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Body Image Issues of Women Over 50

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The CIA should hire as spies
only women over fifty, because
we are the truly invisible.
(Piercy, 2006, p. 1)

In her poem *I Met a Woman Who Wasn't There*, Marge Piercy (2006) described a common sensation experienced by midlife women: the transition from visibility to invisibility. In cultures in which notions of beauty and femininity are closely tied to youth, there comes a point when women, no matter how healthy, well groomed, and nicely attired they are, can pass by without attracting the attention of men or younger women. The point at which this happens no doubt differs for different women, but anecdotal evidence suggests that it is around age 50 when women, particularly women who had previously been praised as beautiful, suddenly realize that no one is looking at them anymore. This realization is a shock, but then what happens? Some women seem to react with relief—there is no longer any need to dress up and make up in order to impress; they can relax and simply be themselves. Other women panic—those who can afford it seek out cosmetic surgeons, personal trainers, and others who earn a living that derives in large part from the fear of aging. Is there any way to predict which women will react which way? How do women feel about the changes that accompany aging? How well or poorly do they adjust to those changes? These are some of the topics this chapter will address.

Youth-oriented Cultures

It can be a challenge to feel comfortable about aging in cultures where older women are rarely seen, and those who are seen are celebrated primarily for their “youthful” good looks (Chrisler & Ghiz, 1993). Although we are told that we are only as old as we feel, the dearth of images of women over 50 in the media drive home the message that women should either grow old “gracefully” by hiding the signs of aging (Chrisler & Ghiz, 1993) or stay out of sight. Wolf (1991) interviewed

editors of North American women's magazines who admitted that signs of aging are routinely "airbrushed" from photographs through computer imaging, so that 60-year-old women are made to look 45. *Lear's*, a U.S. magazine aimed at midlife women (it's slogan was "the magazine for the woman who wasn't born yesterday"; it ceased publication after only a few years), rarely published photographs of gray-haired women (Gerike, 1990), and a content analysis (Nett, 1991) of *Chatelaine*, a Canadian magazine for midlife women, showed that midlife women were absent from the covers and the fashion and beauty sections and underrepresented in the advertisements. The editorial decisions made by the magazines' staff suggest that even midlife women do not want to see images of midlife women. Perhaps the editors are correct, but, if so, it is because the media shape women's preferences. Midlife women told McFarland (1999) that they are well aware that the media create the beauty standards women espouse; even though midlife women have the wisdom to realize that the images represent fantasy rather than reality, many of them still wish that they could match those standards.

Most women in Hollywood films are in their 20s and 30s (Lauzen & Dozier, 2005). It is not uncommon to see older men paired romantically on screen with women several decades younger than they are; for example, Clint Eastwood, Sean Connery, and Jack Nicholson have continued to play romantic lead roles well into their 70s. But as women approach midlife they begin to disappear from the Hollywood scene. Some who have had cosmetic surgery can hang on to their careers into their 40s, but eventually they find that there are few roles for them unless they start production companies and develop film projects for themselves. In the 2003 film *Something's Gotta Give* Diane Keaton played a woman in her 50s who stole her daughter's lover played by Jack Nicholson. It was both a shock and a delight to see Keaton on the screen—beautiful, yet clearly showing signs of age that had not been surgically altered. In a content analysis of the top 100 grossing Hollywood films of 2002, Lauzen and Dozier (2005) found that midlife and older women were seen on screen significantly less often than their male peers. As female characters aged, they were less likely to have goals or a purpose to their lives; as male characters aged, they were more likely to have power.

The same invisibility of midlife and older women is found on U.S. broadcast television. Over the years a number of content analyses (Gerbner et al., 1980; Glascock, 2001; Vernon et al., 1991) of prime time television programming have shown that the majority of female characters are 35 years old or younger, whereas male characters are more evenly distributed across the age range—at least up to the mid-50s. Davis (1990) found little gender difference in the number of female (12.1%) and male (14.8%) characters over age 50, but Vernon et al. (1991) pointed out that older men tend to be portrayed more positively than older women. The invisibility of older women is as common in news and public affairs programming as it is in entertainment programming. Former Secretary of State Madeline Albright is the only older woman I regularly see on these programs, and it is not unusual to find her on a panel with a number of men her age and older, usually being interviewed by male journalists over age 50. Barbara Walters has managed to continue her career well beyond the age when most women on television fade

away, but she has had cosmetic surgeries over the years so that she does not look her age. Mike Wallace, Jim Lehrer, and other older men are able to continue their news careers as long as they like without altering their signs of aging, which are interpreted by viewers as indications of their wisdom and experience.

Women over 50 also are neglected in both popular and scholarly literature. Most books about midlife women are focused on menopause. A 1990 special issue of *Psychology of Women Quarterly (PWQ)* titled “Women at Midlife and Beyond” (edited by Violet Franks and Iris Fodor) was intended to encourage research on the many aspects of midlife and older women’s lives. It is certainly true that more research is available now than when the issue was published, but much of what is available concerns women over 65. At the end of her 5 years as editor of *PWQ*, Jackie White (2005) looked back over the articles she had published and found that only 20% of those articles contained any data from women over 50. She concluded that women over 30 are an under-researched population. As I prepared to write this chapter I read a number of articles in which the body image of college students was compared to that of a convenience sample of older women. “Older women” was often broadly defined, for example, as women ages 30 to 84. It seems obvious that concerns of women in their 30s will differ (at least to some extent) from those of women in their 40s, 50s, 60s, 70s, and 80s, but how are we to tell what those differences are if researchers see any woman who is over 30 as “old”?

So what are women over 50 to think, and how are they to feel, about themselves if they cannot see other women their age in magazines and newspapers, in films and on television, or find their lives reflected in the contents of bookstore shelves or the pages of scholarly journals? The focus on menopause as the paramount issue of women in their 50s drives home the message that what is important about midlife is the end of youth and fertility. Once women have passed reproductive age, the culture seems to say, they are no longer interesting. No one cares about them. No one wants to see them or hear what they have to say. As Piercy (2006, p. 2) put it, “but to your prophecies only your cats will listen.”

What Is Body Image?

Body image can be defined as individuals’ appraisals of and feelings about their bodies and bodily functions (Cornwell & Schmitt, 1990). Body image is a cognition, an internal and subjective representation or map of physical appearance, sensation, motion, and other bodily experiences (Pruzinsky & Cash, 1990). It encompasses such aspects as weight consciousness; satisfaction or dissatisfaction with various parts of the body; proprioception, interoceptive awareness, balance, and other bodily sensations; understanding of one’s skills and physical abilities; and adjustment to changes in the body that result from injury, aging, or illness. Body image is an important part of people’s self-concept and, as such, provides a basis for our identity (Chrisler & Ghiz, 1993). It acts as a standard that influences not only the way we think about ourselves, but also our ability to perform various activities and the goals we set for the future (O’Brien, 1980). Although body image does not alter from day to day, it should not be considered fixed or static

(Pruzinsky & Cash, 1990). It develops throughout life as a result of maturation, sensory and behavioral experience, physical appearance, somatic changes, societal and cultural norms, and the reactions of other people (O'Brien, 1980).

Until recently psychological researchers have all but ignored body image issues of midlife and older women; most of their attention has been focused on adolescents and young adults, perhaps because of the connection between a poor body image and the development of eating disorders, or perhaps because researchers think that attractive and active bodies are more important to younger than to older people. The medical researchers who have investigated the topic have been primarily concerned with the impact of surgery or chronic illness on body image. Midlife is a time when people begin to be diagnosed in large numbers with chronic illnesses, so that is certainly an important topic to investigate, but it does not represent the only concern midlife women might have. Because of Western societies' creation of a strong beauty culture and insistence that women pursue an illusive beauty ideal (Freedman, 1986; Saltzberg & Chrisler, 1995; Wolf, 1991), because of the tendency in many societies to see youth and beauty as synonymous (Alderson, 1991), and because of the tendency to define woman as her body (Greenspan, 1983) or woman as her face (Sontag, 1979), one can expect to find women reporting body image concerns as they adjust to bodily changes that are concomitant with aging.

Weight Consciousness

The body's basal metabolic rate slows down with age, and is accompanied by a decrease in lean body tissue and an increase in fat (Rodin et al., 1984). A study (Young et al., 1963) of a large sample of midlife and older women showed an increase in body fat composition after age 50. The mean percentage of body fat in women in their 40s was 23%; it was 46% in women in their 50s, and 55% in women in their 60s. Women tend to gain weight at each of the major reproductive milestones (menarche, pregnancy, and menopause; Rodin et al., 1984), and the average age of menopause in North America is 51 years. Furthermore, weight may become redistributed during perimenopause, which results in larger breasts and waist and increased fat on the upper back (Voda et al., 1991). To put it simply, women should expect to gain weight and change shape as they get older, media ideals notwithstanding.

A number of researchers have reported weight-related concerns among midlife women. Wilcox (1996) surveyed women and men ages 20 to 80 about physical health status and attitudes toward their bodies. Older women with greater body mass index (BMI) reported more negative attitudes than did younger women or age peers with lower BMI. Donaldson (1994) surveyed 180 women ages 40 to 59, and found that weight status was the largest predictor of body image at midlife. Disparaging oneself and "feeling fat" were particularly related to the salience of body weight and shape, especially weight gain in the lower body. Lesbians were less concerned than straight women were about lower body fatness. McFarland (1999) conducted in-depth interviews with 10 midlife women about their body image at various points in their lives. The women frequently brought up weight

gain and loss, which they seemed to see as evidence of their competence and their success or failure. Weight-related comments were made about both appearance and health concerns.

Markey et al. (2004) surveyed 172 midlife married couples in the northeastern United States for a study of family health. They reported that the wives were much more dissatisfied with their own bodies than the husbands were with their wives' bodies. The wives estimated that their husbands were much less satisfied than they actually were with their wives' appearance, and the wives selected a smaller body from the Figure Rating Scale (FRS) than their husbands did as the ideal for women their age. Wives' BMI was not strongly related to the husbands' satisfaction with their wives' bodies. This study is interesting in that it supports the results of previous studies (Fallon & Rozin, 1985; Miller, 2001; Rozin & Fallon, 1988) that have shown a discrepancy between what body size and shape men think is most attractive and what size and shape women think that men think is most attractive. Men generally choose a larger body size for women than women chose for themselves. If women allowed themselves to believe their partners when they say "You look fine to me," then women might feel more comfortable with body changes that occur at midlife.

Although eating disorders are usually associated with adolescent and young adult women, evidence of disordered eating has also been documented in midlife women. As the studies reviewed are all cross-sectional, it is impossible to tell whether the women in question had had eating disorders earlier in life or whether their disordered attitudes and behaviors emerged in midlife in reaction to age-related weight gain. Lewis and Cachelin (2001) reported that midlife women (ages 50 to 65) had higher scores on the Eating Disorders Inventory than did older women (ages 66 and older). They found positive correlations between fears of aging and attitudes and behaviors associated with disordered eating. Gupta and Schork (1993) also reported a direct connection between aging-related concerns and drive for thinness in a sample of 200 women (ages 30s to 50s) who were surveyed at a shopping mall.

However, not all midlife women hold themselves to unrealistic weight standards. Deeks and McCabe (2001) surveyed 304 women (ages 35 to 65) drawn from the community in and around Melbourne, Australia. They found that the premenopausal women selected smaller figures from the FRS than peri- and postmenopausal women did in response to a question about how society expected them to look. In a comparison of college students to a community sample of adults over age 39 from the southeastern United States, Lamb et al. (1993) found that women in both age groups would like to be thinner, but the young women chose a much thinner figure from the FRS as their ideal. These studies suggest that midlife women do not think that they are expected to measure up to the ideal weight standards to which younger women aspire. Furthermore, in a survey of 180 women (ages 18 to 60) Tiggemann and Stevens (1999) found that stronger feminist attitudes were correlated with lower weight concern, and Stevens et al. (1994) reported that the older Black women they surveyed were less likely than the older White women to consider themselves overweight. The White women also chose a smaller ideal body size on the FRS than the Black women did.

Body Esteem and Self-esteem

Body image is related to self-esteem in all age groups (Davidson & McCabe, 2005). Tiggemann and Stevens (1999) found that weight-related concerns predicted low self-esteem in women ages 30 to 49, but not in women over 50. Rackley et al. (1988) reported that high self-esteem and positive body image were correlated in a sample of midlife women. Other aspects that correlated with body image in their sample were feelings of self-worth, internal locus of control, and ratings of physical attractiveness. Stokes and Frederick-Recascino (2003) surveyed 144 U.S. women ages 18 to 87, and found no age-related differences in body esteem. They did, however, find that happiness predicted positive body esteem, which they measured as sexual attractiveness, weight concern, and physical condition. Related results were found by Fooker (1994) in her study of 60 German women ages 57 to 86. Those with a more positive body image had greater psychological well-being and were more likely than those with body image concerns to be sexually active. It is interesting to note that one of Fooker's body image measures was the question: "How do you feel about being naked and nakedness?"

A large literature (e.g., Chrisler & Lamont, 2002; Hays, 1999; Pettus, 2001) demonstrates the positive relations between physical activity and self-esteem and body image. However, women with poor body esteem often avoid activities (e.g., exercise) and situations that might improve their well-being (McLaren & Kuh, 2004). For example, Segar et al. (in press) found that midlife women who endorsed body shape motives for exercise were actually less physically active than those who exercised for other reasons. In an exercise intervention study with women ages 50 to 75, Shaw et al. (2000) found that, at baseline, percent of body fat was associated with poor physical self-concept and negative perceptions of physical appearance, but not associated with self-esteem. After the 9-month supervised exercise program, however, decrease in percent of body fat predicted improved perceptions of physical appearance, and the improvement was greatest in those women who had had lower self-esteem at baseline. In addition to its contribution to weight loss, exercise contributes to self-esteem and empowerment in a variety of ways. Building cardiovascular fitness and developing muscles results in physical strength, stamina, and increased energy. Enhanced fitness and strength contribute to independence and well-being as women find that they can do more things for themselves. Self-strengthening also reinforces self-efficacy, the belief that one is able to do what one wants to do (Chrisler & Lamont, 2002). These benefits of physical activity are important at any age, but perhaps even more so for midlife and older women.

McKinley (1999) recruited a sample of women college students (ages 17 to 22) and their mothers (ages 38 to 58) and surveyed them about their body image. The daughters had significantly higher scores on measures of body surveillance and body shame than their mothers did. There were no differences in body esteem between the groups even though the mothers weighed more and were less satisfied with their weight than the daughters were. Body esteem more strongly related to daughters' well-being than it did to mothers'. These data are interesting because they speak to the multidimensionality of both body image and self-esteem. Midlife

women can be dissatisfied with their weight, yet not ashamed of it. They can feel good about themselves without experiencing the need to keep their physical appearance constantly in mind. McKinley (in press) surveyed the same women 10 years later and found that the mothers' (ages 48 to 68) body-esteem was relatively stable, even though their BMI had increased and they were exercising and dieting more. These data are consistent with some of the comments made by McFarland's midlife participants who said that they had learned to take care of their bodies and to judge them less harshly; they drew their self-esteem primarily from their accomplishments (McFarland, 1999).

McKinley (2004) also studied body esteem in a sample of 128 women ages 21 to 63, who were recruited from a list of subscribers to *Radiance*, a magazine aimed at heavy weight women. Among the questions she asked them were items about prejudice and discrimination against fat people and the need to seek social justice remedies. Those who endorsed the need for social change in attitudes toward fat people had higher body esteem and self-acceptance than did those who only endorsed the need for individuals to learn to accept themselves regardless of body size. In her in-depth interviews with 11 midlife Canadian women (ages 40 to 53) Banister (1999) heard comments from some women who actively resisted cultural beauty standards by labeling them as oppressive. The results of these two studies, combined with the findings of Tiggemann and Stevens (1999), suggest that midlife women's body esteem and self-esteem can be protected, at least to some extent, if they have a high consciousness of social justice issues. If cultural messages and societal strictures can be labeled as examples of sexism, ageism, or sizism, they can be more easily rejected. Perhaps midlife women would benefit from a revival of the consciousness-raising groups that were popular in the 1970s, which would provide an opportunity to discuss oppressive constraints on positive aging. Participants in such groups would no doubt come to the conclusion that the personal is still political.

Appearance Dissatisfaction

Research on the psychology of appearance has shown that qualities of the face are the most important determiners of attractiveness and that injury or illness that results in scarring or mutilation of the face and neck is the most difficult for people to accept (Bernstein, 1990). The Western beauty ideal demands a smooth, soft, and blemish-free face, but skin changes that occur with aging make this more and more difficult to achieve as the skin of the face and neck becomes drier and start to flake, loosen, and crease. Wrinkles or warts may appear on the face and "age" spot on the hands. In addition the hair may become thinner and grayer. The extent of these changes varies among individuals due to both genetic and environmental effects (Bernstein, 1990). Although the body image literature suggests that gradual changes (such as those caused by aging) are easier to adapt to than sudden changes (such as those caused by injuries) (Pruzinsky & Cash, 1990), such adaptation may be easier said than done for women, especially for those who have been closest to

the beauty ideal, than it is for men due to the prevalent double standard of aging (Bernard, 1981; Sontag, 1979).

In a study of 268 adults (ages 18 to 80) from the southwestern United States, Harris (1994) found that signs of aging in both women and men were considered unattractive, but especially so in women. The participants expected women, more so than men, to take steps to conceal signs of aging as they appeared, and the women who participated in the study were significantly more likely than the men were to use (or to expect to use in the future) age concealment products or techniques. Harris' study is particularly interesting because, in addition to the attitudes survey, she asked participants to read scenarios in which midlife characters either did or did not make use of age concealment techniques. The participants judged those characters who tried to conceal their age more harshly than those who did not (i.e., they gave them higher ratings on such adjectives as "conceited," "foolish," "vain," "pathetic"), and this was true even for those participants who themselves practiced (or expected to practice) age concealment. McFarland's participants mentioned gray hair, wrinkles, double chins, and facial hair as signs of aging that they disliked (McFarland, 1999). Although some of the women were resigned to or philosophical about the changes, others worried that signs of aging could threaten their economic security by making it more difficult for them to get or keep a job, and they may be right about that given Harris' findings.

McLaren and Kuh (2004) reported high rates of body dissatisfaction among their sample of Canadian women in their 50s. When the researchers controlled for BMI, they found that body dissatisfaction was higher in women with higher socioeconomic status. Women with high socioeconomic status are likely to have the resources (e.g., time to exercise, money for cosmetics and surgery) necessary to allow them to approach the cultural beauty standard. Thus, we should not be surprised that they would worry more than other women about deviating further from the standard as they age. Yet, body dissatisfaction at midlife has been documented even in groups that are relatively protected from mainstream cultural beauty standards. Platte et al. (2000) surveyed a sample of Old Order Amish in rural Pennsylvania and found that older people (ages 45 to 66) were significantly more likely than younger people (ages 14 to 22) to report body dissatisfaction. Older women also tended to overestimate their body size.

However, not all studies show dissatisfaction with appearance at midlife. Deeks and McCabe (2001) reported that the older women in their sample (ages 35 to 65) were not more dissatisfied with their bodies overall than were the younger women, and Ross et al. (1989) reported that healthy older people (ages 62 to 79), although more conscious of their physical appearance than younger people (ages 17 to 28), actually evaluated their bodies more positively than the younger people did. In a survey of 678 women (ages 16 to 70) in the United Kingdom about their grooming rituals, Toerien et al. (2005) found that women over 50 were much less likely than younger women to remove their body hair, which suggests a willingness to deviate from the beauty standard. Davidson and McCabe (2005) reported that women in their 30s and 40s obtained higher body dissatisfaction scores and made more attempts at body concealment than did the younger and older women in their

sample. The older women were less likely than the younger ones to engage in appearance comparisons, which suggests greater contentment with (or, at least, greater acceptance of) their bodies. The older women who were very concerned about other people's evaluations of their appearance were more depressed and anxious than the other women their age. In her interviews with 32 women ages 28 to 63, Giesen (1989) learned that single women were more likely than married women to believe that they were becoming more attractive and sexually appealing with age.

Donaldson (1994) reported that the participants in her sample (ages 40 to 59) had neutral to positive body image. They generally agreed that they were attractive to themselves and to others. Foerster (2001) conducted in-depth interviews with seven healthy women (ages 60 to 67), most of whom said that they were more accepting of themselves on a variety of dimensions than they had been earlier in life. The women referred to "making peace with" and "learning to like" their bodies (p. 42). Five of the women said that they were generally satisfied with their bodies, and three noted that their body image was better now than it had been when they were younger. When Foerster asked specifically what the women liked and disliked about their bodies, they mentioned disliking wrinkles, sagging skin, changes in their hair, knee problems, and extra weight around the abdomen; however, the majority said that they did not think about their looks very much. All said that they got positive appraisals of their appearance from others, especially their partners and friends. The women (ages 40 to 53) in Banister's study expressed similar mixed messages (Banister, 1999). Some spoke of being surprised to see reflections in mirrors or shop windows that look older than the women themselves feel. One recalled saying to herself: "My God, I look like my mother!" (p. 530). Another said: "If I look at myself, especially early in the morning [and see] all those wrinkles and saggy places, then I think, 'Gosh, I guess I am getting older!'" (p. 530). Yet another said: "... when I compare women my own age to women who are really young the young women's faces look so bland in a sense. . . . Life hasn't written its story on their faces" (p. 527).

Functional Dissatisfaction

Body image is as much about how the body functions and feels as it is about how the body appears to others, yet psychological researchers have focused much more on the body's ornamentality than its instrumentality. Although there are multidimensional measures of body image, in the research reviewed for this chapter the most common measures were the FRS, the Body Esteem Scale, and the Objectified Body Consciousness Scale, all of which are appearance-focused. Yet, we know that aging-related changes in functionality begin to be noticed in midlife, and thus may affect midlife women's body image in various ways. Changes that accompany aging or the onset and course of chronic illness may require the use of devices such as hearing aids, eyeglasses, pacemakers, or canes. These affect both one's appearance and bodily experience, as do surgical scars, limps or stiffness that result from injury or arthritis, hot flashes, imbalance, or side effects of medications (Hyman, 1987).

Changes in physical ability lead to restrictions in social and personal activities, which often result in lower self-esteem (Roberto & McGraw, 1991), as well as alterations in body image and self-concept. Osteoporosis is an example of a common disorder of older women that has physical, psychological, and social consequences. The fear of falling and fracturing a bone can cause women to restrict their activities (Roberto, 1990). Changes in body image have also been documented in women with rheumatoid arthritis and systemic lupus erythematosus (Cornwell & Schmitt, 1990). Body image disturbance was worse in the arthritis patients and more clearly related to the disease process, as the women reported that their major problems were due to mobility restriction. Body image disturbance in lupus patients was more closely related to the side effects of their medical regimen, and they reported that their major problems were fatigue and the need to avoid the sun. Cancer surgery, radiation treatments, and chemotherapy often cause fatigue, disfigurement, hair loss, and other physical changes that require psychological adjustment. Researchers have described body image issues in head and neck cancer (Bernstein, 1990), intestinal cancer (MacRitchie, 1980), breast cancer (e.g., Kriss & Kramer, 1986; Spencer et al., 1999), and uterine cancer (Schumacher, 1990). Allen and Wellard (2001) conducted in-depth interviews with four older women (ages 69 to 79) who recently had undergone cardiac surgery and now had large scars on their chests as a result of the sternotomy incision. The women reported that prior to the surgery they had been worried that they would be ashamed of the scars, that their partners would find them ugly, and that it would be difficult to find clothing that would conceal them. In retrospect, they were psychologically unaffected by the scars; health-related concerns were much more important to them.

Much of the psychosocial literature on breast cancer is informed by the assumption that mastectomy is psychologically devastating to women, much more so than any other type of amputation would be (Chrisler, 2001). This reflects the American cultural obsession with women's breasts and the belief that breasts are central to womanhood (Latteier, 1998). Thus, clinicians and American Cancer Society volunteers focus their efforts on body image issues, encourage women to apply makeup and wear feminine apparel after surgery, and urge women to have breast reconstruction surgery for mental health reasons (Kasper, 1995; Wilkinson & Kitzinger, 1993). However, in their review of the literature, Meyerowitz and Hart (1995) found that women with breast cancer do not report more distress than do women with other types of cancer or than do men with cancer. Women's main concerns are more likely to be survival, obtaining the best medical advice they can, worries about cancer recurrence, and questions about strength and physical ability after cancer treatment. Recent studies (Pecor, 2004; Spencer et al., 1999) of women who have been treated for breast cancer indicate that younger women exhibit more distress, more body dissatisfaction, and more sexual and partner-related concerns than do midlife and older women. There is some evidence that Black women are less distressed (Pecor, 2004) and Latinas have more body image disturbance (Spencer et al., 1999) than others after breast cancer surgery. Pecor (2004) theorized that older married women are more secure in their relationships and that older women in general, having experienced menopause, have learned to cope with bodily changes. Younger women are also, no doubt, more vulnerable to

demands that they pursue the beauty ideal, and, before surgery, they had a better chance than midlife or older women of approaching it.

Menopause

The very fact of menopause requires an alteration in body image. Whether the cessation of the menstrual cycle is greeted with sadness, indifference, or relief it changes the way we think about our bodies (Chrisler & Ghiz, 1993). In addition, the physical signs (e.g., vaginal dryness, dry skin, thinning hair) that typically accompany menopause can affect body image. Vasomotor instability (e.g., hot flashes, night sweats) might make a woman feel that her once reliable body is out of control (Chrisler & Ghiz, 1993). How easily women adjust their body image in response to perimenopausal changes remains unclear, as most of the research on body image at midlife concerns weight and other aspects of appearance and body esteem.

Perimenopausal women in the United States have been depicted by the media as “diseased, hormone deficient, sexless, irritable, and depressed . . . and as passive victims of their changing hormones” (Golub, 1992, p. 215). This view has been encouraged by physicians and the pharmaceutical industry since the development in the 1960s of hormone replacement therapy (HRT; in earlier years—estrogen replacement therapy or ERT). Most books and magazine articles about menopause have examined the topic from a biomedical perspective, and, over the years, have suggested that HRT would keep women youthful, attractive, and both physically and mentally healthy (Chrisler et al., 1989; Gannon & Stevens, 1998). Although the promises of youth and beauty were debunked early on, beauty and health have since been conflated in our contemporary consumer culture, and television advertisements in the 1990s that featured supermodel Lauren Hutton (and other less known but attractive models) urging viewers to ask their doctors if HRT is right for them have no doubt perpetuated these old notions without naming them specifically. When the results of the Women’s Health Initiative trials demonstrated that HRT is less beneficial (and for some women even harmful) than had been widely thought, many peri- and postmenopausal women stopped (or decided not to start) using HRT. However, it had been used primarily by well-educated, upper and upper-middle class women, those women who were, perhaps, closest to the cultural beauty standard and most interested in approaching it. In Deeks and McCabe’s 2001 study, for example, only 18.4% of the peri- and postmenopausal participants reported current HRT use; another 3.9% had tried it but discontinued use.

Studies (Dillaway, 2005; Elson, 2002; Foerster, 2001; Maoz et al., 1970; Neugarten et al., 1968; Theisen et al., 1991) of women’s attitudes toward menopause generally indicate ambivalence, or a mix of positive and negative attitudes. The realization that the fertility years are over is a stark reminder of aging for some women, and attitudes toward menopause are tied up with attitudes toward aging in general. The negative aspects that women have reported include the onset of aging, loss of fertility, loss of femininity, worries about emotional disturbance,

worries about physical health, concerns about age-related changes rendering them unattractive or invisible, and a general sense that menopause has come too soon. Positive aspects of menopause that women have reported include no further need for contraception, no more menstrual periods, and a general sense of freedom from reproductive-related cares. It is interesting that younger women tend to have more negative attitudes toward menopause than older women do (Foerster, 2001; Neugarten et al., 1968). Foerster's participants (in their 60s) said that they had had negative expectations of the menopausal transition, but found that it was not so bad in retrospect. Some reported few, if any, physical symptoms; others reported "some symptoms or changes in appearance but were not bothered by them" (p. 42). The older women in Neugarten et al.'s classic study provide support for Margaret Mead's concept of "postmenopausal zest." They described postmenopausal women as "feeling better, more confident, calmer, and freer than before" (Golub, 1992, p. 216). In fact, most researchers report that women say that the worst thing about menopause is not knowing what to expect. It seems reasonable to predict that women with more positive (on balance) attitudes toward menopause would have an easier adjustment to menopause-related changes in body image, but there are, as yet, no data available to support or refute this hypothesis.

Midlife Body Image in the Context of Women's Lives

It is not surprising that when researchers ask women of any age how they feel about their bodies the women will respond with negative comments. The illusive beauty ideal and the cultural expectation of feminine modesty may combine to lead women to rate themselves toward the lower end of the scale when they evaluate their bodies, and this may be especially true on questionnaires that present women with a series of body parts. If women are asked "How satisfied are you with your thighs? With your nose? With your legs?", the demand is clearly for less than complete satisfaction. Even women who tend not to focus on their looks may think, "Well, my thighs are rather large, my nose could be cuter, etc." But if women in qualitative studies of midlife and aging routinely bring up body image concerns, that might be more persuasive evidence that body image issues are a problem.

Several recent studies suggest that body image issues are not near the top of the list of midlife women's concerns. Burns and Leonard (2005) conducted in-depth interviews with 60 midlife Australian women: 20 born between 1951 and 1956, 20 born between 1941 and 1946, and 20 born between 1931 and 1936. They began the interviews with an interesting strategy: the women were asked to think of their lives as a book and name the chapters. The chapter titles typically concerned turning points in life. It is interesting that the word "contentment" often appeared in the midlife chapter. The women saw midlife as a more satisfying time of life than most times in their past. It was described as a "break-out" time for women to try new things and leave behind old routines. Midlife represented more gains than losses and was considered to be a time of lowered stress due to children leaving home, retirement from jobs, and "living my own life at last" (p. 274). The

women stressed the importance of self-actualization at midlife, and some actively questioned the traditional feminine gender role. Femininity might include beauty standards, but there was no mention of these in the article, which suggests that comments about bodily changes were not a common theme in the interviews.

Arnold (2005) surveyed 23 U.S. women ages 50 to 63, who were asked to write narratives in answer to a series of open-ended questions. Several of the questions could have provided space for women to raise body image concerns: "As you think about your life now, compared to your life in your 40s, in what ways (if any) has it changed?", "In what ways (if any) do you think you are different in the way you think and feel about things?", "Can you identify any specific life change events that have contributed to your current sense of self?", "As you think about the future, what are the things that concern or worry you the most?" (p. 637). Only two participants mentioned menopause as a life change event. The most prominent themes Arnold identified were "stepping out of the mold" (e.g., taking risks, dropping role demands, ignoring "shoulds"), "letting go" (e.g., of unrealistic expectations, of the need to acquire material goods), "walking in balance" (e.g., reordering priorities, seeking spiritual fulfillment, trusting oneself), "moving in new directions" (e.g., finding outlets for creative self-expression, finding new energy and zest for living, embarking on new careers), "redefining relationships" (e.g., moving away from stereotypical role boundaries, negotiating intimate relationships in more authentic ways), "freedom to be" (becoming more self-assured, making one's own choices), and "time as a precious commodity" (e.g., recognizing that life is finite and fragile, becoming more selective about how to spend one's time). None of the examples Arnold reported concern body image or body esteem explicitly, yet several themes are clearly related to a new (or increased) self-acceptance that might include the body. Learning to ignore shoulds, letting go of unrealistic expectations, finding new energy, making one's own choices, realizing that life is finite, and being more self-assured all should lead to greater acceptance and appreciation of the body one has and less time spent thinking about and pursuing an illusive beauty ideal.

The results of the Burns and Leonard (2005) and Arnold (2005) studies make an interesting contrast to Banister's in-depth interviews with 11 midlife Canadian women (ages 40 to 53) in which they were specifically asked about their changing bodies (Banister, 1999). Banister's participants provided the same mix of positive and negative comments that have been reported in the attitudes toward menopause studies. The women commented that they've gained weight, that the menopausal body "is unfamiliar again" (p. 527), that "things are falling" (p. 526), and that they feel "different" (p. 529). They spoke about their growing awareness that life is finite, which Banister connected to their "loss of youthful appearance, loss of youthful energy, and loss of fertility" (p. 529). Yet the comments of the individual women often showed more body acceptance than the general themes might suggest. One said: "Now in some ways I am influenced by our culture . . . in other ways I'm pretty happy with my body" (p. 526). Another said: "There's a bit more weight here and there, but I feel that my body looks good for being 52" (p. 526). One of the main themes in the interviews was "caring for self," which referred to physical, psychological, and spiritual self-care. The women said that they were learning to

question social norms and cultural expectations, to put their own needs first, to put time and effort into taking care of their bodies, and to reflect on being a part of nature. These comments are similar to those made by Arnold's and Burns and Leonard's participants, and, again, they indicate a blend of bodily acceptance and self-redefinition that suggests that the women are adjusting well to changes in their body image.

Authenticity

The comments made by the participants in the qualitative studies reviewed above suggest a midlife striving for authenticity. Some reasons why women value breaking out, redefinition of self, and the freedom "to be" are that the growth in wisdom and self-confidence, the loosening of role demands (e.g., grown children, retirement), and, yes, even the invisibility associated with midlife allow for greater choice and flexibility in how one spends one's time and energy. The realization that life is finite, which accompanies midlife and is especially associated with menopause and diagnoses of chronic illness, has the benefit of focusing the mind on a reorganization of priorities that allows women to put their own needs first and decide how to live their own lives. A conscious reorganization provides the perfect opportunity for midlife women to decide to take care of their bodies (e.g., by feeding them properly, allowing adequate time for rest, scheduling a massage) rather than to torment their bodies (e.g., by chronic dieting, compulsive exercise, scheduling a facelift) in an increasingly hopeless attempt to approach the beauty ideal.

Beauty rituals are time-consuming activities. Jokes about how long women take to get ready to go out are based on the many tasks that women do (and men do not) when they are getting dressed, and with age these rituals are more demanding (Saltzberg & Chrisler, 1995). It takes time to pluck eyebrows, shave legs, manicure nails, apply makeup, and arrange hair. Women's clothing is more complicated than men's (especially at midlife when body shape changes make "foundation garments" necessary if women wish to wear fashionable clothes). Although all women know that the "transformation from female to feminine is artificial" (Chapkis, 1986, p. 5), we conspire to hide the amount of time and effort it takes, perhaps out of fear that other women do not need as much time as we do to appear beautiful (Saltzberg & Chrisler, 1995). To be artificial, of course, is to be inauthentic. To choose to be authentic is to gain time (and money!) for more important or pleasurable pursuits.

Yet to turn one's back on the beauty ideal after years of pursuing it is easier said than done. Cultural messages that to "age gracefully" is to "age successfully" (Calasanti et al., 2006) merge with messages that promote the importance of beauty and thinness for women of all ages to encourage midlife women to "pass" as young for as long as they can (Ostenson, 2004). Passing, whether it refers to light-skinned African Americans "allowing" others to assume they are "White" or lesbians wearing mainstream attire and keeping quiet about their personal lives so that others will assume they are heterosexual, can involve one-time, temporary acts (e.g., lying about one's age on a job application, getting a botox injection) or an act

or series of acts with long-term implications (e.g., regularly coloring one's gray hair, getting a facelift). Regardless of whether passing is applauded ("you look so young for your age!") or denigrated (e.g., people who conceal signs of aging are pathetic; Harris, 1994), it is an inauthentic act, a denial of a person's identity, experience, and maturity (Ostenson, 2004). A preoccupation with passing will not help women to experience the striving for authenticity reported by the midlife women in the qualitative studies discussed above; in fact, it might hinder their ability to relax into living their own lives.

Cultural messages about beauty and femininity overlap, as the former is generally considered to be a prerequisite for the latter. Therefore, feminine women may place more emphasis on beauty (Gillen & Lefkowitz, in press) and may have a harder time adjusting to bodily changes at midlife. Pliner et al. (1990) reported a correlation between high femininity scores and greater appearance orientation in girls and women ages 10 to 79. Pecor (2004) found that women with higher femininity scores reported more distress and poorer psychosocial adjustment after breast cancer surgery than did women who were classified as masculine or androgynous, and Mahalik et al. (2005) included subscales on "thinness" and "investment in appearance" in their new Conformity to Feminine Norms Inventory. Cultural messages about femininity also encourage inauthenticity in interpersonal relationships (e.g., women should fake orgasms and express interest in whatever topics or hobbies interest their partners), and Gillen and Lefkowitz (in press) found that women college students who were less instrumental and more inauthentic in their relationships also had more negative attitudes toward their bodies.

It would be interesting to know whether high femininity predicts more body image concerns at midlife, and there is some evidence to support this notion. For example, lesbians (Donaldson, 1994) and feminists (Tiggemann & Stevens, 1999) express less weight concern than other women do, and they are also probably more likely than heterosexual nonfeminists to question traditional gender roles and gendered expectations. Perhaps Black women are less likely to consider themselves overweight (Stevens et al., 1994) and less distressed after breast cancer treatment (Pecor, 2004) because Black women are more likely than White women to behave androgynously. Latinas, on the other hand, are generally thought to be more traditional in their gender role attitudes, and that might account for part of the reason why they have been shown to be more distressed than Black and White women after breast cancer treatment (Spencer et al., 1999). In addition, participants in the qualitative studies (Arnold, 2005; Burns & Leonard, 2005) mentioned that as they aged they increasingly questioned (and resisted) the traditional feminine gender role.

Conclusion

Much remains to be learned about body image issues and adjustments of women over 50. What little we know is concentrated on weight and appearance; much less work has been done on functional changes and on the menopausal transition. There are hints that women who are in better health, who are in stable long-term relationships and/or are sexually active, and who are more nontraditional in their

gender role orientation will have a more positive body image at midlife. However, these relations need to be tested directly.

Furthermore, the research on midlife and older women rarely includes longitudinal data or samples large enough to contrast cohorts with each other. In most cases there is no way to know if women in their 50s differ from women in their 40s, 60s, and 70s. It is also impossible at this point to tell whether data about women in their 50s today would differ from data about women who were in their 50s 20 years ago or those who will be in their 50s 20 years from now. Women who are currently in their 50s and 60s were impacted strongly by the Women's Liberation Movement, and, therefore, one might expect them to be less traditional in their attitudes, more comfortable with themselves, and more willing to resist cultural messages that they should take steps to conceal signs of aging and pass as younger than they are. One can only wonder about how women in their 20s and 30s today, the so-called postfeminist generation, will cope with aging. They came of age in a time of hyperconsumerism, where there is a "cure" for almost everything and where women are expected to be both beautiful and high achieving. Only time will tell how they will confront signs of aging.

It is interesting that the quantitative studies of body esteem and appearance concerns yield different information than do qualitative studies that address midlife and aging more generally. Perhaps what we need are mixed method studies in which both standardized scales and interviews or focus groups are used. This might help us to understand how focused women are on bodily changes and concerns and, if negative body image is an important issue for them, to provide clues about how to design appropriate interventions.

Like most things in life, aging is neither all good nor all bad. Experience, maturation, development, lifecycle transitions, and even invisibility are both benefits and challenges. Midlife, with its focus on finding balance and reorganizing priorities, can be the perfect time to stop fighting our bodies and learn to appreciate them. Our stretch marks, scars, gray hairs, and extra pounds are proof of who we are and what we've been through to get where we are. Let us embrace the bodily changes we like as well as those we do not, resist the impulse to alter ourselves in inauthentic ways, and take good and gentle care of ourselves so that our bodies will last long enough for us to gain even more wisdom and experience. Let us not waste the precious time we have left in trying to be what we are not.

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