality in a particular way. This may put emotional and physical pressure on women engaged in commercial sex working with ageing clients.

A: I dislike it when, you know, I have a few clients (...) even when we met they were not exactly young, and now, after 10–12 years they aren't young at all. A person may want something, but can do very little now. That's a little difficult, even emotionally. You don't want to hurt the person's feelings, you try to do everything you can, but it is very hard both physically and emotionally. (Interview 28)

The interviewee reflects on how ageing affects commercial sex as intimate labour and bodywork in a gendered fashion. The interviewee has herself aged along with her clients. This has not affected her capabilities to perform her work the same way as it has for men whose sexuality is more dependent on the capability to perform a sex act. Thus, the interviewee needs to mediate between a body that does not respond in a way the person wants their body to respond to a sexual contact and the emotional state of the person and their sense of dignity. This kind of intimate labour, as the interviewee explains, is physically demanding but especially emotionally challenging and as such has elements of care. Sanders' (2008) research on clients suggests that older men may foster relationships with a sex worker in order to acquire a greater degree of closeness and intimacy. Survey findings from the UK suggest that while some male clients are seeking out commercial sex in order to detach emotional intimacy from sexual intimacy, with age, shyness and a belief that romance is for the young, may play a role (Kinnell, 2013).

While ageing does not affect women's capability to engage in their work functionally, ageing does affect the women's relationship with their own body and its potentiality as a means of labour. Even the younger women were concerned about the effect that time and their work had on their bodies. In the field, discussions about bodywork on one's own body were frequent. An idea that a particular body standard had to be maintained was discussed.

The topic turned to Botox and other procedures. One woman said she was getting it done. She said that she has such a face because she started working on it a long time



ago. (...). The NGO worker said she doesn't understand this. One of the women asked her if she'd ever had anything done. The NGO worker laughed and said that she wants to age gracefully. She doesn't mind her lines. The large-eyed woman said she doesn't mind her lines either, but she is a bit worried about the lines around her mouth. But she's worried about doing anything there because it might turn out really hideous. It would be ok for a place like their Club [where commercial sex is done], maybe, but for normal life it would be inappropriate. The NGO worker asked the [woman who wanted to get Botox] if she would do a peer group about Botox and talk about all the pros and cons. The woman said that there were no cons only pros. (Field notes excerpt)

However, as this quote shows, the maintenance of the body is not necessarily about youthfulness. The goal is to maintain a working body that is appropriate for the context of the Club, where the women work. The woman who explains that her face is the way that it is because she started working on it a long time ago is not suggesting that she has a youthful face but rather a particular type of face that is needed for her work. The other woman who expresses concern about using Botox around her mouth shows how a body produced through these interventions is working body, appropriate for the context of the Club, but may be perceived outside of it as 'hideous'.

### **Ageing and sexuality in elder care work**

When research on migrant elder care work has touched upon the question of sexuality and intimacy, it has been mainly done through the discussion on how the bodies of female migrant workers have been sexualised (e.g. Näre, 2014) or how the women are sexualised in the context of migration (Solari, 2014). Yet, domestic and care work which takes place in the privacy of the household brings workers into close contact with their employers' intimate lives in various ways (Näre, 2008; Gutierrez-Rodriguez, 2010). However, intimacy and sexuality as part of the elder-care relationship itself has not been discussed. Conceptualising elder-care work as intimate labour is a way forward in acknowledging the inherent intimacy that characterises elder-care work, especially when it takes place in the privacy of households.

The fact that the work takes place in the household demands a daily negotiation of intimacy in the sense of physical proximity. It was not uncommon for the caregiver and care-receiver to share the bed room and, in the case of Silvana, care work involved sharing the same bed with the woman, suffering from Alzheimer's disease, whom Silvana was taking care of:

Q: How do you manage [sharing the same bed]?

A: For me it's not too problematic. I am very comfortable. For me it's ok. This person is only ill from her head. *Tutto bene*. (...) This person is lonely, there isn't anybody only me near her. She looks at me like I would be her daughter.

Here, the different dimensions of intimacy as physical proximity and emotional bond intertwine. In the heteronormative context of Naples, the act of sharing a bed was not interpreted as sexual because Silvana is treated as a ‘daughter’. The practice of describing good working relationships in familial terms (Näre, 2011), or *kinning*, as Baldassar et al. (2017) call it, is a common way of describing but also experiencing paid elder-care relationships. Significantly, Silvana also dismisses the notion that sharing a bed might be unhygienic by emphasising that the woman she is caring for is not physically ill.

Although the body work conducted by live-in caregivers involved touching the intimate areas of the ageing individuals they cared for, e.g. bathing, toileting, or changing the catheter, the workers did not describe their work as dirty. Importantly, they emphasised the emotional aspects of their work. A term that was repeatedly used to describe their work was *compagnia* (company), as is apparent in Olga’s description of her duties as a live-in caregiver:

I worked with a grandpa [nonno], 82 years old. (...) Only company, only company [solo compagnia]. I looked after the *nonno*, cooked and cleaned. But he would say, Olga, sit by my side, please, don’t work, you are my company. (...) Because, the wife of the *nonno* had died a year before and he would cry, my wife has died and I am alone. I would say, why are you crying? Now we give company to each other.

By emphasising that her work consisted of *only*, or mainly, keeping company, Olga is emphasising the emotional over the physical dimension in her work. Here, intimacy in intimate labour emphasises the emotional bond in the work. Also, Stacey’s (2005) work on home-care workers in the US emphasised that emotional labour was a means to find dignity in the ‘dirty’ work. Negotiating elder care as an activity consisting of mutual keeping of company and work which involves *kinning* rather than physical work, elder-care workers are able to find dignity in their work.

### **Convergence of commercial sex and care work through the sexualisation of migrant women**

Grant (2014) argues that while the relationship between commercial sex and other services should not be understood as one of direct similarity, there is a convergence in these types of work. In Naples, this convergence was visible in the ways in which the bodies of Eastern European migrants were sexualised in the streets but also in their work. ‘These [Italian] men some of them want that in order to work you have to make love [with them]. Then if you refuse them, they call you a whore. [...] They think because you are a lone woman you have come [in Italy] to make money in all possible ways’. (Alina)

According to Alina, Eastern European women are sexualised for their gender, for their migrancy and for their position as lone women. The interviews abounded with experiences of sexual harassment on the streets. Often the protagonists in

these stories were old men. Here Larisa is telling a story of how Italian men act to her two roommates and me:

On Thursdays, all these old men who are one step from the graveyard get out in search of a girlfriend. To us they say: ‘hey, stop you, how beautiful you are, ooh, how beautiful you are’. Every Thursday. When it is the day off for the foreigners (...) *mamma mia*, prepare yourself with a walking stick [imitates how the old men without teeth and with walking sticks are peering for women].

Interestingly, in Larisa’s account, the power relationship between migrant women and Italian men is turned around. Age plays a significant role in this narrative: first because sexual harassment is perpetrated by old men, it doesn’t have to be taken too seriously. Second, Larisa and her friends are in their fifties and have, in their own words ‘been around’, in this story they are not the young victims of sexual harassment but can in fact ‘talk back’ to the men.

The elderly bodies can also be sights of danger. In Naples, unlike on the streets, when sexual harassment took place in the households where women worked, it was not joked about, as it in most cases ended the job.

A: I found [...] work for an old man who was 86 years old who annoyed me (*dato fastidio*) and I managed to be there only for 3 days.

Q: Annoyed you in which sense?

A: He wanted (*voleva*)

Women often used the notion of ‘escape’ (*scappare*) to describe their decision to leave their jobs. Elina recounts one of her jobs in a small town outside Naples during a cigarette break:

There was another Ukrainian girl living in the house, but she was ugly and obviously didn’t please the old man. After the first night, it turned out that the man, who for his age could be Elina’s father, wanted her to sleep in the same bed with him. Elina escaped (*ho scappato*) the house and returned to Naples.

For Russian-speaking women in Finland being eroticised and desired by Finnish men became an asset and a means for migration. Marriage was the most straightforward path to permanent residence, which, in turn, improved one’s life possibilities and options:

Q: How did you come here [to Finland]

A: Because of papers. Through marriage, a fake one. Soon after that I got divorced. Then almost immediately I got married again. And went to another country. (Interview 25)

For Ukrainian women in Italy, migration itself was a way to separate or divorce from an often alcoholic or sick husband to the extent that migration is often

termed the Ukrainian divorce. Migrating to Italy was then a possibility to possibly find a new relationship and love. This is how Viktoria who is in her late 50s, explains her migration trajectory:

A: I came to Italy (...) also for work reasons. I am a paediatric nurse and I worked in a hospital for three, four months without getting paid, not a dime. I couldn't carry on like that and also because I had left my husband. I left him because he had become alcoholic, a drunk and had started beating me. It was so ugly, ugly. To escape, I had in fact escaped here. (...)

Q: And for the future, how long do you plan to stay for?

A: I would like to find a partner. But it's difficult to find one. I'm already a bit old (laughs) I have read some dating announcements but. (...) I have a (male) friend here, he is much older than me. For friendship he always helps me, for instance if I need to transfer money, I put it into his account and he transfers it to Ukraine.

Viktoria's account is an excellent example how sexuality, desire for love and intimacy can fuel migration in older age. For her, migration was a way to escape a violent husband and to separate, but it was also a promise for a new love. However, she realises that in Catholic Italy where the men in her age are mostly married, finding an available man or a man who would be willing to leave his wife is not easy. In fact, many women who Näre interviewed were dating either married men or widowed men who in turn were often older than the interviewees, as in Viktoria's case. Viktoria's account demonstrates also how in her relationships the economic and pragmatic mixes with the emotional realm.

Women from Eastern Europe are often perceived as being more feminine and more caring than Western women (Cvajner, 2011) but also more sexualised (Näre, 2014). Similar stereotypes are attached to racialised women from the global south and east, such as women from the Philippines and Thailand who are also actors in the global labour markets of domestic, care and sex work (see e.g. Näre and Nordberg, 2016; Constable, 2003). When women migrate, they can capitalise on this perceived femininity and the innate ability to care for others. They can position themselves as providers of intimacy, love and care that local women are unwilling or unable to provide to the men. Those who do commercial sex can also position themselves in this framework, where they can provide not just sexual services, but care and intimacy to those who cannot get it elsewhere. As one interviewee described a relationship with an elderly client at an erotic dance venue:

[Men] come because they want to feel some warmth, care, interest. Statistically, there is a high number of lonely men [in Finland]. A grandpa used to come, about 60 years old, not rich himself, but brought pastries, clothes from second hand shops for the girls. He just needed someone to take care of. With two children, nobody wants him. You invite him for coffee, he's pleased that you care for him. (Interview 5)

The interviewee frames care and intimacy as resources that are in short supply, and commercial sex as an area that has the potential to fill this shortage by providing a space for lonely and/or ageing men to feel needed and loved. Thus, commercial relationships can take over the role of care that the family no longer wants or can provide.

Sex workers' labour is often conceptualized in terms of providing physical, emotional and intimate care to those who may otherwise be excluded from it, pointing to the similarities between their own work and that of nurses, psychologists, beauticians and therapists and actors (see e.g. Sanders, 2005; Diatlova, 2019). The intimacy of touch can be a powerful tool for counteracting the dehumanising effects medicalised intervention and care can have on a person whose body is either ailing or ageing (Korczyński, 2013).

Many of those who engage in commercial sex move from sex work into other forms of service work and back again (see e.g. Jackson et al., 2009). In Finland, women with migrant backgrounds are routinely diverted into the service sector and, particularly, care work (Krivonos, 2019; Kurki et al., 2019). As one interviewee explains her relationship with ageing and care work:

I want to study to be a practical nurse. I will help. I have a need to help people. [...] Some say, how am I going to work at a nursing home, working with old age? I say, old age will come to all of us. Why not go to work at a nursing home? There's both a salary and helping people. (Interview 2)

The interviewee's desire to become a practical nurse is framed through her need to help people. The notion that care work can be an emotionally rewarding form of labour in itself is important, but the interviewee gives equal value to the economic incentive. She rejects the discourse of a decaying ageing body. Instead, ageing is represented as a process that marks a common human experience and therefore cannot be rejected or sectioned off. Thus, care for the ageing body is seen as both a moral deed (Ibarra, 2010) and a unifying aspect of life.

However, the ability to negotiate the proximity of bodies and the limits of bodywork can be an important line separating commercial sex and elderly care work. As one interviewee points out, when she works in commercial sex, she has the ability to choose whose bodies she wants to touch, while when she is offered elderly care work, she is placed in a position where she would have to come in contact with bodies and perform body work that makes her uncomfortable.

[The Unemployment Office] wanted to send me to a nursing home. So that I would cut old people's nails. But I'm very squeamish. If I see these old' people's nails – it's all over. I just know what it is. (Interview 15)

Kay Hoang (2010: 256) discusses how low-end sex workers have to engage in 'repressive emotional labour', where they need to suppress feelings of revulsion and disgust towards their clients. As this extract shows, under certain

circumstances, commercial sex allows for a more flexible environment in which to negotiate the degree of intimacy and the proximity to other people's bodies. In fact, it is elderly care work that may require the performing of intimate labour that is visceral.

## Conclusions

Analysing two groups of migrant women engaged in different kinds of work has been a fruitful way to examine how women negotiate ageing and sexuality in their work and how sexuality and ageing configure in their migration trajectories. For ageing women, migration can be a means for upward economic mobility as well as a means to escape unhappy, even violent relationships. Heterosexual relationships can be instrumental for women as a way to regularise one's residence through marriage as well as a promise of a better and more satisfactory life in the future.

Those who do commercial sex may see care work as a compelling form of labour as it involves some of the same components as commercial sex, namely intimacy and remuneration, but not the stigma. At the same time, working with elderly bodies, especially in an institutional setting, may leave workers with fewer possibilities to negotiate the degree of physical closeness and touch than they would have performing commercial sex. In commercial sex, working with ageing bodies may create both physical and emotional strain, requiring the worker to negotiate physical acts while preserving the person's dignity. In addition, when those engaged in commercial sex choose potential clients, they may see ageing clients as safer as ageing is often associated with docility and reduced physical strength.

Our analysis shows that physical proximity and emotional bonds are interlinked and often inseparable dimensions of intimate labour. Importantly, emphasising the intimate aspects of their work, the women have been able to re-define their labour as dignified. Our analysis has also made us consider how commercial sex and care work converge in these specific sites. We argue that a key factor in creating such convergence is the way in which women are sexualised in Italy and Finland. However, this convergence is not uniform. Many of the Russian-speaking women in Finland moved from care work into commercial sex and back again, while the Eastern European women in Italy had to contend with assumptions made about their sexuality and navigate these assumptions. In commercial sex, the labour of physical and emotional care for the ageing body is not necessarily an explicit part of the negotiation and can be a burden for some of the workers, who struggle with how to incorporate this requirement into their work. For domestic and care workers, the sexual advances of and harassment from those they have to care for is an unwelcome and difficult part of the work that needs to be negotiated and counteracted. The implications of our study for further research on bodywork is the need to analyse not only the work itself and the bodies of those upon whom work is performed but also how the bodies of the workers are perceived in the society.

In the context of an ageing population, both commercial sex and domestic and care work can be conceptualized in terms of how the function of the family in

transferred into the market economy. Not only are the physical needs of the recipients of the care met by sex and care workers but so are their emotional needs for closeness, intimacy and attention. The need for such care provides women from post-socialist countries with a market opportunity, where they can convert their perceived emotional warmth, understanding and sexuality into economic advantages. At the same time, the limits of the intimacy can be difficult to define and require complex negotiations. The intimacy can be perceived of as a rewarding part of the job in which the worker feels that she is supplying a human connection that is otherwise lacking in the clients' life. However, it can also be experienced as a burden where it can be unclear where the limits of intimacy lie or how demands of intimacy that the worker does not want to give can be counteracted.

As populations age and the demand for labour is filled with, often gendered, migrant workers, it becomes imperative to look at the negotiations of intimacy and ageing not only in relation to the continued blurring of the lines between the private and the public (Zelizer, 2005) but also to assumptions about the emotional labour and intimacy performed by migrant workers in the context of both domestic and care work and commercial sex.

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2. While 45 might not seem old age in Western Europe, it needs to be understood against the general life expectancy. In Ukraine and in Russia, life expectancy is just over 71 years; it is slightly longer in Poland, 77 years (World Bank, 2019).
3. The category of 'Russian-speaking' rather than 'Russian' women was used to expand the scope of the study and look at a more varied post-socialist migration experience while retaining a focus on a group that shares some cultural similarities and is perceived as a group within the Finnish cultural context.

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