

# Body image and dissatisfaction in middle and late life



## **If you think your mature clients are beyond body image concerns and eating disorders, think again**

by Shari Feuz, BA

*This article is the first in a series of 2 that explores body image and related issues in adults ages 50 and older.*

At age 68, Carol's exercise goals are to maintain her health, improve her balance and flatten her tummy. Seventy-two-year-old Joan works out to improve her bone density *and* to trim down. These real-life examples show that concerns about body weight and

appearance can stay with us into our later years, and that adults of all ages want to shape up and look youthful. Some will go to great lengths to do so. This begs the question: Do body image issues persist across the life span?

While most research on body image has focused largely on youth and young adults, recent studies and case reports suggest that older people—particularly women—experience the same pressures toward thinness as their younger counterparts (Zerbe, 2003; Lewis & Cachelin, 2001). Unsurprisingly, “older women are just as likely to be dissatisfied with their bodies,” confirms Justine J. Reel, PhD, assistant professor

in the University of Utah's Department of Exercise and Sport Science. Case reports also indicate that eating disorders are becoming increasingly widespread as the Baby Boomers age (Zerbe, 2003). These findings imply that preoccupation with body image may either persist into old age and/or be triggered at any time throughout life (Reel, 2005).

Fitness and wellness professionals should recognize that clients of all ages may have body image issues. As a result, those who work with people ages 50 and older can benefit from learning

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## Signs of disordered eating and compulsive exercise in age 50-plus individuals

### *Symptoms of an eating disorder at middle & late life*

- preoccupation with body image
- use of over-the-counter, prescribed, or illicit substances to lose weight
- exercise addiction
- inability to make life transitions or to mourn significant losses
- fear of aging; competition with younger generations
- unrealistic goals

*Excerpted from Zerbe, K. J. (2003).*

### *Signs of compulsive/obsessive exercise*

- repeatedly exercising beyond the requirements of what is considered safe
- finding time at any cost to exercise (including missing work and appointments)
- main goal of exercise is burning calories and *relieving the guilt* from having just eaten or binged
- requiring *permission* to eat (i.e., “I can’t eat unless I’ve exercised or know I will exercise”)
- feeling guilty when unable to exercise
- never exercising for fun
- ritualistic with routines and continuing to exercise when sick or injured (Reel, 2005)

*Adapted from [www.something-fishy.org/whatarethey/exercise.php](http://www.something-fishy.org/whatarethey/exercise.php).*

about negative body image and gaining the skills needed to identify associated unhealthy behaviors.

### **Body image defined**

Body image refers to “an individual’s psychological experience of the appearance and function of his/her body and is one aspect of an individual’s mental representation of him/herself” (Friedman, Reichmann, Costanzo, & Musante, 2002). This phenomenon encompasses how people perceive their physical appearance, whether in the mirror or in the mind. It also includes how individuals feel about the way they look, as well as how they think others see them.

Satisfaction with body image differs between men and women. Men see the upper body (chest, arms, shoulders) as most important to satisfaction. Women focus almost exclusively on the lower body (hips, waist, legs), as well as overall weight, body build and appetite (Metcalf, 2003).

A person with *positive body image* has a true perception of her body size and shape. She feels comfortable and proud of her body. Conversely, a person with *negative body image* has a distorted perception of her body size and shape. She may compare her body to others. And she may feel ashamed, awkward and anxious about her body. In addition, an individual with negative body image is more prone to disordered eating. She is also more likely to feel depressed, isolated and obsessed with weight loss and to suffer low self-esteem.

A person’s childhood experiences and friends may affect negative body image. Also, parents can *transmit* excessive concern about body weight to their offspring, according to the American Psychiatric Association (Lewis & Cachelin, 2001). But the media, in

particular, exerts both a powerful and pervasive influence on how people see themselves.

### **The media and the ideal body**

Researchers suggest that body image is a variable state—one that can be swayed by media images and messages (Yamamiya et al., 2005). The problem is “media images clearly represent adolescents and people in their 20s,” says Reel, “and unless women in their 40s look incredible, they neglect to get any air time.” As a result of these unrealistic images, older adults come to believe that aging is unacceptable, she says.

Reel has found that females ages 60 and older are willing “to sculpt their body closer to the ideal using cosmetic surgery or excessive exercise.” For instance, they would eagerly embrace breast implants, tummy tucks, and the like if they could afford it.

Other research findings show that women who view media pictures of the *ideal body* report increased body dissatisfaction and depression compared to those viewing neutral pictures (Fallon & Hausenblas, 2004). In a different study, females ages 50–65 years and their older peers expressed comparable body size preferences and levels of body dissatisfaction. Furthermore, both groups chose similarly thin figures as their ideals and as attractive to men (Lewis & Cachelin, 2001).

### **Obesity and body image**

Despite ideals of slimness, nearly one in four older adults is now obese. As a result, the health and wellness industry will likely see significant increases in larger-sized older clients. Professionals

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working with these individuals must prepare not only for the challenges of motivation, programming, related health concerns, and adherence, but also issues surrounding distorted and negative body image.

According to research, obese adults report more feelings of sadness and hopelessness limitations (Center on an Aging Society, 2003). They tend to overestimate or distort their body size more than those who are not obese. Generally, they are more dissatisfied and preoccupied with their appearance (Friedman et al., 2002), and they may have more negative evaluations of their appearance. Large individuals often have higher levels of depression. And their self-esteem levels are lower than those of average-sized adults (Friedman et al., 2002).

## Beyond body weight

Aging- and disease-related body changes also have an impact on how obese older adults feel about themselves. Examples of such changes include loss of hair, loss of teeth, wrinkles, scars or other skin changes, stooping posture or broken bones from osteoporosis, and the wasting effects of cancer. These physical changes can result in a perceived loss of beauty and youth and lead to a *fear of aging*. Researchers have linked this fear to body dissatisfaction and to disordered eating (Lewis & Cachelin, 2001).

For women, menopause represents a physical and emotional transitional time similar to puberty (Lewis & Cachelin, 2001). The changes that take place during menopause create concerns about body weight and appearance that may cause clients to develop inaccurate perceptions of their bodies. Individuals who seek to combat the effects of these life changes can become vulnerable to unhealthy behaviors.

## Unhealthy weight management

The drive for *thinness and youth* may threaten good health when it leads older adults to adopt unhealthy behaviors, such as disordered eating and compulsive/obsessive exercise. The health consequences of disordered eating are particularly pronounced in older adults, where malnutrition may occur more quickly and have more profound effects (Zerbe, 2003). For example, cognitive impairment from nutritional deficiency may be more marked (Lewis & Cachelin, 2001).

Little research on body image and eating disorders has focused on older populations, so few conclusions can be drawn at this time. However, investigators in one study found that dieting restraints and eating attitudes were similar between normal-weight women ages 18–31 and those ages 60–78 (Hetherington & Burnett, 1994, in Lewis & Cachelin, 2001).

Common eating disorders include *anorexia nervosa* (rejection of food) and *bulimia* (binge-and-purge cycles). Someone with bulimia knows she has a problem, but the anorexic is usually unaware of her disorder, according to Weinberg & Gould (1995). Along with their food-related behaviors, people with eating disorders often exercise compulsively. By itself, compulsive exercise can be dangerous. But when combined with disordered eating and/or the use of diet pills or laxatives, compulsive exercise can result in severe health problems—even death.

“The obsession with exercise is hard to miss in a fitness setting,” says Reel. “With a bit of vigilance, professionals can easily identify a client or member who is overexercising.” (See “Signs of disordered eating and compulsive exercise in age 50-plus individuals” on page 60.)

## Screening and referral

Most fitness and wellness professionals are not qualified to diagnose serious body image disorders and related unhealthy management behaviors. However, they can incorporate simple questions into their preactivity screening questionnaires to help identify a client who may perceive her body inaccurately. The answers will offer professionals insight into a person’s motivation and will guide them in the referral process.

*Sample screening questions:*

- What would you consider the ideal body? How would you compare your body to this ideal (Reel)?
- List 5 body parts in order of dissatisfaction and write exactly what you don’t like about their appearance. *For example: Thighs too fat, breasts too small. Write out how you normally describe these parts when you look in the mirror.*
- To what extent do you feel embarrassed or self-conscious about your appearance around others?
- Think about how you feel about your appearance. Do any of these emotions come to mind: dissatisfied, insecure, distressed, obsessed, embarrassed?

— *Excerpted from Body Image: Are you imagining the wrong body? by Nancy Clark, MS, RD*

A client with disordered eating, compulsive/obsessive exercise, and/or depression requires a health professional’s attention. Reel (2005) suggests that fitness and wellness professionals who have a rapport with clients can refer by expressing concern

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## Screening tool: The Best Possible You Interview

- What is your goal weight?
- What is your goal appearance? (shape, firmness, style)
- What aren't you satisfied with at the present time?
- How is your body perceived by others?
- Who supports your body in your present form?
- Who doesn't support you?
- What positive changes do you think will happen when you are in your best possible YOU form?
- How will life be different at your best possible YOU body image?

Excerpted from the *Body Size Acceptance Questionnaire (Action Item #10)* and reprinted here with permission.

Source: Metcalfe, L. (2003).

to these individuals. To assist with referral, they should have a list of trusted outlets in the community, as follows:

- **Disordered eating and eating disorders:** physician, psychologist, registered dietician
- **Depression:** psychologist
- **Compulsive/obsessive exercise:** psychologist, physician

Fitness and wellness professionals should never refer clients without first receiving their permission.

## Confronting body image issues in older adults

Problems associated with negative body image are well documented for young populations, but scientists have paid scant attention to these issues in middle-aged and older people. More

research is needed to illuminate the relationships between the fear of aging, drive for thinness, and body image dissatisfaction in these groups.

In addition, few educational programs or continuing education resources have focused on helping fitness and wellness professionals understand body image issues in aging clients. As a result, those who work with such individuals are often poorly educated about these issues and ill-equipped to deal with problems when they arise. Professionals can improve their ability to assist these clients by arming themselves with the information available; possessing appropriate tools (such as the screening tool on this page); refining their communication skills; and establishing an expert community support system.☞

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## More about body image

Shari Feuz's follow-up article on body image will feature strategies and tools that professionals can use to guide clients to overcome negative body image. *Coming soon.*