

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



K. Alysse Bailey*, Lindsay E. Cline, Kimberley L. Gammage

Brock-Niagara Centre for Health & Well-Being, Brock University, St. Catharines, ON, Canada

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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 physical appearance, more positive body image quality of life, greater

* Corresponding author at: Faculty of Applied Health Sciences, Brock University, 1812 Sir Isaac Brock Way, St. Catharines, ON, L2S 3A1, Canada.
Tel.: +1 905 688 5550x5059.

E-mail address: aly.bailey@brocku.ca (K.A. Bailey).

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 body and resist adopting an observer's perspective of their body

which predicts greater appreciation of the body. These researchers found that the model was a good fit for all age cohorts, meaning these predictors and outcomes of positive body image are not limited to younger women. Lastly, with increasing age, women have been shown to use cognitive strategies to accept their body (Webster & Tiggemann, 2003). Taken together, these findings suggest that, despite changes to the aging body that move it further away from the ideal, older women may have greater opportunities to experience positive body image. The salient aspects of positive body image may stem from appreciation for the body's health and function and acceptance of the aging process (Tiggemann, 2015).

As previously noted, positive body image research would be strengthened by studying a diversity of social identities (Tiggemann, 2015; Wood-Barcalow et al., 2010). For instance, there is limited qualitative research that has explored middle age and older adult women's body image experiences with particular emphasis on the different body images (i.e., negative and positive) that can be experienced together. Because the co-occurrence of body images may be a very complex phenomenon, a qualitative design may be more appropriate than quantitative approaches as it can yield more in-depth accounts of body image experiences. More specifically, the use of interviews has been shown to be an effective tool to create an environment for participants to share sensitive subject matter more openly (Liamputtong, 2009). Therefore, the purpose of the present study was to broadly explore and understand middle age and older adult women's positive and negative body image experiences; we explored women's encounters because of the convincing evidence that women experience body dissatisfaction differently than men (e.g., Pliner et al., 1990; Reboussin et al., 2000; Roy & Payette, 2012). The following research question was investigated: How is body image(s) represented for middle age and older adult women?

Method

Study Design

For the current study, a qualitative design with face-to-face interviews was employed. Face-to-face interviews provide a safe environment for participants to privately share sensitive subject matter. Although focus groups are another method shown to elicit in-depth conversations about sensitive material, sometimes individual voices can get lost within a group setting (Liamputtong, 2009). Within a face-to-face context, researchers can probe about particularly relevant or interesting material and record field notes about non-verbal material, allowing the data to be explored in greater depth than other methods such as open-ended online questionnaires.

Participants

Ten women from Southern Ontario, who were 55 years of age or older participated in this study. Participants were recruited from a senior exercise facility associated with the university, and this facility was chosen because it is only open to older adults – who were the population of interest in the present study. Furthermore, we wanted to explore body image experiences within an exercise context because of the potential practical implications of implementing body image intervention programs within such a context in future research. We followed Patton's (2002) recommendation of sample size: 10 participants is typical for a qualitative design where the goal is to ensure a sample size large enough to examine patterns between informants, but to avoid having a sample that is too large with overwhelming amounts of discursive data. Those who had a clinical eating disorder were not included due in part

to ethical restrictions from the university and because they would have greater body image disturbance than the general population (Grogan, 2007). Participants were informed of this exclusion criterion via the recruitment poster as well as on the letter of invitation. Participant characteristics can be found in Table 1. All participants identified as Caucasian and resided in the Niagara Region; however, there was some diversity in age, body mass index (BMI), as well as marital and occupational status. All participants were community dwelling with no major health concerns that would preclude exercise. Participants described themselves as healthy and appeared to have full mobility and only moderate visual or hearing impairments typical for their age.

Research Team

The research team included the three authors of the present study, all of whom are Caucasian, varying in research experience and expertise. The lead author was a 26-year old female doctoral student. A detailed description of the first author is important since she conducted all the interviews and therefore her appearance may have set the context for some participants' responses. She was 162 cm tall (approximately 5'4"), weighed 125 lb (BMI = 21.6) with a petite body frame. She conducted, transcribed, and analyzed all the interviews. Her research experience and interests include exploring body image in a diversity of populations (young college women, people with spinal cord injury and other physical disabilities, and older adults). She had formal experience in qualitative designs from previous courses and research projects. The second author (28 years old) was also a female doctoral student and novice in qualitative research designs. Using primarily quantitative approaches, her research includes body image and weight stigma experiences in young women with some experience in other populations such as breast cancer survivors, children, and older adults. The third author (43 years old) was a female faculty member with extensive research experience in the area of body image and self-presentational concerns across the lifespan using both qualitative and quantitative designs. All three members were involved in designing the research idea, developing the interview guide, and refinement of the final themes in the results.

Materials

Demographic information. A fact sheet was used to gather general self-reported socio-demographic information about the participants. Data included information on age, race, height and weight (to calculate into BMI), marital status, and occupational status (see Table 1).

Interview guide. The interview guide (see Table 2) was adapted from interview guides used in past research for understanding comfortable and uncomfortable body image situations in college women (e.g., Lamarche, Kerr, Faulkner, Gammage, & Klentrou, 2012) as well as other interview guides used in positive body image research (e.g., Bailey et al., 2015; Wood-Barcalow et al., 2010).

Procedure

Data were collected as part of a larger qualitative study. All participants in the larger study were included in the present study. The purpose of the larger study was to explore body image coping strategies with comfortable and uncomfortable body image situations suggested by participants. Participants described their own body image, which is the focus of the current paper, prior to describing comfortable and uncomfortable situations; they also described their body image coping strategies within those contexts.

Table 1
Participant characteristics.

	Age	Height (in.)	Weight (lb)	BMI	Marital status	Occupation status	Length of interview (min)
Catherine	71	60	185	36.1	Married	Retired	41.46
Lyndsey	66	65	135	22.5	Married	Retired	12.56
Elizabeth	61	60	155	30.3	In a relationship	Full-time	11.38
Maddy	75	69.5	137	19.9	Married	Retired	35.34
Maria	59	66	145	23.4	Married	Full-time	23.08
Penny	64	67	220	34.5	Divorced	Part-time	34.00
Rachel	74	64.5	145	24.5	Married	Retired	50.07
Tabitha	69	64	112	19.2	Married	Retired	22.16
Tricia	56	63	170	30.1	Married	Full-time	32.41
Samantha	62	64	142	24.4	Married	Retired	19.08

Table 2
Interview guide.

1.	Overall, how do you view your body? (a) How do you see and think about your body? (b) How do you feel and act towards your body?
2.	Can you describe a situation that makes you feel comfortable with your body? (a) What is it about that situation that makes you feel comfortable? (b) In that moment, what aspect of your body do you feel comfortable about? (c) What emotions do you typically feel in those comfortable situations? (d) How would you describe your behavior in those situations? (e) In those situations, how do you normally respond? How do you think other adult women respond to those comfortable body-related situations?
3.	Can you describe a situation that makes you feel uncomfortable with your body? (a) What about that situation makes you feel uncomfortable? (b) In that moment, what aspect of your body do you feel uncomfortable about? (c) What emotions do you typically feel in those uncomfortable situations? (d) How would you describe your behavior in those situations? (e) In those uncomfortable situations, how do you normally respond? How do you think other adult women respond to those uncomfortable body-related situations? (f) How effective is that response at making you feel less uncomfortable? (g) How do you wish you could act in those uncomfortable situations? (h) How could you change the situation to make yourself feel more comfortable with your body in those uncomfortable situations?
4.	Is there anything else you would like to discuss with regards to managing comfortable or uncomfortable situations with your body?

Upon university ethics clearance, participants were recruited by posters placed around the university campus, the senior exercise facility, and by word-of-mouth. Recruitment posters outlined the study's purpose (i.e., exploring coping strategies and body image situations), what participation involved (i.e., a one-on-one interview), the inclusion criteria (women aged 55 and older, no history of eating disorder), and contact information for the research team. All participants, with the exception of one, were recruited from the senior exercise facility associated through the university. Participants who were interested in the study contacted the first author, and they were emailed a letter of invitation outlining details of the project. Then, participants were scheduled for a one-on-one interview. Interviews took place on the university campus in a private office or at the participant's own home. At the beginning of the interview, participants provided written informed consent and completed general demographic information. Interviews were semi-structured in nature, allowing the flow to be determined by the participant and the researcher to explore unexpected material (Patton, 2002). In fact, although an interview guide was available, interviews deviated based on stories elicited by participants. All interviews were audio recorded for transcription purposes. Please refer to Table 1 for the length of each participant's interview. To

compensate participants for their time, everyone was provided a ballot to be entered into a draw to win a \$20 grocery store gift card.

We followed Lincoln and Guba's (1986) recommendations for ensuring the trustworthiness and authenticity of the data. For example, member checking was used to ensure the participant's thoughts, feelings, and beliefs were interpreted correctly. Within two weeks of each interview, participants were provided a summary of their interview via email to review, correct, or supplement the information. Authenticity is maintained by having participant's own words displayed as direct quotations within the results. Two independent coders analyzed the data to apply their separate ideas and concepts to the analysis. The first and second authors coded 100% of the transcripts. They met after independently coding the first interview where they reached about 90% agreement overall across all the codes. Any disagreements were discussed until consensus was reached on all codes. Then, they coded independently up until the fifth interview where they met again about all five interviews and reached about 80% agreement across all codes and themes. Again, discussions lasted until consensus was reached. Another meeting took place after independently coding all 10 interviews where 80% agreement was reached across all codes and themes. After that meeting, the first and second authors met with the third author and all three discussed the final themes, subthemes, and codes until a final consensus was reached. Triangulation of data (e.g., interviews and field notes) and researcher triangulation of concepts were used to gather multiple perspectives to strengthen final results. Lastly, reflexive practice was used.

Analysis

Audio-recordings were transcribed verbatim by the first author, and pseudonyms were assigned to each participant for anonymity purposes. We used the NVivo 10 software package, a qualitative research analysis program (QSR International, 2012), as a way to organize the data and codes. Thematic analysis was employed for identifying, analyzing, and reporting patterns or themes in the data while remaining theoretically free (Braun & Clarke, 2006). Webb, Wood-Barcalow, and Tylka (2015) suggested thematic analysis to be one of the optimal choices for positive body image inquiry. This analysis remained flexible within the multiple epistemological orientations of the authors but was primarily grounded within the first author's constructivist framework (Lincoln, Lynham, & Guba, 2011). As a constructivist, it is acknowledged that her extensive work within positive body image informed the analysis.

The first and second authors immersed themselves in the transcripts reading them carefully multiple times in an active way searching for meaning and patterns. Transcripts were coded inductively, where initial codes were identified as reoccurring patterns. The next step was searching for themes which involved sorting related codes into potential themes (i.e., broader concepts related to the research question or topic). This process remained flexible whereby themes were modified and refined until the most coherent

reconstruction of the data was completed and made into a thematic map (Braun & Clarke, 2006). The researchers agreed that saturation was reached on all major themes.

Results

Participants reported a broad range of body image experiences. For example, when discussing their body image more broadly and within the context of describing comfortable and uncomfortable situations, the same individual was able to experience negative and positive experiences, demonstrating the different, simultaneous continuums of body image (Tylka & Wood-Barcalow, 2015a). It is important to keep in mind that participants were primarily recruited from an exercise facility which may have set the context for some responses. The following main themes were found: body dissatisfaction, body satisfaction despite ageist stereotypes, neutral body image within cohort, and positive body image characteristics. These themes and their subthemes are delineated below. Our thematic map (Fig. 1) demonstrates the complexity and connectedness between all the body image experiences.

Thematic Map Overview

When reading the thematic map (Fig. 1), it is apparent that all body image(s) overlap. Conceptually, this overlap occurs because both negative and positive body images (as well as neutral experiences) could be experienced within the same individual when she described how she viewed her body overall as well as in the context of describing comfortable and uncomfortable situations. On the left of the map is negative body image aligned on the same continuum as dissatisfaction, neutral body image within cohort, and body satisfaction despite ageist stereotypes (satisfaction being only a sliver of positive body image experiences). Neutral experiences were merely low levels of negative body image and satisfaction; thus, that theme was placed within the center of the continuum. The subthemes within dissatisfaction are situated on the right, with the subtheme age-related weight anguish having some overlap with neutral body image within cohort experiences because some participants described being ‘okay’ with their weight when comparing themselves to other women of their cohort. Positive body image is situated on the right side of the map and is denoted by a diamond shape to illustrate its unique qualities. All the subthemes surround the diamond and are placed as either inner qualities (inner circle; e.g., acceptance), middle qualities (both inner and outer circle; e.g., media literate), or outer qualities (outer circle; e.g., unconditional acceptance and support from others); this approach parallels with Wood-Barcalow et al.’s (2010) concept of reciprocity – the idea that body image is impacted by various sources that may be internal (e.g., heredity) or external (e.g., friends).

Body Dissatisfaction

The largest theme described by every participant was body dissatisfaction. Within the thematic map, this category lies within the continuum of negative body image experiences. The subthemes found within body dissatisfaction were: age-related weight anguish, dissatisfaction with the aging body, the foreign body, and body nostalgia.

Age-related weight anguish. Every participant in the study was preoccupied by thoughts about weight. For example, Catherine, who described having an extremely negative body image, first described her body image,

As ugly, fat, [nervous laughter], and it’s and I’m fat and that ah that’s taken me a long time . . . kind of given up now cause when

I was young I had a weight problem and always managed it and now I can’t so, I’ve, my body image has really deteriorated.

Catherine also described suffering from social physique anxiety and depression which likely explain some of her extremely negative body image experiences. Catherine explained being on medication for those conditions which also made her gain weight. She said, “They had to give me more medication and I found that the medication makes me gain weight too and I’m thinking boy I have the deck stacked against me haha.” Elizabeth, who seemingly had a negative body image, described her weight issues stemming from her always being short. For example, she said, “If I had to stand back and look, umm, a little short lady who is overweight. That’s how I see myself.” Now with being older and needing knee replacements, she finds herself consistently preoccupied by weight gain. Elizabeth explained recently having a knee replacement which caused her to gain weight from being sedentary during recovery. She said,

I think I could be slimmer, I know I can’t be taller. Hahaha probably going to get shorter with gravity yeah and umm working towards that [losing weight] which is going to be difficult because I’m going to have another knee replacement so that will put me out of commission for a little bit.

Maria and Tricia both wished they could lose 20 pounds, as if the number 20 was the magical number that would make them feel better about their bodies. Penny described feeling very ashamed about her weight and some of these negative emotions stemmed from other people in her family, such as her father who judged her by her weight, as well as society’s harsh opinions about weight. She said,

Embarrassment, you feel humiliated and how obese people must feel sometimes that like you’re a failure or there’s something wrong with you you’re not normal or why yeah what’s wrong with you. . . . the messages that I always hear is ‘what’s wrong with you? Let yourself get so fat!’

Weight was consistently discussed as the most dissatisfying component of every participant’s body image.

Dissatisfaction with the aging body. In this subtheme, all participants were able to describe distinct features of their body for which they felt dissatisfaction. Many of these appearance features were part of the natural aging process, such as body composition changes and loss in skin elasticity. This theme does partially overlap with weight; however, for this theme participants discussed distinct features. For Elizabeth, she was always unhappy about the size of her breasts because she perceived them as being disproportionate to her height. She described also being unhappy about her abdomen region, which only exacerbated with age. She said,

Oh well I wish my boobs weren’t so big, I wish my stomach wasn’t sticking out, I wish you know, that kind of thing because I’m working towards that happening but it’s just not happening fast enough.

Lyndsey described having mostly a neutral body image. She felt she was “average for her age” however the one feature she would change was also her abdomen region. She said, “I just, I wish I were slimmer in the tummy area really that’s the only one, I’m good with myself on the whole.” Maddy seemingly had more positive body image experiences, however, she too wished for less adipose tissue around the abdomen, despite her low BMI. She also felt very embarrassed by the varicose veins she developed in her legs. In fact, because of the varicose veins, she stated that she will never wear shorts or skirts. Maria found it very easy to list off features of her body she was displeased about. She said, “Oh yeah, tummy, legs, you know arms, neck, haha but mostly the stomach and the legs are the

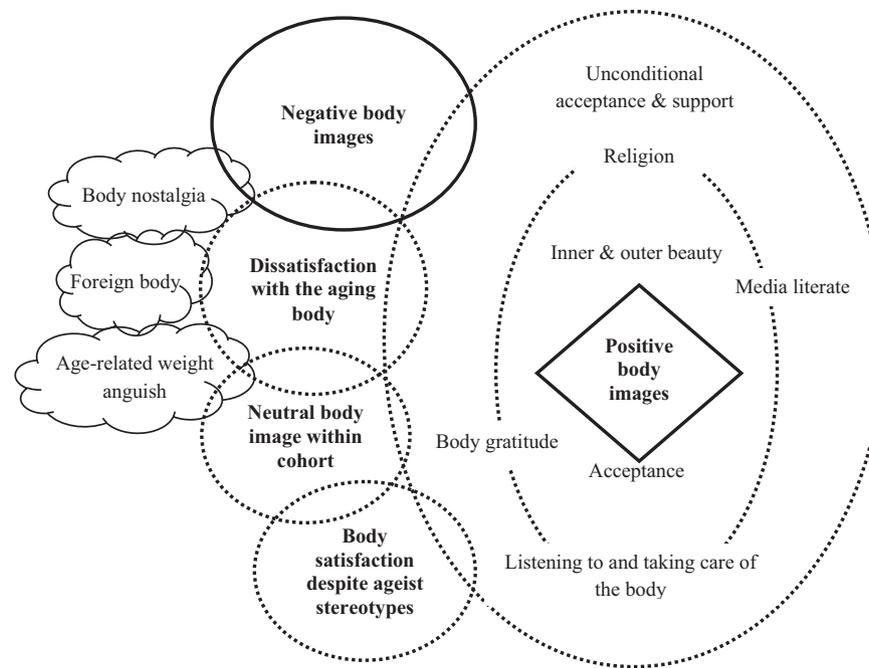


Fig. 1. Thematic map of body images in middle age and older adult women.

worst for sure." Rachel had feelings about her body image as strong as revulsion. She said, "my backside got kinda more flat the way it does with older women. . . Well I would say could be as strong as revulsion sort of ugh yuck." She described a situation where if someone were to be seduced by her they would be repulsed by her aging body. She said,

I imagine someone being attracted to me and then I think but all I'd have to do is take off my sweater, or you know, take off my trousers, my jeans, and there'd be these awful body parts, this terrible skin and so again that's the sort of revulsion I imagine myself.

The foreign body. This subtheme reflects two of the women's responses to aging as a foreign experience. Rachel, for example, described a moment where she all of a sudden did not recognize the body she saw in the mirror. She said, "I don't know, this body is foreign, it's still foreign to me it's only been 5 years, I had the other body 70 years, so it's foreign it feels foreign." Tricia also described not recognizing her body. She said,

Because I feel that, my feeling is that, I don't feel my age haha. I still feel like I'm in my 30s so how I'm feeling and how I see myself are two different things like they're not aligned. Because, I don't feel my age, I feel younger and that really is that's a good 20 years, 30 years, so how I feel and how I perceive myself back then is totally different.

Although the aging process is relatively slow whereby the individual should be able to slowly adjust to changes over time, Rachel and Tricia described a sudden moment where they no longer recognized their aged body.

Body nostalgia. Four women expressed a sense of nostalgia towards their younger body and dissatisfaction with their aging body. The women spoke of their younger body with fondness and a longing for the body they used to have. Lyndsey said, "I'd like to be as slim and trim as when I got married as opposed to 43 years later." Tricia also spoke to this in saying, "I feel my body changing, you know. I can see it physically but I can feel it internally. . . you

see those extra lines in your eyes and extra facial lines that you didn't have 15 years ago." Rachel talked about gaining some weight around her mid-section with aging, "I sort of lost my waist. I always had a really defined waist and I guess I liked that." Rachel also added that she feels dissatisfaction with her aging body and losing her alluring shape. She spoke about passing by men on the street and how men's reactions have changed now from what they used to be when she was younger:

In the old days haha they wouldn't look away. I would give them a little smile back and forth and there was a lot of very low key flirting on the street in the city as a way of life and umm of course now, when they see how old I am, it, there's almost embarrassment.

Elizabeth also described being uncomfortable with her body now compared to her younger self in saying, "I always used to have a flat, flat stomach and nothing in here [abdomen area]. Now this is where it's [extra weight] going on which is different for me and I think that must be an aging thing, has to be."

Body Satisfaction Despite Ageist Stereotypes

In this theme, seven participants discussed aspects of their appearance for which they felt satisfied. Even though it was easy for all the participants to list off aspects they were dissatisfied with, they could also list some aspects they enjoyed. Maddy learned to enjoy her height. For example, she said,

Well, I'm tall as you can tell and when I first grew I thought it was the worst thing that could ever happen; however, now I just think it's wonderful and I love to stand up straight and tell people they are vertically challenged haha.

Samantha and Rachel were pleased with the muscle tone in their buttocks they regained from exercising at the senior exercise facility. For example, Rachel said, "I found the rear end got a little bit bigger so I at least have a proper rear end" and Samantha said, "and say after working out here for a year my bum use to droop and now it's up here so that's a good thing."

Although aspects of appearance were the first to be discussed, some satisfaction about body function was also mentioned. For example, Rachel described a shift in her attention to the function of her body, she said,

...strength counters allure and it would be lovely too at 75 at March ... to sort of grow up hahaha grow up out of the alluring thing ... the actions have been maybe in the direction of not paying quite as much attention to the look of the body as to how it works so a bit of a shift in the right direction yeah. ...

Neutral Body Image within Cohort

Three participants used descriptions that appeared to express a neutral body image. Demonstrated in the thematic map, neutral experiences are represented as low levels of dissatisfaction; however, they are distinct from positive body image. This distinction occurs because the participants who expressed an 'unsure' experience possessed seemingly low levels of negative body image in that instance. Responses such as, "average" or "not bad" or "good looking enough" were common phrases among Lyndsey, Rachel, and Samantha. Lyndsey related her body image to other women of her age. She said, "Average I guess, you know, for a woman my age I guess it's the norm." Samantha was not always sure how to describe her body image, she said, "Don't quite understand, I think it's not bad, it could be better. ..." These expressions did not come across as merely modest, but rather genuine interpretations of their body image in the context of comparisons to other individuals in their cohort.

Positive Body Image Characteristics

Although there was clear body dissatisfaction described by every single participant in this study, some distinct positive body image characteristics were conveyed as well. Nine participants described positive body image characteristics which were unconditional acceptance and support from others, body gratitude, religion, acceptance, inner and outer beauty, media literate, and listening to and taking care of the body.

Unconditional acceptance and support from others. Seven participants described having unconditional acceptance and support from other people. For example, Rachel found support in her daughter who tried to convince her not to be critical about appearance. She said,

Really I think I could do something about that [her preoccupation with appearance] and my daughter is very practical. She's 30 and she's an academic in fashion, fashion theory, and ... she says 'you don't have to be like that [being critical about appearance] Mom' and she's right.

Samantha described a strong support network at the Brock-Niagara Centre for Health and Well-Being. The Centre has a specialized exercise program for older adults with student volunteers who help supervise and provide exercise expertise. She said, "the students are good in that they don't center anyone out they don't judge they just tell you ways to adapt so yeah like it's a good atmosphere." Tricia talked about going to her friends about some of her disconcerted feelings towards her changing body. She said, "We would talk about how we are feeling, our body changes, and communicating and supporting each other."

Body gratitude. Three participants demonstrated gratitude towards their bodies. Even though Lyndsey seemed mildly upset or at best content with her body image, when describing some positive experiences with her body, she said, "Well I think I'm healthy.

I'm always told by the doctor that I'm a 10 I don't have any medical problems, health problems, and in that respect no medications." Samantha consistently referred to gratitude as an important component of her body image. She said,

Still grateful that I'm not badly out of shape so I think for my age it's not bad but always trying to ah make it better. ... And yeah grateful and thankful that I am the way that I am I'm not ah potty or heavy or overweight.

She also said, "...the fact that I am able to do it I don't have any, what's it called, disabilities or impairments. ... I'm thankful I haven't had the challenges they've had [people with disabilities]." Although Samantha was consistently preoccupied with her weight and other aspects of her appearance, she did feel grateful for her appearance and function. Maddy described feeling grateful for regaining her balance after joining a balance program. The function of her body is something she used to take for granted and now she is appreciative for any function and strength she regains through regular exercise.

Religion. Two participants reported the importance of their religion in regards to their body image. Even though two people seems modest, for Penny and Tabitha, it played a very salient role. For example, when describing her religious community, Penny said,

Because I feel accepted as a person like you're not being judged for what you look like they know me ... I get a lot of positive feedback from my team because of the program I put together and I feel I belong there you know so that's probably the happiest place I'm at.

Tabitha also said,

Just being there [at church] ah I'm very devoted to my religion so it just gives me a very good feeling knowing that I'm in the Lord's house and that he's there with me and that he's there with me every day yeah always in his presence. I always say. ... my body image [appearance] to the Lord he doesn't care about that.

Acceptance. Three participants expressed acceptance of their bodies. Tabitha acknowledged that she never had, and never will have, the perfect body but has learned to accept her body. She said, "I never had a bum, I've never had hips, so haha I'm so straight but that's ok you learn to live with it." When reflecting on her inability to tan, she said,

I don't tan so I, I'm white haha white and other people have a beautiful tan and I think why can't I tan and look like that and then I think, it's just the way it is. ... I'm not going to sit out in the sun and get so tanned that I'm going to burn and I have to accept the fact that I don't tan and I can't tolerate a lot of sun and it doesn't matter.

Even though Tricia wished she could lose 20 pounds, she still found a way to accept the body she has. She said, "...because yes would I like to lose 20 or 40 pounds absolutely but I'm still happy with me at the end of the day." Maddy described feelings of acceptance as she aged. For example, she said, "I think I've developed enough so that I'm ok in my own skin to say well this is the way I am." She also described an interesting moment when she was in Syria, and many of the people would stare at her and her friend because of their white hair. Her friend was really bothered by this experience; however, Maddy brushed it off as an entertaining moment and felt her white hair made her unique in that country since the other women cover their hair with a Hijab.

Inner and outer beauty. Two participants, Tabitha and Penny, alluded to the concept of having an inner and outer beauty and

how they can be experienced reciprocally. For example, Tabitha said, “I think internal [body image] is more important sometimes than the external but like I said if you look, if you look good outside and people will comment you know and it makes you feel good inside as well.” Penny also said, “. . . look inside yourself and look at the outside.” These quotations demonstrate that positive body image does not mean you are indifferent about your outer appearance, but rather there is a focus on both the inner and outer beauty.

Media literate. One participant, Tabitha, who seemingly had more positive body image experiences, expressed no longer being affected by the media. When she was probed about the media’s influence, she said, “Not now, not now. I think at one point I did [feel affected by the media] when I was younger but not now. I think, no, not, it’s not as important to me now.” For Tabitha, it appeared that with age and life experiences she became more media literate, perhaps due to media images of predominately young women not being as relevant or because she has learned the fabricated nature of the media.

Listening to and taking care of the body. Three participants described actively listening to and taking care of their bodies. Despite Maria feeling a lot of dissatisfaction towards her appearance, she described always taking good care of her body. For example, she said,

I try to take good care of it. . . I experienced some feet issues not long ago I think I had a bad pair of shoes on or repetitive bad shoes and so I certainly went right away to see the doctor and got some orthotics. . . I take care of my body for sure, look after it for sure, because I will, you know, longevity in my family. So if I’m going to live a long time, I’m certainly going to live healthy. I want to live and feel good and I do feel good.

Samantha expressed her desire to be active and resist a sedentary lifestyle. For example, she said,

. . . when I’m home, I do have a tendency to sit down at lunch and watch TV, and you know one show develops into two shows and there’s a movie on so I have to motivate to get up and keep moving because I have work to do and I’d rather keep busy than sit down. I know that staying active is better for me.

Tabitha described suffering from chronic obstructive pulmonary disease (COPD). This condition is characterized by the presence of irreversible or partially reversible airway obstruction associated with chronic bronchitis and/or emphysema. Episodes of worsening symptoms are referred to as exacerbations and typically require antibiotics (American Thoracic Society, 1987). After listening to her body and participating in the type of exercise she needed, the recurrence of exacerbations reduced substantially. She said,

I’ve struggled with COPD [chronic obstructive pulmonary disease] for about 10 years, and I went to the COPD clinic at the general hospital for 7 weeks and then realized I needed a little more aggressive exercise. I was doing Thai Chi for 7 years, but it wasn’t aggressive enough for my lungs so I started coming here [her current exercise facility].

Tabitha also said,

I started coming here [exercise facility] and haven’t looked back because I’ve, it’s been great because I’d have about 5 or 7 exacerbations a year where I would need antibiotics and since joining here I’ve needed nothing since August last year I’ve had no antibiotics.

Discussion

This study examined body image experiences independent to and within the context of comfortable and uncomfortable body image situations and how women responded to their own suggested situations. Within this context, the current study makes two significant contributions to the body image literature. First, it incrementally adds to our in-depth understanding of body image experiences in middle age and older adult women. These detailed accounts not only tap into the dynamic aging processes related to body image, but also the consistencies of body image experiences across the lifespan. Second, this study contributes to the understanding of the different body image continuums (e.g., negative and positive) and how these continuums can simultaneously exist (consistent with arguments made by Tiggemann, 2015). Interestingly, all the positive body image characteristics mentioned in this study are consistent with findings from other studies with different populations (e.g., Bailey et al., 2015; Frisén & Holmqvist, 2010; Wood-Barcalow et al., 2010). Therefore, this study further broadens the understanding of negative and positive body image experiences in a population other than the typical college student and supports the current definition of positive body image articulated in the construct definition article within the recent special series on positive body image (Tylka & Wood-Barcalow, 2015a).

This study confirms and extends the reports from other research articles (e.g., Bailey et al., 2015; Striegel-Moore & Cachelin, 1999; Tylka & Wood-Barcalow, 2015a; Williams et al., 2004), that negative and positive body image experiences are distinct constructs – in a middle to older aged sample. For example, participants who seemingly displayed high amounts of body dissatisfaction still reported positive body image experiences. Interestingly, neutral body image experiences were seemingly on the same continuum of negative body image as they were characterized by low amounts of dissatisfaction, with dissatisfaction being operationalized as negative body image. However, these experiences did not resemble positive body image characteristics either, and therefore were identified as neutral. This finding is similar to Williams et al.’s (2004) cluster analysis study where they found three groups of women based on body image characteristics: negative body image, normative discontent, and positive body image. In the current study, not only were positive and negative body image experiences distinct, but they were experienced sometimes simultaneously. This finding has implications for intervention practices as they should be designed to *both* decrease negative experiences and improve positive experiences.

The women in this study described some unique age-related changes to their body image. Some of the women talked about their younger body in a very nostalgic way, discussing the dissatisfaction with their *new*, aging body. This finding was similar to research in individuals with spinal cord injury who also spoke about adjusting to their new body; they often talked about their body prior to injury in a nostalgic way (Bailey, 2014). It may be that any change to appearance, whether it be a more sudden-onset (e.g., spinal cord injury) or more gradual-onset (e.g., aging process), elicits nostalgic feelings towards a previous appearance while adjusting to their new appearance and possibly moving towards acceptance. As further support, one study that asked women to discuss their experiences with ageism in relation to their changing physical appearance also talked about an adjustment period with their new appearance (Hurd Clarke & Griffin, 2008). These women discussed difficulty adjusting to their aging body and not receiving the same type of attention from others with regards to appearance and described feeling *invisible* now. Alternatively, research on self-objectification, whereby women take on an observer’s perspective and view their physical self as an object to be evaluated (Fredrickson & Roberts, 1997), has suggested that with age, women view invisibility as adaptive in that their body returns to their own.

Indeed, older women experience less self-objectification, habitual body monitoring, and appearance anxiety (Tiggemann & Lynch, 2001). Thus, how women view this unfamiliar invisibility may depend on other body-related factors, such as appearance investment, more specifically self-evaluative salience, which occurs when someone's appearance is integral to their sense of self or self-worth (Cash, 2005).

Although there were some unique findings among the women in this study, it is also interesting that there are consistencies in both negative and positive body image experiences with samples of younger women (e.g., Neighbors & Sobal, 2007). Although previous research has demonstrated that older adult women may place less importance on appearance with age (Peat, Peyerl, & Muehlenkamp, 2008), this study does not support this notion. Rather, the women remained highly invested in their appearance (consistent with studies by Thorpe, Fileborn, Hawkes, Pitts, & Minichiello, 2015 and Hurd Clarke & Griffin, 2008); however, what seemed to have shifted was their higher level of acceptance or gratitude towards their body as they aged (as reported by the participants) coupled with increased investment in function. Other theorists have commented on the consistent findings of appreciation for body functioning within the positive body image literature (e.g., Webb et al., 2015). For example, greater appreciation for the body's function has been shown in other samples including college women (Avalos & Tylka, 2006), pregnant women (Rubin & Steinberg, 2011), and men and women with spinal cord injury (Bailey et al., 2015). Therefore, appreciation for body functioning may be a viable resource for enhancing positive body image across a broad range of samples.

If negative and positive body image experiences are understood to be on separate continuums, then it is logical and possible for one person to have appearance investment and dissatisfaction in addition to acceptance and gratitude. In fact, one participant, Rachel, described a dissonance in her thought process as she would feel preoccupied with appearance at the same time as knowing she should be more accepting of her body (the first step in accepting and appreciating the body). This finding has implications for research as we need to be sure to tap into both continuums, whether it is with qualitative interviews or quantitative questionnaires, to gather insight into the full picture of body image. Researchers need to be cognizant of the strong likelihood of women having both negative and positive body image experiences. Body image flexibility is perhaps one construct which does tap into the co-occurrence of negative and positive body images (e.g., Webb, 2015; Webb et al., 2014). Body image flexibility reflects openly engaging, rather than avoiding, unwanted thoughts or emotions about the body in pursuit of living life more fully (e.g., doing an activity you know will be fun but may also pose a threat to your body image). Interestingly, body image flexibility, measured using the Body Image-Acceptance and Action Questionnaire (Sandoz et al., 2013) has been shown to partially mediate the associations between body dissatisfaction and body appreciation (Webb, 2015). Therefore, use of this scale may be one way to quantitatively tap into both positive and negative body images, although there are some issues with its exclusive use of negatively worded items (see Webb et al., 2015).

It is important to explore exactly what type of appearance investment is expressed within the older adult population, whether it is adaptive or maladaptive. More adaptive self-care investment has been linked to positive body image experiences (Andrew, Tiggemann, & Clark, 2016; Gillen, 2015) and therefore should be emphasized in intervention efforts. Lastly, the shift in focus on health and function as opposed to appearance may be more salient in older-aged samples (e.g., 70+ years) where increasingly more health complications arise. This contention should be explored more deeply to tease out some of the mixed findings of body image and older adults.

It is important to reflect on how the theme gratitude was conceptualized by some participants in this study compared to past research. In previous studies, appreciation and gratitude were defined as being thankful for one's function, health, and appearance (Wood-Barcalow et al., 2010). In this study, gratitude was sometimes derived from downward comparisons to other people and their perceived limitations, which may be considered a more maladaptive version of this positive body image characteristic. This type of gratitude parallels with hubristic pride – the maladaptive version of pride compared to the adaptive version referred to as authentic pride. Hubristic pride has been defined as deriving from narcissistic personality traits and feelings of shame (Tracy, Cheng, Robins, & Trzesniewski, 2009). Hubristic pride may contribute to aggression, hostility, and interpersonal problems including arrogance and conceit – a self-aggrandizing side of pride (Tracy & Robins, 2007). Interestingly, some participants in this study were grateful for their health, function, and appearance when compared to other people who were perceived to be less functional, healthy, or overweight. In Bailey et al.'s (2015) study of positive body image in people with spinal cord injury, a similar pattern emerged. Some participants were grateful they had more function or fewer health complications than other people with spinal cord injury. In the present study, participants would reflect on a sense of guilt or shame for feeling that way but nonetheless referred to this as gratitude. This type of positive body image characteristic should be explored more deeply as there may be two separate constructs within the same umbrella term 'appreciation and gratitude'. Researchers should explore the potential adaptive and maladaptive characteristics of how positive body image is operationalized since this would impact the effectiveness of intervention strategies.

Unconditional acceptance and support from others emerged as the largest positive body image theme in this study. The distinct physical changes that accompany aging may explain why a support network that is not critical about appearance may be increasingly important for older adult women. A qualitative study by Thorpe et al. (2015) revealed that while women frequently expressed being unhappy with their appearance, appearance was less important to them in relationships. Most women in their study believed that long-term partners regarded them with love and affection regardless of appearance. This study, along with the present study, suggests that middle age and older adult women can still embody positive experiences and pleasures with their aging body.

Self-Reflexivity

First author. An important practice within qualitative research is self-reflexivity. Reflexive practice incorporates honesty and transparency of the self, one's research, and one's audience (Tracy, 2010). As first author, I will reflect on my characteristics and research agenda with relation to this project. As a young woman, I was optimistic and perhaps naïve to think that appearance and weight were issues that diminished with age, as comparisons to a young ideal become irrelevant. In hopes that it was not all negative, I consistently probed about positive characteristics. To my disappointment, it was always negative experiences that were discussed initially, with positive experiences subsequent to them. Most of the participants who were willing to participate in this study came from a specialized exercise program for older adults. Anecdotally I know that many of these participants joined the exercise facility to lose weight, hence potentially explaining why dissatisfaction with weight was a major finding in this study.

My physical appearance and age may have influenced some participants' responses. For example, when describing an uncomfortable situation (part of the larger study), one participant gave the example of being around younger, fitter women at a gym and gestured towards me. This comment has important implications for

young qualitative researchers who want to interview older adults about body image. Techniques for establishing rapport and creating a comfortable interview environment are imperative to ensuring 'good quality' qualitative data. Of course changing my age is not an option but other techniques such as choice of clothing (e.g., semi-casual/professional) and interview setting (e.g., participant's own home) can be maximized to maintain interview integrity.

Second author. As part of reflexive practice it is important to acknowledge my limited qualitative training prior to undergoing the current study. However, after reading some of the seminal literature on thematic analysis and receiving informal training from my co-author, first author, I felt more comfortable with the current project design. In fact, prior to and during the present study, I experienced a shift in my paradigmatic views from a post-positivist using primarily quantitative methods to a constructivist framework. This shift inevitably shaped my analysis for the current study as well as me as a researcher moving forward with future projects.

I also recognize my previous research examining the relationship between body weight and body image may have heightened my awareness to the weight-related information provided by the participants. My own body image likely affected my interpretations as I used to be very preoccupied with weight but now I make a conscious effort to focus more on positive body image characteristics. Therefore, it was disheartening to hear so many of the women fixated on weight dissatisfaction.

Third author. My research experience has been principally quantitative in nature, with occasional forays into qualitative approaches. I have realized through readings and discussions with my students that I am a post-positivist in my approach. One of the primary influences in my interest in this research and in the interpretation of the data was my role as director of the senior exercise program for the past nine years. When the program first started, I expected that concerns over weight and shape, and appearance more generally, would be low in this age group. However, what I have learned over this time, anecdotally, is that these concerns persist, often quite strongly, throughout the lifespan. Thus, I was not surprised by many of the concerns reported by women in this study – they reinforced what I hear on a daily basis from our program members. I also have to acknowledge that my own lifelong struggles with weight and body image, which prompted my interest in body image research in the first place, likely predispose me to see more readily the negative responses in the interviews.

Limitations and Future Directions

This qualitative study is one of the first to delve into the complex and subjective body image experiences of older adult women; however, there are some limitations that should be addressed. First, every participant identified as Caucasian with a high level of functionality, and therefore some of these results may not be transferable to all middle age and older adults. The experiences of older adult men and women of other racial identity or physical ability are not represented in this study. Furthermore, this study was framed within the context of comfortable and uncomfortable situations, and this may have influenced how women discussed their negative and positive body image experiences. In addition, the majority of participants were recruited from a senior exercise program which may have shaped the women's responses; for example, they may have been predisposed to discuss exercise-related situations or the impact of exercise on their body image.

Future research should continue to explore the many intersectional identities that may influence both negative and positive body image experiences. An intersectional qualitative analysis within a large breadth of participants should be employed to have a deeper

understanding of the impact intersectional identities have on body image. Although only one participant described the distinct sexuality changes associated with aging, this could be a very interesting and important area for future research within the body image literature among middle aged and older adult women. In line with this idea, it would also be interesting to explore body image within a broader age range, including those age 40–55 and those over 75 years, to see if there are striking body image differences between age cohorts.

Considering the growing amount of positive body image research currently available, researchers should start to conceptualize ways to actually promote or build positive body image through programs or interventions. Methodologies such as action research could be employed to provide positive body image programs. Action research functions by working together with participants as a team to gain their insights of what is needed, which may be a key strategy for making a change in body image. These programs can be designed to target a breadth of individuals with specifically tailored modules for older adults.

Practical Implications

Since the majority of participants for the present study were drawn from the senior exercise facility affiliated with the university, body image within an exercise context naturally came up in conversation. From this information, there may be some specific practical implications that can be taken from the current study. Interestingly, many participants described exercise as a means to manage their body image experiences. More specifically, participants commented on the use of exercise to improve appearance. Thus, it may be useful to implement intervention strategies within exercise facilities geared to teach older adults strategies to better manage their body image experiences. The exercise context is a very physique salient environment that can elicit body dissatisfaction, including age-related dissatisfaction, and therefore exercise programs could benefit from the addition of body image workshops or lecture series to teach older adults how to appreciate their body function, utilize body image flexibility or other adaptive body image coping, and appreciate and feel gratitude towards their bodies. Programming designed for middle age and older adults may also serve as a social support network where individuals can feel a sense of acceptance for their bodies by other people (a contributor to positive body image; e.g., Tylka, 2011). Community centers, retirement residences, and other middle age and older adult targeted facilities can be better utilized by implementing body image programs to promote positive perceptions, cognitions, and behaviors towards the body to improve overall well-being and quality of life.

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