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Body Image, Aging, and Identity in Women Over 50: The Gender and Body Image (GABI) Study

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Abstract

We conducted a qualitative study of 1,849 women over age 50 to capture the thoughts, feelings, and attitudes that women at middle age have about their bodies and the experience of aging. Via an open-ended question online survey, four primary themes emerged: 1) the physical and psychological experience of aging; 2) the injustices, inequities, and challenges of aging; 3) the importance of self-care; and 4) a plea for recognition of the need to maintain a contributory role in society. Results highlight the complexities of women's psychological and physical aspects of aging and point toward important topics worthy of further study in this growing population.

Keywords

aging; body image; midlife; identity; women

Women over 50 currently comprise over 17.2 percent of the total population (Howden & Meyer, 2010) and this percentage is expected to increase (Murphy, Xu, & Kochanek, 2013). Of concern, over the last decade we have observed an increase in the number of middle-aged and older women presenting for inpatient eating disorder treatment (Ackard, Richter, Frisch, Mangham, & Cronmeyer, 2013; Pike, Dunne, & Addai, 2013), and a rise in the prevalence of obesity in women aged 60+ (Flegal, Carroll, Kit, & Ogden, 2012; Flegal, Carroll, Ogden, & Curtin, 2010). However, our understanding of women's experiences of body image in relation to the aging process is limited (Peat, Peyerl, & Muehlenkamp, 2008). Most of the previous body image research has been on younger samples and has focused on satisfaction with weight and size (Grogan, 2006). A nuanced understanding of the experiences that middle-aged and older adult women have relative to body image and aging may help providers ensure they are adequately addressing these patients' concerns.

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To gather information from women in this age group and to obtain a rich description of their experience, we launched the Gender and Body Image (GABI) study. This study gathered survey-based information about body image, health, and aging from 1,849 women over age 50 across the United States. Quantitative data, which have been reported elsewhere (Gagne et al., 2012; Runfola, Von Holle, Peat, et al., 2013), revealed body dissatisfaction, eating disorder symptoms, and extreme weight control methods in a significant number of these women. Our results were in accord with other community quantitative studies (Lewis & Cachelin, 2001; Mangweth-Matzek et al., 2006; Marcus, Bromberger, Wei, Brown, & Kravitz, 2007; Midlarsky & Nitzburg, 2008; Pruis & Janowsky, 2010; Tiggemann, 2004; Tiggemann & Lynch, 2001; Webster & Tiggemann, 2003), which suggest that body dissatisfaction appears to be fairly stable across age (Runfola, Von Holle, Trace, et al., 2013) despite the fact that body appreciation increases (Öberg & Tornstam, 1999; Tiggemann & McCourt, 2013) and that positive aspects of old age are reported (Gibson, 1998).

Aging is associated with unwelcome changes in physical appearance, increased dependency on others (Nettleton & Watson, 1998), and negative societal stereotypes (Furman, 2013). Thus, middle and old age are generally seen as period of decline in Western society, a problem with particular relevance for women due to Western society's long history of placing value on physical appearance, youth, and thinness (Beauvoir, 1972; Furman, 2013; Laws, 1995; Twigg, 2004).

Several interview-based qualitative studies illustrate the complicated and at times contradictory nature of women's experiences of aging and body image, with aging women experiencing unwelcome changes in physical appearance while at the same time becoming more appreciative of physical health and more rejecting of societal pressures related to appearance (Banister, 1999; Clarke, 2002; Liechty, 2012; Tunaley, Walsh, & Nicolson, 1999). However, these qualitative studies all used interviews, were conducted in narrow age groups, and/or focused on one particular aspect of aging (e.g. – weight and body size). We aimed to enrich our understanding of the experience of aging by describing experiences, opinions, and feelings that a broader age range of women (50 years and older) in the US have with body image, health, and aging via a different type of qualitative sampling, namely, open-ended questions. Open-ended questions enabled us to gather more data than previous studies on a larger sample of women, and provided anonymity to the responder, encouraging greater disclosure (Lind, Schober, Conrad, & Reichert, 2013), allowing “venting” if desired, and increasing comfort in giving more honest responses than in an in-person interview (Jackson & Trochim, 2002). We analyzed the content of the five free text response questions included in the previously described GABI survey. A qualitative approach, employing thematic analysis, was used to elicit themes across these domains to capture, describe, and understand the complexity involved with aging for women.

Methods

Participants and procedures

Participants (N = 1,849) consented to participate in the “Body Image in Women 50 and Over—Tell Us What You Think and Feel” online survey, which consisted of open ended, multiple choice, and fill-in questions that focused on body image, eating, weight loss attitudes and

behaviors, and aging. The survey was modeled on a prior study of eating disorder behaviors in women ages 25 to 40 (Reba-Harrelson et al., 2009) and included questions from a previously circulated questionnaire (Bulik et al., 2003; Neale, Mazzeo, & Bulik, 2003). Specifically, five free-text response questions were asked: (1) What do you miss most about your younger body?; (2) What do you appreciate most about your mature body?; (3) What do you know now about appearance, body image, or health that you wish you had known when you were younger? In other words, if you could send your younger self a message, what would it be?; (4) What would you like for people to understand about women in your age bracket and their thoughts and feelings about their bodies and themselves?; and (5) What else would you like to tell us about your weight, shape, body, or health? Participants were given a free text response box for each of the above questions. The analyses focus on the free text responses to these five questions.

The online survey was active from September 22, 2010 to January 25, 2011 through the online survey tool SurveyMonkey (www.surveymonkey.com). Recruitment relied on a number of electronic methods (see Gagne et al., 2012); potential respondents were sent an invitation email that included a brief description of the study and the URL for the online survey. Respondents were first directed to the online study consent form that contained a detailed description of the study and the names and contact information for the research study personnel. Respondent-driven sampling was used, encouraging survey respondents to share the survey link with others. All surveys were completed anonymously; researchers were unable to access any identifying information that may have been provided by the participants. Study participation was voluntary and without compensation, and participants were prevented from responding to the survey more than once.

Our final study sample included 1,849 women aged 50 and above. Of these women, 1,713 (92.6 percent) provided free text responses and were included in the qualitative analyses.

Quantitative analyses and analytic approach—All descriptive analyses were performed using SAS/STAT software, Version 9.2 of the SAS System for Windows (SAS Institute Inc., 2008). Descriptive analyses were conducted to characterize the sample in regard to demographics including age, BMI, ethnicity, and race.

A six-phase inductive thematic analysis (Braun & Clarke, 2006) was conducted to identify patterns in maturing women's subjective experience with body image, health, and aging. Thematic analysis draws on several aspects of grounded-theory (Corbin & Strauss, 1990), is an inductive and iterative process and allows the researcher to gain insight into participants' subjective experiences (Braun & Clarke, 2006).

After the researchers familiarized themselves with the data, coding began by identifying meaningful statements from the responses to each of the five open-ended questions. Coding of the free text data was completed using the qualitative analysis software program Atlas.ti, version 6.2 (2011). To mitigate investigator bias and enhance rigor, an investigator triangulation strategy was employed. That is, three individual coders (SH, CR, DG) who were specially trained in the coding procedures for this study were involved in this stage of analysis. All three of the coders were females between the ages of 20 and 30 years and

worked in an eating disorders research and treatment program. Two of the coders (SH, CR) had graduate level degrees in counseling (SH) and clinical psychology (CR) with specialized training in eating disorders treatment and research, and both were engaged in research and clinical services. The third coder (DG) had an undergraduate degree with specialized training in eating disorders research, and only worked in a research capacity. All coders recognized the potential for bias in coding, given their predominant eating disorder backgrounds, age, and past life experiences, and discussed ways that this bias may present itself throughout the coding process. Each coder was responsible for independently identifying meaningful statements and conducting the coding. Coders generated as many potential themes as possible. All coders kept memos on their thoughts and decision-making regarding the identification of meaningful statements to inform the next step of the coding process. This strategy, known as memo keeping, enhances the credibility of the analyses and conclusions presented.

Following the completion of this initial round of coding, the three coders met to review the identified meaningful statements and to begin the process of organizing the identified statements into significant clusters based on similarities of ideas conveyed. All data were analyzed together to stay in line with the principles of thematic analysis set (Braun & Clarke, 2006) and to provide a rich understanding of the topics of interest and to reduce the likelihood that our resulting themes were biased due to the questions asked. The coders accounted for regularity and variation (Corbin & Strauss, 1990). Consistent with the thematic analysis framework (Braun & Clarke, 2006), clusters included statements that were identified across the five questions. This process of grouping statements into similar clusters continued until all statements had been placed in a grouping. The final step in the coding process was to group the clusters of similar statements into larger, broad themes that captured and conveyed the primary experiences of the respondents. We then used a data validation technique (Corbin & Strauss, 2008), reviewing and editing themes to further break down complex themes or to discard themes with insufficient supporting data. An internal auditor (CB), not involved in the initial coding process, reviewed all codes and assisted with making decisions when coders struggled to come to agreement on themes. All themes and subthemes were derived from the data (Corbin & Strauss, 1990) and a final external auditor (MS) reviewed final themes and subthemes. Our final four overarching themes (and subthemes) encompassed all of the significant clusters of meaningful statements identified.

Results

The mean age of participants ($n = 1,713$) was 59.0 ($SD = 6.7$) and the mean BMI was 27.4 kg/m^2 ($SD = 6.5$). Using the CDC guidelines, 1.6% were underweight, 42.4% were normal weight, 29.2% were overweight, and 26.8% were obese. The sample was 92.6% White, 4.2% Black or African American, 1.2% Other, 1.2% Multiracial, 0.6% Asian, and 0.1% American Indian/Alaska Native. In addition, 90.6% of the sample identified as white/non-Hispanic, 6.7% as non-white/non-Hispanic, and 2.7% as Hispanic/Latina.

Four primary themes emerged from the analysis of the free text survey responses including: the physical and psychological experience of aging; the injustices, inequities, and challenges of aging; the importance of self-care; and an outcry for recognition and a contributory role in

society. The frequency in which a theme was present in cases is signified by the following terms: “many” for themes present in >50% of all cases; “some” for themes present in <50% of all cases; and “a few” for themes present in a small portion of cases (Hill et al., 2005).

The physical and psychological experience of aging

Shame vs. embrace—Women varied markedly in their experience of aging. Responses ranged from depressed, demoralized, and ashamed on one extreme to embracing age-related changes on the other.

I am ashamed of my aging body and ashamed that I am ashamed. I believe women pay an enormous price for cultural biases related to gender and age. – 58 years

I have earned every scar, every age bump and every grey hair. It sags and it aches but it keeps me upright and going. – 59 years

Practicality—Subthemes of practicality permeated some responses, as well as sharing of experiences.

Old age is not for sissies. Don't whine. Eat properly. Get plenty of sleep even if you have to take a pill to do it. Exercise at least 5 days a week. – 68 years

Dissatisfaction with physical changes—Another element captured by this theme was the dissatisfaction associated with physical changes that occurred to the body during or after menopause.

You wake up one morning and your face is sagging. You develop an inner tube around your middle that wasn't there before. Your skin turns dry. The earlobes get longer and the nose gets bigger. Your breasts droop. You start sprouting whiskers. Cellulite seems to spread everywhere. Bruises and veins start to cover your legs. Have difficulty remembering simple things.– 57 years

A few women commented on the loss of sexual desire and diminished sexual capacity.

Menopause does have a lot of effects. Especially in sex lives. Much less libido. –57 years

I miss the presence of estrogen for sexual reasons. – 56 years

A few women reported that they could not achieve the same benefits of healthful eating and exercise as when younger—that their metabolism went into “retirement” with menopause.

I was gaining weight even though I ate pretty good and continued to exercise. [...] It never occurred to me that I was not in control so much after certain things, such as metabolism, begin to change.... – 56 years

That it is more difficult to control our weight because of metabolic changes. That is more difficult to sleep because of menopausal symptoms such as night sweats and insomnia. – 57 years

A few women expressed a desire to have been better prepared for the physical changes, putting it the hands of doctors to have better educated them.

When my body began to change, I would have appreciated it if my doctor could have prepared me for potential changes to be on the lookout for -- thickening through the middle, weight control, skin care. [...]Which is why I said my doctor. I'm not sure who else could have raised my awareness. – 56 years

A component of this theme was the discrepancy between chronological age and how older women felt inside. All women claimed that they still felt young inside and often experienced shock when they looked in the mirror and saw the reflection of an older woman.

On the inside I feel like I'm young, but on the outside, I look elderly. If I don't look in a mirror, I forget that I'm 70. – 70 years

We all really are 16 year olds trapped in older bodies. The brain doesn't age like the body does. We still feel young. – 64 years

Functionality focus—Some women described a transition from being appearance focused when younger to becoming more functionality focused with age, grateful for life, and self-accepting. Some women lamented the years they spent being dissatisfied with their appearance.

I am grateful every day for my health. I exercise to stay healthy, not to maintain appearance. [...] In retrospect, I was just feminine and beautiful but I didn't appreciate it. [...] What a pity that I didn't appreciate how I looked. – 62 years

That I am alive! that I am still limber and able to walk, bike, dance, make love....that I have had many adventures and some 'scars' to show for it! – 69 years

In contrast, some women still experienced the societal pressure to be thin and attractive—opting for surgical procedures and other approaches to restore youthful looking bodies—and described feeling “self-conscious” in their skin.

That was the driving reason I had the abdominoplasty - to not feel like an aging soccer mom around all my Ken and Barbie coworkers. – 54 years

I envy women who can put on a bathing suit and not feel self-conscious. I think that no matter how old I become, I will always be somewhat vain about my appearance. – 62 years

The injustices, inequities, and challenges of aging

Societal pressures—Women described experiencing societal pressures to look and dress a certain way. Not only did they bemoan the societal pressure towards remaining youthful, thin, unwrinkled, and non-grey-haired, but also the expectation to “act your age.”

The older women we see portrayed are not that positive — retired, less active, having some type of health problem. – 56 years

I think women my age have lots of insecurities about their bodies and themselves because our culture tells us that looking young and being physically attractive is the most important thing—look at all the ads aimed at older women about getting rid of their grey hair, wrinkles, having cosmetic surgery, Botox, etc. – 71 years

Experience with ageism—This theme also included a recognition of both the real and perceived judgments that women felt were made about them automatically just because of their age. They identified the ageism present in language used to describe older women and pointed to inequities in how men and women age physically as well as how they are treated and referred to in society.

Women deserve more respect. Men get more respect as they grow older, women lose [...] respect. – 61 years

There are many linguistic cues as to how poorly our culture thinks of the older woman. Terms such as ‘old hag,’ ‘old cow,’ ‘pig,’ ‘bitch,’ ‘dog,’ ‘witch’ compare a woman to an aged, ugly person or to an animal. – 68 years

The importance of self-care

Healthful eating and physical activity—Some women stressed the importance of healthful eating and regular physical activity in aging well. They stressed the importance of taking care of their bodies as they aged and acknowledged that healthy aging was hard work.

Exercise more and eat right if you need to lose weight to be healthy. Staying active is very important to maintain a body that adapts to the aging process. – 72 years

We understand the importance of taking care of our bodies so that we can maximize our enjoyment of life experiences and minimize the impacts of aging and genetics. – 62 years

For some women, there was a lamentation over not having taken adequate care of their bodies when younger—something they placed great value on now.

I believe it is my job now to exercise and eat well. When I was young I didn't think about it. – 84 years

I wish I had taken better care of my skin but when I was young, dark tans (sunbathing with baby oil or Crisco!) was the norm. – 59 years

Realistic health goals—A few women also stressed the importance of having realistic health goals for their age, underscoring the value of caring for their bodies in order to reap the benefits of continued health despite increasing age.

We can't stay young forever, but we can try to maintain good health through exercise and healthy eating. Target or ideal weight and other ranges should be adjusted for age. It's not realistic to assume that we will be able to maintain the same BMI, blood pressure, etc. as a 21 year old. ... What's ‘healthy’ for 60 year isn't necessarily the same as it would be for a 30 year old. – 59 years

An outcry for recognition and a contributory role in society

Irrelevance and invisibility—This theme highlighted the sense of irrelevance and invisibility that many women experienced as they matured. For many, this invisibility was unwelcome, and for others this was experienced as a reprieve from scrutiny. In contrast to

old-fashioned expectations about children who were to be “seen and not heard,” women over 50 felt as if their role were to remain “not seen and not heard.”

We often find ourselves literally invisible to younger folks and men. – 68 years

We are not invisible. Some changes in our bodies are natural and should not be derided or used to discount our attractiveness. – 58 years

Although some women recognized some visible older women in the media, they emphasized that in those instances the women were rarely being authentic and presenting their true appearance. Instead, these older women were commonly doctored to erase visible signs of aging and appear younger.

I wish advertisers would feature women my age in healthy role models; show the wrinkles and a little pudge. I'm sick and tired of airbrushing! – 56 years

Women felt as if others fail to allow them to have meaningful roles in life.

Intelligence, experience and the wisdom gained from vast experience is no longer a valued commodity by corporate America or by the young. My aging body renders me irrelevant in circles we used to thrive in. – 59 years

Believe that women my age desire to be useful to others, hope to be consulted or heard about what it means to be in the final decade(s) of life, and hope to be thought of as valued mentors, loving and caring friends, associates, and sources of good company to others. – 73 years

I think we all believe that we are young from our side of our eyes. We don't look it, maybe, but ask anyone if they feel any different than they did when younger. We are women, we are sexual beings, we are capable of love and compassion, and we don't want to be checked off because of a few wrinkles or white hair. I have always felt that when your hair turns white you become invisible. – 78 years

Need for recognition and attention—This theme also captured women feeling that their needs and preferences are not taken seriously and the desire to be recognized as a substantial and contributory faction in society.

We are beautiful, sexy, mature women who have much to give to society and to the younger people. We have vast knowledge, experience and the ability to teach many things if you would listen. – 55 years

Women emphasized the sense that their needs at this age are simply not considered by others, and were calling out for appropriate attention to their needs and preferences.

We are the ones with money to spend – If you want to make some, pay attention to us! – 54 years

We deserve equal time in medical studies. Our sexual health should not be ignored. – 58 years

Discussion

The purpose of this study was to broaden our understanding of the perceptions and experience of women over age 50 related to body image, aging, and identity in order to generate ideas for future study and to inform clinical practice. We applied a systematic approach to the compilation and interpretation of responses from 1,713 women. We are able to capture themes regarding the experience of aging, gender, and body image; identify differential patterns of dealing with aging in women; and stimulate more research questions for future investigations.

For the women in this study, both physical and psychological aspects of aging were important to their overall experience and encapsulated both the positive aspects of aging and the challenges faced. This theme was identified in another qualitative study of aging and body image among older women in a narrower age group (Liechty, 2012), and supports quantitative research indicating that body image becomes more complex with age (Johnston, Reilly, & Kremer, 2004; Liechty, 2012; Liechty & Yarnal, 2010). Consistent with other qualitative studies (Clarke, 2002; Tunaley et al., 1999), women in our study were dissatisfied with the changes in weight and metabolism that they experienced as a result of aging. Many women in our study reported that as physical changes occurred (e.g., sagging skin), their cognitive adaptations to the physical experience of aging and the psychological experience of body image altered in parallel. Reconciling these cognitive shifts with often unexpected physical changes was described as a daunting task; women felt blindsided by some of the physical changes, particularly during menopause, and often found themselves caught between grieving the loss of their younger body and accepting the changes to their aging body. Women felt as if their younger self was trapped within an older body, a point that resonates with Featherstone and Hepworth's (1989) concept of the "mask of age," where the visible body masks the inner self, and Kaufman's (1994) "ageless self," which refers to the idea of a continuous self regardless of age.

Older women strongly voiced a sense of injustice in their aging experience, recounting external pressures from society about appearance that were different for aging men. This theme is in line with Gullette (1997), who argues that women are aged by culture's concepts of aging rather than aging itself. The clash between societal consensus of beauty and value and the internal shifts women experience as they age relative to their own conceptualizations of beauty and value was a common frustration, both in this study and as reported in a study by Liechty & Yarnal (2010). Women in our study described an awareness of these internal shifts, acknowledging that they were less interested in adhering to the societal expectations, yet still felt challenged to adhere to them regardless of age. A unifying theme was that society has retained a niche for older men but has sidelined older women, which resonates with Sontag's (1972) concept of a "double standard for aging." Other researchers also describe this gender discrepancy in the experience of aging and the general societal and cultural pressures around aging (Banister, 1999; Halliwell & Dittmar, 2003; Johnston et al., 2004; Twigg, 2004). Experiencing the overall aging process as unjust adds to the complexity in women's experience of their bodies and their selves as they mature, a finding that has not yet been documented in previous narratives.

Women commented on feelings of invisibility and irrelevance, a phenomenon that has also been highlighted by Bytheway and Johnson (1998). The lack of representation of aging women in the media documented in quantitative reports (Wasylikiw, Emms, Meuse, & Poirier, 2009) did not go unnoticed by our participants.

Women commented on the increasing importance of self-care, noting that caring for their physical health assumed priority over physical appearance as they grew older—concurring with previous descriptions (Banister, 1999; Clarke, 2002; Hurd, 2000; Liechty & Yarnal, 2010; Twigg, 2004). Women repeatedly referenced changes in how they thought about their bodies. While value and confidence may have come from beauty or appearance when younger, simply having a healthy and functional physical body became highly valued with advancing age. This shift comprised part of their overall adjustment to the physical and psychological experiences of aging. Accepting aging facilitated this transition towards valuing health and function. However, as women found new ways to value their bodies, they were confronted with devaluation of their bodies by society.

Women described experiencing a decline in their perceived societal value and recognized this as a very challenging aspect of the aging process. They longed to be noticed, valued, and respected for the contributions they can make. They were also discouraged by the lack of products and services tailored for older women. Women implied that, despite their age, they were still very much interested in clothing and cosmetic purchases, a pattern which was also evident in a pseudo-cohort analysis in the United Kingdom (Twigg & Majima, 2014). Women asserted that although their priorities may shift toward functionality, this does not mean that appearance no longer matters.

Limitations

Our results must be considered within the context of several limitations. First, our Internet-based survey methodology required access to a computer and the Internet, which excluded the 26.7% of women without Internet access (National Telecommunications & Information Administration, 2009). Moreover, women's facility with and access to the Internet may vary across our age span (50+), thus contributing to the skewed age distribution in our sample. Second, our sampling strategy was ineffective at identifying a racially and ethnically heterogeneous sample. With 90.6 percent of our respondents being White, the resultant categories and themes may not equally apply to women in this age group from other racial and ethnic backgrounds. A recent study found that middle-aged African American women were more accepting of their bodies than middle-aged Caucasian women (Thomas et al., 2013). Third, the BMI of the women in our sample was lower than that of women in the general population (Flegal et al., 2012). This could affect the generalizability of our results, as weight influences body image concerns (Ferraro et al., 2008). Fourth, although respondent-driven sampling is a valuable tool, it may introduce bias into the sample since like-minded individuals may recommend the survey to each other. Given the complete anonymity of our data, we were unable to test for any such biases.

Clinical Implications

Our findings have important clinical implications. Clinical providers may be able to prepare women for aging-related physical changes by educating them and providing them with relevant resources before midlife hits. Ongoing assessment of how patients are dealing with aging may help prevent negative consequences related to poor coping while also addressing aging women's concerns about not feeling heard or having their needs taken seriously. For example, providers working with maturing women may encourage them to shift focus away from appearance and towards self-care, health, and functionality. Ongoing screening of aging concerns may also help to identify those women struggling with disordered eating and body image disturbance, improve early intervention efforts, prevent serious eating disorders, and facilitate treatment referrals. Supportive discussion around aging also sends the message to patients that their needs are indeed taken seriously, which may promote disclosure of aging-related challenges and enhance the therapeutic relationship. Because midlife and older women feel irrelevant, invisible, and discriminated against due to their age, professionals must pay attention to their own biases when working with aging women, must ensure that assessment and treatment protocols are appropriately tailored, and should include images and magazines in healthcare offices which show authentic women of all ages.

Other clinical and societal implications exist. Women found ageism in the language used by others. Thus, it is important that individuals and the media avoid age-related stereotypes when talking about middle-aged and older women. The presence of women of all ages and sizes in the media may also help women to feel seen, appreciated, and valued, which may reinforce their contribution to society. Finally, individuals in society may benefit from making a conscious effort to be inclusive of all body types and not to put external pressure on middle-aged women to maintain a specific younger appearance.

Summary and future research directions

The findings of this investigation point toward additional relevant research questions to enhance our understanding of the experience of aging in women. Specifically, understanding factors that are associated with adaptive aging rather than aging marked by despair and regret may assist with improving the aging process and overall quality of life for aging women. Continued research should explore additional ways of obtaining information from women over age 50 that does not limit participation (i.e., by level of comfort with technology) and that accurately captures or measures the experiences of women over 50 (i.e., using data collection tools that appropriately address the concerns of this age group). Further, future research in this area would benefit from increased sample diversity. While the perspectives shared in the current study were informative, they represent the experiences of a largely White sample and do not provide information about the experiences of women from other ethnicities, races, or cultures.

What women think and feel about their bodies during the aging process is influenced by a complex interaction of both internal and external changes. It is important to consider the physical and psychological aspects of body image in tandem. Methods of assessing body image will benefit from acknowledging the additional dimensions that influence older women's experience of their bodies. As highlighted by our participants, it is important for

health professionals to acknowledge the realities about what aging entails for women, discuss concerns and questions, and support and encourage women as they navigate the more challenging aspects of aging.

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