



## Exploring the complexities of body image experiences in middle age and older adult women within an exercise context: The simultaneous existence of negative and positive body images



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### ABSTRACT

Despite many body changes that accompany the aging process, the extant research is limited on middle age and older adults' body image experiences. The purpose of the present study was to explore how body image is represented for middle age and older adult women. Using thematic analysis, 10 women over the age of 55 were interviewed within an exercise context. The following themes were found: body dissatisfaction, body satisfaction despite ageist stereotypes, neutral body image within cohort, and positive body image characteristics. Negative and positive body images were experienced simultaneously, with neutral experiences expressed as low levels of dissatisfaction. This supports the contention that negative and positive body images exist on separate continuums and neutral body image is likely on the same continuum as negative body image. Programs that foster a social support network to reduce negative body image and improve positive body image in older female populations are needed.

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### Introduction

Body image, defined as a multidimensional construct reflecting perceptual and attitudinal dimensions regarding one's physical appearance and function (Cash & Smolak, 2011), has been traditionally conceptualized as primarily a young person's issue. As a result, body concerns among adolescents and young adults have been well documented in the literature (Grogan, 2007). For example, a plethora of research has explored eating pathology and weight and shape concerns among young women and men (Field et al., 2005; Grabe, Ward, & Hyde, 2008; Taylor et al., 2006). In fact, dissatisfaction has been documented to be so prevalent, especially among younger samples of women, that it has been coined a 'normative discontent' (Rodin, Silberstein, & Striegel-Moore, 1984). In support of the 'normative discontent' among younger women, they consistently report higher levels of body image disturbance than men (e.g., Davison & McCabe, 2005; Kashubeck-West, Mintz, & Weigold, 2005; Lokken, Ferraro, Kirchner, & Bowling, 2003). This gender difference holds true even within older adult populations

(Pliner, Chaiken, & Flett, 1990; Reboussin et al., 2000). This finding is not surprising when current Western societal standards for female beauty continuously emphasize the desirability of a young, tall, large breasted, and thin body, an ideal accepted by most women but impossible for most to achieve (Grogan, 2007, 2011), particularly after aging-related body compositional changes (Baumgartner, 2000).

On a daily basis then, middle age and older adult women are likely exposed to an assortment of media and social interactions that remind them about how their bodies deviate from the young ideal. These experiences can potentially pose a threat to their body image. Within body image research, three coping strategies have been identified for managing body-related threats: appearance fixing (e.g., efforts to camouflage or fix an attribute), avoidance (e.g., withdrawal from others), and positive rational acceptance (e.g., personal self-care; Cash, Santos, & Williams, 2005). Women who engage in more frequent avoidance and appearance fixing coping have been found to have greater body image dissatisfaction, define their self-worth more by their physical appearance, have less positive body image quality of life experiences, report lower levels of self-esteem, and perceive lower social support from family and friends (Cash et al., 2005). However, women who reported using positive rational acceptance were found to have lower body image dysfunction, lower likelihood of defining themselves by their phys-

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ical appearance, more positive body image quality of life, greater self-esteem, slightly lower levels of eating disturbance, and greater perceived social support from family and friends (Cash et al., 2005). Despite positive rational acceptance coping being associated with positive body image and better overall psychosocial functioning, it is typically the least reported type of body image coping. For example, in qualitative studies conducted among adolescent girls, boys, and young college women, the most frequent types of coping were consistently avoidance and appearance fixing strategies (e.g., Bailey, Lamarche, & Gammage, 2014; Kowalski, Mack, Crocker, Niefer, & Fleming, 2006; Sabiston, Sedgwick, Crocker, Kowalski, & Mack, 2007; Smith-Jackson, Reel, & Thackeray, 2011).

Another adaptive response to body image threats is body image flexibility, which is based on an affect regulation framework (e.g., Webb, Butler-Ajibade, & Robinson, 2014). Individuals high in body image flexibility openly and mindfully experience aversive thoughts, feelings, and sensations regarding their body without attempts to suppress or deflect those experiences, while pursuing valued and worthwhile activities (Sandoz, Wilson, Merwin, & Kellum, 2013). Body image flexibility, just as positive rational acceptance coping, has been conceptualized as a component of positive body image (Tylka & Wood-Barcalow, 2015a).

Although much of the body image literature has traditionally stemmed from understanding negative body image experiences, the positive body image literature is growing. The first working definition of positive body image was suggested based on a mixed methods study by Wood-Barcalow, Tylka, and Augustus-Horvath (2010). They conceptualized positive body image as overall love and respect for the body with: (a) appreciation for uniqueness in beauty and function; (b) acceptance for the body regardless of inconsistencies with idealized images; (c) comfort and confidence displayed as an outer radiance; (d) emphasis on the body's assets rather than shortcomings; and (e) having a protective filter whereby positive information is internalized and negative information is reframed or rejected. While this definition was derived from a sample of young American college women, similar characteristics have been observed in qualitative research exploring other populations, including adolescent girls and boys from Sweden (Frisén & Holmqvist, 2010; Holmqvist & Frisé, 2012), African American girls from the United States (Pope, Corona, & Belgrave, 2014), Aboriginal girls (McHugh, Coppola, & Sabiston, 2014) and men and women with spinal cord injury in Canada (Bailey, Gammage, van Ingen, & Ditor, 2015).

Initially, positive body image was conceptualized as being on the opposite end of the same continuum as negative body image; thus, by studying negative body image, it was assumed that positive body image was simultaneously being studied (Tylka, 2011, 2012). However, support for the distinction between positive and negative body image has been reported. Williams, Cash, and Santos (2004) reported three distinct groups of individuals based on body image characteristics: a positive body image group (54%), a negative body image group (24%), and a 'normative body image discontent' group (23%). The positive body image group demonstrated a unique pattern of well-being, while the negative body image and normative discontent groups had many similarities. Furthermore, positive body image, assessed via the Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005) or BAS-2 (Tylka & Wood-Barcalow, 2015b), accounts for unique variance in well-being, self-care, and eating behavior over and above that accounted for by negative body image. Lastly, in a sample of Australian older adult women, Tiggemann and McCourt (2013) found women could simultaneously experience some level of body dissatisfaction and body appreciation. Based on research with a variety of populations, Tylka and Wood-Barcalow (2015a) proposed that positive body image is a multifaceted construct, distinct from negative body image, that includes: body appreciation, body acceptance and love,

adaptive appearance investment, broadly conceptualizing beauty, inner positivity, filtering information in a body-protective manner, holistic, stable but adjustable, likely protective, linked to unconditional acceptance by others, and molded by an individual's multiple identities. However, Tiggemann (2015) also noted the importance of further exploring positive body image within a diversity of social identities, as a one-size-fits-all concept may not be appropriate.

Although the body image literature has begun to incorporate more diverse samples, the literature still rarely ventures outside the college or university students' experience. In response to this criticism, one area of the literature that has expanded is body image in older adults (Tiggemann, 2004). Aging is accompanied by many changes to physical appearance and body function including weight gain, muscle atrophy, hair loss, and the use of hearing, seeing, and mobility aids (e.g., Goodpaster et al., 2006). Therefore, it is reasonable to expect body image to become poorer with age, as every additional year is likely to take people further away from the youthful body ideal. On the contrary, positive experiences with the body could also accompany aging as unrealistic youthful appearance ideals become increasingly irrelevant.

A systematic review of both quantitative and qualitative research on body image in older adults by Roy and Payette (2012) demonstrates that body image experiences in Western seniors are both similar and different to body image experiences in younger populations. For example, body dissatisfaction remained stable across the lifespan; however, older adults placed less importance on physical aspects of the body and more on competence. Hurd (2000) conducted a qualitative study on older adult women (aged 61–92) and found the women exhibited the internalization of ageist beauty norms even though they asserted that health was more important to them than physical attractiveness. Jankowski, Diedrichs, Williamson, Christopher, and Harcourt (2014) used a qualitative design to explore body image among an ethnically diverse sample of older adult men and women. One of their main findings was that appearance was important to the older adults and was a conveyor of respect, social status, and capability. However, some participants also thought physical ability was more important than appearance. A loss in physical ability was perceived as a loss of independence, well-being, and identity, thus, contributing to a prioritization of function. Some participants also reported perceived differences in gender (e.g., women were more concerned about appearance than men), ethnicity, and cultural membership (e.g., non-Western religions were potentially protective to body image). Clarke and Griffin (2008) also interviewed older adult women about their body image and experiences of ageism. The women described a life-long investment in appearance with the desire to attract or retain a romantic partner. Overall, the aforementioned studies and systematic review demonstrate that appearance is likely important to older adults' body image while they simultaneously place greater value than when they were younger on physical ability, competence, and health.

There have been some positive findings with respect to body image and aging. In Tiggemann and Lynch's (2001) review, the authors concluded that the importance of body shape, weight, and appearance actually decreased as women aged, highlighting an important distinction between evaluation and importance of the body with age. Moreover, body dissatisfaction across the lifespan has been found to remain relatively stable (Roy & Payette, 2012; Tiggemann, 2004), whereas body appreciation shows a positive correlation with age (Swami, Tran, Stieger, Voracek, & The YouBeauty.com Team, 2014; Tiggemann & McCourt, 2013). Augustus-Horvath and Tylka (2011) compared the acceptance model of intuitive eating in three different age cohorts of women: 18–25 years, 26–39 years, and 40–65 years. The acceptance model of intuitive eating (Avalos & Tylka, 2006) posits that perceived support and body acceptance by others helps women appreciate their

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