



Gender differences in body-esteem among seniors: Beauty and health considerations



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ARTICLE INFO

Article history:

Received 6 March 2016

Received in revised form 19 July 2016

Accepted 10 August 2016

Available online 13 August 2016

Keywords:

Body image

Obesity

Health-seeking behaviors

Elderly

Gender differences

ABSTRACT

Objectives: To study the attitudes of seniors to their own bodies, specifically subjective body attractiveness and activities aimed at the improvement of body appearance and condition.

Methods: The study looked at 72 women and 81 men between 60 and 80 years of age. The participants were examined with the Body/Self Relationship Test, Body Esteem Scale and Healthy Behavior Inventory. Anthropometric measures, such as body mass index (BMI) and the index of central obesity (ICO), were also used.

Results: Older women and men did not differ in terms of subjective attitudes to their bodies. Most seniors were overweight; this problem was more often disclosed and assessed negatively by women, but was not correlated with a higher level of health-seeking behaviors. Despite being clearly overweight, no significant associations were found between objective anthropometric parameters in men, their body attitudes and health-seeking behaviors.

Discussion: The study confirmed that older women consider their body as an object that is assessed for its appearance, whereas men see it as a process, focusing on its efficient functioning.

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1. Introduction

From a psychological perspective, the body is not a homogeneous construct. Whenever we refer to body, body sensing or body perception, we should use terms such as “body self” and “body image.” “Body self” refers to a mental structure which is an integral part of an individual and determines their way of experiencing and mental representation of the bodily self (Izydorczyk & Bieńkowska, 2008). In turn, “body image” is a cognitive, behavioral and affective representation of one’s body in one’s mind (Cash, 2002). In this context, two aspects of body perception, its beauty and health, are at the forefront. Both these perspectives should be complementary, but alarmingly often, excessively focusing on one’s appearance leads to distorted body image, which may inter alia contribute to eating disorders and dysmorphophobia in both men and women (Heider, Spruyt, & De Houwer, 2015; Izydorczyk, 2015; Schuster, Negy, & Tantleff-Dunn, 2013).

Gender and age are the strongest determinants of the way one senses and perceives their body, and they both influence the importance one attaches to these processes (see Algars et al., 2009;

Davison & McCabe, 2005; Roy, Shatenstein, Gaudreau, Morais, & Payette, 2014; Skultety & Whitbourne, 2004; Striegel-Moore & Franko, 2004; Swami et al., 2010).

1.1. Body-esteem

Body-esteem is a term that is often used to describe the levels to which individuals are or are not happy with their bodies and their appearance (Rieves & Cash, 1996). Body-esteem can be described as self-esteem associated with physical appearance (Mendelson, Mendelson, & White, 2001). Mendelson et al. (2001) suggest the existence of at least three aspects of body assessment: perception of one’s overall look, perception of one’s body mass, and assessment of one’s body mass and appearance in the eyes of others. To a large extent, the assessment of one’s body is based on feedback from one’s social environment (see: Hausenblas & Fallon, 2006). One could also say that it is a perception of the aesthetic and sexual attractiveness of our own body in comparison to other people around us (Goldsmith & Byers, 2016; Hashim, 2010).

Body-esteem – being dissatisfied with one’s own body and other concepts associated with body image are often used interchangeably (Pruzinsky & Cash, 2002). Despite the fact that body-esteem and dissatisfaction with one’s body are similar concepts, they differ in terms of the specifics of the questions used

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to measure them in questionnaire studies. Dissatisfaction-with-body scales measure satisfaction, or lack thereof, with different body parts, while body-esteem scales focus on positive versus negative feelings about one's body parts (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

The direction of the relationship between body-esteem and self-esteem has not yet been established in the subject literature (Grogan, 2010). However, there is a promising model where body-esteem mediates the relationship between personality features and self-esteem. Some research suggests that there are gender differences in body-esteem, and women report lower levels of body-esteem than men (see: Franzoi et al., 2012; Lipowski & Lipowska, 2015; Miller et al., 2000).

Body-esteem is associated with mental health because it strongly influences trends in one's thoughts, psychological environment, behaviour and goals (Henderson & Ellison, 2015). Low body-esteem co-occurs with low self-esteem, lower overall mood, as well as depression (Jones & Newman, 2009; Mond, van den Berg, Boutelle, Hannan, & Neumark-Sztainer, 2011; Stice, Hayward, Cameron, Killen, & Barr, 2000). Low body-esteem is also indicated by researchers as a risk-factor for eating disorders (anorexia and bulimia as well as being overweight or obese) (Smolak, 2009).

Body-esteem has a close relationship with self-esteem and acceptance, indeed, also in patients after procedures that alter their bodies – e.g. women post mastectomy or individuals with multiple sclerosis (see: Unukovich et al., 2012; Ghodusi, Heidari, Sheikhi, & Shirvani, 2016). It turns out that patients with identical physical limitations exhibit various different emotions and attitudes towards their bodies. For instance, research by Ghodusi et al. (2016) revealed the existence of a direct linear relationship between body-esteem and the perceived level of support from one's family and friends, as well as self-esteem, which is in line with the results of Merianos, King, and Vidourek (2012).

One ought to note that despite the fact that body-esteem is a multidimensional construct, it is most often discussed in terms of level of physical attractiveness, size, shape, and overall look (Ghodusi et al., 2016). Men and women grow up and grow old believing that their appearance is a basis for self-assessment and for assessment of them by others (Thompson et al., 1999). Low levels of satisfaction with one's own body are very often associated with low self-esteem and vice versa. Additionally, seniors face ageism – social discrimination based on an individual's age, which is often strongly correlated with gerontophobia – fear of aging. (Balaram, 2004). A common effect of ageism is the perception that changes associated with age are not only negative, but also that they should be delayed or disguised by aging individuals.

1.2. Age as a determinant of body perception

Although age is one of the main factors determining one's attitude to their body, there is still no consensus on this matter among researchers. The results of some studies imply that no age differences exist in terms of attitudes towards one's body (Hurd Clarke & Korotchenko, 2011) or body satisfaction (Demarest & Allen, 2000; Frederick, Peplau, & Lever, 2006). However, according to other authors, there are age-specific differences in some aspects of body image (see: Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998; Bennett & Stevens, 1996; Davison & McCabe, 2005). Nevertheless, it can be assumed that one's body schema, sense of coherence with body, and body image, all used to describe one's appearance, develop in childhood, and most children are satisfied with their appearance (Camões-Costa, Erjavec, & Horne, 2011; Hayes & Tantleff-Dunn, 2010). In line with the general developmental trend, one's body image deteriorates dramatically during maturation, in particular due to pubescence (Bucchianeri, Arikian,

Hannan, Eisenberg, & Neumark-Sztainer, 2013), then gradually improves in middle adulthood (Slane, Klump, McGue, & Iacono, 2014), to drop off dramatically at the threshold of senility when confronted with visible signs of aging and the pejorative opinions of old age pervasive in society (Ferraro et al., 2008). Objective changes in appearance that can be observed in seniors refer mostly to skin (particularly, facial skin) covered by wrinkles, forward-flexed posture and weight gain. Beginning at approximately 50 years of age, an average person gains five kilograms of body weight per decade (Roy et al., 2014). This weight gain, along with the altering of the distribution of adipose tissue, results in changes to one's figure (Visser & Harris, 2012). Although these changes reflect physiological processes of aging, seniors often have a sense of culturally-determined pressure to minimize visible signs of aging – contemporary culture promotes and praises a youthful appearance (Becker, Diedrichs, Jankowski, & Werchan, 2013).

1.3. Gender as a determinant of body perception

Gender is one of the main determinants of one's attitude to their body. Previous research showed unequivocally that when assessing their figures, women focus on their body weight and shape (Capodilupo & Kim, 2014), while men pay more attention to their musculature (Frederick et al., 2007; Jankowski, Diedrichs, & Halliwell, 2013). However, it is the different roles that women and men attach to physical attractiveness which seems to be most important (Franzoi et al., 2012; Tiggemann & McCourt, 2013). Despite the fact that all people, irrespective of gender, assess their bodies from two perspectives: their beauty and their health, the importance attached to each of these aspects by women and men is different. Gender-specific differences are primarily associated with different attitudes towards body; namely, body as an object and body as a process (Franzoi, 1995). Consideration of body as an object is associated with referring to it as to a set of independent, static elements (face, hands, figure, etc.), with each of them being subject to independent assessment. Women usually consider their bodies as an object, and men as a process. As a result, the appearance of the bodies of girls and adult women constitutes a markedly more important part of their “self” than in boys and men, and directly and intensively modulates the level of their general self-esteem (Franzoi et al., 2012). Gender-related stereotypes highlight the importance of beauty in women, while simultaneously emphasizing its role in social life. The female body constitutes a specific object which is at the centre of a woman's assessment by both sexes, as well as a key component of her self-assessment (Tiggemann & McCourt, 2013). In turn, attitude to body as a process shifts the focus towards its functioning, rather than image, and, therefore, the body is considered a coherent, effectively working entity. Considering the body as a process leads to being less critical of one's appearance, which becomes of minor importance; consequently, one is satisfied with their body as long as it functions adequately (Lipowski & Lipowska, 2015).

1.4. Attitude towards body in seniors

Tiggemann (2004) reviewed the available literature and identified three aspects of the relationship between one's body appearance and age: age changes the body and its appearance, dissatisfaction with one's body seems to be a stable construct in a person's life, and body image becomes of lesser importance in adulthood.

Tiggemann and Lynch (2001) made an attempt to explain the relationship between these three aspects, using a complex model linking them with one another. Aging women move away from their ideals of beauty; specifically, they gain weight which causes body dissatisfaction (Lipowska & Lipowski, 2015). However, also

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