



“I Don’t Think It Matters What Age Group You Are in”: Exploring Body Image Coping Strategies in Women Aged 55+

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Abstract

Background: To date, most research surrounding body image coping has focused on adolescent and young adult women. However, with age-related changes to body appearance and function, it is important to understand how women aged 55+ cope in uncomfortable body image contexts.

Objectives: The present study explored how women aged 55+ coped with body-related situations that elicited body image discomfort.

Methods: Ten women from a seniors’ exercise program were interviewed about uncomfortable body image situations to explore their coping strategies. Thematic analysis was used to find themes amongst the data and interpret women’s experiences with regards to body-related distress and coping.

Results: Women discussed coping strategies that included: enhancing or hiding physical appearance; reassuring self-talk; social comparisons to others; and a desire to change their mindset to relieve body-related distress.

Conclusions: Although women aged 55+ discussed some unique strategies, there were several similarities with adolescent and young adult women. Thus, body image coping strategies appear to transcend the lifespan.

Keywords: Body-related Distress, Social Comparison, Thematic Analysis

1. Background

Certain contexts can elicit feelings of body anxiety or shame for women, given how closely physical appearance is linked to self-esteem (1). To manage these threatening situations, coping strategies are often implemented, as individuals engage in cognitive, emotional or behavioural adjustments in order to lessen the stress associated with an uncomfortable situation (2). Within body image research, at least three coping strategies have been identified that pertain to body-related threats in particular: appearance fixing, avoidance, and positive rational acceptance (3). Appearance fixing coping strategies are defined as efforts made to conceal, camouflage or fix individual physical attributes or characteristics (e.g., wearing make-up, choosing flattering clothing) (3). Avoidance includes engaging in alternative tasks in order to avoid negative thoughts and feelings pertaining to body image (e.g., choosing to stay home and not attend a social event). Positive rational acceptance coping consists of behaviours that reflect realistic expectations and consist of actions or strategies that promote self-compassion (e.g., engaging in positive self-

talk/reassurance). Avoidance and appearance fixing coping was found to be more maladaptive, whereas, positive rational acceptance coping was viewed as more adaptive (3). Women who use positive rational acceptance typically have a lower likelihood of defining themselves by their physical appearance, more positive body image quality of life, greater self-esteem, and greater perceived social support from family and friends (3).

Much of the research on body image coping has focused on adolescents and young adult women. Adolescents discussed avoiding clothing stores or wearing bathing suits, trying to either enhance or detract attention from appearance, engaging in positive self-talk and making comparisons to inferior targets to cope with anxiety (4, 5). With young adult women, similar coping strategies to adolescents were discussed (6, 7) with the addition of some additional strategies, such as engaging in body care, religion/spirituality, and spending time alone (7).

Based on these findings, coping mechanisms were explored among young adult women imagining themselves experiencing a body image situation. Participants who

read the high social-evaluative threat scenario (i.e., modeling a new swimsuit in front of friends) said they would use avoidance coping techniques (e.g., choose to cancel plans or avoid clothes shopping altogether) most often but would also engage in frequent behavioural appeasement (i.e., trying to attain the ideal through diet or exercise) (8).

To our knowledge, no study has looked at coping strategies that women aged 55+ use to manage uncomfortable situations. Research suggests aging may liberate women from some body image concerns, as it offers relief from societal pressures (9) and self-objectification (10). However, two review studies have acknowledged evidence to support the opposite that aging can also work to exacerbate body-related concerns, as women try to adjust to new body-related changes that move them further from the societal ideal of youthful attractiveness (11, 12). It is possible that women aged 55+ may start to make social comparisons (13) with other women their age in order to better 'gauge' their physical attractiveness or function.

2. Objectives

Thus, to gain a better understanding of body image coping strategies used across the lifespan, the purpose of the present study was to explore how women aged 55+ coped with body image discomfort.

3. Methods

3.1. Study Design

A qualitative research design was used in the present study. The authors believed qualitative exploration was the most appropriate approach to gather rich, descriptive data about this potentially sensitive topic of body image since limited research currently existed.

3.2. Participants

Participants were 10 women aged 55+ who were recruited from a seniors' exercise program. Sampling continued until data saturation was reached. Based on Patton's recommendations we had a sufficient sample size to examine in-depth patterns in the data while keeping the sample small to prevent overwhelming amounts of data (14). Recruitment took place at a seniors' exercise facility, which is only open to community dwelling adults aged 55 years or older. Participants were recruited using purposive sampling from this setting to better understand current body image coping strategies utilized by older women in an environment (i.e., exercise settings) that has been associated with body image distress (15). Purposive sampling is

most often used to explore a specific experience in select individuals who can tell you about that experience (14). Participant characteristics are shown in Table 1. Participants were provided a pseudonym for anonymity purposes.

3.3. Materials

3.3.1. Demographic Information

Participants' age, race, height, weight, marital status, and occupational status was self-reported.

3.3.2. Data Gathering

To collect data, in-depth semi-structured interviews were conducted. An interview guide was developed to broadly explore body-related experiences in women aged 55+ and was informed by the interview guide used with young adult women (6). Pertaining to the present study, participants were first asked to describe an uncomfortable body-related situation in order to set the context. Next, participants were asked to describe how they typically coped with those uncomfortable situations. Follow-up questions were asked with each of those overarching questions for more detailed responses related to coping strategies.

3.4. Procedure

Data were collected as part of a larger qualitative study, to broadly explore positive and negative body image experiences among women aged 55+ independent to and within body-related situations that elicit coping strategies. University research ethics clearance was obtained. Participants were provided the choice as to the location of the interview, either at the exercise facility, in a laboratory on the university campus, or in the privacy of their own home. Within face-to-face interviews, researchers can probe about emergent material and record notes about non-verbal information, allowing the data to be explored with a lot of depth (16). At the beginning of the interview, participants provided written informed consent. Next, a single-session interview was conducted with the participant. All interviews were audio recorded for transcription purposes. The length of each interview can be found in Table 1. To ensure trustworthiness, authenticity, and credibility of the data, several strategies were used as recommended by Lincoln and Guba, including member checking and multiple coders (17, 18).

3.5. Data Coding and Analysis

Braun and Clark's six phases of thematic analysis, with inductive coding, were used in the present study (19). Thematic analysis offers a certain level of flexibility, as it is not specifically tied to a certain theoretical framework, and works to identify, analyze and report themes within the

Table 1. Participant Characteristics

	Age	Height, Inches	Weight, lbs	BMI	Marital Status	Occupation Status	Length of Interview, min
Catherine	71	60	185	36.1	Married	Retired	41.46
Elizabeth	61	60	155	30.3	In a relationship	Full-time	11.38
Lyndsey	66	65	135	22.5	Married	Retired	12.56
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
Samantha	62	64	142	24.4	Married	Retired	19.08
Tabitha	69	64	112	19.2	Married	Retired	22.16
Tricia	56	63	170	30.1	Married	Full-time	32.41

data (20). The NVivo 10 software package, a qualitative research analysis program (19), was used to help organize the data and codes.

4. Results

Based on the interview discussions with women aged 55+, five main themes were identified with regards to body image coping strategies, which included: enhance physical appearance for long-term benefit; hide certain aspects of physical appearance; reassuring self-talk; social comparisons to others; and desire to change their mindset.

4.1. Theme 1: Enhance Physical Appearance for Long-Term Benefit

The women spoke about body image coping strategies intended to enhance their physical appearance. Interestingly, these approaches were more likely to reduce future body-related distress and did not provide immediate relief. For example, Rachel and Tabitha discussed using anti-wrinkle creams as a strategy to manage their discomfort with their aging skin. Also, several women when asked what would make a situation less uncomfortable for them answered ‘weight loss’. As Catherine explained, “the overweight bothers me so much that I will go for 1 more surgery [bariatric surgery].” As these two body-related aspects, wrinkling skin and excess body weight, are not as easily changeable, the women realized their efforts to cope with this discomfort had to be oriented toward future relief.

4.2. Theme 2: Hide Certain Aspects of Physical Appearance

Clothing was used by these women as a method to conceal or hide areas of concern and provided more immediate relief from body-related discomfort. Maddy talked

about wearing a cover-up over her bathing suit when going swimming and Elizabeth made sure her bathrobe was always nearby to put on immediately and cover her body when undressing at night before bed. Elizabeth also talked about wearing clothes to conceal her large chest in order to prevent drawing unwanted attention in social situations to prevent men’s gaze. Penny described how she would often use scarves as accessories to her outfits as a “distraction” from areas of insecurity, attempting to draw people’s eyes away from her shape and instead towards her scarf.

Another way to cope with immediate distress was to engage in regular appearance monitoring, specifically with regards to checking their postural appearance. Maria, Maddy, Rachel and Lyndsey all spoke about making sure they were sitting up straight, with shoulders back and their abdomen was pulled in tight.

4.3. Theme 3: Reassuring Self-Talk

Three women spoke about talking themselves through distressing situations to cope. Tricia spoke about trying to rationalize her discomfort about her aging body explaining, “I would just have to say to myself, it is what it is, and almost have to talk myself into it saying that it’s okay.” Penny described worrying about what other people think of her and reassures herself by saying, “You’re there to enjoy yourself so why does it matter what other people think of you so, what do you think of yourself?” Elizabeth also discussed how she uses positive self-talk to talk herself through uncomfortable situations.

4.4. Theme 4: Social Comparisons to Others

Women also engaged in downward social comparisons to other women (i.e., who were less attractive, had less function) to reassure themselves. As Maddy shared, “I don’t think my legs are any worse than any of the others approximately my age.” She also spoke about her body function,

stating, “Well it [my body] doesn’t move as well as it once did but it still moves better than most people.” Tabitha shared a similar mentality when talking about her discomfort wearing a bathing suit at the beach, “then I think, I don’t look so bad when I see some people on the beach.”

4.5. Theme 5: Desire to Change Their Mindset

Some of the women expressed a desire to have a more positive mindset. They commented on being envious of other women, whether they were family members or friends, who appeared to not get caught up in their insecurities and thus, do not seem to experience discomfort. Catherine described an admiration for her friends; “I have lots of friends who are obese, and they can, you know, just go out and just have a good time. That’s the point I want to be at.” Rachel also talked about one of her good friends, who she described as “quite heavy” but recognized her care-free attitude as an admirable quality, sharing, “she just wears what she likes, doesn’t wear make-up...she feels sexy, her husband finds her that way and I think she’s on the opposite pole of where I am...she just is who she is and that’s a wonderful quality.”

5. Discussion

The goal of the present study was to gain a better understanding of the coping strategies women aged 55+ used in uncomfortable body-related situations. Taken as a whole, women described body image coping strategies that either provided immediate relief of distress within that uncomfortable moment or alternative tactics that were intended to reduce future or anticipated body-related discomfort (i.e., delayed benefit). Despite these tactics not necessarily providing instant relief, there was still comfort in this strategy as it provided hope to alleviate future distress.

One of the most pronounced strategies across themes resembled appearance fixing (3), as women tried to bring their overall physical appearance in line with society’s ideal - by hiding areas of body dissatisfaction or engaging in behaviours believed to enhance their look and appear younger. What was unique to this group of women aged 55+ was an expressed desire to change their mindset around their body discomfort. They admitted feeling envious of other women who appeared to handle uncomfortable social situations with ease or seemed unaffected by body-related distress. This was different from younger groups of women who did not describe attempting this as a strategy (4, 5). Therefore, having a more body acceptance-based mindset was discussed as a future coping strategy they hoped to adopt but were not currently using to manage body-related distress.

Enhancing physical appearance for women aged 55+ differed to some extent from younger women. Weight loss was still important (4-8), however, women aged 55+ engaged in regular appearance monitoring specific to their posture. Although this strategy could be used to improve physical appearance by desiring to look taller and thinner (i.e., by standing or sitting up straight), it may have also been a way to look younger and prevent negative associations with the aging body (i.e., appearing hunched over, frail).

Again, similar to their younger counterparts (4-8) women aged 55+ expressed using positive rational acceptance coping techniques, such as positive self-talk or downward social comparisons. This tactic involves an element of body image flexibility, as women were aware of negative thoughts but chose to talk themselves through the situation (e.g., thankful for health, legs look better than other women their age) (21). Greater quality of life has been linked to individuals who use positive rational acceptance more often (i.e., positive self-talk) (3). Thus, promoting the use of adaptive body image coping strategies, such as positive rational acceptance, may be even more important among an older population given the strong association with overall quality of life to avoid health complications and social isolation. Engaging in downward social comparisons to alleviate body-related distress was consistent with previous research with older women, who compared themselves to other women closer in age rather than younger women in the media (22, 23) to boost their own self-rating (24).

5.1. Practical Implications

Although positive self-talk was mentioned as a strategy used by some of the women, it was not utilized as often as appearance fixing-type strategies. As positive self-talk has been associated with greater well-being compared to appearance fixing behaviours (3), using positive self-talk as the ‘go to’ strategy is recommended as the most effective and beneficial to manage body-related distress. Thus, body image education programs designed for women 55+ need to teach women how to utilize this adaptive coping strategy more effectively.

5.2. Limitations

The present study adds to the body image coping literature by expanding to women aged 55+. However, there are some limitations to address. The narrow scope of participant demographics may not be transferable to all other women who are aged 55+. For example, all participants identified as Caucasian, with a fairly high level of mobility and function (as many of the women were drawn

from the aged 55+ exercise program). Thus, women aged 55+ from other races, ethnicities, socio-economic status or varying physical function may use different coping strategies when dealing with body image distress.

5.3. Future Directions

Future studies can be quantitatively designed to investigate the relation between the different coping strategies and psychological outcomes, such as body image appearance investment and quality of life, to see if quantitative results can add support to the present study's qualitative findings in women aged 55+. Also, to expand on one of the limitations of the present study, future research could discuss body image coping strategies amongst a more diverse group of women and also men aged 55+ to better understand coping strategies. Lastly, future research to further explore how different demographic information (e.g., socio-economic status, health, family characteristics) may impact body image coping strategies would be beneficial.

5.4. Conclusions

Overall, the present study extended the body image coping literature to women aged 55+. Given the similarities in body image coping strategies used by women across the lifespan, the results of the present study suggest that body image concerns are not solely an issue in adolescence and young adulthood. As women aged 55+ experience changes to their body, new areas of body-related concern may emerge (e.g., changes to skin, body shape) and previously used body image coping strategies may be ineffective. Therefore, women aged 55+ should remain a research focus with regards to body image coping to ensure their unique needs are acknowledged.

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