Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Counselling Psychology

Relating to Changes in Women's Lives

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IV. Preface to the Portfolio

Significant life experiences and events (physical and emotional) and the effect they have on people has always been interesting to me. It was one of the reasons I chose to study psychology and therefore I wanted to explore this as much as I could in my doctoral research. My doctoral portfolio is a piece of work comprised of three different parts: a doctoral thesis, a combined client case study and process report as well as a publishable article. These pieces of work formed part of my three-year training in counselling psychology and reflect my personal interests in different life experiences and the effects they have on people based on their cultural values. The main body of the portfolio is made up of the thesis, which is a qualitative exploration of how women experience their body image as they grow older and the implications this has for counselling psychology. The client study and process report focus on a person-centred piece of work with a client who was struggling with substance abuse and personal relationships after historic experience of sexual abuse. The final piece of work is a publishable article based on my thesis highlighting the main findings around body image and ageing that emerged from my research study. The participants in the thesis are different to the client in the combined case study and process report in terms of age, presentation and social economic status. However, the threads of culture and relating to changes in women's lives weaves its way through the work in a variety of ways, and is indeed linked with my own development from trainee to a qualified counselling psychologist.

This link seemed fitting in the context of my doctoral portfolio as my three years of training saw changes in my own life when I married my husband. Furthermore, through both my professional work on placement and in personal therapy I have developed more awareness around, and reflected on my experiences of living and studying in a culture very different to the one I grew up in and how these changes have impacted me personally and professionally. Specifically, cultural differences create different values and different ways of relating to others. Personally, I grew up on the small mid-Atlantic island of Bermuda and due to almost year-round nice weather I was quite active doing outdoor activities such as going to the beach, boating, and playing tennis. Moving to the UK, where primarily activities take place indoors was an adjustment and from a body image point of view, I struggled with the more sedentary lifestyle. Additionally, from a cultural perspective racial tensions run high in Bermuda. London and the UK as a whole - while not immune to racial tension as evident in the recent news coverage - is much larger and you can choose to live in areas that are less diverse and therefore do not actively experience

racial tensions. In contrast, Bermuda is small and so the racial tensions are seemingly more salient for all races. Since living and working in the UK over the past ten years I have never seen or felt this tension. However, in saying this perhaps it is my white privilege that prevents me from actively experiencing racial tension here in the UK that others may struggle with daily. However, these cultural experiences in my life so far have impacted me personally and professionally. Professionally, the doctoral training helped increase my self-awareness and recognise that I have different values or ideas about the world than my participants or clients might have and I need to be sensitive to these cultural differences when working therapeutically. This has helped me to establish a connection when interacting with both clients and participants. Navigating these differences and making new connections while on a doctoral training course has been both challenging and enlightening.

Central in my choice to train to become a counselling psychologist was my curiosity in the ways in which life experiences and changes can manifest in different and multifaceted ways. Perhaps because my own life has been fairly easy and free of hardship I have been interested in how people relate to and cope with adversity in different ways. My curiosity has led me to always seek alternative hypotheses or explanations to problems and is also a reason I was drawn to the more complex cases on placement. Why is it that some people have relatively easy lives and reach their goals whereas others struggle to overcome obstacles every step of the way? Originally, this interest led me down a developmental psychology route for my MSc. but I found during my doctoral training that my knowledge of developmental theory and interest in different life experiences, cultures and outcomes helped me to better understand my adult clients when they were struggling with difficult changes in their lives.

Based on the findings from the British birth cohort studies, Pearson (2006) stated that children born into disadvantaged circumstances tend to have difficult lives from the beginning with more behavioural problems, illnesses and poorer performance at school than those born into more privileged circumstances. However, not all children who were 'born to fail' actually do so and instead manage to avoid the outcomes predicted for them based on their environment at birth (p. 1). At times I was stunned at how difficult my clients' lives had been and impressed that they remained positive and hopeful throughout sometimes unimaginable life events. This portfolio also highlights, and gives voice to some of the challenges that emerge in life as women experience changes to their body image and identity when ageing. The following three pieces of work address the relationship between life circumstances and cultural differences and how

these relate to body image and the changes women experience as they grow older. This is in accordance with the core perspectives of counselling psychology, which emphasises people as 'relational beings' both in terms of how they relate in cultural, family, and peer contexts as well as how they relate to their sense of self (Milton, 2010).

Below I will briefly describe each piece of work and highlight how the themes of culture and relating to changes in life presents itself in each section.

Section A: Doctoral Thesis

My curiosity about life changes and experiences motivated the topic for the research thesis. Relating means to establish a connection and these connections run through the work and are examined using a cultural lens. My doctoral thesis aimed to explore the experience of body image in middle aged women as they grow older using a descriptive phenomenological analysis. The body image of middle aged and older women has largely been ignored in the qualitative literature as it has been viewed mainly as a young women's issue (Baker & Gringart, 2009). While men also struggle with their BI as they grow older, the standards of our culture in the western world seem to create more problems for women due to the centrality of their physical attractiveness. Women are socialised to dislike their bodies whereas men are brought up to take pride in theirs (Oberg & Tornstam, 1999). Additionally, women are judged more harshly for their appearance, particularly as they age (Sontag, 1972) and are therefore the focus of the thesis.

My interest in this subject developed from my own experiences and attraction to topics in this area such as body image, ideas of beauty, ageing concerns and the pervasiveness and normalisation of female discontent with their bodies. As a child I was a little overweight and food in relation to weight (what to eat and what not to eat) was always a heavily discussed topic in my family. As a result I have always been concerned about how others view my body. During my first year of university, students were required to take a health and wellness module which drastically changed my approach to nutrition. While I lost a lot of weight and overall became healthier in ways that continue today, reflecting on this time I feel that I grew obsessive in my weight control. I look back at photos from this time and think I look great, maybe even a little too thin but at the time I remember still being critical of certain parts of my body – similar to some of the experiences of my participants. I was able to let go of some of these obsessive thoughts and

behaviours a year later when I moved to London and was happier in a new university. However, to this day I still have a fairly negative body image and can be my own worst critic. At times I am concerned about growing older in terms of weight, skin and hair as I feel that it will only get harder to maintain from this point. Thus, the inspiration for the current research was born and my personal interest as outlined above ensured that I remained engaged and captivated throughout the process. Hearing about my participants' journeys has taught me to be kinder to myself and enjoy my body now so that I can appreciate it more when I am older. While the thesis does not focus specifically on all of these topics, they work together to create an overall picture of the complex concept of body image and the issues that may manifest in women as they grow older with regard to their bodies.

The descriptive phenomenological method was selected as the appropriate method to use when answering my research question due to its consistency with my philosophical underpinnings of critical realism and phenomenology. Utilising a qualitative perspective enabled the researcher to 'give voice' to the phenomenon by collecting detailed, reflective and first-person accounts from participants (Harper & Thompson, 2012, p.8). The findings that emerged from the analysis reflect the complex and enduring nature of body image over the life course. Participant accounts highlighted the ambivalence they felt about their bodies as they have aged. Some struggled with the bodily changes brought on by biological events such as menopause whereas, others found age related changes freeing. Ultimately, most participants described feeling more content and less critical of their bodies currently in mid-life than they did in their twenties. This research aimed to bring attention to an age group that often feels invisible due to the lack of the evaluating sexual gaze of others (Rodeheaver & Stohs, 1991; Kaschak, 1992). Bringing more awareness to practitioner psychologists in this area of research is needed as it has implications for counselling psychology.

Section B: Combined Case Study and Process Report

The themes of relating and culture continue through the case study and process report. As therapists we are continuously trying to connect to and make links with the client's feelings, thoughts and actions in order to make sense of their relationships with themselves and others. Ultimately, the success of therapy rests on the important connection between the client and the therapist. Rogers (1961) states "when functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is

aware but even those just below the level of awareness." Counselling psychology places great emphasis on the use of the therapeutic relationship to explore a client's experiences. The use of person-centred therapy within the humanistic paradigm resonated with me throughout my training as the therapeutic relationship is at the core of this framework. It views people as capable and autonomous, with the ability to resolve their difficulties and change their lives in positive ways (Seligman, 2006) which is often important when working with addiction as these clients often doubt their ability to change. It also allows the therapist to be genuine and real which is more helpful to clients (Rogers, 1961) and this has been both a challenging and yet very rewarding way of working over the past three years.

The case study and process report highlights the effectiveness of the person-centred approach for managing substance abuse and relationship difficulties. While the client in the case study is vastly different from the research participants in terms of age and social economic status, she is struggling with changes in her life, particularly with her relationships as a result of her drinking. This also causes difficulties in the way that she relates to herself and to others as a problem drinker. The process report excerpt from one of our final few sessions highlights that the client's self-concept was far removed from any sense of trust in her organismic valuing process (Mearns & Thorne, 2007). The client was often critical and blamed herself for the breakdown of her relationships so my work with her was aimed at building her self-worth and efficacy to help strengthen her internal locus of evaluation and build a more positive self-image.

Section C: Publishable Paper

The publishable paper highlights the main findings of the research study. The journal *Ageing and Society* was selected for publication as it is an international journal that addresses human ageing and the circumstances of middle aged and older people in their social and cultural contexts. This is important given that body image develops in a sociocultural context. One of the strengths of this study is the that the findings reflect the complexities of how participants relate to the changes in their body image over the course of their lives. Due to the restrictive word limit, it was a challenge to present all the findings in the depth that they deserve as well as address the clinical relevance and implications in one article. I considered narrowing the focus to fewer findings to include the clinical elements but worried that doing so would not allow the participants' complete narratives to be heard. Therefore, the publishable paper focuses more on the findings that pertain most to the topics of ageing and body image over the life course. While

commenting throughout on the need for practitioners to be aware of body image issues in middle-aged women, the article does not address the implications to counselling psychology as in depth as in the thesis. It was clear from the findings that body image is something that all participants were aware of and often from a young age. It can affect many different aspects of life including both mental and physical health amongst middle aged women and thus deserves more attention in the research literature as well as within the therapy room.

Concluding Comments

My personal interests in body image, culture and different life experiences as outlined above have increased during my doctoral training and has helped me relate to my clients when working clinically. Working with different theoretical models and learning new ways of understanding complex presentations such as struggles with body image, menopause, substance abuse, or the loss of a loved one and the events that may lead up to these difficulties has been fascinating. This portfolio underscores how individuals understand these common life events differently based on their cultural values and life experiences. Additionally, issues such as body image are not just a young person's issue and can often become worse with age as the body starts to change and move further away from society's and a woman's personal ideal. This portfolio has aimed to give voice to a relatively unheard group, while also informing theory and practice.

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Section A: Doctoral Thesis

Growing Older in the 21st Century: Women's Experience of their Body Image as they have aged: Implications for Counselling Psychology

Abstract:

Body image of middle-aged women has largely been ignored in the literature as it is viewed primarily as a young women's issue. As women age they experience social, environmental and physical changes that influence the ways in which they perceive their bodies. In terms of weight and shape, it is generally understood that the pressures on women are more pronounced than those on men and furthermore, Western society generally equates beauty with youthfulness and thinness. The mass media of today is more widespread than ever before, particularly with the advent of social media and therefore is arguably the most powerful conveyer of socio-cultural ideals. As a result, the current generation of middle-aged women are perhaps more confronted by the challenges of ageing in a way that previous generations were not. This study aims to gain a better understanding of how women experience their bodies as they grow older. Semi-structured interviews were used with eight middle-aged women (age 50-60) to explore their experience of body image and ageing. Interviews were analysed using Giorgi's Descriptive Phenomenological Method to arrive at a general structural description of the experience. Findings revealed that all participants are aware of body image in some form or another with the majority of participants becoming aware with the onset of puberty. Moreover, most of the women in the study were not happy with the physical changes that growing older has brought to their bodies but have become less critical of themselves and have developed an acceptance of who they are and what they cannot change. Relevance and implications to counselling psychology were considered throughout in terms of both theory and practice. This research highlights the need to consider an age group that often feels invisible due to society's youthful ideals that equate youth with attractiveness and ageing with irrelevance.

1: Chapter One: Review of the Literature

1.1 Chapter Overview

This chapter will explore the current literature surrounding women's body image (BI) as they grow older and the implications this may have for counselling psychology. The chapter will give a brief overview of the dominant theoretical frameworks in western societies that underpin the research on BI – Objectification theory (OT; Fredrickson & Roberts, 1997), sociocultural theory (Thompson et al., 1999) and social comparison theory (Festinger, 1954). The media driven feminine beauty ideal that dominates society and becomes more difficult for women to achieve as they grow older (Tiggemann, 1992) is also discussed in relation to the life course perspective. Finally, limitations of the research and a rationale for the current study are presented at the end of the chapter.

1.2 Aims

The primary aim of this study was to gain a better understanding and provide a phenomenological description of the lived experience of BI in women as they age. While men also struggle with their BI as they grow older, the standards of our culture in the western world seem to create more problems for women due to the centrality of their physical attractiveness. Women are socialised to dislike their bodies whereas men are brought up to take pride in theirs (Oberg & Tornstam, 1999). Additionally, women are judged more harshly for their appearance, particularly as they age (Sontag, 1972) and are therefore the focus of this research. The secondary aim was to consider the implications for counselling psychology on an individual practice level as well as in service delivery and the third aim was to provide recommendations for future research in this area.

1.3 Background

Midlife, or middle-aged is a fairly recently defined construct partly due to the increased life expectancy and it remains the most poorly understood period of the lifespan (Lachman, 2001). Middle age is the latest life stage to be discovered. As women expect to live longer and as their expectations of productivity increase, they do more and demand more of their middle years (Apter, 1995). Furthermore, there are differing views with regard to the age range that

corresponds to midlife, as with life one does not know when it will end so the timing of the middle is always an estimate (Lachman, 2004). According to the online Oxford English Dictionary (2018), midlife is defined as "the central period of a person's life, between around 45 and 60 years old" and this is in line with the most common definition of midlife (Lachman, 2004). However, the boundaries for midlife are blurred and show a wide age range. Most surveys report that 40 is the average entry year and 60 is the average exit year but there is still extreme variability on either end of the expected timing of midlife (Lachman et al., 1995). Another reason midlife can be hard to define is because many people of the same chronological age are in different life phases with regard to social, family, or work (Lachman, 2004). At age 40 some adults may have become a parent for the first time, while other 40-year olds may have grown children or decided not to have children. Therefore social/family events place people of the same age in different contexts. If one is early or late for an event or life transition, or approaching a developmental deadline (e.g., biological clock/menopause), this may have an impact on one's self concept and experiences during midlife (Heckhausen, 2001).

Being in midlife may be similar to being in the middle of the term at school, the middle of a book or the middle of a holiday (Lachman & James, 1997). When in the middle of something it is natural to look back and see what has already occurred or been accomplished and look ahead to decide what comes next or what still needs to be achieved. For the goal-oriented person this may be when problems arise as there is an emphasis on what remains to be done in the time they have left (Lachman, 2004). According to Jung's (1971) work, failure to address the psychological and physical changes in middle age could lead to difficulties including anxiety, disappointment or a loss of self-confidence. These difficulties in midlife are often negatively associated with, and referred to as a major life crisis (Levinson & Levinson, 2011; Wethington, Kessler, & Pixley, 2004). There is a widespread cultural stereotype about the midlife period being a time of crisis (Lachman, 2004), yet only a small percentage of people actually seem to experience a midlife crisis (Wethington et al., 2004). Midlife has also been referred to as a period of psychological awakening and meaningful inner development (Sheehy, 2006) as well as a time that individuals may begin to direct their energy into generative pursuits (Erikson, 1968). Lachman and colleagues (1994) also found that that middle age was associated with positive descriptors such as competent, responsible, and powerful.

These views are conflicting and indicate that there may be specific factors, both positive and negative that influence an individual's passage through middle age and ultimately affect life

satisfaction and well-being (Steverink, Westerhof, Bode, & Dittmann-Kohli, 2001). Additionally, these factors might differ by gender. As women age they experience social, environmental and physical changes that influence the ways in which they perceive their bodies (Tiggemann, 2004). In terms of weight and shape, it is generally understood that the pressures on women are more pronounced than those on men (Grogan, 2008). Cultural ideals of the female body have evolved over the centuries (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), are instilled from a young age and continue throughout life (Bresolin, 1993; Rodin, Silberstein & Striegel-Moore, 1984). The ideal of female beauty has shifted from a symbol of fertility to one of mathematically calculated proportions in response to men's sexual desires (Bonafini and Pozzilli, 2011).

Western society places great value on beauty and generally equates beauty with youthfulness and thinness (Ferraro et al., 2008; Wolf, 1992). Furthermore, women in western cultures are often judged by appearance more than other characteristics such as personality and intellect (Crose, 2002). The societal emphasis on youth and beauty therefore presents an increasing danger to women's BI as they age (Ferraro et al., 2008) and raises the question: how do women feel about their bodies as they age? With increasing age, women confront unique physical situations that are likely to impact BI such as the menopause and declining health (Rostosky & Travis, 2000). Since today's beauty ideal is that of a youthful, toned, thin body (Bordo, 1993) and given the 'double standard' of ageing (Sontag, 1972) whereby physical signs of advanced age are judged more harshly in women than in men, ageing women are especially disadvantaged in their struggles to achieve and maintain the existing cultural standards of physical attractiveness (Hurd, 2000). The mass media of today is more widespread and relentless than ever before, particularly with the advent of social media and therefore is arguably the most powerful conveyer of socio-cultural ideals (Tiggemann and McGill, 2004 as cited in Ogden et al., 2011). As a result, the current generation of middle-aged women are perhaps more confronted by the challenges of ageing and the media's pressures in a way that previous generations were not. The media drives home the message that women should grow old gracefully by hiding the signs of ageing. This is perpetuated by praising older celebrities for their 'youthful' good looks, making it more difficult for women to feel comfortable about ageing and more likely to develop negative feelings about their body (Chrisler and Ghiz, 1993). This can lead some women to seek surgical procedures as a method for alleviating appearance-focused concerns and to conform to society's ideal (Slevec and Tiggemann, 2010).

Despite this, the BI of middle aged and older women has largely been ignored in the literature, particularly in the qualitative literature as it has been viewed primarily as a young women's issue (Baker & Gringart, 2009). Additionally, the most influential theorists in conceptualising midlife have been Jung, Jaques, Erikson, Vaillant, and Levinson. They are all men writing about men suggesting that midlife satisfaction is related to a sense of generativity and giving to future generations (Erikson, 1950); being able to accept one's age, find purpose, and not yearn for the activities of youth (Jung, 1933/1983); to having resolved the fear of death (Jaques, 1965); to loosening up and seizing one more chance of rebirth (Vaillant, 1977); and to forming a realistic picture of oneself and the world (Levinson, 1978). Little is known about how these more mature women negotiate and interpret the ageing process in terms of its effects on their perceptions of and feelings about their bodies, their lived experiences in their bodies, as well as the relationship between their sense of their bodies and their identities (Hurd, 2000). Teri Apter (1995) was one of the few scholars to examine the actual experiences of midlife women. She found the greatest challenge for a woman was integrating the images formed in adolescence of being female with that of being a woman in midlife. Additionally, she found that a woman's most important insight was that she could finally listen to her own voice rather than following along with the voices of others as younger women often feel compelled to do (McQuaide, 1998).

1.4 Review of the literature

1.4.1: Body Image Defined

Body image (BI) is a complex, multidimensional construct that plays an important role in the lives of women (Cash, 2004). It refers to a persons' evaluations and affective experiences regarding their physical attributes as well as their investments in appearance as a domain for self-evaluation (Cash, Ancis and Strachan 1997). More simply, BI is defined as the picture one has in their minds of the size, shape, and form of one's body (Slade, 1988). It is thought to hold important principles for understanding essential issues of ageing and identity (Krauss-Whitbourne and Skultety, 2002). BI does not change from day to day, however it is also not fixed and develops throughout life as a result of sensory and behavioural experience, physical appearance, societal norms, and the reactions of other people (Chrisler and Ghiz, 1993). Insecurities around BI established in one's youth will often continue to manifest as individuals age (Del Rosso, 2017). Given the developmental nature of BI, it cannot be assumed that women of all ages perceive their bodies in the same way or that their evaluations of their bodies

remain unchanged over the life course (Hurd, 2000). Researchers have divided the concept of BI into a number of different components. Slade (1994) stated that the concept of BI includes both a 'perceptual component,' or the way one perceives their bodies, and an 'attitudinal component,' or one's feelings about their bodies (p.497). Slade (1994) goes on to say that BI is influenced by the individual's personal history, attitudes and feelings regarding body weight and shape, cultural and social norms, as well as psychological and biological factors. Similarly, Cash (1994) builds on this and argues that attitudes about BI are made up of three parts, evaluation, affect and investment. Evaluation refers to "satisfaction-dissatisfaction with one's physical attributes, as well as evaluative thoughts and beliefs about one's appearance." BI affect pertains to "discrete emotional experiences that these self-evaluations may elicit in specific situational contexts," and the concept of BI investment refers to "the extent of attentional self-focus on one's appearance, its importance to one's sense of self, and behaviours involving the management or enhancement of appearance" (Muth and Cash, 1997, p.1438-1439). Therefore, Muth and Cash (1997) differentiate between how one rates the various aspects of one's body, how one feels about one's body and what one does to manage and change one's body (Hurd, 2000). This definition of BI fits with the current qualitative research study as it explores how women understand their body and seeks to uncover how much effort is employed to maintain the body in order to fit in with socio-cultural ideals while growing older.

Body dissatisfaction is another component of BI and refers to a negative subjective evaluation of personal appearance (Stice and Shaw, 2002) and occurs when there is inconsistency between one's current and ideal BI (Cash and Strachan, 1999). By the 1980's, body dissatisfaction was so prevalent among women in Western culture that it was considered a "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1984). Women seem to accept that disliking their body is a normal part of everyday life (Marshall, Lengyel, & Utioh, 2012) and frequently engage in 'fat talk' by speaking negatively about their body in female social groups at varying ages (Britton, Martz, Bazzini, Curtin & LeaShomb, 2006). Furthermore, this 'fat talk' has been described as an adaptive behaviour for adjustment in many female groups (Hope, 1980) and failing to join in can be misinterpreted as bragging (Britton, et al., 2006). Although aspects of body dissatisfaction amongst women between 18 and 25 years are very well documented (Grogan, 1999), much less is known about the effect of ageing on BI concerns and how middle-aged women feel about their bodies. Middle age often coincides with physical changes such as weight gain and wrinkles (Harris & Cumella, 2006) which can build the foundation for BI issues throughout older adulthood. Today's generation of middle-aged and older women, often referred to as baby

boomers – those born between 1946 and 1964 (Fingerman et al., 2012) may be particularly vulnerable to body dissatisfaction due to their heightened preoccupation with maintaining health and youthfulness (Biggs et al., 2008; O'Reilly et al., 2003), relative affluence, educational attainment, and heightened media exposure compared with previous generations (Biggs et al., 2007; O'Reilly et al., 2003; Wadsworth & Johnson, 2008; Howarton & Lee, 2010). McLaren and Kuh (2004) studied 1,026 middle-aged women aged 54 and found that 80% of them reported being dissatisfied with their body weight/appearance. Additionally, women over 60 have described their bodies as a major source of displeasure (Clarke 2002a; Hurd, 2000; Clarke, 2002b) and use words such as "ugly," "sagging," and "awful" (Hurd, 2000 p.87). As the population grows older and as rates of obesity continue to rise, the increasingly thin and youthful ideal portrayed by the media will be unachievable to more and more women (Heinburg, 2006). Therefore, the prevalence of body dissatisfaction among middle-aged and older women is expected to increase (Gallada, 2008). As BI influences physical and psychological health, food choices and overall well-being this has implications for the mental and physical health of individuals and the overall population.

Reviewing the literature presented challenges when considering the search strategy as the research topic required a review of four different and very broad topics; women, body image, ageing and midlife. Regular searches over the period in which this research was undertaken were completed over several key databases to find current literature including both books and journal articles. Databases searched were Psychinfo, PsycARTICLES, ProQuest and SocINDEX, the latter being included as ageing is both a psychological and sociological phenomenon. Search terms started out broad and then became narrower as the literature search continued. These included a combination of the following:

1. Terms relating to demographic (e.g. women and middle-aged women).
2. Terms relating to appearance concerns (e.g. body image; ageing; cosmetic surgery; menopause).
3. Terms relating to relevant theory (e.g. OT; social comparison; sociocultural).
4. Terms relating to the media (e.g. beauty campaigns; advertising; social media)
5. Terms relating to the methodology (e.g. qualitative; descriptive phenomenology).

These search strategies were repeated over the duration of the research to ensure that the literature was current. From the search results, qualitative and quantitative studies were

selected based on relevance. Each abstract was examined for appropriateness and relevant articles were included in the literature review. The reference section of each article was also examined for further important literature. In line with the inclusion and exclusion criteria, search terms that were avoided included eating disorders (bulimia, anorexia, binge eating), disordered eating, men, young women, adolescence and girls. The inclusion and exclusion criteria of the current study is further outlined in chapter two (refer to section 2.7.10).

1.4.2: Women and Body Image

Historically, women's social value has been connected to their bodies. Their role in society has been expressed through their bodies in bearing children, satisfying men's sexual needs, and in caring for men's and children's emotional and physical needs (Brown and Jasper, 1993). Traditionally, women have lacked access to the same resources and power in the world that men have and therefore their physical and sexual attractiveness have been important sources of social appraisal (Hurd, 2000). The way a woman's body looks can determine how others relate to her and is connected with a woman's economic value in society. Looking good was a tactic that women could use to gain some power and control (Brown and Jasper, 1993) and according to Rodin et al., (1984) "beauty has been a central asset that has helped a woman to gain access to a man's resources" (p.273). As a result of this, women's traditional reproductive and domestic roles, their access to social and economic power and the ways in which they have been socially valued and devalued are intricately linked to their evaluations of their bodies (Hurd, 2000). First wave feminism tackled these issues in the fight for political and social equality under the law (Tyner & Ogle, 2009). Second wave feminism, beginning in the 1950's was more focused on the cultural and psychological contexts that produce patriarchy and related power inequalities (Moran, 2002). It was feminist scholars Simone De Beauvoir (1952), followed by Betty Friedan (1963) who drew attention to the role of society in constructing gender and paved the way for feminists to explore how the female body has 'served as a canvas on which cultural constructions of identity and difference have been inscribed' (Tyner & Ogle, 2009, p. 98). De Beauvoir (1952) stated:

> *One is not born, but rather becomes a woman…it is civilization as a whole that produces this creature. (p.267).*

Feminist analyses have long adopted a social constructionist account of the female body (De Beauvoir 1952; Gardner, 1980; Orbach, 1998; Bordo 1993), which suggests that in western societies the female body is sexually objectified and seen primarily as an object to be looked at and evaluated by the male sexual gaze (Tiggemann & Kuring, 2004). A woman's BI is acquired in a social context in which cultural beauty ideals, evolving gender norms, the media, and interactions with significant others shape and constrain her experience and perception of her body (Wolf, 1992; Bordo, 1993; Paquette and Raine, 2004; Pelican et al., 2005). Mishkind, Rodin, Silberstein and Striegel-Moore (1986) state that "the pursuit of and preoccupation with beauty are central features of the female sex-role stereotype" (p.545). Franzoi (1995) stresses that women are socialised to perceive the body "as an object of discrete parts that others aesthetically evaluate" (p.417) compared to men who are socialised to think of the body as a "dynamic process where function is of greater consequence than beauty" (p.417). Within Western society men have been framed as superior, rational and free from bodily concerns, whereas women are constructed as inferior and trapped in a material body (De Beauvoir, 1952). According to Franzoi (1995) the tendency for women to see themselves as an object to be admired results in an excessive amount of attention to individual body parts. While exploring women and their body image in relation to ageing, the current study uses feminist theory and cites feminist writers to inform the research. However, it will not use a feminist perspective to underpin the epistemology as adopting a social constructionist account of body image does not fit philosophically with the phenomenological method of choice for this research. The research methodology and philosophical underpinnings will be further explored in chapter two.

1.4.3: Objectification Theory

Various theories have tried to offer an understanding of what it is like to be female in a culture that sexually objectifies the female body. One of the most prominent theoretical frameworks is Fredrickson and Roberts' (1997) objectification theory (OT). Fredrickson and Roberts (1997) proposed OT as an integrative framework for understanding the consequences of living in a culture that sexually objectifies the female body and how women's socialisation and experiences of sexual objectification are translated into mental health problems (Tiggemann & Kuring, 2004). OT suggests that women's life experiences and gender socialisation routinely include experiences of sexual objectification (Moradi and Huang, 2008). Bartky (1990) summarises sexual objectification as occurring when a woman's sexual parts or functions are separated out from her person, reduced to status of mere instruments, or else regarded as if

they were capable of representing her. To be dealt with in this way is to have one's entire being identified with the body (p35).

Although OT was first formally theorised in 1997, the objectification of women's bodies is not a new phenomenon. Fredrickson and Roberts' theory posits that in Western societies, the female body is socially constructed as an object to be looked at and evaluated, largely on the basis of appearance. Women and girls are accustomed to seeing a sexualised representation of females in visual media, both mainstream media and pornography. Therefore, this repeated occurrence of sexual objectification leads women and girls to internalise an observer's perspective of their own bodies (Holland and Tiggemann, 2016). This can create a constant monitoring of the body's external appearance, which leads to increases in shame and anxiety about the body – a process labelled 'self-objectification' (Friedrickson and Roberts (1997).

Several studies support an association between self-objectification, or habitual body monitoring and a negative body image in samples including middle-aged women (Augustus-Horvath & Tylka, 2009; Grippo & Hill, 2008; McKinley, 2004; McKinley & Randa, 2005; Tiggemann & Lynch, 2001) but very few studies have examined middle aged women specifically. Furthermore, it is evident from these studies that determining what is classified as middle aged varies greatly between research studies but nevertheless validate the theory that self-objectification can have a negative effect on women across a range of ages.

McKinley and Lyon (2008) asked 74 middle aged European-American women aged 50-68 to complete surveys asking about menopausal attitudes, appearance ageing anxiety, body surveillance, body shame and body esteem during menopause. Their hypotheses were that more positive menopausal attitudes and lower appearance-related ageing anxiety should be related to a more positive body experience, including greater body esteem and lower body surveillance and body shame. The second hypothesis was that body surveillance and body shame should moderate the relationship between menopausal attitudes, ageing anxiety, and body esteem such that women who are high on body surveillance or body shame should have stronger relationships between these variables than women who are low on body surveillance or body shame. McKinley and Lyon (2008) used numerous measures for their study. The body esteem scale (BES), The Body Surveillance subscale and the body shame subscale of the Objectified Body Consciousness (OBC) scale, The Physical Appearance subscale of the Anxiety about Aging Scale (AAA), and the Anasis Menopause Attitude Tool (AMAT). The BES

(Franzoi & Shields, 1984) lists 35 aspects of the body, including items such as "waist," "weight," "physical stamina," and "sexual activities." Participants rated each item on a 5-point scale, from *have strong negative feelings* to *have strong positive feelings*. The body surveillance OBC scale (McKinley & Hyde, 1996) consists of eight items such as "I often worry about whether the clothes I am wearing make me look good." The body shame subscale of the OBC also consists of eight items such as "I feel like I must be a bad person when I don't look as good as I could." The items on both scales are rated on a 7-point scale ranging from *strongly disagree* to *strongly agree.* Participants could also circle NA if an item did not apply to them. The AAA (Lasher & Faulkender, 1993) consists of five statements such as "I have never dreaded looking old." They are rated on a 5-point scale ranging from *strongly agree* to *strongly disagree.* The AMAT (Anasis, Harrison, Hohner, Cooksey, & Curry, 2002) is comprised of 21 items such as "the problem with menopause is not being able to control the physical changes." The items are rated on a 6-point scale ranging from *strongly agree* to *strongly disagree.*

Results showed that appearance-related ageing anxiety was related to greater body surveillance and body shame, but not to body esteem. The construct of body shame demonstrated that appearance-related menopausal concerns may be particularly strong for women who objectify their bodies as prescribed by the cultural context that defines women in terms of their appearance (McKinley & Hyde, 1996). This finding was replicated in a sample of middle-aged mothers aged 38-58 years but not their undergraduate daughters, for whom body surveillance was associated with body shame and body esteem (McKinley, 1999). These results remained the same in a ten-year follow-up of the two cohorts (McKinley, 2006). Therefore, this shows that the series and strength of the pathways hypothesised by objectification theory vary for different aged women. However, the McKinley & Lyon (2008) study has some limitations in that the menopausal attitudes scale they used was very general. It contained a wide range of attitudes about appearance-related beliefs, affective attitudes, emotional change effects and developmental opportunity changes. Using a measure with more subscales would have been better to assess the relationship between appearance-related ageing anxiety, menopausal attitudes, and body experience as menopause is complex and different for every woman and beliefs and experiences are likely to be very different between women (Sampselle et al., 2002). Additionally, data collection relied on self-report and is correlational therefore results have to be interpreted cautiously. In particular, questions asking about weight have been shown not to be reliable particularly for heavier women who may not weight themselves regularly or underestimate how much they weigh (Larsen, Ouwens, Engels, Eisinga, & van Strien, 2008).

Greenleaf (2005) gathered a sample of 394 ethnically diverse women aged 18-64 who exercised for at least 20 minutes twice a week. The participants were divided into a younger age group (18-30 years) and an older age group (39-64) and asked to fill out questionnaires about self-objectification, body shame, activity level and eating behaviour. Physical activity was measured using The Aerobics Center Longitudinal Study Physical Activity Questionnaire (ACLS; Khohl, Blair, Paffenbarger, Macera, & Kronenfeld, 1988). Participants report on regular participation in 14 different activities over the last three months along with the frequency, intensity, and duration of those activities. Self-objectification was measured using the Body Surveillance subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). This consists of 8 items related to the extent to which a person thinks about how her body looks rather than how it feels. Participants respond on a 7-point Likert scale that ranges from 1(strongly agree) to 7 (strongly disagree).

Body shame was measured using the Body Shame subscale of the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). Body shame refers to the internalisation of cultural standards and the shame experienced when those standards are not met. This subscale consists of eight items related to feelings of shame associated with the failure of one's body to conform to an ideal. Each item is rated on a 7-point Likert scale that ranges from one to seven. Flow, defined as being so completely absorbed in the physical activity that the participant experiences a loss of self-consciousness, was measured using the Flow Trait Scale (FTS; Jackson, Kimiecik, Ford, & Marsh, 1998). This measures the frequency with which participants typically experience flow during physical activity. It consists of 36 items rated on a 5-point Likert scale that ranges from one (never) to five (always). Disordered eating was assessed using the Eating Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garkinkel, 1982). The EAT-26 includes three factors: dieting, (i.e., avoidance of food and preoccupation with thinness), bulimia and food preoccupation (i.e., symptoms of bulimia), and oral control (i.e., self-control related to eating and perception of pressure to gain weight). The EAT-26 consists of 26 items and was scored on a 6-point scale that ranges from 1 (never) to 6 (always).

Results show that in the older age group, BMI, self-objectification, and body shame were positively correlated with disordered eating. Self-objectification was negatively correlated with physical activity. Flow was negatively correlated with BMI, self-objectification, body shame, and disordered eating and positively correlated with physical activity. This indicates that the process

of self-objectification leads to increased levels of body shaming but that this effect is mediated when women invest in their appearance through exercising. This study supports objectification theory and shows that middle-aged women continue to feel the sociocultural pressures to maintain an appearance that is pleasing to both themselves and others. However, the age ranges used in this study are very wide making it more likely for confounding variables to emerge. The women in this study have grown up at different times and their life experiences are likely to be very different. The body concerns of an 18-year-old are going to be vastly different to a 60-year-old. Additionally, the correlational nature of the design prevents any conclusions about the chronological nature of self-objectification and other constructs examined from being drawn. Therefore, from the results it is not possible to determine if self-objectification leads to increased body shame, or if body shame results in increased self-objectification.

1.4.4: Social Comparison Theory

Integrating body comparison allows for a broader understanding of self-objectification as women frequently compare themselves to others as a guide for how to look and also to measure their relative attractiveness compared to other women (Tylka & Sabik, 2010). Social comparison theory (Festinger, 1954) centres on the belief that there is a drive within individuals to gain accurate self-evaluations. Individuals evaluate their opinions, abilities and body by comparing themselves to similar others in order to reduce uncertainty in these domains and learn how to define the self. Essentially, women process social information about their bodies by comparing themselves to others to establish similarities and differences and assess how their body shape or size measures up to others (Krayer, Ingledew & Iphofen, 2008).

Social comparison theory involves three types of assessments that determine how an individual engages in social comparison: self-evaluation, self-improvement and self-enhancement (Thornton & Arrowood, 1966). Self-evaluation comparisons are used to collect information about one's own standing in relation to others in terms of attributes, skills and social expectations. Self-improvement comparisons are employed to learn how to improve a particular characteristic or attribute (Wood, 1989). Self-enhancement comparisons can protect self-esteem and self-worth in times of threat and allow the individual to maintain positive views about the self (Wood, 1989; Thornton & Arrowood, 1966; Wood, Giordano-Beech & Ducharme, 1999). Studies have shown that women are more likely to compare themselves to friends and family than to more dissimilar images, such as celebrities in the media (Bosveld, Koomen & Pligt, 1994). A woman

may use self-enhancement comparisons if she is worried about how her body is ageing. She might gaze at another woman of a similar age who may look older than her to make her feel like she is still ageing well or at a 'normal' pace. When a woman looks to another woman that they consider to be worse off (not ageing very successfully) in order to feel better about their self, they are making a downward social comparison (Wills, 1981). Research has shown that social comparisons with others who are perceivably better off in a particular area, or upward social comparisons can lower self-esteem and induce feelings of negative self-worth (Tesser, Millar & Moore, 1988).

Kozar & Damhorst (2009) carried out a study examining the relationship between age, body image and women's tendency to compare themselves with fashion models. They gathered 281 participants in the United States between the ages of 30 and 80 years and asked them to complete Likert-scale questionnaires around body image ideals. To measure appearance self-discrepancy, the Body-Image Ideals Questionnaire (BIQ; Cash, 2000a; Cash & Szymanski, 1995) was used. The questionnaire included 10 personal attributes; height, skin complexion, hair texture and thickness, facial features, muscle tone and definition, body proportions, weight, chest size, physical strength, and physical coordination. For each of the 10 attributes, respondents were asked to think about their ideal self and rate the extent to which they believe they look like or match their ideal on a 4-point scale or 1 being *exactly as I am;* 2 = *almost as I am;* 3 = *fairly unlike me;* and 4 = *very unlike me.*

Participants were then asked to rate the personal importance of each characteristic to their attractiveness using another 4-point set of options ranging from 1 = *not important* to 4 = *very important*. To assess the participants' satisfaction with their body, the Body-Areas Satisfaction Scale (BASS) was also included. The original BASS consists of eight physical attributes face (facial features, complexion), hair (colour, thickness, texture), lower torso (buttocks, hips, thighs, legs), mid torso (waist, stomach), upper torso (breasts, shoulders, arms), muscle tone, weight and height (Cash, 2000b; Cash & Henry, 1995). This was modified for the current study so that upper torso included shoulders and arms only; breasts were listed as a separate characteristic. Participants were asked to rate their satisfaction with each personal characteristic using a 5-point Likert scale from 1 = *very dissatisfied* to 5 =*very satisfied*. Questions pertaining to social comparison were also included in the measures to determine participants' inclination or predisposition toward comparing oneself with others. Participants were asked to rate how frequently they compare themselves to fashion models on height,

weight, shape, face, hair, style, and attractiveness on a scale of 1 = *never* to 5 = *always* (Jones, 2001)*.*

Results showed that the participants overall perceived little discrepancy between their ideal and actual physical appearance and felt that their body resembled or matched their ideal somewhat closely. Participants perceived the most discrepancy for weight and body proportions and indicated the most dissatisfaction with their mid torso. Older participants were less likely to compare themselves with fashion models on the attributes of height, face, weight, shape, hair, attractiveness and style than the younger group and it was deduced that the more often participants reported comparing themselves to fashion models, the less satisfied they were with their overall appearance. These results support social comparison theory (Festinger, 1954) as well as previous research which suggests that middle-aged and older women, may be more likely to discount unrealistic youthful media images as irrelevant to the self as standards for appearance (Ogle & Damhorst, 2005) and therefore prefer to compare themselves to more realistic standards such as their peers. However, due to the quantitative nature of the Kozar and Damhorst (2009) study it is difficult to fully explore and understand the phenomenon of social comparison amongst middle-aged women. The study could be enhanced using a qualitative design and extending the participants to include a wider community of women in order to make the results more generalisable. Additionally, a larger proportion of the sample consisted of older women aged 60 to 80. Results would be more representative and validity enhanced if there were an equal number of participants in both groups, younger and older.

1.4.5: Sociocultural Theory

Bodies exist within social and cultural contexts (Friedrickson and Roberts, 1997). Therefore, in addition to objectification theory, sociocultural theory (Thompson et al., 1999) must also be looked at in order to provide a more complete framework of understanding the impact of the pressures that women potentially feel to maintain a youthful appearance as they grow older. Sociocultural theories are the most accepted and widely investigated of aetiological theories of body image disturbance (Thompson, et al., 1999) and based on the belief that the societal norms rooted within any culture produce powerful and influential ideals of what is acceptable (Stormer and Thompson, 1996). Despite being almost impossible to achieve, many women internalise and aspire to these societal standards of thin beauty ideals that are also consistently circulated by parents, peers and the media. When they inevitably fail to achieve them, body dissatisfaction occurs (Ata et al., 2007; Keery, VanDen Berg, & Thompson, 2004; Stice,1994;

Tiggemann, 1992). It has been argued that the mass media is the most powerful conveyer of sociocultural ideals in the West due to its prevalence in society (Tiggemann & McGill, 2004; Andersen & DiDomenico, 1992; Martin & Kennedy, 1993) and furthermore, sociocultural theory proposes that the media's portrayal of unrealistic beauty ideals encourages women to not only internalise them, but also engage in appearance comparisons with them (Holland & Tiggemann, 2016), which can create BI concerns in women.

In an effort to understand the developmental factors that play a role in the aetiology and maintenance of body image disturbance and eating disorders one of the sociocultural models that has been reviewed in the literature is the tripartite influence model of body image and eating disturbance, proposed by Thompson et al., (1999). The model was developed as a way to incorporate many of the variables hypothesised to have an effect on body image. It suggests that there are three main sociocultural influence variables that form the basis for the development of body image and eating dysfunction: peers, parents and the media (van den Berg et al., 2002). Additionally, the model contains two links – internalisation of societal ideals of appearance and heightened appearance comparison tendencies – that connect these influences to disturbed body image and eating problems. The model postulates that the standard for the ideal female body is so excessively thin that it is essentially unattainable, which leads many women to experience body dissatisfaction (Slevec & Tiggemann, 2011). Women who are dissatisfied with their bodies may be more likely to engage in disordered eating or other maladaptive behaviours to achieve the thin ideal (Feingold & Mazella, 1988).

Many studies have tested and evaluated the tripartite influence model and the influential role of peers, parents and the media in the development of body dissatisfaction among younger women and adolescent girls (Keery et al., 2004; van den Berg et al., 2002; Menzel et al., 2011 & Grabe et al., 2008). However, a much smaller body of research suggests that sociocultural factors may also influence the body image of middle-aged women (Keith & Midlarsky, 2004). Women and adolescent girls are subjected to sociocultural pressures to be thin, which may be compounded in midlife women by age-related concerns about the body (Midlarsky & Nitzburg, 2008). The biologically related weight gain that occurs until about age 60 amongst most women combined with the increase in body fat at menopause can add to the dissatisfaction experienced by women at midlife (McLaren & Kuh, 2004). Thus, it is not surprising that middle-aged women are no less susceptible to sociocultural pressures to be thin than adolescent girls

(Forman & Davis, 2005). However, the relationships among the variables contained in the tripartite influence model may differ for middle-aged women (Slevec & Tiggemann, 2011).

Slevec and Tiggemann (2011) used an extended version of the tripartite influence model and suggested that sociocultural theory could be stretched beyond traditional undergraduate women to middle-aged women. The aim of the study was to examine the influence of media exposure on body dissatisfaction and disordered eating in middle-aged women. The secondary aim was to test a sociocultural model of disordered eating using the theoretical framework provided by the tripartite influence model. They recruited 101 middle-aged Australian mothers aged between 35 and 55 through a secondary school. Researchers relied on children aged 10-16 to pass questionnaires on to their mothers to fill out. Response rate was 30.1% The mean body mass index of these women (BMI) was 26.67 indicating that the women were on average at the lower end of the overweight range. Participants were asked to complete questionnaire measures of media exposure (television and magazine), thin-ideal internalisation, social comparison, appearance investment, ageing anxiety, body dissatisfaction, and disordered eating. In accordance with the model, media exposure was not associated with body dissatisfaction directly but rather via mediating cognitive processes, specifically thin-ideal internalisation, social comparison, appearance investment, and ageing anxiety. The results of the Slevec and Tiggemann (2011) study suggests that middle-aged women may be vulnerable to the negative effects of the media that are well-researched in younger women (Grabe et al., 2008) and that sociocultural theory can be extended to women in midlife. However, the participants in this study were of a limited demographic of white, middle class mothers. The study failed to reach a larger group of women that could have extended the results.

Furthermore, the survey was sent home with children, which diffuses the responsibility and decreases the likelihood of returned questionnaires. Had the measures been given by a researcher, directly to the parents they could have had more control over the questionnaires and potentially higher participation. Other weaknesses of the study included the BMI characteristics of the participants. The largest group of women fell within the higher end of "normal" weight range. It is possible that women in this weight range are more likely to be critical of themselves and engage in media-based comparisons than heavier women, as the thin ideal may be considered largely out of reach for heavier women. The study could be enhanced by examining the impact of the media on middle-aged women of varying body shapes and sizes.

1.4.6: The Life Course Perspective

When studying middle-aged women, it is important to place the above theories into a life course perspective in order to gain a deeper understanding of how women in this stage of life feel about ageing and their bodies. The life course perspective is the leading theoretical framework for understanding patterns of behaviour, attitudes and individual characteristics as they unfold across time (Elder, 1995; Elder 2003; Moen, 2001). It is valuable in BI research because it aids in studying the development and progression of BI across the lifespan as well as the interactions of the various factors that shape body image (Liechty & Yarnal, 2010). It has been used increasingly to study health and health behaviour across the lifespan in multiple fields including psychology (Elder, 2003; Pearce & Davey Smith, 2003). Furthermore, according to McLaren and Wardle (2002) the life course perspective is the key to a more advanced understanding of BI and research using the perspective has been scarce. Looking at BI from a life course perspective provides a useful theoretical orientation for framing body image research amongst middle-aged and older women and highlights the influence of personal life events, historical changes and the individual's perceptions of and responses to such experiences (Elder, 2003; McLaren & Wardle, 2002; Thompson, 2002; Staudinger & Bluck, 2001). This perspective locates individuals and groups in time and space, discouraging simplistic comparisons and conclusions (Hatch, 2000) and studies participants in the context of their sociocultural environment and personal history (Staudinger & Bluck, 2001).

From a meta-analysis, Wethington (2005) outlined seven related concepts that are explicated when a life course perspective is implemented: trajectories, transitions, turning points, culture and contextual influences, timing in lives, linked lives, and adaptive strategies (Elder, 1995; Elder, 2003; Settersen, 1999; Moen, 2003). These concepts 'facilitate the derivation of testable hypotheses that incorporate the implications of individual change and adaptation over time' (Wethington, 2005 p. 116). Trajectories refer to patterns that develop or persist across time, such as persistent body consciousness. Transitions are changes in social roles or responsibilities such as with the birth of a child or becoming the caregiver for an elderly parent. The third concept is turning points, which are 'decision points about future paths and commitments in which (in retrospect) an individual perceived life as having taken a fateful turn that defined all of life that came after it' (Wethington, 2005, p. 116). The fourth is the influence of cultural and contextual influences such as ethnicity or historical contexts. The fifth concept is

timing in lives, which refers to the interaction between age or life stage and the timing of an event such as marriage. The sixth concept is linked lives which allows researchers to understand the influence of one person (parent or spouse) on the development of another. Finally, the seventh concept is adaptive strategies, which refer to conscious decisions people make to improve their adaptation to change, such as exercising or eating better to counteract a slower metabolism after menopause (Liechty & Yarnal, 2010).

1.4.7: The Media's Impact on an Ageing Body Image

Both OT and sociocultural theory support the feminine beauty ideal (FBI) which is fuelled by family, peers and most significantly the media. The FBI is the notion that physical attractiveness is one of a woman's most important assets and something that all women should strive to achieve and maintain (Baker-Sperry & Grauerholz, 2003). Although the FBI is widely viewed as an oppressive, patriarchal practice that objectifies, devalues, and subordinates women (Bartky,1990; Bordo,1993; Freedman, 1986; Wolf, 1992) it is recognised that many women readily engage in "beauty rituals" and see being beautiful, or the processes involved in becoming beautiful as empowering, rather than oppressive (Dellinger and Williams, 1997). Freedman (1986) stated that "women are aware that beauty counts heavily with men and they therefore work hard to achieve it' (p.11). Women who unsuccessfully attempt to achieve the beauty ideals or fail to try at all are viewed more negatively (Bartky, 1990; Dellinger & Williams, 1997) and additionally Dellinger & Williams (1997) found that women who wear makeup in the workplace are viewed as healthier, heterosexual, and more competent than those who do not. These notions that women exist for others to look at further supports OT as mentioned above. While the FBI seems sexist and unfair to women's equality, they engage in these practices willingly, as for many women feeling good about oneself depends on looking good (Currie, 1997). This is reinforced by constant, and often unavoidable messages from the world around them.

The ideal female body, demonstrated by models and actresses represents the thinnest five percent of women (Wolszon, 1998) and therefore 95 percent of women do not meet the standards of physical attractiveness they see daily in the media (Saucier, 2004). The media has developed into societal and cultural bullies (Kilbourne, 2000) that drive the messages of the FBI and this has only become more prevalent with the advent of social media in the last 15 years. We live in an increasingly more digital age, the baby boomers are more computer literate and

technologically savvy than the generations before them (Wadsworth and Johnson, 2008) and the media is not something that can be 100 percent avoided.

Research on how the media affects middle aged and older women is varied. Bedford and Johnson (2006) recruited 49 women from one community in Canada between the ages of 19 to 74 and compared body image dissatisfaction (BID) and weight control practices; evaluated associations among BID, societal influences and concern for appropriateness (CFA); and identified the most important correlate of BID among younger and older women. The participants completed various questionnaires on demographics, weight control practices, societal influences, CFA and BID and they found that media pressure is the most significant predictor of BID across the lifespan. However, the sample of participants is not representative so the results cannot be generalised to women from different cultures, socio-economic status and educational attainment. The large age range of the participants is another limitation of the study. While the aim was to look at women across the lifespan, they are studying women who grew up at very different times. With the older group much of the data collected would be retrospective, and furthermore media outlets such as social media would not apply to them at a younger age. Whereas in the younger group, social media would potentially be the main form of media they access. Therefore, claiming that media pressure is the most significant predictor of BID across the lifespan is a somewhat sweeping conclusion to make based on these limitations.

It seems this age group of women over 45 is often hidden in the media and those who are seen are often celebrated for maintaining a youthful appearance (Chrisler & Ghiz, 1993). This can make it difficult for women to feel comfortable about ageing in a society where 'old' is synonymous with 'unattractive' (Gerike, 1990). Naomi Wolf (1992) interviewed editors of women's magazines who admitted that the signs of age are routinely airbrushed out from photographs so that 60-year-old women are made to look 45. This causes the 60-year-old readers to look in the mirror and think they look too old because they are comparing themselves to an unrealistic image from a magazine. Furthermore, the director of *Life* magazine reported that "no picture of a woman goes unretouched…even if she doesn't want to be retouched" (Wolf, 1992, p. 82). However, women continue to buy into the beauty ideals that the media create. This continues to fuel the global anti-ageing industry which was valued at 250 billion dollars in 2012 and is expected to reach 345 billion dollars by the year 2019 (Del Rosso, 2017).

Nett (1991) carried out a content analysis of a Canadian magazine aimed at mid-life women. The study chose to examine six units of analysis from each magazine issue for one year and compared the results with characteristics of women aged 40 to 59 years in order to discover the extent and type of presence mid-life women had in the magazine. The study looked at the cover, the advertisements, the fashion and beauty sections, the editorials, the articles, and the fiction. Nett (1991) found that mid-life women under the age of 50 were included but underrepresented when compared to the population of the magazine's readers. Mid-life women aged 50-59 were found to be absent from the covers as well as the fashion and beauty sections and underrepresented in the advertisements in proportion to their presence in the population.

A common generalisation in the advertising literature is that older consumers do not necessarily identify with people their own age (Bradley and Longino, 2001). Perhaps an explanation for why the media continues to misrepresent the middle-age and older populations is the difference between chronological age - the length of time since one's birth, and cognitive age – what age people perceive themselves to be. (Chang, 2008).

Wray and Hodges (2008) recruited 50 female participants aged 41-65 and asked them to respond to a four-part questionnaire that included a measurement of cognitive age, a measurement of physical activity, a measurement of positive, negative and undecided response to the advertisements, and a measurement to determine purchase intent. Cognitive age was measured using Clark et al., (1999) four dimensions including feel age, look age, do age, and interest age. Wray and Hodges (2008) extended these dimensions and included health age (how old a person feels in terms of her perceived physical condition) and think age (how old a person considers herself to be based on her thinking process). Physical activity was measured using the Physical Advanced Activities of Daily Living Scale (AADL; Clark et al., 1999). The subscales and items within this measure were not outlined in the study. Response to advertisements was measured using two print advertisements for athletic footwear. One featured a model similar to the baby boomers' average chronological age of 53. The second advertisement used a mode closer to their average cognitive age of 43. To measure purchase intent the 'Purchase Intent scale' (Steinhaus and Lapitsky, 1986) was used. It is designed to offer participants the same choices presented to them in a real-life shopping situation: inspection, trial and purchase of the garment.

They found that participants viewed themselves as younger than their chronological age and were more inclined to respond favourably toward the advertisement using the cognitive age (younger) model. While there were differences in cognitive age, the majority of women reported that they felt, looked, acted, had interests, and thought younger than their chronological age. With regard to purchase intent, nearly half (48%) of the participants indicated that they preferred the shoes in the younger advertisement but would want to go into the shop to try them on first before buying. Previous research also supports the use of cognitive versus chronological advertising and. Greco (1989) notes that the beauty company Oil of Olay has successfully used models in their 30's to market their anti-ageing face cream to older women. Bradley and Longino (2001) suggest that the use of models ten to 15 years younger than the target audience is important when the product is related to the consumer's self-image. The findings of the Wray and Hodges (2008) study further establish that a person's chronological age is not the only determinant of behaviour and lifestyle choices. However, baby boomers are a huge demographic and for a quantitative design, this study was small and only captured a small group of people from one area in America. The results could be more generalisable if the study was extended to include other variables such as race, ethnicity and appearance of the model in the advertisements in order to better understand how this diverse consumer group might respond to such advertisements.

There is however, evidence that beauty companies are trying to change this. L'Oreal Paris, one of the biggest names in beauty has recently used Helen Mirren, aged 72 and Julianna Moore, aged 57 as faces for their 'Age Perfect' beauty line in the UK. The advertising campaign uses the slogan "We've still got it and we're still worth it" in an effort to challenge attitudes towards middle aged and older women and celebrate older beauty (Connelly, 2016). However, one could argue that these two older women are also celebrated in the media for maintaining a youthful appearance and therefore continue to fuel the FBI. Additionally, Lewis-Smith (2014) stated that exposure to older female celebrities - such as the two stated above – who exemplify unrealistic standards of appearance for their age may provoke negative psychological consequences for the average middle-aged woman.

The beauty company Dove, in response to the findings of a global report, which revealed that only two percent of women around the world describe themselves as beautiful (Etcoff, Orbach, Scott & D'Agostino, 2004) created the Campaign for Real Beauty initiative in 2004. They had a series of billboards, television and print advertisements that featured "real women whose

appearances are outside the stereotypical norms of beauty" (Dove, 2017). Their purpose was to promote a positive BI in women and serve as an alternative representation of women's bodies. While Dove's efforts and attempt to change the media's narrow representation of body sizes and shapes should be credited, the ads still focused on the necessity of feminine beauty and the need for Dove's products to achieve it (Bissell and Rask, 2010).

On a social policy level, the British All Party Parliamentary Group on Body Image (2012) has recommended a strategy to label airbrushed media and advertising images with a disclaimer notifying consumers that the image has been digitally altered. The idea is that doing this raises consumers' awareness that the appearance of the individuals in the images are not natural and is therefore not realistic to achieve (Paraskeva, Lewis-Smith, & Diedrichs, 2017). However, this feels like it would be as effective as the 'be treatwise' initiative (betreatwise.net, 2006) to post calorie labels on the front of confectionery or the 'drink aware' warning on alcohol (drinkaware.co.uk, 2006). While these warning labels increase awareness, they do not stop consumers from eating the whole bag of chocolates or from binge drinking. If anything it may increase guilt and body shame knowing how many calories one is consuming. Having a warning label on images might make consumers more aware that an image is airbrushed, however the image itself would arguably still induce negative feelings of body comparison.

It is difficult to separate out cause and effect with the media because of its pervasiveness in society. Is it that advertising companies do their research and know that consumers prefer to see models that fit more with their cognitive age and therefore use younger models when trying to sell products? Or is it that as a culture we prefer to look at aesthetically pleasing images and youth is synonymous with beauty so we pay more attention to a youthful model than one who is grey and wrinkled when subjected to various media outlets? Regardless, this speaks to the profound and often unconscious effect the media has on individuals. Middle aged women are especially vulnerable as their concerns about ageing have been exploited in the media through the continued use of youthful models, the promotion of products that promise to stave off wrinkles and the underlying message that given the right amount of effort, willpower and financial investment, the perfect body is within reach (O'Reilly et al., 2003; Wadsworth & Johnson, 2008; Calasanti, 2005; Beyene et al., 2007).

Although natural beauty is perceived as ideal beauty as women age, the pressure to look young and vibrant holds steady. Women use products, exercise and sometimes undergo surgical

procedures to maintain society's beauty standard (Clarke & Griffin, 2007). These accumulating beauty pressures may translate into heightened appearance concerns, increased fear of negative appearance judgments, greater body dissatisfaction, and a stronger desire to 'fix' these perceived 'imperfections' (Markey & Markey, 2015) leading women to take more drastic measures to combat an ageing appearance. Individuals who are both highly dissatisfied with their bodies and highly appearance invested will be more likely to present for cosmetic medical treatments (Slevec and Tiggemann, 2010). Cosmetic medical treatment, both surgical and non-surgical is mainly a female phenomenon, with women undergoing the majority of cosmetic procedures (Henderson-King & Henderson-King, 2005). Furthermore, there has been an increase in popularity over the past two decades and the total number of procedures performed in the UK stood at 2.3 million in 2010 (Mintel Press Release, 2010). However, interestingly when looking at the number of cosmetic procedures performed around the world, the UK does not even rank in the top 24 countries according to the International Society of Aesthetic Plastic Surgery (ISAPS, 2017). This indicates that cultural and social attitudes are also a significant influencer in the decision to undergo a cosmetic medical treatment.

According to the British Association of Aesthetic Plastic Surgeons (BAAPS) the number of cosmetic surgeries as a whole are declining but non-surgical treatments such as facial injectables like botulinum toxin (Botox) have continued to rise in popularity (BAAPS, 2017) in an effort to erase wrinkles and look younger. In America, according to the American Society of Plastic Surgeons (ASPS) the major consumer group of plastic surgery is middle-aged women between the ages of 40-55 years (ASPS, 2017). It appears that for this group of women in particular, cosmetic surgery has provided an attractive method of body manipulation aimed at meeting unrealistic societal standards of beauty (Sarwer & Crerand, 2004). The fact that middle-aged women in this generation are the primary consumer group of the cosmetic surgery phenomenon provides compelling evidence that ageing women continue to place a great deal of importance on appearance (Slevec and Tiggemann, 2010).

Sociocultural models (Levine & Smolak, 1996; Stice, 1994) blame the media for high levels of body dissatisfaction and ageing anxiety and one could therefore argue that the media also influences attitudes toward cosmetic surgery. There is no doubt that the media has increased public awareness of cosmetic surgery and the rise in demand for cosmetic surgery is believed to result partly from the ease of access to information through the media (Nabi, 2009). Media coverage and portrayals of cosmetic surgery has boomed in popularity over the past 30 years

(Cho, 2007; Powers & Andsager, 1999; Sullivan, 2001). Magazine and television advertising as well as surgical reality TV programmes increasingly feature the latest advances in cosmetic surgical procedures (Sarwer & Crerand, 2004), as well as abundant discussion of the latest celebrity to 'go under the knife.' Additionally, social media has now become a primary source of information about cosmetic surgery (Wen, Chia, & Hao, 2015) and the information carried by this outlet has influenced audiences' attitudes towards cosmetic surgery (Nabi, 2009). Ageing female celebrities have created new and unrealistic age-related norms of appearance (Bordo, 1993), which are likely to have negative psychological consequences for the average middle-aged women (Slevec & Tiggemann, 2010). It therefore seems likely that regular exposure to cosmetic surgery in the media normalises these surgical and non-surgical procedures and induces a desire to model this behaviour (Slevec & Tiggemann, 2010). However, when women choose cosmetic surgery as a way to slow down the ageing process the social response they receive can be one of ridicule or scrutiny. This is evident by the numerous celebrities that are often mocked as entertainment news outlets speculate on the cosmetic work they may or may not have undergone (Langley, 2016). The mixed messages produced around cosmetic surgery can leave women feeling like they are in a lose-lose battle with ageing and whether they choose to age naturally or choose a cosmetic treatment, there is a worry about being criticised.

1.4.8: The Ageing Process and Body Image

Research on BI has been primarily quantitative and focused mainly on body dissatisfaction, only one of the many features of BI (Grogan, 2008). According to Thompson (2002) this limited view results in a disproportionate focus on adolescent and university-aged participants, thus body concerns amongst women ages 18-25 years are well documented (Grogan, 1999). However, there seems to be a disregard for the mature woman, as if self-acceptance of one's body is part of the ageing process (Reel, SooHoo, Summerhays, & Gill, 2008). There is a common misconception that women benefit from ageing because they reach a stage where they are no longer exposed to social pressures that emphasise appearance (Feingold & Mazzella, 1998), which most likely contributes to the gap in the research around middle-aged women. However, as women grow older they become more aware of and place importance on functional issues such as health along with their appearance and these are equally relevant components of BI (Krauss-Whitbourne and Skultety, 2002).

The ageing process presents a unique challenge to BI, particularly for women who may rely heavily on their appearance to define their identity (Chrisler & Ghiz, 1993; Ferraro et al., 2008). Middle age is associated with changes in physical appearance including greying and thinning hair, wrinkling and sagging skin, weight gain, and a loss of lean muscle mass (McKinley, 2006; Altschuler & Katz, 2010). Much of this occurs during the menopausal transition and these changes can be difficult for women to navigate. Menopause, is typically defined as the permanent cessation of menstruation, which occurs as a result of the loss of ovarian follicular activity and is recognised after 12 months of consecutive amenorrhoea for which there is no other obvious cause. In a wider sense menopause is used to refer to a longer period of up to 10 years during which there is a complex transition involving biological, psychological, social and cultural factors (Dennerstein, 1996). Prior to menopause is the premenopausal phase, which begins when endocrinological, biological and clinical features associated with menopause commence and continue for 12 months following menstruation (WHO, 1996). Menopause is a universal transitional milestone in a woman's life, much like puberty and pregnancy that brings with it bodily changes and symptoms both physical and psychological that can have a profound effect on her BI (Pearce, Thøgerson-Ntoumani, & Duda, 2014). However, the weight gain and change in body shape during pregnancy is thought of as temporary and therefore women generally tend to be more positive towards their body changes. Conversely, menopausal body changes are viewed more negatively because of the permanency of them (Deeks & McCabe, 2001). Women face changes such as weight and shape change, heavy unpredictable bleeding, sleep disruption through hot flashes and night sweats, as well as other markers of ageing such as changes in skin, hair and sexual function (WHO, 1996) that can affect the way a woman feels about her body (Chrisler & Ghiz, 1993). By the time women reach the age of 55, most will have experienced menopause (Khaw, 1992). Historically, this normal lifespan development has been viewed as a time when women become ill, depressed and sexually unappealing, (Chrisler, 2008) but by the twentieth century menopause was seen by the medical profession as a deficiency disease (Foxcroft, 2009) that could be cured by prescribing hormone replacement therapy (HRT).

The use of HRT was recommended as a means to alleviate the unpleasant symptoms associated with menopause and posited as a means to ensure that women could stay 'feminine forever' (Wilson, 1968) implying that HRT could help women maintain their youthful looks and attractive bodies (Rubinstein & Foster, 2012). However, in 2002 the Women's Health Initiative

(WHI) published a report comparing HRT with a placebo. They found a significant increase in the risk of ovarian and breast cancer, coronary heart disease, venous thromboembolism and stroke among women using HRT and concluded that the adverse effects of HRT use outweighed the benefits (Writing Group for the Women's Health Initiative Investigators, 2002). The following year, The Million Women (MW) study examining the prescribing of HRT in over one million women was published showing an even greater risk for breast cancer with the use of HRT than was previously noted (Banks, Beral, Bull, and Reeves, 2003).

The findings from these studies received vast coverage in the lay media and this led to a rapid decline in the prevalence of HRT prescribing and usage in women (Usher, Teeling, Bennett, & Feely, 2006). Along with that came a reduction in breast cancer rates between 2001 to 2004 in women aged 50 years and older (Canfell, Banks, Moa & Beral, 2008). This decline in prescribing meant that many women continued to experience symptoms associated with menopause (Rubinstein and Foster, 2012) and due to limited treatment options, they are often forced to go through menopause naturally or find other, less risky homeopathic remedies to help with symptoms during the menopausal transition. More recent research into menopause and HRT have found that given as combination hormone therapy in lower doses, durations and routes of administration (Levin, Jiang, & Kagan, 2018) the risk of adverse health problems can be greatly reduced (Usher et al., 2006). Despite this new knowledge, the findings from both the WHI (2002) and MH (2003) studies continue to tarnish the reputation of HRT and it remains a controversial treatment option amongst women.

Deeks (2003) carried out a review examining the management of the menopausal transition, depression and anxiety and found that the menopausal transition has a profound yet complex impact on a woman's BI. Deeks found that the changes to the body during menopause were associated with concerns about ageing, in particular wrinkles and weight gain, and consequently reduced the women's BI and mood (Deeks, 2003). Unfortunately, these normal symbols of ageing are a cause for anxiety in women because they are viewed so negatively in society (Marshall et al., 2012) and Bytheway (2005) argued that the sight of these features is a trigger for discrimination. Ageing has become stigmatised to the point of being a "condition" that most women struggle to prevent (Saucier, 2004). Often growing old is synonymous with being unattractive, invisible, and unlovable (Rodeheaver and Stohs, 1991; Kaschak, 1992) which only adds to the pressure for women to maintain a youthful appearance. The feminist writer Simone de Beauvoir (1952) summarises the struggle women face when navigating the ageing process:

From the day a woman consents to growing old, her situation changes. Up to that time she was still a young woman, intent on struggling against a misfortune that was mysteriously disfiguring and deforming her, now she becomes a different being, unsexed but complete: an old woman (p. 649).

It is when a woman starts showing her ageing features to the world that she begins to be described as 'older' in society and with regard to the ageing woman society is 'downright criminal (de Beauvoir, 1972 p.8). Research findings in this area are varied and conflicting in terms of how women feel about their BI as they grow older. Additionally, research that does focus on ageing often includes large cohorts including younger and older adult participants as well (Hurd, 2000; Halliwell & Dittmar, 2003; Bedford & Johnson, 2006). Furthermore, defining middle age has become more of a challenge and the literature differs on how middle age is defined. Some state that middle age begins as young as 35 or 40 and goes until 64 years (Erikson, 1968), others think it begins later on at 50-65 years (Lewis and Cachelin, 2001) and there are some who believe that ageing should be categorised by transitions and life experiences rather than chronological age (Beyene, GIlliss, & Lee, 2007). This supports the notion that midlife remains a poorly understood period of the lifespan (Lachman, 2001).

McLaren and Kuh, (2004) examined body dissatisfaction among 1,026 54-year old women from a larger national health survey in the UK. In this quantitative study, women were asked to complete 6-point scale questions ranging from 'very satisfied' to 'very dissatisfied.' These questions asked whether they were happy with their body, what their current weight was and if they wanted to lose weight, as well as how satisfied they were with their body weight or shape since age 50. Women also answered this last question retrospectively for their teens, twenties, thirties, and forties. Additionally, participants were asked to complete the subscales of appearance (eg., 'I like what I look like in pictures') and weight (eg. 'My weight makes me unhappy') on the Body Esteem Scale, which have previously shown good psychometric properties (Mendelson et al., 2001). Responses were made on a 5-point scale anchored by 'never' and 'always' and a mean score was taken across items (range 1-5). A higher mean score indicates more positive body esteem. Data was analysed using SPSS and results show that nearly 80 percent of women wished to lose weight, and 45 percent of the participants reported that they were actively trying to lose weight. Nearly 60 percent of women reported being unhappy with their bodies since age 50. From the retrospective reports, it was evident that

the proportion of women reporting dissatisfaction increased with age after adolescence. From adolescence through their forties, body satisfaction was reported by the majority of women, with over 80 percent of women recalling retrospectively that they were satisfied during their twenties. This was reversed with the current decade, with dissatisfaction being more common than satisfaction since the age of 50.

As with all research, there are inherent strengths and limitations. The strengths of this study were that the researchers focused in on a particular age of women. McLaren and Kuh (2004) seemed to define 'being in middle age' as exactly 54 years old. Having all participants of the same age creates homogeneity within the sample and prevents the data from being skewed by other age-related events that may occur earlier or later in life. The study also asked retrospective questions about body satisfaction which is helpful in measuring current views of the body in relation to historic feelings. This allows researchers to obtain deeper understandings of participants experiences. Although quantitative research has formed a significant foundation of understanding concepts such as BI and ageing it is limited in description. Asking retrospective questions helps to bridge the gap between a qualitative and a quantitative methodology and provide a better understanding of body satisfaction as women grow older. It also draws attention to the potentially lifelong nature of body dissatisfaction and eating difficulties. Limitations were that this was a postal survey that participants received through the post. The measures used were self-report scale questionnaires. The responses are open to participant bias or inaccuracy if participants don't fully understand the questions and are not being observed under experimental conditions with a researcher. Additionally, retrospective reports of past eating disorders or difficulties must be interpreted with caution, since they are based on subjective recall of events and researchers have no means of verifying.

Liechty, (2012) explored BI among 13 retirement-age women aged 60-69. For this qualitative study data was collected using in-depth interviews and two follow-up focus groups and then analysed thematically using the constant comparison method. Interviews followed a semi-structured schedule that included flexible probe questions designed to elicit clarification. Discussion was initiated by asking the participant to briefly describe herself. The participant was then asked, "When you hear the term body image, what comes to your mind?" This

question was then followed by a brief definition of body image to allow the term to be used throughout the rest of the interview. Other central questions included: (a) How would you describe your current body image? (b) How important is appearance in your life? and (c) What parts or aspects of your body influence body image? Focus groups each had four participants and allowed the participants to discuss the topics they had reflected on in the interviews as well as facilitate social interaction. Questions were based on initial analysis of the interview data and addressed issues that needed clarification (Clarke & Griffin, 2007).

The data was analysed using NVivo 7.0 to help with organisation and categorisation. The data was sorted into numerous open codes and then axial coding was used to identify relationships between the open codes and to create conceptual categories (Charmaz, 2008). The categories were then refined by identifying diversity in the data and searching for disconfirming evidence. Themes emerged regarding the participants' definitions of BI, their attitudes about appearance, and their current perceptions about their bodies. Results showed that almost all the women perceived BI as involving a combination of factors rather than simply satisfaction with weight or appearance. For all participants, attitudes regarding the importance of appearance played an important role in their experience of BI. Most of the participants expressed dissatisfaction with, and a desire to change a variety of physical attributes but expressed an overall satisfaction with their bodies and of the ageing process. This highlights the conflictual feelings women often have about their bodies as well as the multi-dimensional nature of BI and the ageing process.

The Liechty (2012) study is a qualitative study and therefore strong in terms of the depth of descriptions obtained from the interviews and focus groups. The initial interview questions allowed the participant's own definitions of body image to emerge and allowed the researcher to define body image for the participants, ensuring there was no confusion going forward. Presumably this shared understanding of body image would also make participants feel more comfortable and therefore more likely to elaborate on their own experiences. Following up interviews with focus groups allows for reflection on the discussed topic. Hearing others in the group talk about their experience of their body can help participants remember particular points they may have left out during the interview. Therefore, focus groups add to and complement the richness of the data obtained from interviews (Morgan, 2001) and help researchers obtain

any verification or clarification they may need to enrich the accuracy of the data (Creswell, 2009).

The study also contains a number of limitations. While Liechty (2012) notes that she analysed the data thematically she did not explicitly state what method she used for analysis. Based on the fact that the data analysis did not follow a predetermined framework or coding structure and that each transcript was coded line by line using the constant comparison method as well as the researchers she cited it seems as if she employed grounded theory. Grounded theory is not prescriptive and does not provide a strict set of guidelines (Charmaz, 2008), which is most likely the reason for the methodological description. While focus groups are a strength of the study, they can also be a weakness in that they create problems around social desirability. It is possible that some participants felt a pressure to describe BI issues in a socially desirable way for fear of being judged by others. This could limit the depth of the findings.

Rodgers, Paxton, McLean, & Damiano (2016) carried out a content analysis in Australia using the social networking site, Facebook that aimed to identify attitudes and reactions of physical changes in midlife women. The researchers posted the question "Does the voice in your head get kinder as you get older?" on a Facebook page that is linked to a popular radio program for listeners in the midlife age bracket. The content analysis revealed 56 percent of the comments contained a positive evaluation of BI in midlife. Forty percent of the comments contained negative evaluations of BI in midlife and nine percent expressed an ambivalent view, highlighting both contentment and dissatisfaction of their ageing body. Thematic analysis was performed in order to identify recurring themes and five main themes were identified (Braun and Clarke, 2006).

The first main theme was 'physical changes linked to ageing.' Researchers found that comments reflected loss of youth and a loss of self and identity when women spoke about changes in their physical appearance as they aged and lost their younger bodies.

The second theme that emerged was 'decreased importance of appearance versus other factors and health.' Women spoke of additional wisdom and internal qualities as well as the

value of health, fitness and physical function as being more important than physical appearance.

The third theme was 'sociocultural influences and being a role model.' The media's slender beauty ideas as well as family pressures, particularly comments from mothers has an effect on BI. Researchers found that women placed importance on being a role model for their daughters. They want to model self-acceptance and a positive body image so that their daughters do not develop a negative body image. This shows how perceptions and attitudes of BI can be communicated through the generations.

The fourth and final theme was 'The invisibility of midlife women.' A small proportion of women in the study felt that ageing brought an increased invisibility due to the lack of the evaluating gaze of others which confers attractiveness and sexual potential. Attitudes on invisibility varied with some women clearly missing the gaze from the opposite sex while others gained a great sense of liberation from not having to put so much effort into their appearance.

A strength of this study is that it draws attention to the need for further research exploring how women experience their bodies as they go through life and grow older. It highlights that body dissatisfaction extends beyond simply being a younger woman's issue. Using a content analysis is another strength of this study as it allows for both quantitative and qualitative procedures. Researchers were able to get exact numbers on who had positive or negative evaluations of their body and then use a thematic analysis to generate themes and gain a deeper understanding of the phenomenon.

The main weakness of this study was the absence of sociodemographic information on participants, in particular the age of participants. The researchers trusted that those who commented considered themselves to be middle-aged but the range of ages that encompasses is wide. Using a social networking site like Facebook is a useful tool for data collection, however it only attracts a unique group of women who use the site and are willing to comment publicly on their BI, which is a very personal experience. Gathering data in this way means that the responses included were from those women with a strong desire to express an opinion and excludes the women who may not feel comfortable commenting publicly on such a private issue. Therefore, the responses are somewhat polarised, which limits the generalisability of the study. This study would benefit from a follow-up study in which researchers contact the

participants who commented and invite them to an interview. Doing follow-up interviews would allow the researchers to gain a deeper understanding of how these women experience their changing BI as they age.

Liechty and Yarnal (2010) considered a life course perspective and recruited 13 American women between the ages of 60 and 69. They carried out individual interviews and asked participants to attend a follow up focus group. Participants were asked a series of questions around the experiences that had shaped their BI and its trajectory across their lives. Researchers employed what seems to be a grounded theory analysis but did not state this explicitly. They did not follow any predetermined framework or coding structure and generated themes through systematic coding and analytic procedures citing Glaser and Holton (2004) as the rationale and therefore indicating a grounded theory design. All but two participants described some level of dissatisfaction with certain aspects of their bodies including 'tummies', sagging skin, large chests, reduced muscle tone or physical ability, and greying or thinning hair. However, Liechty and Yarnal (2010) found that participants expressed little desire for change and for the most part described themselves as accepting of their current bodies. Three major themes emerged and highlight the complexity of BI as a construct.

The first theme was 'key life events that shaped body image'. All participants identified life events such as pregnancy, menopause, weight fluctuations and illnesses as shaping or acting as an incentive to change their BI throughout life.

The second theme that emerged was 'factors influencing body image over the life course'. The influences were identified as coming from inter-personal interactions or from the wider environment. All but two participants related experiences involving family members such as parents, siblings, or husband as influencing their self-perceptions of their own bodies both positive and negative. The majority of participants also felt that society shapes BI by dictating an ideal body type and promoting the importance of appearance through mainstream media.

The final theme was 'beliefs about the trajectory of body image over the life course'. The participants discussed a fluctuation of thinking about their BI across the life-course. Participants suggested that an important factor in determining BI was their evolving perceptions of what

factors compromised BI and the importance they placed on appearance. Currently, BI for most participants was influenced more by health and capability than earlier in their lives and half of the participants stated that with age they placed less importance on appearance and more on character.

This study holds a number of important strengths. It is one of very few studies that takes a life-course perspective and looks at factors influencing BI throughout different stages of life. Thompson (2002) states that the life-course perspective is a valuable framework for understanding the changing experience of BI over time. Additionally, looking at key life events in a woman's life such as puberty, pregnancy and menopause help gain a better understanding of how a woman feels about her body now compared to when she was younger. Another strength of this study is the small age range of women between the ages of 60-69. Interviewing participants in the same decade of life helps reduce the likelihood of confounding factors such as menopausal symptoms for a younger group of women, or overwhelming health concerns for an older age group (Baltes & Smith, 2003; Bedford & Johnson, 2006). Furthermore, limiting the participants to a narrow age range created a sample of women likely to have experienced particular historical events at the same life stages. The qualitative design of this study also adds to its strengths and compliments existing quantitative literature by allowing participants to explore how they understand their experiences. By adopting a qualitative methodology, researchers were able to access a certain level of complexity that is not necessarily reached by quantitative approaches, which do not allow for participant voices to be heard. The sample of participants is also diverse in social class, sexuality, educational level and marital status. Having a heterogeneous sample means that researchers are able to generalise the findings to the wider population, rather than just presenting those that are specific to one group or context (Robinson, 2014).

The study also contains limitations. Whilst the researchers note that they used line-by-line open coding to analyse the data and generate themes, they do not expand further on their methodological approach to the research and whether it is part of a wider methodology such as grounded theory. The researchers also make no reference to their philosophical underpinnings in that there is no mention of their epistemological or ontological standpoint. Although grounded theory is a flexible approach in which data can be analysed in different ways, it is still important for researchers to make their epistemological positioning clear as too much flexibility or 'method

slurring' (Baker et al., 1992) can dilute the value and integrity of a particular approach from beginning to end (Holloway & Todres, 2003).

1.5 Limitations of the Literature

Having reviewed the literature it is evident that most studies that examine women, age and BI concerns utilise a quantitative design to understand these concepts. Quantitative data typically produces numerical data that can be analysed to determine its significance to wider populations. It is beneficial for gathering large amounts of data from a sizeable number of participants but does not go beyond the numbers and often fails to gain detailed descriptions of the studied phenomenon from participants. Less research in the field of BI has been carried out from a qualitative design. In contrast, qualitative data are usually narrative-driven, which helps to highlight the voices of the participants, generating a more in-depth and complex understanding of the phenomenon (Reel et al., 2008). Using a qualitative design allows for an examination of the different aspects of how women understand their BI as well as their personal attitudes towards ageing.

The literature surrounding BI is also heavily focused on the younger population as BI issues are seen as being more prevalent in adolescence and young womanhood. Research generally suggests that body dissatisfaction is less prevalent as women grow older (Allaz et al., 1998; Hetherington & Burnett, 1994; Pliner et al., 1990; Tiggemann & Stevens, 1999). However, these studies are all quantitative and therefore limited in the amount of rich data they collect from participants. Quantitative research might not reach the core of the phenomenon and miss the complex experiences of the ageing woman. It seems that the effects of ageism in society that makes women feel invisible as they grow older also carries into the research literature and there is less interest in studying middle age and older women. Research that does include middle aged and older populations have usually been large studies that include age ranges from adolescence through older adulthood (Halliwell & Dittmar, 2003).

Given that the literature is heavily focused on younger women, many of the models and measures used in these studies are designed for adolescents and young women. It is important to examine these measures for their appropriateness when researching middle-aged women. The Tripartite Influence Model (Thompson et al., 1999) has been tested in many studies using younger women and adolescent girls. Very few (only one in my research) have tested the model

with middle-aged women (Slevec & Tiggemann, 2011). A large part of the model relies on parental influence as one of the main influence variables of body image. However, this variable may not be applicable to women in their fifties who presumably are no longer living in their parental home and under the control of parents. Using the life course perspective to understand how patterns of behaviour develop over time (Elder, 1995; Elder, 2003; Moen, 2001) one could argue that parental influence carries on through the lifespan as the values, beliefs, and judgements parents communicate to their children often stay with them as adults and perceived parental pressure to be thin has been found to predict eating disturbances (Levine et al., 1994). Nevertheless, it remains a widely used model in body image research. However as it was designed for use with younger women, when testing the tripartite model beyond this group researchers must use it cautiously as limitations will exist.

The Body Esteem Scale (Franzoi & Shields, 1984) can be adapted for both men and women and was developed for use amongst university students but has also been used with adolescents and adults. It is a very useful tool in demonstrating the multidimensionality of body esteem and the sex differences in its conceptualisation. It is both reliable and valid so researchers can confidently use it with young adult populations. However, its use in considerably different age groups requires the development of descriptive norms and potentially a completely different scale (Franzoi & Shields, 1984). Therefore, while researchers have used the BES in middle aged women, (Olchowska-Kotala, 2018; Stokes & Frederick-Recascino, 2003) its reliability and validity in this population remains questionable. The Objectified Body Consciousness scale (OBC) is another common measure used in body image research. It is commonly used with American university students, which means that the age range, socioeconomic status, and ethnicity of the participants are quite restricted (Crawford, Lee, Portnoy, Gurung, Khati, Jha, Regmi, 2009). This over reliance on university student samples is a serious limitation of the body image research as well as the OBC scale and these restricted samples have limited the understanding of the effects of ageing on women's perceptions of their bodies (Crawford et al.,2009). Due to this, reliabilities for the OBC scales are relatively low and when using the scale with middle aged women the scores and results need to be interpreted cautiously (Crawford et al., 2009)

1.6 Relevance to Counselling Psychology

This area of research is important in the field of Counselling Psychology and therefore requires continued exploration. According to the BPS (2005) professional practice guidelines practitioners have responsibilities and obligations to the self and society. More specifically:

> *Counselling psychologists will consider at all times their responsibilities to the wider world. They will be attentive to life experience, modes of inquiry and areas of knowledge beyond the immediate environs of counselling psychology and seek to draw on this knowledge to aid communication or understanding within and outside of their work (p.7).*

As a counselling psychologist it is important to have continued interests in research because research informs practice and practice extends into the social environment. According to the Office of National Statistics, society is growing older and the shape of the UK population is transforming with lower birth rates and higher life expectancy (Randall, 2017) meaning that the largest age groups are over the age of 45. Women are regularly taught to take care of everyone around them, often at the expense of their own health. As they grow older, society in general often chooses to ignore the issues surrounding ageing. Previous research tells us that exposure to objectifying material, either through the media or through social interactions increases self-objectification and this can have implications for well-being such as body dissatisfaction (Moradi & Huang, 2008). These implications are significant predictors for depression (Peat & Muehlenkamp, 2011), low self-esteem and a negative BI (Wilcox & Laird, 2000).

It is important for counselling psychologists to be aware of BI concerns as clients navigate the ageing process so they can understand therapy through the client's unique personal experience. Furthermore, qualitative research captures personal stories that can be empowering to the client (Wenger, 2003). Aroboto and Shaw (2006, p.17) suggest that the intent of 'qualitative methods in psychology' is to 'embrace the messiness of human existence'. Therefore, including middle-aged women in process research means that their stories can be studied (Wenger, 2003) and their perspectives, meanings and experiences are then better understood (Willig, 2008).

1.7 Rationale for the Current Research Study

Although research looking into BI over the lifespan and comparing younger and older women has increased over recent years, this has only led to additional questions regarding BI over different life stages. There still remains widespread gaps in the literature that demonstrate a need for more qualitative studies to further address the important and complex changes associated with women as they age in order to work towards a richer understanding of the phenomenon.

Every passing year in a woman's life widens the discrepancy between her body and that of Western society's youthful ideal as a result of age-related changes that take place, such as: changes in body shape, muscle mass decreases, wrinkles develop, the skin loses elasticity, and the hair thins or goes grey (Lewis, Medvedev & Seponski, 2011). The realities of ageing may be postponed but not escaped (Slevin, 2010) and the widely preached exhortation to accept old age with grace is in fact, no longer supported in practice (Gilleard & Higgs, 2000) with women desperately fighting the ageing process through whatever means necessary. There is a double standard of ageing (Sontag, 1972) whereby older men's bodies are viewed as distinguished, but older women's bodies are seen as failing to live up to feminine ideals and are stigmatised. If older women fail to 'age successfully' they will be viewed as moral failures and will lose cultural relevance (Holstein, 2006). Women may also worry about their social relevance among friends as some women may gossip and speak negatively about their peers who they deem are 'letting themselves go' and not ageing successfully. This can lead to feelings of anxiety around the ageing process and can cause implications for counselling.

Successful ageing involves freedom from disease and disability, high cognitive and physical functioning, and an active engagement with life (Rowe & Kahn, 1987) and therefore consideration of ageing beyond the physical body image is also needed in order to explore the social and emotional effects of ageing. Social and emotional life changes with age. Social networks narrow, experienced emotions are more predictable and less impulsive. Negative emotions become more infrequent (until very old age) and social roles change both in quality and quantity. The desire to invest in more meaningful relationships increase and some social activities that were once completed with ease become more effortful (Charles & Carstensen, 2009). With age comes improved self-regulation and changes in priorities that favour meaningful activities which results in positive developmental shifts. When life is controllable and

social supports are strong, older people fare better than younger people. However, when stressors are unavoidable and exposure is prolonged, physiological regulation suffers (Charles & Carstensen). People who perceive their friends and family as supportive during times of need have a stronger sense of meaning in their lives and live their lives with a broader purpose (Krause, 2007). Additionally, people with stronger social networks report greater emotional well-being in day-to-day life as well as when they experience stressful life events (Cohen & Wills, 1985) and positive social networks may even be protective against cognitive decline in older age (Fratiglioni et al., 2000).

Similar to young women, many middle-aged women report experiencing continual pressure to meet Western society's female beauty standards of youthfulness and thinness as achievement of these attributes is associated with attractiveness and social advantage (Esnaola, Rodriguez, & Goni, 2010; Tiggemann, 2004). Feeling this pressure can lead to ageing anxiety, which contributes to body dissatisfaction and body dissatisfaction is considered central to the development of disordered eating (American Psychiatric Association, 2000). Most of the factors associated with body dissatisfaction and disordered eating in middle-aged women can be grouped into three broad categories: biological, psychological, and sociocultural (Slevec & Tiggemann, 2011). While these factors are also found in younger women, midlife is marked by additional developmental challenges such as menopause, which may amplify body discontent and lead to unhealthy methods of weight control (Saucier, 2004; Zerbe, 2003). While losing weight through food restriction, dieting and counting calories may be sustainable in the short-term, chronic dieting is not and can result in increased weight gain that reinforces negative perceptions and feelings about body shape (McGuinness & Taylor, 2016). More research on middle-aged women is needed to further understand the complexities of their perceptions and feelings about their bodies. If there is an increase in body image dissatisfaction over time, across age groups and genders in the Western world this is likely to become an increasingly concerning public health issue in the future, because of the impacts on physical and psychological health (Hay et al., 2008; Jackson et al., 2014; Keel et al., 2007; Midlarsky & Nitzburg, 2008; Tiggemann, 2004).

There is a distinct lack of qualitative data in the current research field. The existing quantitative research is vital in providing evidence on a large scale for how women can have BI issues that

extend far beyond adolescence and young adulthood. However, with regards to methodology the approaches can be reductive as participants are not given the opportunity to expand on their responses and describe their experiences in their own words. Qualitative research would complement and extend the existing findings in the literature by giving participants a voice and exploring a range of topics throughout the lifespan via in-depth interviews, which might have not been addressed in quantitative approaches.

Additionally, a qualitative study is required to help close some of the gaps in the current research, to advance academic understanding and provide informed recommendations for practitioners. Crucially, new research must look into BI concerns during the psychologically complex life stage of middle-age while considering previous transitional phases of life such as puberty and pregnancy, as well as sociocultural factors like parents, peers and the media that may all contribute to current feelings around BI and ageing.

1.8: Conclusion

This chapter formed a review of the literature around body image and ageing with consideration of how body image has been studied in the broader sociocultural context relating to ageing. The emergent research question aims to consider how middle-aged women make sense of their body image as they have grown older. The following section is an account of the methodology and the analytic process that was carried out in order to answer the research question.

2. Chapter Two: Methodology

2.1: Chapter Overview

This chapter provides a comprehensive account and a rationale for the decisions taken during the research process. The aims of the research will be detailed followed by an explanation for using a qualitative approach and the researcher's ontological and epistemological positioning.

The chosen methodology will then be discussed in a critique as to why it was chosen over other approaches followed by an overview of how participants were recruited. The analytical process will follow and the chapter will close with a reflexive discussion in relation to this process as a whole.

2.2: Research Aims

The main aim of this research was to understand how middle-aged women think about their bodies and changing appearance as they have grown older. This was explored by interviewing middle aged women about different life stages and events to better understand how they understood their body image across the lifespan. The data was analysed using the descriptive phenomenological method. It was hoped that the findings would add to and help fill the gaps in the current research literature surrounding body image in middle-age women. Hopefully the findings will also shed light on the unique issues that this generation of women are having to withstand compared to generations before them such as increased media exposure and advances in medical research and its implications on health decisions.

2.3: A Qualitative Perspective

Quantitative positivist models have long dominated the field of psychology (McGrath & Johnson, 2003; Willig, 2008) emphasising an objective rather than a subjective experience (Wolfe et al., 2003). It has only been recently since the 1990's that qualitative approaches have been accepted and validated in the UK (Harper & Thompson, 2012). In the early days of qualitative methods, it was assumed that anyone could do qualitative research as it simply involved talking to people - a skill professionals use in their everyday lives (Barbour, 2008). Silverman (1993) suggested that some researchers choose a qualitative approach not for what it will allow them to accomplish but rather as a justification to avoid engaging in statistical analysis. Perhaps this provides a potential explanation as to why it took longer for qualitative methods to be taken seriously amongst researchers.

The field of psychology has since acknowledged the benefits of qualitative research and Willig (2008) states that qualitative researchers are "concerned with the quality and texture of experience, rather than with the identification of cause-effect relationships" (p.8). That is, qualitative research focuses on the meanings attributed to events directly from the perspective

of the research participants, which allows for a more in-depth understanding of the phenomenon. Furthermore, Pelican and colleagues (2005) argue that using a qualitative approach is particularly appropriate when studying body image because it allows researchers to describe and/or interpret the participants' accounts of the meaning of body image within the context of their prior experiences, beliefs, social environment, and other aspects of their lives**.** Qualitative studies use a 'bottom up' approach to explore the texture of experience. It seeks to describe and/or interpret experience rather than quantify or predict causal relationships.

Qualitative research allows for a deeper understanding of experience because of its ability to 'give voice' to the phenomenon by collecting detailed, reflective, first-person accounts from participants (Harper & Thompson, 2012, p. 8). It aims to produce contextual understandings on the basis of detailed data and there is more emphasis on a 'holistic' analysis rather than on charting patterns and correlations, which is the intention of quantitative analysis (Mason, 2002, p. 3). As the current research intends to gain a better understanding of women's' experiences of body image as they age, it is possible that experiences may be diverse as both participants and researchers contribute to this process of understanding. The goal of qualitative research is to describe events and experiences but never to predict them. It is an approach that often studies people in their natural surroundings to develop a process of ongoing change and make sense of how participants experience life events (Willig, 2008). A qualitative methodology is best suited for this research project due to its concern with the detailed examination of personal change and transition as women age (Mason, 2002). Additionally, a qualitative design is better equipped to explicate how women connect the two spheres of ageing and body image and offer insight into the nature of the mutual influence between these two concepts. It offers a dynamic approach to research where the researcher has an opportunity to follow up on the answers given by participants, which generates a valuable conversation around the topic. Qualitative research, was therefore a clear fit to answer the research question of interest: how do middle-aged women feel about their changing body image as they grow older?

2.4: Philosophical Underpinnings

When deciding what research method to choose, the research paradigm had to be considered first. Guba (1990) stated that paradigms between ontology, epistemology and methodology inform the researcher's perspective of the world and therefore the research. Thus, it is

imperative for the researcher to establish and clearly state their own ontological and epistemological standpoint as it determines how knowledge is gained and understood.

2.4.1: Ontology

Ontology is the part of philosophy that is concerned with questions about the nature and reality of what exists in the world and how different aspects of being are related to each other (Lundh, 2018). It is a continuum from realism to relativism and the question driving ontology is 'What is there to know?' (Willig, 2008, p. 13) and therefore it is impossible not to make assumptions about the nature of the world. A realist ontology argues that the world is made up of structures and objects that have cause-and-effect relationships with one another (Willig, 2008). A relativist ontology in contrast, rejects this view and argues that the world is not an orderly or rule-bound place. It emphasises that interpretations and descriptions can be diverse (Willig, 2008).

Critical realism lies in the middle of the continuum between realism and relativism and it accepts that there may be differing but equally valid perspectives on reality without trying to conform to one 'external validity' (Willig, 2008). Therefore, as a critical realist I believe that body image and ageing are both 'real' concepts, however there may not be one objective 'truth' as individuals will all have different experiences of their bodies throughout life and will report these experiences differently. This perspective combines the realist aim to gain an understanding of events that are occurring while keeping in mind that the data the researcher gathers may not provide direct access to this reality (Willig, 2008). Events created in the natural world such as ageing are extremely complex due to the effects of the 'multiple interacting causal powers' and these causal powers may be active at different points in time (Pocock, 2015). Therefore, concepts such as body image and ageing that are common human experiences, are understood differently from person to person as these powers will exert different effects at particular times on the individual. It is because of this that the ontological assumptions of the current study require a critical realist approach to understand how middle-aged women experience their bodies as they grow older.

2.4.2: Epistemology

Epistemology is concerned with the theory of knowledge and the relationship between the knowledge belonging to the participant and the 'would-be knower' – or the researcher's attempt

to understand the knowledge given by the participant (Ponterotto, 2005, p. 131). It attempts to answer the question 'How, and what can we know?' (Willig, 2008). Finlay (2006) suggested that the researcher should take an epistemological stance that reflects personal views, beliefs, values, professional practice and fits with academic demands, such as adhering to doctoral thesis guidelines. In keeping with a critical realist ontology, the current study takes a descriptive phenomenological epistemological standpoint.

Phenomenology is the study of experience (Charles, 2013) and a descriptive phenomenologist seeks to capture experience as it is presented at face-value. This differs from an interpretative phenomenologist who seeks to understand meaning of an experience by stepping out of it and reflecting on its meanings in a wider social or cultural context (Willig, 2008). Phenomenological research involves both rich description of the lived experience as well as an open phenomenological attitude and sets aside judgements about the 'realness of the phenomenon' (Finlay, 2009, p. 8). Holding a phenomenological epistemology means acknowledging that every individual has their own unique experiences. The researcher's assumptions about the world and the particular experiences being examined are influenced by this to some degree. A study based on a phenomenological epistemology such as this one will produce results concerning the structure and process of phenomena (Karlsson, 1992).

2.5: Descriptive Phenomenological Method

From the different phenomenological methods available, the descriptive phenomenological method was selected for the current research due to its consistency with my epistemological stance and its ability to answer the research question. It is a scientific approach designed to bring out the fundamental components of the lived experiences specific to a group of people (Lopez & Willis, 2004). The method offers a clearly articulated procedure to remain true to the participants' experiences and as it utilises a psychological lens for analysis it is appropriate to inform psychotherapeutic interests and implications in the field of counselling psychology.

The descriptive phenomenological approach seeks to describe and clarify the nature of the phenomenon and the structure of experiences and the way in which they are given in consciousness (Finlay, 2011). It does not go beyond what is present and attempt to interpret meanings. The descriptive researcher sees the same ambiguities as an interpretive researcher would see but does not try to clarify them by speculating (Giorgi, 2009).

The descriptive phenomenological approach is theoretically grounded in the philosophies of Husserl and Merleau-Ponty. Edward Husserl, both a philosopher and a scientist is generally regarded as the intellectual founder of phenomenological philosophy (Van Manen, 2014). Husserl set out to develop a method that sought to reveal the fundamental structures of human experience. Husserl's phenomenology involved stepping outside of the natural attitude in order to adopt a more reflexive phenomenological attitude to examine every day experiences (Smith et al., 2009). Husserl used the term 'epoché' to represent a suspension of the natural attitude of beliefs and scientific approach to understanding phenomena (Van Manen, 2014). Furthermore, he stated that in addition to having a natural attitude to experience, a process of 'reduction' must also take place. The combination of the 'epoché' and the 'reduction' is at the core of the phenomenological process and is described as a process of phenomenological reflection of lived experience (Van Manen, 2014). Amedeo Giorgi, an American psychologist applied Husserl's philosophical phenomenological vision but modified the method to give it scientific rigour and make it more systematic so that it could be replicated and therefore more useful for psychology.

The phenomenological perspective brings to light aspects of a phenomenon that empiricism does not as it deviates from specific empirical criteria. Phenomenology is a complex and extensive philosophy that thematises consciousness and its functions. However, because consciousness manifests itself differently than physical phenomena, the descriptive method was developed as a way to 'properly' analyse consciousness (Giorgi, Giorgi & Morley, 2017, p. 177). Consciousness is the means by which we become aware of phenomena. It is the vehicle of access to experience and as lived experiences are reflected upon, they are brought into awareness. Phenomenology is mainly concerned with lived experiences so how the experiences are lived needs to be described exactly by the experiencer or in this case, the researcher (Giorgi, Giorgi and Morley, 2017). Giorgi, Giorgi and Morley (2017) state that failing to carry out a systematic analysis using this method to bring about consciousness, means that one cannot claim to be using a phenomenological method.

With Giorgi's (2009) descriptive approach, the researcher must carefully describe the experiences being lived through by the participants. Once the data has been collected, the researcher assumes the perspective of the phenomenological psychological reduction prior to analysing the data. In order to do this one must involve the epoché and set aside all knowledge

not presented directly as consciousness. According to Giorgi, without the reduction, the analysis is not phenomenological. A more detailed account of the steps of the method as it pertains to analysis will be further detailed below (refer to section 2.8.2).

2.5.1: Limitations of the Descriptive Phenomenological Method

The descriptive phenomenological method provides well-defined and systematic guidelines for carrying out analysis. It offers clear links to the philosophical underpinnings that guide the method, which results in research that is transparent in its purpose, structure and findings. Giorgi (2009) takes great effort to avoid being overly subjective and therefore the findings tend to be more generalisable. Despite this, the systematic nature of the descriptive method has been criticised for being too committed to scientific rigour and excessively concerned with systematic analysis to the point of seeming mechanical (Smith et al., 2009; Finlay, 2011). When a method becomes too systematic it can limit creativity and freedom in terms of participant criteria and data collection.

Another criticism of the descriptive method is its small sample size. Giorgi (2009) states that three participants should be the minimum number of participants recruited for a descriptive study. Smith et al., (2009) also states three as the default size for an IPA study, but that number moves up to eight participants depending on the level of study and the experience of the researcher. Due to the dominant presence of quantitative research, the smaller sample sizes used in qualitative research have been criticised when compared to quantitative approaches (Barbour, 2008). The assumption is that sampling is fundamentally about 'empirical representation of a wider universe' – essentially, more is better (Mason, 2002, p. 123). However, Giorgi (2009) argues against this as a limitation of the method as smaller sample sizes allows the researcher to become fully immersed in the data, which is required for an in-depth analysis. Therefore, it is important not to see studies with higher numbers of participants as better pieces of work. It takes a lot of time and reflection to carry out a successful qualitative analysis and larger datasets inhibit this. Smith and his colleagues (2009) state that Giorgi's phenomenological method has 'grand ambitions' in aiming to produce a general structure of phenomena (p. 202). However, the ability of the descriptive phenomenological approach to offer both a procedural standard and a reliable path into Husserlian philosophy ensures its continued relevance and validity (Finlay, 2011).

2.6: Considering Alternative Qualitative Methods

2.6.1: Interpretative Phenomenological Analysis

When choosing the descriptive phenomenological method, it is important to consider why other approaches were rejected. Given the epistemological assumptions and the theory underpinning the research, interpretive phenomenological analysis (IPA; Smith et al., 2009) was initially considered as an alternative in the early stages of research when conceptualising the study. IPA is both phenomenological and interpretative in nature. It also shares the aims of descriptive phenomenological approaches in that it seeks to 'capture the quality and texture of individual experience' however, it acknowledges that experience is not directly accessible to the researcher (WIllig, 2008, p. 57). Due to the fact that IPA is grounded in phenomenology, switching to the descriptive method after developing the research questions but before commencing the interviews proved to be relatively seamless.

IPA is always concerned with the detailed examination of the lived experience (Smith et al., 2009) and is interpretative in that it accepts that the researcher can never fully understand the individual experience of the participants. It does not separate description and interpretation, choosing instead to rely on insights from the hermeneutic tradition and argues that all description constitutes a form of interpretation (Willig, 2008). Hermeneutics refers to the theory of interpretation that can be applied to written, verbal and non-verbal communication. IPA utilises a process of double hermeneutics because 'the researcher is trying to make sense of the participant trying to make sense of what is happening to them,' (Smith et al., 2009, p.3). IPA is idiographic in that it is committed to examining in detail the particular case and then highlighting individual and shared themes. It seeks to understand what the experience is like for *this* particular person and how they are making sense of what is happening to them (Smith et al., 2009). This differs from the descriptive method, which believes that a unified meaning can be 'teased out and described precisely as it presents itself' as a means of accounting for the variety and differences amongst participants (Giorgi, 1992, p. 123).

There is no denying the popularity of IPA amongst researchers. IPA is a rapidly growing approach that has 'surged forth to such an extent that there are hardly any competitors' that dominate to the same extent (Giorgi, 1992). Admittedly, this popularity was attractive in the early stages of developing a research study when considering the different options available.

IPA fit with my original social constructionist epistemology, which suited the theory around body image and ageing and its popularity meant there were numerous examples of previous theses to reference for help with structuring. In many ways it would have been the easier option. However, IPA is concerned with meaning-making through interpretation of language and it can be argued that language constructs, rather than describes reality (Willig, 2008). This means that the words used to describe and interpret a particular experience are always a constructed version of that experience. For the current study, the researcher was more interested in describing 'what presents itself precisely as it presents itself' in order to access the lived experiences of participants (Giorgi, 1992). Additionally, Giorgi (2011) controversially states that IPA does not actually satisfy the phenomenological criteria because of its inductive nature and its failure to assume the attitude of the phenomenological reduction. He posits that phenomenology is intuitive and descriptive rather than inductive.

While acknowledging that interpretation plays an important role in the ways in which people experience the world, the researcher sought to minimise interpretation and focus on the descriptions that were presented in their purity. It was also the researcher's familiarity with the descriptive method, which allowed her to work more independently throughout the process that influenced the decision to reject IPA. Additionally, the researcher was less attracted to how each individual participant experienced her body image as she grew older, but rather the collective whole experience amongst participants surrounding ageing and body image. Therefore, the descriptive phenomenological method was more suited to this endeavour.

2.6.2: Thematic Analysis

Thematic analysis was also considered as an alternative qualitative method for the current study. Thematic analysis (TA) has only recently been recognised as a method in its own right in psychology (Joffe, 2012). Despite its popularity, it has only just gained the 'brand recognition' enjoyed by other methodologies such as IPA (Braun & Clarke, 2013). Its key characteristic is that of identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). Critics of TA argue that it is not a method in its own right; instead it underpins other approaches and provides various tools with which to conduct other approaches. For instance, the descriptive phenomenological method, grounded theory and IPA both rely heavily on line-by-line coding of

the data to identify meaning units (Willig, 2013). However, TA is a method that is flexible, which can be an advantage assuming the analysis is executed well.

Thematic analysis could have served as an alternative method to the current research as Braun and Clarke (2006) point out, it fits well with the original constructionist assumption that 'events, realities, meanings and experiences are the effects of a range of discourses operating within society' (p. 9). To provide context, the current research is interested in how the concept of body image is experienced in relation to ageing over the life course and the implications they may have for counselling psychology. Body image and ageing are both concepts that are socially constructed through language and have an impact on mental health (Braun & Clarke, 2006). Thus, if the current research was underpinned by an alternative ontology, TA would have been a valid alternative.

However, despite TA being a straightforward and flexible approach to qualitative analysis that aspires to produce insights which make sense of social psychological phenomena, this flexibility means that it is not explicitly bound with epistemological underpinnings nor is it phenomenological. There is more opportunity for research to go awry and be unfocused. Willig, (2013) states that there is no pre-existing theoretical basis for TA, the researcher needs to do a significant amount of conceptual work before the research can even begin. The researcher needs to be explicit about what they are doing and ensure that what they do in practice matches up with this (Braun & Clarke, 2006). Another weakness of TA is the tendency for the researcher to take a deductive approach to the method and get so caught up in the *a priori* codes identified on the basis of existing literature and theory that they do not allow new insights to emerge from the data (Willig, 2013). This preoccupation with checking the applicability and the validity of existing concepts comes at the expense of letting the data speak for itself and therefore does not fit with the ethos of qualitative research (Willig, 2013). Additionally, it could be argued that this approach to thematic analysis is more aligned with content analysis and therefore, not a true qualitative method (Willig, 2013). For the current study, the researcher wanted to use a clearly established method with a systematic procedure in order to stay close to the method and reduce the likelihood of compromising the data. The flexibility of TA increases the likelihood of weaknesses to occur during analysis as it can be challenging to decide what aspects of the data to focus on, resulting in a lower quality of work (Braun & Clarke, 2006).

2.7: Research Design & Process

2.7.1: A retrospective study

As discussed above, informed by the epistemological position, a qualitative design was employed to answer the research questions. However, it became clear when exploring the topic of body image and ageing that in order to truly understand how middle-aged women feel about their bodies, it is necessary to structure the interview in a way that includes asking questions about how participants felt about their body when they were younger. Therefore, the study took a retrospective approach during parts of the interview, which allowed participants to reflect in detail on their body image throughout the life course and how their perceptions of their bodies had evolved over the years.

Due to memory bias and issues of recall, retrospective studies have been criticised in the research literature because participants can often find it difficult to accurately remember events from the past (Hassan, 2005). However, qualitative studies are concerned with understanding experience from the participants point of view and therefore it was the participant's 'truth' that was interesting to the researcher – not necessarily the accuracy of the memory. As the majority of body image research focuses on younger women aged 18-25 (Grogan, 1999) and neglects middle aged and older women, there is a lack of retrospective studies as there is less of a need when the participants are younger and the phenomenon being studied is restricted to one time period. However, to fully understand body image in the context of ageing, a retrospective design must be employed.

2.7.2: Ethical Approval and Considerations

Prior to the research commencing, full ethical approval was obtained from the Psychology Department Research Ethics Committee at City, University of London after the submission of an Ethics Application Form (Appendix A). As a researcher and a member of the British Psychological Society (BPS), I ensured that the current study adhered to the BPS ethical guidelines throughout the research process and that care was taken to consider all aspects of the study from the standpoint of the participant (BPS, 2014). Specifically, the 'ethical principles for conducting human research' (BPS, 2014) were followed closely and are considered below.

2.7.3: Consent

Informed, written consent was obtained before the interview commenced (Appendix D). Consent was informed using the participant information sheet (Appendix C) that was sent by email once the participant had been recruited. These forms were designed to ensure the safeguarding of participants throughout the process and that all participants had a clear understanding of what the study involved.

2.7.4: Deception

There was no need for the use of deception at any point throughout the current research study. I was open and honest about the aims of the research from the recruitment stage and did not withhold any information that may have caused distress to the participants.

2.7.5: Debriefing

The participants were given a chance to debrief at the end of their interview. This usually involved an informal discussion around how they felt about the interview and a chance to ask me any further questions about the research. As a formal more systematic debrief, participants were given a debrief sheet (Appendix E) with information regarding support services available to them if they felt the need for further support after the interview. To my knowledge, further support was not needed and the interviews did not induce distress in the participants. On the whole the participants reported that they enjoyed the interview process.

2.7.6: Withdrawal from the research

Participants were made aware prior to the interview as well as in the debrief that they were entitled to withdraw from the study at any time without giving a reason and that their interview recording and consent forms would be destroyed to ensure confidentiality was maintained.

2.7.7: Confidentiality

Participants were informed of their right to anonymity and of the efforts that were taken to ensure and protect their identities and details. The researcher expressed to the participants that

confidentiality would only be broken if the participant reported any violence, abuse, self-inflicted harm, harm to others, or criminal activity. All interviews were recorded on a Digital Voice Recorder. Once the interviews were completed, they were transferred onto a MacBook Air laptop computer. All recordings and transcriptions were stored anonymously and securely on this password protected computer and will later be destroyed in line with the data protection act.

2.7.8: Recruitment Strategy

Participants were recruited from the UK and the Island of Bermuda. Within the UK participants came from both urban and rural communities so taken as a whole, participants were currently living in or had grown up in country, city and island communities. Recruitment adverts (Appendix F) were used to recruit participants for the current study. The advert was originally distributed in a yoga class and a book club in Devon, UK. Since recruitment was already taking place in Bermuda, after meeting with my supervisor the decision was made to extend the UK recruitment to London to have an urban perspective included in the research and a more thorough account of body image from women living in different communities. Including the pilot interviews which will be described in a subsequent section, the recruitment took place over 9 months due to the geographical constraints. I preferred to do the interviews face to face rather than over Skype which meant organising a weekend in Devon that worked for the participants and then waiting until Easter when I was travelling to Bermuda to visit family to interview the Bermudian women. Recruitment for Bermuda and London participants was through social media, specifically by posting the advert on Facebook and through word of mouth. The response rate was high but once given the participant information form, some of them did not meet the participant criteria and therefore could not take part in the study.

There has been debate as to how many participants are needed for a descriptive phenomenological study. Kvale (1994) states simply 'interview so many that you find out what you need to know' (p. 165). While I can sympathise with this answer, I do not fully agree with it as it seems idealistic and unrealistic for the scope of a doctoral thesis given time constraints. Giorgi (2009) recommends that one uses at least three participants because it is the structure of the phenomenon that is being sought, not the individualised experience of the phenomenon. Therefore, one or two participants would be 'too difficult to handle in terms of their own imagination' (Englander, 2012, p.21) because the analysis would be too individualised. Smith

and colleagues (2009) state that there is no right answer to the question of sample size but recommend between four and 10 interviews rather than participants to account for pilot work and the possibility of using a first interview as a prompt for further discussion in subsequent interviews. Using this information along with following University guidelines it was decided that eight participants would suffice.

2.7.9: Data Generation

Participants contacted the researcher directly via email after either viewing a recruitment advert or after being told about the study by a friend or by the researcher. The researcher communicated with them solely through email prior to the interview. Once the participant had expressed interest in taking part in the study they were sent an additional email that included a participant information sheet which contained the inclusion and exclusion criteria as well as the boundaries of confidentiality. Participants were asked to read over this information before giving their full consent to take part.

Interviews took place in various locations. Due to convenience and comfort they mostly took place in the homes of the participants. Smith and colleagues (2009) state that a comfortably familiar yet safe environment is preferable. As the population I was interviewing was not a high risk or vulnerable group it was deemed acceptable to interview in the participant's home. Participants were given an opportunity to ask any questions before the interviews began. The consent form was then signed and this was done over a cup of tea which was usually offered to the researcher. I felt it was important to accept a cup of tea from the participants as this was a way of establishing rapport, which enabled both the participants and the researcher to feel more comfortable. Making the participants feel more comfortable was a priority as it was hoped that comfort would allow them to open up and reflect on their experiences more easily.

2.7.10: Participant Inclusion and Exclusion Criteria

Inclusion criteria included:
- Participants must all be female.
- Participants must be between the ages of 50 and 60 years of age.
- Participants would be able to speak English.
- Living in the UK (urban or rural) or Bermuda or have been for the majority of their life.

Exclusion criteria affected those:

- Who were male.
- With a current or historical diagnosed eating disorder of anorexia or bulimia nervosa.
- This criterion relied on self-report and if reported, further questions were asked about the nature of the eating disorder and if they were engaged in therapy at any point before fully ruling out the participant.

Based on the inclusion and exclusion criteria only one participant was turned down after she read the participant information form and reported that she struggled with anorexia as a young adult. The exclusion criteria were created due to the recurring and self-objectifying nature of eating disorders. In trying to understand body image over the life course the research was aimed at women in general and was not trying to uncover or explore any specific clinical body image disturbances such as an eating disorder. There was also a worry that having someone who was overtly focused on their body compared to the other participants would skew the results. Therefore, women with eating disorders current or historic were excluded.

Recruiting from three different sites (Bermuda, London, & Devon) raised some issues regarding different cultural beauty ideals that need to be considered. The researcher avoided recruiting from a single location and instead chose to recruit from three different sites that were all westernised cultures with similar British values (Bermuda is a British Overseas Territory). There are subtle differences in the views of women that are shaped by where they live and their community. By selecting participants from different geographical locations while keeping ethnicity the same, the researcher ensured that she was capturing the views of the age group rather than the views of one specific micro-culture. For example a specific beauty trend or body ideal in London would not necessarily be indicative of the age group as these ideals may be different in Devon or Bermuda. Similarly, body self-consciousness and awareness may be heightened in an Island community such as Bermuda but less so in the countryside of Devon. By taking this approach I ensured that the sample was homogeneous while being spread out over a wide enough area to accurately represent the perceptions of my sample group and therefore provide more generalisability of the results. If all participants were recruited from Devon for example, the sample would only reflect the views of women within a specific community and would not necessarily be representative of middle-aged women as a whole.

A purposeful sample of female participants within a narrow age range was used in order to obtain data from a relatively homogeneous sample. Many research studies that aim to understand 'ageing' often focus on associations between such time-dependent processes and emphasise particular questions that compare an older group to a younger group using wide age ranges. These study designs and analytic methods can lead to very different conclusions regarding the dimensionality and structure of ageing-related changes (Hofer & Silwinski, 2001). It was assumed that by restricting the age range to 10 years that the participants would all have grown up within the same time period and experienced particular historical events at the same life stages. If mothers, they would all have grown or almost grown up children who have moved out of the home, but presumably have not yet become grandparents. Additionally, participants would all have experiences of menopause, while not yet combatting some of the more overwhelming health issues that may come with older age. Furthermore, by minimising age heterogeneity the researcher could ensure that nearly all findings reflect individual similarities or differences rather than age-related differences (i.e overwhelming health issues) (Hofer & Sliwinski, 2001). Men were excluded due to the 'double standard of ageing' (Sontag, 1972) whereby in Western culture women are judged more harshly for their bodies and appearance throughout life, but particularly as they grow older. Restricting the study to one gender also ensures homogeneity. There was no inclusion or exclusion criteria regarding ethnicity however, all the women in the study were either white British or white Bermudian. A table outlining participant details is presented below in Table A and pseudonyms have been used to protect anonymity.

Table A: Participant Details

Name	Age	Location	Ethnicity
Isabelle	50	Devon	White British
Becky	52	Devon	White British
Erin	53	London	White British
Stephanie	59	Devon	White British
Anna	56	London	White British
Barbara	55	Devon	White British
Jenny	51	Bermuda	White Bermudian
Katie	55	Bermuda	White Bermudian

2.7.11: Interview Schedule

Eight, one-to-one semi-structured interviews were conducted with individual women who were between the ages of 50 and 60 years. Interviews lasted between 32 and 80 minutes. I, the researcher carried out the interviews, which were digitally recorded and then transcribed for analysis. As a trainee counselling psychologist, I have training in and experience of having meaningful and reflective conversations with people and it was thought that my skills in listening, facilitating, and remaining curious fit best with a semi-structured interview style.

The process of gathering data in phenomenology is not about following a prescriptive inventory of protocols and techniques. It is more about being reflective and receptive to whatever may arise (Finlay, 2011). Interviews are one of the most common forms of qualitative research (Mason, 2002) due to its compatibility with numerous methods of data analysis (Willig, 2008). It was therefore decided that semi-structured interviews would be the most effective way to collect data. These interviews are designed to be flexible in order to enable a "conversation with a purpose" (Smith et al., 2009, p. 57) and are therefore not a rigidly implemented set of questions. Giorgi (2009) states that the main criterion of a good interview in phenomenological research is to collect 'as complete a description as possible' of the experience that a participant has lived through (p. 122). While this seems simple, it is a demanding task that requires the researcher to constantly make shifts between subject-subject relation and the subject-phenomenon relation during the interview all while staying present and responsive or 'within a single mode of consciousness' (Englander, 2012, p.34).

Interviews provide first person descriptions which are rich with information. Phenomenological research collects its data mainly from first person accounts comprised of 'naïve' descriptions provided by individual participants answering open-ended questions about their lived experiences (Moustakas, 1994, p. 21). Phenomenological research assumes that participants are articulate and willing to make sense of and share their experiences (Creswell, 2007). Some participants are better at this than others as some might find the questions or the subject difficult and often the researcher does not find out until after the interview has begun. While interviews are the most common way of gathering data in qualitative phenomenological research, it can also bring a certain degree of inaccuracy. Giorgi (2009) states that data acquired through self-report measures such as interviews are always subject to a failure of

memory and errors in participant response. There are no ideal descriptions, but the researcher isn't interested in the perfect description and the overall experience of the phenomenon is obtainable for analysis

The schedule was created in a way that allowed the participants to speak openly about their experiences. Questions were descriptive in order to adhere to Giorgi's (2009) criteria of description. They started off broadly and then became more specific and personal as participants became more comfortable and rapport was established (Willig, 2008). They were also designed to allow for both the negative and positive aspects of BI and ageing in order to not lead the participant in any way or cause unnecessary emotional upset. A copy of the interview schedule can be found in Appendix G.

2.7.12: Pilot Work

After developing the interview schedule pilot work was carried out. This was done in an effort to test how participants would respond to questions and allow the researcher to refine the interview schedule if necessary. Three pilot interviews were carried out. Two were in Bermuda and one in the UK. From these interviews it was evident that the schedule needed to be extended with the addition of more interview questions. Due to the difficulty many people have when discussing personal aspects of their body these additional questions were designed to help the participant ease into the interview. It was important for participants to feel comfortable with the researcher and the topic before being asked the more personal questions. The original interview was failing to access the deeper descriptions of body image that was needed for the research and as a result the interviews were very short in length. The interview, which originally consisted of seven questions was extended to 12 questions plus prompts. This is unusual for qualitative interviews which tend to consist of a small number of questions (Willig, 2008) but was necessary for this study in order to collect as complete of a description as possible (Giorgi, 2009).

During the pilot interviews, participants worried that they were 'rambling and waffling' too much and not being concise with their responses. In an effort to help ease participants' anxieties around this in the main study it was explained to the participants that rambling was encouraged and there are no right or wrong answers as it is their own understanding of their experiences. I also found it helpful to explain that it might seem odd that I will remain fairly quiet during the

interview but that I am doing so in order to not interrupt free flowing thought. Smith et al., (2009) states that it is helpful to introduce the interview as a "one-sided conversation" however I resisted using those words with participants as I felt it placed too much responsibility on them to provide information and I wanted the interview to be as natural as possible.

2.8: Analytic Process

2.8.1: Transcription

Interviews were transcribed verbatim and pauses, hand gestures and laughter were noted in the transcription. Transcribing the interviews personally allowed me to immerse myself in the data and feel a true connection with the participants. In order to remain bracketed in the phenomenological attitude (Giorgi, 2009) I transcribed all the interviews before starting the process of analysis. The process of transcription was wearisome but necessary and it connected me more to the participants. It was surprising how much I could recall from the individual interviews when I was transcribing and this closeness to the data helped during the analytic process.

2.8.2: Steps of the Descriptive Phenomenological Method

As stated above, the descriptive phenomenological method requires a five-step method of data analysis. Analysis of the data commences once the interview has been transcribed. Before analysing begins the researcher must assume the phenomenological attitude (Giorgi, 2009). This means that the researcher must break from the natural attitude, or everyday way of thinking and 'bracket' or put aside any preconceived notions or assumptions of the phenomena. The idea of 'bracketing' comes from Husserl's (2008/1931) epoché or what Giorgi (2009) calls an attitudinal shift. The researcher must be present with the data and see it as it appears, without prior knowledge assumed. Simply being present means that the researcher allows herself to see the data as it appears in its own context without doubt or belief. As it is given to consciousness, the researcher takes the object as it presents itself (Husserl, 2008/1931). Therefore, bracketing allows the researcher to describe consciousness from the participant's account.

Once the phenomenological attitude has been taken and the researcher is sensitive to the implications of the data for the researched phenomenon the first step of the method can begin. The researcher must get a "sense of the whole" by reading and re-reading the transcript or description in order to get a general sense of the whole experience (Giorgi, 2009, p. 128). This step is similar to other qualitative methods and simply requires that the researcher become familiar with the data. Giorgi (2009) states that at this stage of the analysis one does not try to clarify or make more explicit the global sense of the description. This happens in subsequent steps of the method. At this point, "one merely operates with a general sense of what the description is about" (Giorgi, 2009, p. 128).

The second step in the data analysis is to divide the data into meaning units so that the data is easier to manage. This is done by reading through the interview with a focus on the phenomenon being researched and indicating a break whenever there is a shift in meaning. Giorgi (2009) states that the phenomenological approach is holistic, however most descriptions obtained from interviews are too long to be looked at holistically and therefore need to be broken down into parts. These parts should be sensitive to the meaning of the experience and determined from a phenomenological psychological perspective. This means that meaning units should be developed in way that is relevant to the experience and sensitive to psychological reality. It is not just a matter of simply breaking down the transcript sentence by sentence (Giorgi, 2009).

Meaning units were distinguished by marking each shift in meaning with a forward slash (/) in the transcript and then typed out in a separate document. Each meaning unit is numbered for ease of identification within the analysis. According to Giorgi (2009) meaning units are subjective. Different researchers may determine the meaning units in different places from the same transcript because there are different places where transition in meaning can occur. Giorgi (2009) goes on to say that meaning units also change over the course of the analysis. Two meaning units might be combined into one or broken into two as the researcher moves through the steps of the method.

Step three of the method involves creating a specific description. This requires re-describing each meaning unit and transforming the text into psychological language. The descriptions must reflect the implicit meanings that the researcher is now making more explicit. Giorgi (2009) describes this step as 'the heart of the method' and the most intensely laborious (p.130). The

transformations aim to generalise the data to a certain degree so that it becomes easier to integrate the data from various participants into one structure, or general description (step 4). Giorgi (2009) suggests that the meaning units are re-described in the third person which helps the researcher remain in the phenomenological attitude and not get drawn into the participant's natural attitude. These transformations are conducted in order to make the psychological meanings more explicit using Husserl's method of free imaginative variation (Giorgi, 2009). Free imaginative variation is helpful in deciding the difference between partial objects of fulfilment and those objects that fulfil the empty meaning perfectly (Giorgi, 2009). It helps the researcher determine which meaning units are essential to the experience and which are not. Each transformation describes what the meaning unit expresses psychologically without any interpretation. It only describes the experience, as the participant understood it. Not every meaning unit will have the same number of transformations because not every meaning unit will be "equally rich" in the psychological sense (Giorgi, 2009, p. 145). The results of the descriptive approach imply 'strong knowledge claims' because they include descriptions of findings rather than theories or hypotheses. These descriptions have the 'strength of facts even though they are not pure facts' (Giorgi, 2009, p. 131).

Step four of the Descriptive Phenomenological Method involves synthesising the data from the previous step into one general description that captures the structure of the experience as a whole. This description, or general structure represents the most important findings. The general structure of the experience is a descriptive paragraph that explains the outcome of the analysis, or the results. It is obtained by looking at the transformed meaning units and using imaginative variation to help decide which ones are essential for the phenomenon to "present itself to a consciousness" (Giorgi, 2009, p. 200). In step three the transformations were made by looking at parts of the description. Now in step four, the description has to be aware of the whole picture. Giorgi (2009) states that this process requires the use of imagination. The development of the structure is not simply a summary of the facts.

Step five is presenting the findings and writing up the report once all of the previous four steps have been completed. This involves integrating all of the participants' general descriptions into one phenomenological narrative. The final outcome of the data analysis is intended to present only the "essence" of the experience, not all of the implications of the experience. The discussion chapter (see section 4.0) of the thesis is reserved to discuss the implications of the analysis (Giorgi, 2009, p. 206).

2.8.3: Validity

Maintaining validity within a research study means that the researcher is staying true to what she set out to do at the beginning of the research process and actually observing or identifying what one says they are doing. The concept of validity must be considered throughout the research process and linked to the research questions and the use of the descriptive method (Mason, 2002). Yardley (2000) suggested helpful criteria for assessing the quality and validity of qualitative research and is discussed below.

'Sensitivity to context' is Yardley's first criterion for good qualitative research and refers to the importance of being sensitive to and effectively managing the research in terms of the methodology and the interpersonal nature of the interview process (Yardley, 2000). Having awareness of the sociocultural setting and the interaction between language and culture was important throughout the current research project because of the impact of culture on body image. During the interviews, the researcher remained empathic, non-judgemental and open minded throughout and particularly when sensitive issues were discussed. Asking open ended questions helped gain more in-depth responses to the questions and prevented the researcher from leading participants in any way. Additionally, both positive and negative questions around body image and ageing were sensitively included in the interview schedule in order to minimalise distress. Remaining attentive to the difference in age between the researcher and the participants also helped to remain sensitive, non-leading and prevented any assumptions of prior knowledge about the topic. Literature related to the topic was reviewed and then related to the participants descriptive accounts which helped to ensure the research was grounded in the phenomenon of body image and ageing.

The second criterion for good qualitative research according to Yardley (2000) is 'commitment and rigour.' I have remained fully engaged in and committed to the framework of the descriptive phenomenological method, following the steps of the method exactly how Giorgi (2009) set them out. Following this I became immersed in the data in order to rigorously complete the analysis. The participant sample was obtained by adhering strictly to the inclusion and exclusion criteria, which was created with the research question in mind and was as homogenous as possible in order to ensure rigour and thoroughness was maintained. Throughout the process, the researcher was in close contact with her research supervisor when carrying out interviews

in order to remain an empathic researcher and not move into a clinical role that has become more comfortable throughout my experience as a trainee counselling psychologist. During the analysis stage, having my supervisor read over the transformations (step three) and general descriptions (step four) also helped ensure rigour to the method.

'Transparency and Coherence' is Yardley's (2000) third principle and this refers to the overall clarity and persuasiveness of the research. Transparency was maintained by detailing every aspect of the data collection process and adhering strictly to the 5-steps of the descriptive method. Transparency was further maintained by reflecting on the degree to which the researcher may have impacted on the research through her own assumptions and experiences. Coherence describes the 'fit' between the research question and the philosophical perspective adopted, and the method of analysis undertaken (Yardley, 2000). The current study gave voice to the personal perspective of participant's views on body image and ageing. Therefore, coherently employing a thorough phenomenological analysis of the interviews provided a consistent and complete description.

The fourth and final principle is 'impact and importance' (Yardley, 2000). This relates to the usefulness and value of the research. Throughout the process the researcher ensured that the research was relevant to the field of counselling psychology on a practical and theoretical level. Current literature was drawn upon and challenged in order to provide a different perspective of body image from a middle-aged population that is not frequently studied. It is hoped that the knowledge and understanding gained from this study and its participants will enhance the field of counselling psychology and support women who may be struggling with their body image or the numerous life events that relate to or occur when growing older. The clinical relevance of the current study is further examined in detail in the discussion chapter.

2.9: Reflexivity

Reflexivity is important in qualitative research because it encourages the researcher to recognise her own role in the context of the research and the ways in which her values beliefs and experiences influence the research and its findings (Willig, 2008; McLeod, 2011). This can often be difficult when as both a counselling psychologist and a researcher we are often trained to stay empathetically detached in a way that will not lead or bias the client or participant. However, reflexivity allows the researcher to acknowledge how her own reactions to the

research context and the data help to form insights and understandings about the research. Below I will reflect on the research process both methodologically and personally.

2.9.1: Methodological Reflexivity

Due to the popularity of IPA and the dominance it holds amongst the qualitative research literature it was originally difficult to see beyond that as my only methodological option. However, I did not want to choose a method simply because many of my peers chose it or because it was more familiar to the supervisors available to me at the University. IPA is an effective method as a means of making sense of psychological phenomena and would have been equally applicable to this research. However, as a final undergraduate project I used the descriptive phenomenological method and while that project did not have a large philosophical component to it, I became familiar with the method and the concept of phenomenology. Therefore, the descriptive method proved to be the right choice as I was more interested in understanding how women experience their bodies as they grow older as a unified whole rather than as individualised accounts.

Due to this, as well as the underrepresentation of the descriptive method in the UK I needed to immerse myself in literature surrounding the method and become more familiar with the philosophical underpinnings. In doing so I ensured this was a suitable method to answer my research questions and not just one that was more comfortable. In a way, I had to become an advocate for the method which helped me gain in-depth knowledge of the intricacies of the steps involved. Additionally, in the time since using it for undergraduate studies, Giorgi (2009) had also revised the method and removed a step which required creating themes. I needed to follow the new method exactly in order to maintain scientific rigour in the analysis.

The biggest methodological struggle was that due to body image being a sensitive topic for some women as well as the heightened awareness around body image issues in the media, some women were ambivalent and defensive in their responses - often contradicting themselves. This made step three of the method very difficult when transforming participants responses into a specific description during the analysis phase. Despite being familiar with the method I had never used it on such a large scale as a doctoral thesis and when confronted with these contradictions I often worried that I was not carrying out the analysis correctly. This worry was often reinforced by the lack of psychological theses using the method to consult for

examples. However, the use of supervision was reassuring that I was following the method correctly and producing a good quality analysis.

When further reflecting on the analytical process I feel that it was a lengthy process that often made me feel uneasy and uncontained. Due to the underrepresentation of the method in the UK it was harder to check that I was making the right decisions during analysis. I had to go with my gut instinct and really own the research in order to maintain the quality (Elliott, Fischer, & Rennie, 1999). I acknowledged that my own views and opinions about body image, beauty ideals and ageing were very different from my participants and I remained open minded to the transformations that were occurring in step three of the analysis. It was crucial to take this knowledge, my own awareness and learning into consideration as I proceeded with the analysis. Throughout the analysis, extracts of the different steps of the method were shared with my second research supervisor who was an expert on the descriptive method. He acted as an additional analytical 'auditor' (Elliott, Fischer, & Rennie, 1999, p.222) and provided verification that helped me ensure that biases were minimised and the transformation of the meaning units stayed descriptive and close to the original voice of the participants. Crucially, it also made sure that the content was sensitive to the experiences of body image in middle aged women as they grow older.

Another methodological issue emerged during the pilot interviews. Originally, I found it difficult to take myself out of the therapist practitioner role and assume the role of researcher or interviewer. In the audio of the pilot interviews my voice can be heard too much and this is potentially distracting for participants. I found it challenging to sit in a room with someone who is talking about potentially sensitive material and not be able to respond in the way I would like to, or in the way I would if I was with a therapeutic client. It seemed too regimented, awkward and authoritarian at first but supervision again proved to be useful for overcoming this issue as I was able to talk to my supervisor about the different ways I could respond that would not interfere with the interview but also allow the participant to feel understood and remain comfortable in the interview.

2.9.2: Personal Reflexivity

Due to the descriptive nature of the descriptive phenomenological method it is slightly easier for the researcher to remain more detached from the research when compared to IPA studies

where more of the researcher's interpretations are required. However, in qualitative research as a whole personal reflexivity is needed to acknowledge the ways in which the researcher impacted on data collection and analysis (Willig, 2008). Finlay (2002) stated that the researcher's preoccupation with their own emotions can distort research findings in an undesirable way. Yet, it is rare if not impossible to embark on a research study without any preconceived knowledge, biases or emotions about the topic, which is why bracketing becomes so important prior to carrying out interviews. Maso (2003) states that every researcher must know what motivated the research question, which beliefs are behind it and which conceptual framework it is an expression. To do this, researchers must cross-examine themselves.

Growing up on an Island in and around friends and family where image is important and appearance investment is high I feel I have been aware of my body from a fairly young age. When thinking about what I was going to research for my doctoral project I looked to my own family for inspiration. My grandmother and mother both modelled before starting careers in the business world and as a result, struggled with age related changes to their body. In social settings I would often hear my mother and her friends complain about certain aspects of their bodies or joke about the undesirable effects of menopause. When looking for gaps in the research and a way to make my research stand out I was interested in finding out if this was a common experience amongst many middle-aged women as they have grown older.

Undoubtedly, I was aware of what I brought to the research on a personal level and I definitely had preconceived ideas about what might be discussed, or even what I hoped would be discussed in the research interviews. Having strong women in my life who, amongst other valuable life lessons, taught me the importance of skin care, how to apply makeup and overall how to be 'feminine' I assumed most middle-aged women would place the same importance on appearance. I was surprised when hearing some of the women discuss how they do not have a skin care regime, wear little if any makeup and dress casually day to day. To me it was almost inconceivable that a woman in her fifties was content with taking a more natural approach.

Having carried out the current research and analysis it forces me to also reflect on my personal future ageing and how my body image may change as I go through the many life events spoken about by my participants and experience changes in my weight, shape and skin. I remain enthralled by the lens through which we see ourselves as women and the influence that sociocultural ideals have on the way we view our bodies. My aim in reflecting both personally

and methodologically is to ensure that I do not become too self-absorbed in the research process in that I risk overshadowing the voices of the participants (Finlay, 2011).

2.10: Conclusion

This section has comprised a thorough account of the research methodology and the various steps of the analytic process from beginning to end. The following section presents the findings that emerged as a result of becoming immersed in the data through the processes highlighted in this chapter.

3. Chapter Three: Results

3.1. Introduction

The purpose of this study was to explore the phenomenon of body image in women as they age. The essence of the research sought to understand how middle-aged women think about their bodies and their changing appearance as they have grown older. The retrospective nature of the study allowed for participants to reflect on their body image throughout the life course, which helps gain a deeper understanding of how these women feel about ageing. Descriptive data was collected through semi-structured interviews with eight women and Giorgi's (2009) descriptive phenomenological research method was used to explore participants' experiences of their bodies as they have grown older. The results are presented in this section.

The general structural description from this study is written in the language of the researcher and represents the meaning of the lived experiences of body image in women as they grow older. In the interest of clarity, the findings are reported to reflect the individual interview questions and elaborated with direct quotations in the participants' words. While all of the findings are reported below, I have focused more heavily on particular questions over others. The decision to focus more heavily on certain questions from the findings is because some questions were used during the interview to make participants feel more comfortable and ease them into talking about personal or potentially sensitive topics. The questions that elicited the richest data and pertained most to the phenomenon are described below.

3.2: Findings

All eight of the participants reported that they were aware of body image in some form or another. Becky stated:

> *Everybody I think is aware of body image and you couldn't possibly live in this society and not be aware of body image. It's all over the screens, the magazines you know, it's out there isn't it. I mean from whether you sort of see adverts for you know, 'Get toned for summer' or whatever. It's always out there, so I think everybody's aware of it. And yeah, it does affect, I think women more than men.*

Due to growing up with a mother who had an undiagnosed eating disorder and siblings who have difficult relationships with food, Jenny became aware of her body from an early age. She described her experience below:

> *Um, you know growing up I think it was a big... you know, my mother would be, she would use words like, phrases like, oh, you know, you can eat that, that won't hurt you. Things like that. But at the same time, she's like well I don't think you should have that...and...I think you kind of grow up thinking like there's something wrong with you if you're not of a certain mould. Body mould. And yeah so, it's kind of, I mean...I've always been aware of it, and I've read about it...and I think in Bermuda, Bermuda in particular, I find there is a huge amount of pressure on looking a certain way.*

Participants, Anna and Isabelle stated that they were not particularly concerned about their bodies from an image point of view, however they viewed body image from a health perspective and wanted to be strong and mobile for older age. Anna stated:

> *[Yes] It is, [I am aware of it] because it's been my job for the last thirty years. But, in, but, you know, body image as in a way of health. And strength. And being able to do all the functional stuff that you want to do in everyday life. I am not too bothered about the fact of, where it's actually what people are thinking of how I look, or, you know, it's mainly about health, strength, and mobility.*

When asked how young they were when they first became aware of their bodies, participants had varied responses. Isabelle stated that she has been aware of her body all of her life due to health reasons. A lifesaving surgery shortly after birth left her with a large vertical scar on her abdomen. She was bullied at school because of the scar so it left her feeling self-conscious about her body. The onset of puberty was the biggest marker for the participants in terms of body image awareness. The age that participants first became aware of their body ranged from nine to 14 years with the average being 12 years old. Barbara, Erin and Stephanie reported that being at boarding school and surrounded by other girls their age with different figures caused them to compare parts of their body to others. Erin described this phenomenon as:

> *So I suppose in an all-girl boarding school, you know... I went through puberty late but that whole emergent thing and the kind of, um, hothouse that you kind of live in with a group of girls all going through puberty...at the same time and away from their parents I guess, or their mothers, um...and the developing bodies because you live with people effectively you see everything don't you? There*

was nowhere to hide. There was precious little privacy and stuff like that so I suppose that would have an effect on how I view it.

The onset of puberty and the effects it has on the individual differ for everyone. This is a time that young girls often start to focus on their bodies and compare. Becky stated:

Most people like being part of the crowd. It's comfortable being part of the crowd. Nobody really wants to stick out, you know... They don't want people chatting about them or saying 'did you see blah blah blah. Didn't she look stupid or didn't she look' you know. Most people just want to look the same as somebody else and nothing drastically different and I think that's normal human nature. We don't wanna stand out for the wrong reasons.

During adolescence, most girls do not want to stand out from their peers. Jenny described the body shame that accompanied her adolescence:

Yeah, I mean I think, you know starting from a younger age, twelve, thirteen, adolescence I guess is.... when I became aware. It's like these feelings of, it's almost like shameful feelings. And, um, that... if your body's not perfect then there's something wrong with you because you're not perfect.

Participants were asked to describe their experience of their body image throughout life decade by decade and how they felt about it. Becky, Erin, Anna and Barbara stated that they were more uptight or critical of their bodies in their twenties and wished they appreciated it more at the time because it is harder to achieve as one grows older. Becky stated:

Oh, the times I thought I was fat, I was really thin...you look back in photographs and you think 'oh actually I didn't look too bad' at a time when you thought maybe you didn't look great.

Barbara and Anna supported this when they described her twenties:

When you're [in your] twenties and you're sort of thinking about the opposite sex and things as well and you always think about bits of your body that you don't like. But if I had the body now that I had then, I think I'd be really happy.

In my twenties I was very much more aware of body image. But I think that was when I was having far more relationships and stuff like that. So you're more aware then.

Isabelle, Stephanie, Jenny and Katie described their twenties as a time they did not worry about their body. Jenny stated:

Once I graduated from university I was working so much that I wasn't even really, I don't remember thinking about it [body image] then.

Katie described her twenties as a time when she loved her body and enjoyed dressing to highlight her features:

I think I really started appreciating my body in my, in my sort of mid-twenties. I had my height, I had my health...I had a really fast metabolism in my twenties, thirties and forties...Um, the long legs were, you know, they worked when I wore skirts, and dresses...I didn't think about it enough to be worried about it and I was comfortable in my skin.

When analysing the descriptions from all eight of the participants it is clear that some focused more on their bodies during this time. Others were more accepting of their bodies and appreciated how easy it was to maintain their physical appearance.

From the eight participants, seven of them were mothers and defined the decade of their thirties through pregnancies and early child rearing. Out of these seven participants, all but one had unremarkable pregnancies and embraced the changes their bodies were going through. Anna described her thirties in relation to her pregnancy:

In my thirties, um, childbearing, so I had three kids. Uh, sailed through three pregnancies, wasn't the least bit worried about having a belly, but all I had was a round tummy and nothing else. Um, so that, that didn't worry me. Um, I've got scars from babies cause one of them was a [caesarean] section. That didn't worry me. Yeah, so obviously you're aware. Cause I was still teaching [Pilates] and I worked throughout the three pregnancies. But because I was so fortunate and the pregnancies didn't inhibit me in any way, it, I didn't have to change any of my particular clothing that I was wearing. I just wore loose stuff. And it didn't bother me, and the second I had a child I was pretty much back to…normal.

Isabelle also described pregnancy as a wonderful time:

It was obviously so lovely to be pregnant...and um with a little baby you know you're quite busy and it [the weight] naturally came off and everything ...was fine.

From their retrospective reports, none of the seven participants who are mothers were overly concerned with losing pregnancy-associated weight after giving birth. These women claim their bodies returned to normal fairly easily, which shows at least from memory recall that they did not worry about how long it took to lose weight after giving birth. Erin described this as:

I think perhaps for women my age there was a lot less pressure to get back in your jeans, you know, your pre-pregnancy jeans and all of that. We weren't so bombarded with images like girls now going through having babies perhaps are, and the pressure that they potentially feel...I lived in leggings and baggy t-shirts and because I breastfed it all kind of did go back...fairly easily...within nine months, a year of having my oldest I was...back to my pre-pregnancy weight but I hadn't really done any exercise.

The decade of the forties was uneventful for most participants, which was evident by the fact that they did not speak about it in depth. Participants described their metabolism slowing down and the changing hormones that lead to struggles with weight. Anna and Becky described a yo-yo effect with weight during their forties in that they would gain weight and lose weight, only to gain it back quickly again. Anna summarised her struggle:

I think in your forties you start to become aware of things changing. Because you become peri-menopausal... I have noticed body image a huge amount actually now that you mention it, in forties early fifties because peoples' bodies change so much, unless they exercise...the hormones are all dropping or often changing, so unless people really work hard to keep their muscle mass...their whole body changes. I've been really surprised by it over the last decade really. Muscle mass drops so...the pretty standard look is no muscles in arms and legs and a round torso.

Erin described her forties as liberating. She did not want any more children and could start to regain her identity as a woman:

Um, but then being forty was a revelation…I think that sense of I was done with the child rearing I wasn't going to have any more babies… So I could kind of kiss goodbye the maternity bras and the big pants and all the other horrible paraphernalia that went with it… And so there was something quite liberating

then about oh I can, okay well this is the kind of shape you're going to be, give or take a few pounds here and there, um…so you can invest in decent bras, you can do this, you can do that, you can buy a pair of trousers that are a size ten or a size twelve and actually that's what you're going to be. You're never going to be an eight again, so just accept it you know.

The experience of being in their fifties has been different for the participants. Seven participants described it as a more settled time where acceptance of who they are has been achieved. Jenny stated:

Fifty seems to be kind of a magic age where it's like ugh Christ, who's got time for that or the energy? It doesn't matter, you can't change anything so. People are who they are...appreciate them for what they are.

Isabelle echoed that statement when she described how she currently feels being in her fifties:

I think now that I am in my fifties I'm like, I am who I am... and you know what I can't change that. Don't judge me by what I look like, judge me by who I am and what I do.

Due to having a fast metabolism for most of her life and never having to worry about what she ate or drank, Katie was upset when changes to her body started to occur in her fifties. She is still struggling with the effects ageing has had on her body. Katie described this struggle as follows:

The metabolism has slowed down. The weight gain [is] there. Um and it's not like I'm eating more than I was. I just have to do more to counteract what I am eating and drinking.

Participants were asked to reflect on any regrets they had in life due to how it has affected them now. They were given prompts that specifically asked about spending too much time in the sun, and their earlier activity levels. Participants had varied responses. Jenny and Katie, the two participants who grew up on a sub-tropical Island, along with Anna who spent her twenties living

in Australia regretted spending too much time in the sun and not taking care of their skin compared to the remaining six participants who grew up living in the UK. As a result of having personal or family experiences with skin cancer, Anna, Jenny and Katie stated that they are much more protective of their skin when in the sun now that they are older. Katie described the extent of her regret:

> *Probably shouldn't have been out in the sun without sunscreen as much as I was...I can remember going to the beach...and we put iodine in the baby oil bottle, in the baby oil and would smear it on us...at eight o clock in the morning and be there til six o clock at night...so yes sun tanning is something that I wish I truly would have said to myself, stop!*

Jenny felt that being sun tanned fit with the ideal body image when she was growing up in the late 1970's and early 1980's. She stated:

> *That was the thing too, is like you know, be skinny, and you know be suntanned and that's the model that you should be striving for...and you know...at what expense to your health?*

Participants Isabelle, Becky, Barbara, Jenny and Katie regretted not exercising more or playing more sports when they were younger. These participants felt exercise would be more enjoyable or more routine now if they prioritised it from a younger age. Barbara described this clearly:

> *I enjoy um, going to a few exercise classes...I haven't been so good the last year at doing that. But I think in terms of regret I, yeah, I think I should've played more sport and done more [exercise] when I was younger. It might have given me a different attitude to sport now.*

All of the participants were active in some form or another. No one reported that they did not do any exercise at all. However, Stephanie regretfully described how she felt she should do more exercise to keep weight off.

> *I'd like...to not carry as much weight as I do. But I know...why that is [laughs]. It's not as much exercise as I should do and probably slightly too much eating and drinking [laughs] and I know that there's a balance to be had between those things. But I mean I think I'm reasonably fit, reasonably flexible. I do yoga a couple times a week and I walk...quite a lot...and I swim in the summer.*

From what Stephanie described, she was staying active and maintaining her fitness. However, she seems to put pressure on herself to do more because in her mind, her current routine was not good enough.

Participants were asked about menopause; particularly what stage of this life transition they thought they were in and what their experience of menopause has been. All eight participants in the current study had ambivalent feelings about menopause and what stage of it they were in as it can be difficult to pinpoint. Isabelle had a hysterectomy in her mid-forties due to difficult menstrual cycles so she did not experience a typical menopause. Erin and Jenny are using or recently stopped using some form of hormonal contraception, which they feel has masked the symptoms of menopause. Becky, Stephanie, Anna, Barbara and Katie struggled more with typical menopausal symptoms of hot flashes, night sweats and mood swings. Becky stated:

> *I had the classic hot flashes during the night...The night flushes were horrible...they varied between being hot flashes and cold sweats and the cold sweats you almost think you are going to die. You only have them for thirty seconds but they feel awful, they feel like the worst dose of flu for about thirty seconds, you feel so awful. And then you know it's going to pass really quickly.*

Menopause can be difficult on a woman's body both physically and emotionally and the decision of whether or not to engage in hormone replacement therapy (HRT) is sometimes a controversial one for women due to unpleasant side effects such as weight gain and the serious health risks involved. Barbara was the one participant who had commenced HRT, while Stephanie and Katie felt that going through HRT was potentially dangerous and just delaying the inevitable symptoms. They chose to manage their symptoms naturally. Katie described her experience with menopause:

> *It's been hard, well, I mean I truly, it's been, you know, just the physical, the weight gain, the...I would find myself either being angry at something stupid, or in tears over something, um...and...I did not wanna do the whole hormone [replacement] therapy.*

From an appearance perspective, participants were asked to reflect on previous times in their life in order to understand how they feel their appearance has changed as they have grown

older. Findings were varied. Overall, participants felt that they have become less critical of themselves as they have grown older and are generally accepting of their bodies now, but some still have concerns about their body. Isabelle stated that body confidence goes up and down throughout life depending on other life changing or stressful events:

> *If I think about it, your [negative] body image comes at times when your confidence isn't brilliant. So maybe through your teenage years when you're all changing and you know…girls are starting to go out with boys and you're not and things like that. And umm…and then when my husband left, because that crushed me completely anyway. I think it ate away at the very soul of me so I think I allowed those negative body image things to come in and then as part of everything else.*

Anna believed that women become less attractive with age and stated that youth is the most appealing quality in humans:

> *Okay, I kinda think that the most appealing thing in a human is youth. And it, it can't be replaced. And it can't be manufactured. So, um, if I was to look back…I think of absolutely unending energy and vitality to do everything. Which I think is attractive.*

From the analysis it is clear that the participants have reached an age where they realise that all bodies are different and have grown to accept what cannot be changed. However, this does not always lead to feeling more settled. Barbara summarised this well when she said:

> *There are still the same [body] issues that I didn't like when I was fifteen, sixteen that I have now, but they don't bother me as much. I just sort of get on with it. I mean, I think there are so many different body shapes and sizes out there...I hate my legs. I just hate my legs, and now I get the old bingo wings as well...and you think ugh...do I need to cover up...and then you stand next to somebody else and you think, oh, actually her arms are probably worse than mine...and then I just think oh it doesn't matter, she's not bothered, why should I bother.*

Growing older brings on a number of changes to the body both internally and externally. The majority of the women in the study were not happy with the physical changes that growing older

has brought to their bodies. Anna described her late forties and early fifties as a time when 'muscle mass drops...and hormones are changing' and Isabelle experienced these changes as a struggle:

> *It can be hard to see yourself naked in the mirror now. You start to see things that you never used to have, you start to see the muscle turning into fat...the elasticity of the skin is going already and that's a bit frustrating. The bingo wings are starting...and you think 'oh my god.' But I would exercise them because it doesn't look or feel nice rather than...because everybody says I should have taut arms...but I suppose having said that, that means I am affected by a body image because actually fat women with fat bingo wings aren't nice...I think our society is really confused at the moment because we push for the 'lets-have-normal-people' big time...but we still kinda slag them off a bit when we do.*

Participants were asked if they thought there were any benefits or positive experiences of ageing. All eight of the participants stated that the greatest benefit of ageing was being more relaxed and worrying less about what others think about them. Jenny described this clearly:

> *You don't care as much what people think. It becomes a lot less important. I think especially when you have kids of your own and...you realise the pressure that that [caring what others think] puts on them...you know you can let go and kind of not be so judgmental of yourself. And I think growing up I was pretty harsh on myself. So, I think you let go of a lot of that.*

Barbara discussed further benefits of being older:

> *Um, other benefits. Not having to work so much? The practical side like that, quite nice. Probably more time for, more time for family. My parents don't live very far away so it's quite nice to be able to see them. Um, so, yeah, my husband has just retired, so um, being able to spend, you know, more time together with him which is good, while we've still got our, touch wood, got our health. You know, which is good.*

Participants easily spoke about the emotional benefits of ageing, however speaking about the physical aspects of ageing appeared to be more difficult. Participants spent very little time talking about their bodies from a physical point of view when answering this question during the interview. Anna and Stephanie stated:

> *Um…physical benefits, no. I don't think there are any physical benefits whatsoever of getting older….yeah, no, no benefits. That's encouraging I guess [laughs].*

> *Externally, everything's heading south a bit. Everything's heading south a bit, but I think that's, you…okay. Obviously, you can do things for that, but for me, as long as I feel that, you know, it's not, way out of control, um, I think it's natural…I think of it as you have to accept that you don't look the same or necessarily feel the same as you did.*

One positive experience of ageing that participants described was greater financial security and being able to enjoy their children more. Erin described her experiences:

> *I think...financially...you've kind of got not necessarily money in the bank but money in a property...for me it's my children being adults...so you can leave them...you can enjoy them as adults...they keep me young...and I love that.*

Relationships are an important part of life and as one grows older relationships with friends and loved ones can change. Participants were asked to describe their relationships with loved ones and specifically if their relationships had changed as they have grown older. Isabelle, Becky, Anna, Barbara and Katie stated that the biggest change in relationships has been with their own parents. Out of those five participants, Becky, Barbara and Katie described relationship changes with their mother in particular. There is a felt sense of sadness from the participants that these important people will not be around forever. Therefore, as participants age the need to repair relationships feels more urgent than when they were younger. Katie described this change clearly:

> *The one [relationship] that has changed the most is the one with my mom. I was an only girl. I had 3 brothers and I was closer to my dad...and my mom and I...we just, we battled...that's been the biggest one that, as I've aged, I've come to appreciate who she is and what she did to raise me...with age comes wisdom, comes empathy and acknowledgement of the sacrifices that she made...and we have a great relationship now.*

Reflecting further on how relationships have changed with her own parents, Erin highlighted the struggle she felt between caring for her parents while still having adolescent children at home who also needed her:

> There is a sort of season that you…you're caring for elderly parents, and often teenagers. And you know, not that I physically cared for my mum but in terms of visiting and stuff like that, you're torn a little bit between the tensions of those two generations whose needs are very different and you're kind of in the middle. Um, and that you know, has its moments of being quite challenging I think.

In order to understand how much effort goes in to keeping up their body and appearance, participants were asked how they currently take care of their appearance with regard to skin care, nutrition, clothing and exercise. Jenny, described the importance of maintaining a balance when keeping up her appearance. She stated:

> [Some] people just completely let themselves go. And I'm like why? Is that, what is that? Is that good? No, I don't think that's good. I think there's a balance in how you do this. You don't overdo it and be a freak about it. But then don't do nothing either. I do think that comes back to bite you in the ass eventually.

Many participants felt younger than their chronological age and wanted their appearance to reflect that by not dressing in a way that ages them. Participant Becky feels that fashion has changed and today's generation of women can dress comfortably but more fashionably and in younger clothes than previous generations. Becky stated:

> I mean, I wouldn't, you know, when I think of how my grandmother dressed when she was fifty-two, there's no way I wanna dress like that. You know, there's no way…my mother doesn't dress like that, my mother for a seventy-five year old dresses fantastically.

Erin felt that she spends a lot of money to keep up her appearance, particularly on her hair. The decision of whether or not to let the hair go grey naturally was described as an important and difficult decision for many of the women. It means publicly and socially allowing herself to age,

when on the inside she may not feel old enough to be grey. Erin described her personal struggle:

> *One of my main indulgences from that point of view is hair...I always invest in the hair and then you've got that all day every day...and I guess there's that whole thing about going grey and I haven't decided whether I'm ready to go grey yet...as soon as a woman goes grey she will age in other people's view. You know, there is that sort of direct link isn't there between grey hair and being old...so I think for me that will be quite a big moment when I, when you do go grey because I think suddenly people will perceive you very differently.*

Participants were asked if the media has an effect on how they see themselves or take care of their appearance. Participants were ambivalent in their responses. There was a recognition from participants that it is impossible to not be affected by the media because it is everywhere in society and constantly streaming, particularly social media. However, with age comes a wisdom and you don't always believe what you see. Therefore, it appears that the media has less of an effect on the middle-aged population than it might have on younger women and girls. Becky stated:

> *Um, the thing is you get a bit cynical as you get older and you don't believe the stuff you see, so you look at a model on the television and you think well no, that's been doctored to make her look. Nobody's got teeth that look like that. Nobody's got skin that looks that perfect. You know, and the same with the magazines. You know that the photographs have been airbrushed and you know, their waists have been made to look a bit smaller and stuff. It's, you just think well I won't look like that anyway.*

Participants overall stated that the media did not greatly affect them from a body image point of view, but despaired at how many negative messages the media sends out about body image or how one should aspire to look. Anna described why she feels she is not affected by the media:

> *No. not at all...Because it is impossible to look like them [celebrities] even if you wanted to, because they spend squillions on their appearance. What you're seeing in the media is not real anyway, because it's all been changed. So, no.*

Social media proved to have more of an effect on some participants than traditional media outlets such as television, magazines and billboards. Social media is a more constant form of

media, available 24 hours a day providing endless opportunities for women to critique and compare themselves to others. Katie describes the effect social media has on her below:

> *Um, it's funny you say social media. Not billboards, magazines or TV but social media, yes. Facebook. When I started seeing pictures of myself, you know, if we'd be out and about and posting pictures on Facebook. I stopped. I literally stopped. I hate having my picture taken.* I don't want my friends and family [abroad] to see that person anymore. Cause it just, I did not like who that person was a couple years ago. I just really. So, not, not billboards and things but social media from the kind of posting pictures of myself on Facebook, I just, I hate it.

From the analysis it appears that as women age they become more aware of the airbrushing that the media uses to create unachievable beauty and body ideals. There is a recognition from the participants that keeping up with the looks they see in the media would cost a lot of money, take exhausting amounts of effort, and above all look out of place in their community. Participants acknowledge that what they are seeing is not always real and therefore do not try to achieve the looks they see in the media. Stephanie describes this disconnect below:

> *Style, I can take or leave, to be honest. You know, you look at it in the magazine, you think oh yes [that's nice]. Oh my goodness, look how expensive that is….I mean it brings an awareness of what's out there. Um, and I think you, you look at it and you kind of go okay, yeah? That's what people are wearing up in London. I do feel a bit like a country mouse when I go up to London. You know, you're on the tube or whatever and you're just thinking oh my god, look what they're wearing! Well, it hasn't come to Devon yet, you know [laughs]. Um and so, I look at magazines for interest, but I know that perhaps it's not gunna suit me and actually it's not going to be appropriate.*

Many of the participants were concerned about the negative effects the media has on their children and the younger generation, because they feel that younger people believe what they see and don't realise that an image may be airbrushed. However, overall, participants described that they were not greatly influenced personally by the messages the media sends out. Jenny describes below her despair of the effect social media is having on the younger generation.

> *I think the media, isn't helpful in a lot of ways. I think social media in particular, on the younger generation, is awful. And this whole, like everybody wants butt implants, and I'm like, it's so ugly. Like, all of [my daughter's] friends that's all they talk about. They're like I need a bigger butt, what exercise can I do to make my bum bigger…and then again, these YouTube tutorials on, and it's all over,*

Instagram or Facebook or whatever, these tutorials on how to do [makeup/eyebrows] perfectly. You know we're not striving for perfection here.

Cosmetic surgery is one way a woman can respond to the effects of ageing. The decision to undergo a surgical or non-surgical cosmetic treatment is often a controversial one evoking strong opinion on both sides about surgery as well as about what message it sends to others. Participants were asked a series of questions around the topic of cosmetic procedures. Out of the eight participants, Barbara and Jenny had undergone cosmetic medical treatments. Due to a double mastectomy, Anna had cosmetic reconstructive surgery and was unhappy with the results but cannot afford to fix it and Becky also stated that she would consider a cosmetic treatment if she could afford it. Anna described her surgical dilemma below:

If I had the money, a hundred per cent, I would have it done privately. A hundred and ten per cent. I would have them done privately. I know a fantastic surgeon now from people who I've worked with. I went to see him and he said, '[Anna], I could have those looking perfectly even and natural for you, absolutely.' But I haven't got six grand. But I would if I had six grand.

The other half of the participants had not undergone any cosmetic procedures and had strong opinions against it. Jenny described her experience with both surgical and non-surgical treatments:

Breast augmentation. Yes, it was the most painful thing ever in the entire universe. Oh my god, the bruises it was like somebody had beaten me up...everybody around me has like big huge boobs and...I had nothing. And I'd just gotten divorced and I...I had some idle money sitting around and I said you know what? I'm gunna do this. Would I get Botox? Sure. I have. Right here [forehead]...just cause there's, I have deep frown lines right here.

Erin highlights the discouragement and disappointment of ageing as well as the worry about turning to cosmetic procedures to change how she looks. She stated:

All I've ever wanted...was longer legs and there was no surgery for that, so no... occasionally I do this [pulls on face] and think, ugh you know it's all drooping. But...just the whole thought of it [surgery] just [no], and I slightly worry about it for my daughters...if I start down that route what message is that sending them.

As a follow-up question to those participants who had undergone cosmetic procedures, they were asked how their friends and family responded to the treatment. Responses were varied. Jenny was very open about her decision and told family before she had surgery, although she received some criticism and mockery for it. Whereas Barbara chose to hide the decision from loved ones as close as her husband but received positive feedback. Jenny, followed by Barbara describe their experience below:

> *I did a lot of research first. I checked with a couple doctors. And I asked my GP who was pretty conservative…. And she was like well, if that's what you want, go do it. Just make sure you do your homework…So, and then when I came back my mother was like totally making fun of me. She was like you're gunna float in the pool, you're not gunna be able to go underwater because your boobs are gunna float.*

> *Yes I have, yes. Um, uh, I had [whispers]... my husband doesn't know. I had a little bit of filler in around here and just a little bit here [eyes] just before my son's wedding. I felt good. Really good...a few people said I was looking really good, not looking as tired, so I'm thinking, ah that's it [laughs].*

Erin stated that if she was in a different social circle where friends often discussed their surgeons or the procedures they were considering, she might think differently and be tempted to undergo surgery. However, on the whole the majority of participants had not engaged in surgical or non-surgical procedures to counter the ageing process. Erin stated:

> *I don't move in that sort of circle where people are having surgery. Whereas I think if you do, you know, if you're in a different sort of socioeconomic group or in a group of women who, for whom what they look like is really important, I think the pressure [to have cosmetic surgery] must be enormous.*

As the final question in the interview schedule, participants were asked how they feel about the future. This was asked in an effort to understand any anxieties participants may have about the prospect of further ageing or deterioration of the body. There was a sense from the participants that remaining positive was the key to a happy future because it was easy to feel depressed at the thought of losing mobility or independence. This shone through in participant responses and Becky stated:

I would hate to get old...and not be able to look after myself...I'd rather die early, than be incapable of looking after myself. Um, the thought of somebody else having to do my toilet duties for me and feed me and move me around, and no. I really don't want to be reliant on anybody...that's one of the reasons I suppose that I now maybe feel a bit more inclined to want to stay fit and healthy...I don't want to go down that route.

This loss of independence and mobility is a worry for most of the participants as they grow older and think about the future in relation to their bodies. This can produce ageing anxiety and has implications for counselling psychology.

3.3: Conclusion

This chapter brought together a descriptive understanding of the participants' experiences, that highlights both the complex feelings and ambivalence relating to body image and growing older. This analysis sought to answer the question 'does the phenomenon of body image and the social constructs of attractiveness remain the same throughout life, or become less important as one grows older'? The findings revealed the participants' reflections on previous life events and how they currently make sense of these life events and transitions in the context of growing older. The next chapter will take the form of a discussion, which seeks to relate these findings to existing literature around women's body image and ageing, address the implications and the relevance of these findings to counselling psychology and suggest directions for future research.

4. Chapter Four: Discussion

4.1 Chapter Overview

In this chapter the findings of the research project are summarised and considered within the context of the research aims. The previous chapter did not analyse the relevant literature and research alongside the findings in order to support the descriptive phenomenological methodology which requires a sole description of the women's experiences. A further chapter is therefore needed to accomplish this analysis. The aims and areas of interest of this study are reviewed, followed by a summary of the findings considering current literature and theory reviewed previously, and introduces new literature in light of any new findings. The methodological approach is reviewed with regard to its strengths and limitations and clinical implications are addressed. Suggestions for future research are discussed and finally to conclude, in keeping with the ethos of qualitative research, the researcher's personal reflections of the methodological research process as a whole are presented.

4.2 Research Aims

To review, the first aim of the research was to gain a better understanding of the lived experience of BI in women as they age and find out if there remains a pressure to preserve an appearance of youthfulness in a society that advocates the pursuit of endless youth and physical beauty. The second aim was to consider these findings and their implications for counselling psychology in order to better support women navigating the ageing process and a changing body image. A third aim was to consider the strengths and limitations of the study and suggest directions for future research in light of these.

4.3 Summary of the Findings

The following sections review the findings of the analysis and discuss them in relation to existing research. In the interviews, both the positive and negative aspects of ageing were explored in relation to participants' body image. The aim was to compliment and add to existing literature through the use of a qualitative methodology. The descriptive phenomenological approach gave emphasis to the most important and interesting findings, which developed after close analysis of the interview transcripts.

The findings from this study provided an in-depth look at middle-aged women's perceptions and experiences of body image throughout life. The participants discussed the multidimensional nature of body image through key life experiences that both support and contradict past research. Additionally, participants described experiences consistent with the principle of self-objectification – seeing themselves through the eyes of another in terms of their physical attributes as well as social comparison – comparing themselves to others as a way to evaluate their own bodies. However, this study also highlights the ambivalence of women's experiences of their body image as they grow older and this is explored in the following sections.

4.3.1: Puberty, Pregnancy and Menopause

It has been stated within the research literature that women tend to gain weight at each of the major reproductive milestones: puberty, pregnancy and menopause and therefore weight related concerns that start early often continue throughout life (Rodin et al., 1984; Gupta, 1990). The analysis revealed several interesting findings regarding body image perceptions during these three significant life events. Participants first became aware of their bodies during early adolescence with the onset of puberty. This awareness often presented as shame due to bodies changing at different rates than peers. Puberty includes major hormonal changes that may contribute to depressive affect (Brooks-Gunn & Warren, 1989), as well as biological changes that have a social value (Kaltiala-Heino, Marttunen, Rantanen, & Rimpelä, 2003). As physically mature individuals, teenagers face changes in social norms and expectations. To adapt to these changes they often need to change their identity and self-awareness (Choi, & Kim, 2016) Therefore, puberty is a time of significant developments related to biological, psychological, and social problems when young girls often start to focus on their bodies as they adapt to a changing body and to new role expectations. This may ultimately lead to an increase in the risk for emotional and behavioural problems during adolescence (Choi & Kim, 2016).

It is argued that menarche conveys conflicting societal messages; it represents the beginning of womanhood and sexuality but girls of this age are seen as too young to be sexually active (Britton, 1996). In line with objectification theory (Fredrickson & Roberts, 1997), the development of secondary sexual characteristics such as breasts and hips can also lead to more attention and objectification from the opposite sex, causing girls to internalise this attention and create an environment of perceived pressure around their physical appearance. This has been found to increase body shame, anxiety and low self-esteem (Moradi & Huang, 2008).

From the results of the current study it was evident that during adolescence most participants did not want to stand out from their peers and therefore from both a social and psychological perspective, maturing off time, either earlier or later than peers may cause excessive stress and be a risk factor for body image disturbances that remain throughout life (Kaltiala-Heino et al., 2003).

Pregnancy presents researchers with an opportunity to investigate how women make sense of the prevailing cultural beliefs which construct the female body (Johnson, 2010). Researchers have argued that the changes that occur due to pregnancy reflect the greatest deviation from the ideal body that most women will experience (Strang and Sullivan, 1985). Research suggests that women's attitudes towards their body become increasingly more negative during pregnancy (Drake, Verhulst, Fawcett & Barger, 1988; Moore, 1978; Strang & Sullivan, 1985). Pregnancy places the body at odds with the dominant belief that the female body should be pleasing to look at and conform to specific ideals (Orbach, 1978; Williams & Potter, 1999) and furthermore following birth the body rarely returns to its pre-pregnancy shape and many women are not prepared for the extent of these physical changes (Stein & Fairburn, 1996). Pregnant women may experience their bodies as foreign or less attractive (Johnson et al., 2004) however this can also be liberating as it frees them from the sexually objectifying male gaze (Young, 1984, as cited in Johnson, 2010). However, in contrast other research in this area has found that pregnant women are less dissatisfied with their body than non-pregnant women (Clark & Ogden, 1999) or that women are more satisfied with their weight and shape during pregnancy than after (Wood Baker, Carter, Cohen, & Brownell, 1999). These studies describe a more positive experience and suggest that pregnancy may offer some protection against body image concerns (Johnson, Burrows & Williamson, 2004).

Interestingly, participants' experiences in the current study are inconsistent with the majority of the literature as these women described pregnancy as a positive experience in terms of weight and were not concerned about the length of time it took their bodies to return to their pre-pregnancy weight. There could be generational and cultural differences that help explain this. These participants had less access to the media than today's generation. In particular, social media the most constant form of media did not exist during their child-bearing years (Baker, & Yang, 2018). This meant that participants were likely not as bombarded with images, videos and articles about 'bouncing back' after pregnancy as women today might be (Roth, Homer & Fenwick, 2012). Social networking sites such as Facebook and Instagram provide endless

opportunities to assess one's body image through body display and make comparing oneself to others much easier (Ridgway & Clayton, 2016). Strategic posing using elevated camera angles and manipulated images through filters help to achieve 'perfect pictures' that can have negative influences on body image (Kleemans, Daalmans, Carbaat, & Anschütz, 2018). Consequently, it could be assumed that without social media and the constant bombardment of these retouched images from 'ordinary' people there was less perceived pressure for these women to quickly regain the body they had pre-pregnancy (Kleemans et al., 2018).

Maternity fashion has also changed over the years. During the 1980's oversized shirts and shapeless dresses made popular by Princess Diana concealed the womanly figure, making it difficult to see a growing baby bump as well as any extra postpartum weight. Since the early 2000's, maternity fashion has become tighter and more figure flattering, designed to show off a growing baby bump (Lindig, 2016). This also increases the pressure to lose weight quickly postpartum to avoid showing off unwanted baby weight in clothes that make it difficult to hide. Women in the current study stated that they wore baggy shirts and leggings postpartum, which made them feel more comfortable and took the focus off of their bodies. This combined with less access to the media could provide an explanation as to why participants were not worried about the changes to their body during and after pregnancy.

Fischman et al., conducted a study in 1986, around the same time as some of the current participants would have been pregnant. They found that 70 percent of women were dissatisfied with their weight six months postpartum. This makes it difficult to completely place responsibility on a generational difference in terms of the inconsistency between the current study and previous research. However, it would be interesting if Fischman et al., (1986) carried out a retrospective study 20 to 30 years later and asked participants how they felt about their body during pregnancy and after birth. It might be that the perceptions of participants in the current study regarding pregnancy have changed over time. Retrospectively, compared to other body-changing events experienced later in their life such as menopause, pregnancy associated weight gain was potentially viewed as temporary by participants and less significant when compared to the changes from menopause, which are viewed as permanent (Deeks & McCabe, 2001). Also, socioemotional selectivity could have occurred overtime for these women. According to socioemotional selectivity theory (Carstensen et al., 1999) as one ages they have an enhanced ability to regulate their emotions by viewing experiences more positively. This is

evidenced by their tendency to recall fewer negative memories than younger adults (Carstensen & Mickels, 2005).

Throughout women's lives, their weight and body shape tend to be recurring issues and this concern is evident among the women in the current study. Menopause is a time when physiologically, the body's basal metabolic rate slows down and is accompanied by a decrease in lean body tissue and an increase in fat (Beser, Aydenier, & Bozkaya, 1994; Rodin et al., 1984; Voda, Christy, & Morgan, 1991). This makes it more difficult for women to maintain their personal, as well as society's ideal body shape. The decline in hormone levels can be stressful on a woman's body both physically and mentally and leave her feeling more anxious and less in control of her body. It is a constant physical reminder that the body is ageing and slowing down. The increase of wrinkles and body weight can create concerns about ageing and in turn reduce a woman's body image and mood (Deeks, 2003). The typical menopausal symptoms of hot flashes, night sweats, mood swings and weight gain as well as bodily markers of ageing such as changes in skin, hair and sexual function (WHO, 1996) can be difficult for women and change the way they feel about their body (Chrisler & Ghiz, 1993). However, not everyone struggles with symptoms. In fact, menopause can be a positive event for some women, particularly if it comes with a positive change in social roles and status (Flint, 1975). Some women have very few symptoms and carry on as normal while others seek professional help from their doctors and engage in hormone replacement therapy (HRT).

Participants in the current study had varied experiences of menopause and HRT. None of the women had anything positive to say about their experience of this life transition, however although unpleasant, those who had experienced symptoms described mild to moderate menopausal symptoms. The women spoke about menopause in a medical way, choosing to describe physical symptoms rather than speaking about what this reproductive milestone means to them emotionally in terms of ageing. A woman's attitude towards menopause depends a lot on the culture she is living in as this can change her experience of the transition (Freeman & Sherif, 2007). As these women all live in a western society that emphasises attractiveness and presentation of the self, menopause may exacerbate body image concerns for those who feel they are moving away from those societal expectations (Pearce et al., 2014). If this is the case,

women may feel less vulnerable talking about menopause from a medical standpoint rather than speaking about the personal meaning of menopause - especially when speaking to a researcher who is much younger. Additionally, from a cultural perspective the majority of the women in the current study are British and often described symptoms lightly with the thought that they just have to 'get on with it.' A large international study led by University College London and Kings College London found that cultural factors such as the 'British stiff upper lip' is a barrier to symptomatic presentation and may prevent people from discussing symptoms with professionals (Cancer Weekly, 2013, p. 197). The study was specifically referring to the lower cancer survival rates in the UK compared to other high-income countries due to British patients dismissing early symptoms of cancer for fear of wasting doctors' time and embarrassment. However, the underlying message applies to the current study in that when describing menopausal experiences, some participants may have glossed over their symptoms for fear of complaining.

Conflictual feelings on how to manage menopausal symptoms was evident from the participants. The decision of whether or not to use HRT can be difficult and confusing due to recent research stating the dangers. Only one participant chose this method to help alleviate her symptoms. When HRT first came on the market in the 1960's it was described as the "Hugh Hefner of the menopause" and offered women the prospect of remaining "feminine forever" (Wilson, 1968). HRT was originally made up of high concentrations of synthetic oestrogen and although it was known from the beginning that it carried increased risks of cancer, these were downplayed (Fitzpatrick, 2003). The 2002 randomised controlled trial in women aged 50 to 79 years published by the WHI as well as the 2003 MW study highlighted the significant risks of ovarian and breast cancers, coronary heart disease, venous thromboembolism and stroke among women using HRT and concluded that the risks greatly outweighed the benefits (Writing Group for the Women's Health Initiative Investigators, 2002; Banks et al., 2003). This led to a significant decrease in hormone therapy use around the world for menopausal symptoms (Levin, Jiang & Kagan, 2018). Further research on menopause and women's health forced pharmaceutical companies to change the formulae in the drugs. Modern day HRT now contains a combination of oestrogen and progesterone in lower doses, which greatly reduces the risks of adverse health problems (Usher et al., 2006). Subsequent research has shown significant efficacy of HRT in various doses, durations, regimens and routes of administration (Levin, Jiang, & Kagan, 2018). However, despite prescribing in lower doses in recent years the findings from previous research coupled with the widespread media attention from both the WHI (2002) and

MW (2003) studies over a decade ago nevertheless continue to tarnish the reputation of HRT. The attitudes of the participants in the current study also reflect that women remain hesitant to undergo hormone replacement and choose to find alternative more natural ways to manage symptoms through vitamin supplementation, diet and exercise.

4.3.2: The Life Course Perspective

In order to gain a deeper understanding of BI as women grow older, participants were asked how they felt about their bodies in their twenties and for every decade through to their fifties. Understanding how participants felt about their bodies earlier in life helps to uncover more information about how they feel about ageing. The views of the women elicited by this study support Ferraro et al.'s, (2008) assertion that body image concerns continue for women as they age, and moreover underline the complexity of life course fluctuations and of the influences on body image for middle-aged women. Looking at body image from a life course perspective provides a useful theoretical orientation for framing body image research amongst middle-aged and older women and highlights the influence of personal life events, historical changes and the individual's perceptions of and responses to such experiences (Elder, 2003; McLaren & Wardle, 2002; Thompson, 2002; Staudinger and Bluck, 2001). This perspective locates individuals and groups in time and space, discouraging simplistic comparisons and conclusions (Hatch, 2000). Body image issues that start early on in life often continue into older age (Bresolin, 1993; Rodin, Silberstein & Striegel-Moore, 1984). However, as Hurd (2000) points out it cannot be assumed that women's evaluations of their bodies remain unchanged over the life course.

The findings revealed that participants were divided in terms of how they felt about their bodies in their twenties. Half were critical of certain body parts and the other half did not worry about their body and appreciated how easy it was to maintain their physical appearance. Now in their fifties, the overwhelming majority of participants felt more settled and relaxed about their body and wished they appreciated it more when they were younger. While they may not be completely happy with their bodies, they have come to accept the parts that they cannot change and want to be judged less by what they look like and more by who they are. This is consistent with Clarke's (2002a) suggestion that as women age, they place more value on internal characteristics and gain self-acceptance through attitudinal change.

Although participants overall stated that they were currently more relaxed about their bodies in their fifties, some women compared themselves to others in order to feel more relaxed. Social comparison theory (Festinger, 1954) suggests that individuals have a drive to measure how they are doing in a given area. In order to estimate how they are doing, they look for comparison targets in their social environment. Given that women are so frequently judged on their appearance, many choose to compare their bodies to other women's bodies (Stice, Spangler, & Agras, 2001). Findings revealed that when participants see another woman their age who is heavier or who is exposing her 'bingo wings' they worry less about how their body looks in the clothes they wear. This evaluative process is an adaptive strategy where individuals selectively choose to evaluate themselves against others who are in a worse position (Taylor, Wood & Litchman, 1983). When women exchange their own perspective of their physical appearance for an observer's perspective and treat their body as an object to be looked at and evaluated, self-objectification occurs (Fredrickson & Roberts, 1997). When this objectification occurs, women may internalise society's view that it is acceptable to focus on the appearance of all women, not just themselves. Thus, women may treat other women's bodies as objects to be looked at and evaluated and engage in body comparison by evaluating their body against other women's bodies (Tylka & Sabik, 2010). Additionally, women in the current study described how they do not want to stand out in a crowd and comparing oneself to others helps ensure they fit in with the norm. This downward social comparison helps protect the self-esteem of ageing adults (Kohn & Smith, 2003; Rickabaugh & Tomlinson-Keasey, 1997).

Although previous research has suggested that body satisfaction remains relatively stable over the lifespan (Tiggemann, 2004), the participants in this study re-counted numerous examples of change during their lives. It may be that the in-depth qualitative methodology enabled the finding to emerge that fluctuations are widely experienced and that evaluations can change over time. It allowed each participant to tell her life story and to describe BI experiences at many stages, rather than relying on comparisons between women of two different age groups. The method also enabled a broad conceptualisation of body image, which allowed the participants to describe fluctuations in aspects of body image other than dissatisfaction. These findings have postulated an understanding of women's body image as they grow older and validate the strengths of a sustained application of the life course perspective.

Wethington's (2005) concepts of transitions, turning points, cultural and contextual influences, adaptive strategies and trajectories also featured in the results. When asked to describe their

body image throughout life, many women described events or periods in their life that had catalysed changes in the ways they perceived their bodies or their attitudes towards their body. Puberty defined their earlier years, pregnancy and early child rearing dominated the decade of the thirties, and menopause was the biggest transition in their forties and fifties. It was also evident that for some participants, the environment in which they were raised was the foundation of their later attitudes toward their appearance and bodies. This was highlighted by Isabelle who was bullied as a child due to a surgical scar on her abdomen and by Jenny who was raised by a mother who struggled with a difficult relationship to food and image concerns. In retrospect, these two participants underscored those events as turning points that defined their body image early in life. Adaptive strategies or 'conscious decisions' were also employed by participants to improve their adaptation to change (2005, p.177). In order to maintain their bodies from both an image and health point of view, as well as combat a slowing metabolism, all participants engage in some form of exercise regime currently in their fifties. Katie stated that she had to change her lifestyle to maintain her weight, something she did not have to worry about pre-menopause and Isabelle had to start exercising for strength after a back injury.

Following Wethington's (2005) concept of trajectories, findings clearly portrayed both stable and fluctuating patterns of body image concerns, attitudes and feelings. Many participants described the body image fluctuations they experienced throughout their lives, with some highlighting continuous changes during adulthood. Isabelle described several fluctuations in her adult body image related to weight fluctuations due to life events such as divorce and a back injury. She explained that she feels her body image concerns throughout life have 'come at times when [her] confidence isn't brilliant' and this causes her to look more negatively upon her body. Overall, the results support Hatch's contention that adopting a life course perspective can help researchers avoid drawing 'simple – and simplistic – comparisons and conclusions about a complex social - psychological phenomenon' that is body image (2000, p.28).

4.3.3: Combating the Ageing Process

The pressure to remain looking young and vibrant holds steady throughout life. Women use diet, exercise, hair and skin products and sometimes undergo cosmetic medical treatments to maintain society's beauty standard and combat the ageing process (Clarke & Griffin, 2007).

From a health perspective, participants all stated that they engaged in some form of diet and exercise regime, however some did so more willingly than others. In terms of diet, no one expressed that they were actively engaging in a calorie restricted diet but many described the importance of cooking from scratch or making vegetarian based meals and not wanting to regularly eat pre-packaged meals or takeaways. As stated in the literature review, these women have grown older with a higher educational attainment and a heightened media exposure compared to previous generations (Biggs et al., 2008; O'Reilly et al., 2003; Wadsworth & Johnson, 2008; Howarton & Lee, 2010). This coupled with advances in medical and nutritional research has led to more people being aware of the dangers of certain lifestyle factors over others and as a result, engage in healthier lifestyles than the generation before them (Lea, Crawford, & Worsley, 2006). There is a current western trend to engage in a plant-based diet with recent research stating the health benefits of decreasing the risk of heart disease and certain cancers by doing so (World Cancer Research Fund and American Institute for Cancer Research, 1997; Dwyer, 1999; Messina, 1999; Bazzano et al., 2002; Hu, 2003; Montonen et al., 2003; Lea et al., 2006). It was evident from the interviews that the women in the current study were aware of the importance of eating less animal proteins with Becky stating that she 'eats practically vegetarian' five days a week and Barbara thinking that she could 'happily be a vegetarian.' This also highlights that today's generation of women are greatly influenced by the current health research that is frequently revisited in the media.

Exercise is another way the participants respond to the changes that ageing brings to their bodies. Exercise is associated with greater well-being, a variety of positive psychological effects such as optimism, self-confidence and good mood, as well as a reduced risk or progression of chronic illness in people of all ages (Taylor, 2012; Chrisler & Palatino, 2016). According to the World Health Organization (2002) physical activity can also contribute to active ageing, which refers to high subjective well-being including autonomy, independence and a strong social network, regardless of physical health and ability status. Many women in the current research stated that they exercised for health rather than purely for their appearance or body shape. It was important to them that they remain strong and independent for older age. This is consistent with research from Krauss-Whitbourne & Skultety (2002) who state that functional issues such as health along with appearance become equally relevant components of BI as women grow older. Exercise has been shown to prevent or slow cognitive decline (Archer, 2011; Baker et al., 2012; Clark, Long & Schiffman, 1999) and improve memory as well as reducing the risk of falls, a frequent and serious threat to women as they age. Exercise achieves this effect through

improving women's strength, flexibility, balance, gait, and reaction time (Bruce et al., 2002; Lemos et al., 2009; Liu-Ambrose et al., 2004; Tinetti & Kumar, 2010). One participant, Katie stated that she recently had 'a stupid fall' that took a long time to recover from which she attributed in part to being older. Exercise has also been found to influence overall views on ageing (Klusmann, Evers, Schwarzer, & Heuser, 2012) with its mood-brightening effects and in contrast, exercise withdrawal can provoke depressive mood symptoms and fatigue (Berlin, Kop, & Deuster, 2006). Furthermore, Wilcox (1997) found that for women who engage in exercise, body satisfaction was positively related to age. As stated above, all the women in the current study were active and engaged in some form of exercise. This could in part account for why as a whole, participants had fairly positive attitudes around their ageing bodies and had accepted the things that they cannot or are not willing to change.

The ageing process presents a unique challenge to body image, particularly for women who rely heavily on appearance to define their identity (Chrisler & Ghiz, 1993; Ferraro et al., 2008). Middle age is associated with changes in physical appearance including greying and thinning hair as well as wrinkling and sagging skin (McKinley, 2006; Altschuler & Katz, 2010). For many women, feeling good about themselves depends on looking good (Currie, 1997) and therefore using hair and skin products is another way women can invest in themselves to help slow the ageing process and maintain the feminine beauty ideal. Some participants invested more in their skincare and hair routine than others, however the greatest appearance related dilemma affecting all participants was the decision of whether or not to stop dying their hair and let themselves go grey.

When discussing body image in middle aged women, the significance of hair cannot be overlooked. Hair is socially symbolic and integral to one's sense of self. Therefore, it is seen as a reflection of a woman's identity (Batchelor, 2001). Other than physical fitness, hair is an important controllable aspect of physical attractiveness and was significant to participants. Going to the hairdressers and forging close relationships with those that cut and style their hair is something many women experience (Ward & Holland, 2011). One participant, Erin stated that she has had the same hairdresser for almost 20 years and they have continuous conversations about the dilemma of letting herself 'go grey' because it means ageing 'in other people's view'. Hair is a symbol of femininity so as a woman ages and her hair begins to go grey or thin this can mean a loss of femininity and an internal struggle with identity.

Greying hair is a signifier of old age, associated with a sense of being set apart and no longer subject to the sexualised gaze of others (Ward & Holland, 2011). This invisibility that comes from going grey represents a threshold that signifies the entrance to old age (Gullette, 1997). That is, allowing oneself to go grey means personally consenting to growing old and socially ageing in the eyes of others even though internally she may not feel old enough for the external label that grey hair brings. Winterich (2007) interviewed 30 women aged 46-71 and found that white, heterosexual, middle-class women tend to have more negative feelings about letting their hair go grey. They associated this with old age and obsolescence, whereas lesbians and women of colour were more likely to accept their grey hair as they rejected the dominant sociocultural appearance standards and the FBI. All of the women in the current study were white, heterosexual and middle-class and held largely negative feelings about the appearance of grey hair. It is perhaps then not surprising that all participants had yet to make the difficult decision to stop dying their hair and accept society's view of what comes with being a grey-haired woman.

Cosmetic procedures, both surgical and non-surgical are another way that some women choose to combat the ageing process and this method of age manipulation comes with strong opinions on both sides. Cosmetic surgery is no longer preserved for the rich and famous or the psychologically disturbed (Slevec & Tiggemann, 2010). Men and women, young and old now go 'under the knife' for appearance enhancement and research from America shows that middle-aged women aged 40-55 years are by far the major consumer group (ASPS, 2017) which suggests that ageing women continue to place a great deal of importance on appearance (Slevec & Tiggemann, 2010). The value of the UK cosmetic surgery market was estimated to be 2.3 billion pounds in 2010 (Mintel Oxygen Reports, 2010) yet despite its growing popularity, there is still a large amount of stigma and negative attitudes around it in UK culture. Amongst the eight women in the current study there were only two participants who had willingly undergone cosmetic procedures and one of those women was not from the UK. There was also a third participant who underwent cosmetic surgery out of necessity after a double mastectomy. This unpopularity of cosmetic procedures is consistent with research from the International Society of Aesthetic Plastic Surgery (ISAPS) who found that the UK does not even rank in the top 24 countries for cosmetic procedures, which is surprising for such an affluent developed country.

Sarwer et al., (1998) proposed a theoretical model of the relationship between body image and cosmetic surgery (model applies to both surgical and nonsurgical treatments). The model posits that physical and psychological factors influence both body image as well as the decision to seek cosmetic procedures. The objective reality of appearance is the first component of the model. Physical appearance is an important factor in body image as it is the first source of information that others use to navigate social interactions. Therefore, it plays a primary role in determining beliefs and behaviours about one's body. Psychological influencers of body image include perceptual, developmental, and sociocultural factors (Sarwer et al., 1998). Perceptual factors include the ability to accurately evaluate the size, shape, and texture of a physical characteristic. Cosmetic surgery patients often describe their physical appearance in ways that do not always correspond to the objective reality of their appearance (Sarwer & Crerand, 2004). Developmental factors such as maturational timing and appearance-related teasing are also thought to play an influential role.

Participants described both of these factors as reasons they became aware of their bodies and failing to develop bigger breasts during puberty was a reason one participant underwent a breast augmentation later in life. Sociocultural influences on body image involve the interaction of cultural ideals of beauty (images of physical perfection exhibited by the media) with tenets of self-ideal discrepancy (Thompson, 2002) and social comparison theory (Festinger, 1954 as cited in Sarwer et al., 1998). That is, people compare themselves to individuals who represent cultural ideals of beauty and feel that their own appearance is lacking in some way. This discrepancy between one's actual appearance and an ideal appearance, whether that ideal is of a celebrity, friend or a personal ideal, results in body image dissatisfaction (Heinberg, 2006). The findings show that participants had personal ideals or compared themselves to peers for their bodies rather than celebrities. There was a recognition from participants that trying to achieve the body of a celebrity is unrealistic because of how much money and time goes into their bodies and the image they want to portray. Furthermore, as mentioned in the literature review women in their fifties are often hidden in the media making it more difficult for women to compare themselves to a celebrity of the same age (Bosveld, Koomen, & Pligt, 1994). Taken as a whole, these physical and psychological factors are thought to influence attitudes toward appearance and body image. These attitudes are multidimensional however body image investment and body image evaluation play a central role (Cash, 1994) and the interaction between the two has been found to influence a person's decision to seek cosmetic treatments (Sarwer et al., 1998). The current findings are consistent with the literature in that the women

who chose to undergo a cosmetic treatment were overall more aware of and invested more in their body image.

Attitudes about choosing surgery to hide the signs of ageing were ambivalent but generally negative amongst the women in this study. It was clear that all the women had entertained the idea of cosmetic surgery at some point as they picked on parts of their bodies that they would potentially change with surgery. One woman in the current study stated that if she was in a different social circle where friends validated the practice and were talking about procedures they were considering, she might think differently about surgery if funds allowed. However, statements such as this from participants were quickly followed by reasons why they would never do it such as a fear they would be sending the wrong message to their daughters. This further highlights the social stigma that comes with undergoing a cosmetic treatment in the UK whether it is surgical or non-surgical. Social acceptance of cosmetic surgery has been found to be a strong predictor of cosmetic surgery motivation (Von Soest, Kvalem, Skolleborg, & Roald, 2006) and the current findings support this. From the two participants who willingly engaged in cosmetic surgery there was an acknowledgement that they were happy with the results and received positive feedback from others. However, they also stated where they drew the line as if they did not want to come across as a cosmetic surgery addict 'and be a freak about it'. Furthermore, the British woman from those two described how she hid the procedure from friends and loved ones, underscoring the notion that plastic surgery in the UK carries with it a stigma within many social groups.

It is thought that the social and cultural standards of beauty portrayed in the mass media directly influence the increasing demand for cosmetic surgery (Pruzinsky, 1993). Therefore the sociocultural influences on body image may be the most relevant to understanding the role of body image in cosmetic surgery (Sarwer, et al., 1998).

4.3.4: The Media's Impact on an Ageing Body Image

The media has been criticised for creating and propagating a cultural standard for unrealistic thinness and beauty that is difficult, if not impossible for most women to achieve (Strahan, Lafrance, Wilson, Ethier, Spencer & Zanna, 2008). As a result, it has been suggested that thin idealised female images in the media contribute to extensive body image and weight concerns in women in western society (Stice, 1994; Levine, Piran, & Stoddard, 1999). In an effort to

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combat these thin ideals some companies have changed their products or advertising strategies to enhance their public relations. Mattel, the makers of Barbie, who has been a familiar face in homes worldwide for generations has received a great deal of criticism in that the doll promotes, from a young age an image of feminine beauty and unrealistic body proportions. If made to scale, Barbie would be five feet nine inches tall, with a 32-inch bust, a 16-inch waist, and a neck too thin to support the weight of her head (Rehabs, 2012). Furthermore, Barbie would lack the 17% body fat required to menstruate (McDonough, 1999). In response to these criticisms Mattel now makes 'curvy' and 'petite' Barbie dolls in seven different skin tones that are designed to reflect a "broader view of beauty" than the original Barbie (Jarman, 2016, p. 397). The beauty company Dove created the Campaign for Real Beauty initiative in 2004 in which they used 'real' women of different ages, shapes and sizes to promote their products (Dove, 2017). However, despite these companies and the media's best efforts to include models that are more representative of the average woman it is not completely welcomed and critics state that these initiatives glorify obesity. Overweight people are still considered lazy and lacking self-control (Greenleaf, Petrie, & Martin, 2017) and socially women often criticise and discuss attempts to improve their bodies (Britton, Martz, Bazzini, Curtin, and LeaShomb, 2006). Women of all ages are not immune to these messages and therefore, ambivalence about the effects of the media occur.

Isabelle, a woman in the current study commented on how today's society is 'confused' because initiatives such as the ones outlined above aim to reduce body dissatisfaction by providing images that are more representative of the average population. However, Isabelle states that when they do this, the more 'normal' bodies are still often criticised and viewed as less attractive because of the pervasive sociocultural norms for ideal appearance that exist in society (Strahan, et al., 2008). This finding is consistent with research on the Dove campaign, which found that 40 percent of respondents disliked images of plus-sized women posing in their underwear (Gustafson, Hanley, & Popovich, 2008). Thus supporting the notion that despite efforts to change it, the thin ideal still holds strong in society. Due to this, participants felt much ambivalence around the media and how it affected them. Overall, the participants recognised the rifeness of media messages in that it is impossible to not be affected by them. However, they stated that age brings a 'cynicism' in that you do not always believe what you see in the media. These women are able to separate reality from an enhanced airbrushed image, something that participants believed to be more difficult for younger women and girls to do.

The power of the mass media as a conveyer of socio-cultural ideals due to its pervasiveness within society and the unconscious impact it has on people cannot be ignored (Tiggemann & McGill, 2004). However, from the findings, it appears as if age brings a number of protective factors to women, which help them recognise that what they are seeing is not always real and therefore they place less importance on the bodies they see in the media. Women in the current study describe a confidence that comes with being older. In their fifties they are now more secure within themselves and care less what others think about them compared to their twenties. Research has suggested that comparisons between the self and the media ideals of female attractiveness creates dissatisfaction and shame (Silberstein et al., 1987; Morrison et al., 2003; Bessenoff, 2006). However, this confidence could serve to protect these women against the media's thin ideals. One participant stated that she does not compare herself to celebrities because she knows how much goes into their appearance. Celebrities and models hire personal trainers, nutritionists, stylists, professional hair and makeup artists and indulge in regular spa treatments in order to maintain their youthful appearance. This is before they even arrive at photo shoots for companies that will digitally modify images of their bodies to elongate legs, slice off inches from waists, hips, and thighs and remove any other blemishes on the skin (Bennett, 2008). The final artificially rendered image presented by the media amounts to a great deal of time, money and effort that is simply not realistic for the average woman to achieve. Furthermore, this 'aesthetic perfection' has no basis in biological reality (Paraskeva, Lewis-Smith & Diedrichs, 2015 p. 165). It appears from the findings that the women in the current study realise what they see in the media is not real. They do not try to replicate it with their own appearance and are therefore less affected by the sociocultural norms presented by the media.

The invisibility and lack of representation of middle-aged women in the media may also offer protection to these women. Growing older is often synonymous with becoming invisible (Rodeheaver & Stohs, 1991; Kaschak, 1992) due to the lack of the evaluating gaze of others which confers attractiveness and sexual potential. Some women miss the gaze from the opposite sex while others feel liberated from not having to put as much effort into their appearance (Rodgers, Paxton, McLean, & Damiano, 2016). The mass media undervalues ageing and proliferates a youth-oriented culture (Wadsworth & Johnson, 2008). Portrayals of ageing adults in broadcast and print media are consistently underrepresented and often differ greatly from the stereotypes propagated of an image of helplessness and dependency (Signorielli, 2001; Vesperi, 2001). The women in the current study find it pointless to compare themselves to celebrities and models in their 20's and 30's and as middle-aged women are

absent from much of the mainstream media there is less exposure of suitable women to compare so they do not engage in that negative social comparison thought process. Alternatively, with the increased self-assurance that comes with age they may make downward social comparisons and judge themselves superior to the media images (Tiggemann & Polivy, 2010) in order to reduce the negative effects of the media. Nevertheless, the invisibility that comes with ageing although depicted as negative and discriminatory in the research literature, may in fact, as indicated by these participants also offer protection to middle aged women and their perceptions of their body image.

4.3.5: Relationships across the Life Course

Women learn how to scrutinise, evaluate, present and control their bodies throughout their lives (Bartky, 1998; Bordo, 1993). While the media and peer influences are important, the main mediators of socialisation of cultural norms and values are family members, such as parents, siblings, or spouse (Hagerdorn, 1994; Tepperman & Curtis, 2004). Relationships, whether familial, friendship, or romantic are an important part of life and the intimacy and closeness experienced in relationships is beneficial to mental health and well-being at any age (Sassler, 2010). As one grows older, relationships with friends and loved ones can change for a variety of reasons or circumstances.

Most of the participants stated that the biggest change in their relationships has been with their own parents with some describing their relationship with their mother in particular. Within the family unit mothers typically exert more influence and engage in more interventions to modify their daughter's appearance and eating behaviours than fathers (Borello, 2006; Clarke & Griffin, 2007) and it is through the mother-daughter relationship that women learn about and internalise femininity (Chodorow, 1978). Furthermore, the quality of the mother and daughter relationship plays an important role in the development of self-esteem (Douglass, 2005) that starts early and can last throughout life. Mothers are the foremost agents of socialisation about the body and body image. It is for this reason that the quality of the mother-daughter relationship is so crucial as it serves as a mechanism for the development of a negative body image but also can serve as a protective foundation towards the development of body self-acceptance (Maor, 2012). Often of all familial relationships, the mother-daughter one is most likely to remain important throughout the life course for both parties, even when major life changes occur such as the daughter's marriage or mother's illness (Bojczyk, Lehan, McWey, Melson, & Kaufman, 2011).

However, these relationships can be complex and fraught with contradictions and tensions (Chodorow, 1978; Hirsch, 1989; La Sorsa & Fodor, 1990; Fingerman, 2001; Kranz & Daniluk, 2002; Ray, 2003).

Some participants express a sadness that they spent years arguing with their mother when they were younger whilst now their relationship is very close and they are worried about how much time they may have left together. The need to repair relationships now feels more urgent for these women than when they were younger. This fits with research that suggests as children mature into adulthood and their mothers become older, their relationship becomes the object of reflection and meaning making for both mothers and daughters (Bretherton & Munholland, 1999; Henwood, 1997). These women try to make sense of their relationships and have come to appreciate and better understand the older generation even if they do not always agree.

It is interesting, yet not entirely surprising that women stated that the relationship with their parents has seen the most change. It is during middle age that roles change and the mother-daughter relationship continues to transform from a dyadic interest in the daughter's individual psychological development to a shared investment in a larger network of relationships (Bojczyk, et al., 2011). The adult children sometimes have to take on more of a carer/parental role with their own parents. Daughters often undertake the challenge of this carer role and can feel torn between taking care of their own growing family, as well as their ageing parents. Often these occurrences are beyond the woman's control (King & Ferguson, 2008). Navigating these new roles can be difficult on both sides and conflicts often arise. One woman in the study who still had a teenage daughter at home described this time as challenging as she felt stuck in the middle between the 'tensions of two generations whose needs are very different'. Women self-sacrifice, often instinctively during these times by providing emotional or instrumental help to others at the cost of increasing levels of personal stress and diminishing psychological rewards (King & Ferguson, 2008). On the other hand, ageing parents struggle with the loss of independence and do not always welcome the extra support they need from their adult children. Resentment can arise on both sides leading to more conflict within the mother-daughter relationship. In the end, regardless of life stage and of the tensions or changes in their relationship, most mother-daughter pairs preserve a strong investment in their complex bond (Fingerman, 2001).

4.3.6: Feelings about the Future

For middle aged women, thinking about the future means thinking about what further changes, both physically and mentally will occur to their bodies. This can bring about ageing anxiety of their possible futures as devalued older women and is ultimately anxiety about death and dying. Ageing anxiety may be a factor that is specific to middle-aged women and not younger women (Slevec & Tiggemann, 2011). Growing older is accompanied by many physical changes, which include changes in body functioning as well as physical appearance. During midlife, women experience the onset of physical signs of ageing, which are synonymous with a decline in female physical attractiveness (Saucier, 2004). Additionally, culture determines the ways in which women interpret these changes to their bodies (Chrisler, 2007; Martin, 1987). The typical weight gain and increased body fat that occurs from the slowing of the metabolism and menopause are interpreted negatively because they move women further away from the western sociocultural feminine beauty ideal associated with youth (Gupta & Schork, 1993). Therefore, it is not surprising that anxiety occurs when thinking about future physical ageing and this anxiety is associated with higher rates of body dissatisfaction (Katz, 2005; Lewis & Cachelin, 2001).

The findings revealed that participants felt it was important to stay positive when thinking about the future because it was easy to think about all the possible negative outcomes of further ageing. However, some participants also worried about what might happen in the future in terms of their bodies. The women described the positive elements of ageing such as retirement, watching their children get married, and experiencing grand-motherhood with ease but recoiled when describing the idea of their bodies deteriorating, losing their independence and having to rely on others for help with basic tasks. Interestingly, throughout the interviews the women spoke on a surface level about the emotional aspects of future ageing, choosing to focus more on physical deterioration. Many participants also expressed that their motivation to exercise and stay active came from a fear of ageing and the possibility of their bodies giving out on them too soon. Perhaps the reason for this skimmed response is because physical decline due to ageing is more scientific fact and therefore can be spoken about from a biological perspective. Whereas, emotional feelings about ageing are very personal to the individual and may have felt too complex or exposing to describe. The women also used humour at times to avoid vulnerability when they described the parts of their body that have changed as a result of growing older. Humour is thought to be a valuable mechanism for coping with stressful life

events (Galloway & Cropley, 1999; Kuiper & Olinger, 1998; Lefcourt, 2001). Laughter releases tension which makes the participants feel more at ease, and laughter also distracts from the conversation, making it a useful defence when discussing ageing.

On the whole, the women in the current study held positive views about the prospect of future ageing from an emotional standpoint, but worried about the physical decline that might occur and the implications this would have on their mobility and independence. By adopting these positive views and adaptive strategies such as exercise, these women are more likely to have better functional health, more preventive health behaviours and higher emotional well-being as they grow into older age (Levy, 2003; Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Mock & Eibach, 2011). The women in the current study all put effort into their appearance and wanted to look nice for themselves and others. However, their body concerns have shifted away from appearance features and more towards maintaining physical function and good health for the future (Hurd, 2000). They did not spend a lot of time getting ready nor did they invest a large amount of money into maintaining their appearance. Despite this, various aspects of both appearance and body function remain central to ageing women's self-concept (Hurd, 2000; Kilpela et al., 2015; Pilner, et al., 1990). In regard to future ageing, this shift in priorities serves as an adaptive process of ageing (Sabik & Cole, 2017) that helps protect women from becoming exceedingly anxious about ageing and the anticipation of facing functional limitations or other health issues that may affect body image (Wilcox, 1997).

From an appearance perspective it would seem that based on what they said in the interviews, these women were not excessively invested in their appearance. However, two participants (25% of the sample) had undergone anti-ageing cosmetic procedures and many others had a laissez-faire attitude towards beauty routines in general. These women stated that they spent very little time doing their makeup or could not be bothered to employ an expensive skincare routine yet they were engaging in behaviours which suggested the opposite. There was an ambivalence experienced by all the participants that was evident throughout the interviews. Other participants who did not undergo cosmetic treatments still showed this ambivalence. They expressed that they cared more about being healthy than what their body looked like, yet in the same sentence would pick apart their bodies and say that it is hard to see themselves naked in the mirror. Therefore, indicating that ageing truly has had an effect on how they see themselves and has potentially created, or fuelled an existing negative body image. This

ambivalence was difficult to work with but created an interesting element to the research which shows how challenging ageing can be to a woman's self-concept and self-esteem. Society tells women they should 'grow old with grace' and that natural ageing is better (Gilleard & Higgs, 2000). It seems from the findings that these women want to believe they are ageing naturally and that they are happy to do so, however their behaviours indicate that they have not completely accepted their ageing bodies and want to slow the process down as much as they can, through whatever means they can whether this is through extreme cosmetic procedures, or simply dying their hair to hide the grey.

4.4 Clinical Implications and Relevance to Counselling Psychology

The research findings have clinical implications for counselling psychologists on an individual and a service level and offer valuable insights that can help shape better and more specific mental health care for middle aged women. Living in a society that values youth over older age has implications for women of all ages (Degges-White & Myers, 2006). Cultural stereotypes are fairly condescending and suggest that middle-aged women are seen as non-threatening, menopausal, incompetent but warm and doddering but dear (Cuddy, Norton, & Fiske, 2005; Fiske, 2017). However, the women in the current study suggested that overall, middle age is a freeing and satisfying time in which they often feel younger than their chronological age, are more secure within themselves and care less about what other people think compared to when they were younger. This first-hand description of the meaning of middle-age for clients requires professionals to look at this stage of life as one of growth, development and challenge (Degges-White & Myers, 2006). Understanding middle age as a time of new changes or beginnings rather than a time of decline, allows counselling psychologists to normalise or challenge any dissatisfaction that women may experience during this time.

Social media usage among middle aged women is also something clinicians should be aware of as social media has become an increasingly popular leisure activity over the past decade (Andreassen, Pallesen, & Griffiths, 2017). Research has shown that addictive use of social media is more prevalent among women than men (Andreassen, 2015; Griffiths et al., 2014) as women are more inclined to develop these addictive behaviours towards activities involving social interaction (Andreassen et al., 2013; Kuss, Griffiths, Karila, & Billieux, 2014; Van Deursen, Bolle, Hegner, & Kommers, 2015). Research on social media usage in middle age adults is scarce, however it has been argued that the internet and other communication tools,

such as social networking sites, may have the potential to become instruments in the fight against loneliness in middle aged and older individuals (Fokkema & Knipscheer, 2007; Leist, 2013). This particularly becomes important if women are single and/or have children who have recently moved out of the family home. Both of which can create implications for counselling psychology. Despite research stating the negative impact social media has on younger age groups, it may in fact be that for middle aged and older women, social media use is related to lower levels of loneliness and improved mental health (Aarts, Peek & Wouters, 2015).

Often this age group of women are neglected in the research as body image is seen as a younger woman's issue (Baker and Gringart, 2009). Additionally, the research literature is dominated by quantitative studies that are based solely on observable facts and are therefore too limiting for exploring client experiences (Pfaffenberger, 2006). There is a common misconception that women benefit from ageing because they reach a stage where they are no longer exposed to societal pressures that emphasise appearance (Feingold & Mazzella, 1998) and consequently worry less about their bodies. As a result, concerns about body image and anxiety about ageing may be overlooked by professionals. It is also important for counselling psychologists to reflect on their own myths and beliefs about women in this middle stage of life, particularly if they are much younger to ensure they develop a holistic awareness of the interaction of individual, biological and sociocultural influences on middle aged women (Lippert, 1997). Doing so will enhance the therapeutic relationship and thus provide better clinical outcomes for the client.

Many of the participants stated that they feel younger than their actual age and some suggested that they dress and act younger than their mothers did when they were middle aged. Life expectancy is increasing for today's generation of women and age norms for life events are less traditional than they were for the previous generation. This means that women may see themselves as younger than their actual chronological age dictates. Taking this into account is vital for therapy as subjective age is related to wellness and health promoting behaviours in women (Degges-White & Myers, 2006). The younger a woman feels the more likely she will be to take care of herself so that she remains strong as she grows older. Counselling psychologists can use this motivation to collaboratively develop interventions that promote healthy behaviours based on the client's lifestyle and not what society or the media prescribes. The clinical implications discussed here will undoubtedly have relevance to counselling psychologists working with middle aged women regardless of their presenting problems. Counselling

psychology 'attempts to bridge the gap between research and practice and conceptualizes human activity and meaning relationally' (Manafi, 2010). There is an ethos of searching for understanding, rather than searching for universal truths (Rafalin, 2010). Research has found - and is consistent with participant reports, that significant life events such as divorce, caregiver burden or disability can have an impact on a woman's body image in mid-life (Harris & Cumella, 2006; Midlarsky, & Nitzburg, 2008; Brandsma, 2007; Lapid et al., 2010; Zerbe, 2003). If a woman has engaged in therapy for support during a divorce, it could be beneficial for the therapist to explore issues surrounding her body image – something that might not seem obvious or relevant at first. Three participants stated that divorce had an impact on their body image and sparked them to make big changes to their body such as dying their hair, undergoing cosmetic surgery, or losing/gaining weight. If a woman has difficulty coping with these new roles or making smooth transitions with these life events she may experience psychological distress and need direction in determining these evolving roles (Saucier, 2004). Clients (women in general) need education about healthy body weights, the effects of the media on body image, and the negative health outcomes of chronic dieting and weight cycling (Marshall et al., 2012). This can be given individually in therapy or through community programmes aimed at middle-aged and older women that address common nutrition and body concerns, media literacy education and healthy positive eating. Working with a client in this holistic way to develop a treatment plan is beneficial when working with middle age women with potential body image issues and is in line with the ethos of counselling psychology. It is clear that some of the concerns middle aged women face are unique to this life stage such as appearance changes due to menopause. Therefore it is important for clinicians to be aware of and continuously evaluate effective evidence-based body image interventions, in order to provide the best practice for clients as well as directions for future research (Lewis-Smith, Diedrichs, Rumsey, & Harcourt, 2015).

4.5. Evaluation of the Study and Directions for Future Research

Evaluating qualitative research is more 'difficult' and 'unlikely to be straightforward' when compared to quantitative investigations as qualitative research is not a unified set of techniques or philosophies. It has grown out of a wide range of intellectual and disciplinary traditions (Mason, 2002 p. 4) and therefore qualitative studies have many strengths as well as limitations that create implications for research and theory. Qualitative approaches are complicated by the addition of a researcher who brings their own subjectivity into the process (Yardley, 2000). The

researcher must always keep in mind the criteria for good qualitative research, which includes sensitivity to context, commitment and rigour, transparency and coherence, and also impact and importance (Yardley, 2000). The strengths of the researcher's choice in methodological approach were outlined in the methodology chapter. However, after completing the analysis and discussion, other strengths emerged.

4.5.1: Strengths

A growing number of studies have examined body image in middle-aged women however findings are varied. A clear strength of this study was that it added to the very limited research on body image in this age group. From my research, it is the only study to address these issues using a narrow age group, employing the qualitative descriptive phenomenological method and using a life course perspective. Narrowing the age range to the same decade helps to reduce the likelihood of confounding variables such as menopausal symptoms (or lack of) for a younger group of women, or retirement and overwhelming health concerns of an older age group (Baltes & Smith, 2003; Bedford & Johnson, 2006). Furthermore, limiting the participants in this way created a sample of women likely to have experienced particular historical events at the same life stages.

The qualitative design of the current study also adds to its strengths and complements existing quantitative literature by allowing participants to explore how they understand their experiences. It is a great strength of qualitative research that it cannot be neatly 'pigeon-holed and reduced to a simple and prescriptive set of principles' (Mason, 2002 p. 3). By adopting a qualitative methodology, I was able to access a certain level of complexity that is not necessarily reached by quantitative approaches, which do not allow for participant voices to be heard.

Using the life course perspective is useful in helping to uncover a deeper understanding of how middle age women feel about their bodies. Asking retrospective questions about previous life events helps secure reflexivity. This was achieved during the interviews as the participants were given the opportunity to elaborate their responses to ensure a common understanding and to achieve a detailed representation of the phenomenon (Jensen et al., 2014). When participants reflect on their body image in the past in relation to their current body image, it helps the researcher as well as the participant gain a deeper understanding of body image in midlife.

Commitment and rigour was achieved by conducting pilot interviews. This strengthened the current study as it provided an opportunity to test the appropriateness of the questions and to see what responses were given. It also provided me the opportunity to situate myself within the role of researcher, rather than trainee counselling psychologist. Finlay (2011) states that as therapists we have 'the advantage of being trained to listen and help others express themselves'. However, the downside of this is that we can too easily 'lead a person into emotional disclosures beyond the terms of the research' (p. 199). Pilot interviews allowed me to find a balance between therapist and researcher in order to listen and be responsive while avoiding leading the participant or becoming 'curiously flat' and 'distanced' (McLeod, 1999 as cited in Finlay 2011, p. 199). It was a useful exercise as it showed me that the depth of understanding I was hoping to achieve was not accessed and therefore pushed me to lengthen the interviews by adding more questions, making it a longer interview than the typical qualitative interview would be.

4.5.2: Limitations

The results of the present study should be understood in the context of a number of limitations. The retrospective design relied on participants' remembering their experience accurately, months or decades after the event. This creates issues around memory recall and memory bias. Recall of information depends entirely on memory, which can often be imperfect, and therefore unreliable. Participants often find it difficult to remember or accurately retrieve incidents that happened in the past because memory traces in humans are poor versions of the original percept (Hassan, 2005). While the descriptive phenomenological method posits that participants are experts in what they have experienced, they are less clear and categorical about the meanings of their experiences (Finlay, 2011). Therefore, this could explain why certain questions were given a superficial or ambivalent response by participants.

The sample of participants was homogeneous in the sense that all participants were white females and all but one participant were mothers. However, there were factors that were not controlled for such as social economic status (SES), ethnicity and BMI. All participants were white and likely middle-class either through birth or marriage and from observation none of the participants were significantly overweight or underweight. However, information on SES, ethnicity and BMI were not specifically gathered. Sociocultural theories predict higher rates of body dissatisfaction in white women due to a stronger cultural pressure to be thin (Stice, 1994).

Exploring body image in other cultures in women with different ethnicities could be valuable as their perceptions may be different.

Homogeneity is important in phenomenological studies, however Giorgi (2009) argues that the differences between participants makes it easier to distinguish the individual experience from the more general experience before explicating the phenomenon and then bringing together as a whole. However, having a homogeneous sample makes it more difficult to generalise the findings to the wider population (Robinson, 2014). Participants were gathered from a countryside and a city environment in the UK as well as from the island of Bermuda, an Overseas British Territory and limitations around these culturally and geographically diverse settings exist. Recruiting from three different communities and two different countries may have small underlying pressures that could affect perceptions of body image. For example, despite Bermuda being culturally similar to the UK, its close proximity to America means most of the media the Island receives is American and therefore these women may be exposed to different cultural appearance ideals than they would be if only exposed to British media. Additionally, different social circles of friends will exert different pressures on women and this cannot be controlled for. Therefore, interviewing in different locations was advantageous because it allows for more generalisability of the results as just interviewing in one location could be like interviewing from the same family or within one circle of friends. The perceptions or prejudices of body image would likely be very similar amongst the participants and not representative of this demographic of women as a whole.

Sexuality is another limitation to the current study and is a factor that has an effect on body image. All the women in this study were heterosexual and most were married to or in a cohabitating relationship with men. Homosexual women are less influenced by conventional norms of attractiveness (Brown, 1987; Schoenfielder & Weiser, 1983) because of alternative appearance norms and standards in the lesbian community (Bergeron and Senn, 1998; Pitman, 2000; Taub, 2003). Furthermore, Winterich (2007) found that homosexual women are more likely to reject the dominant sociocultural appearance standards and the FBI. So, it appears that homosexuality could be a protective factor in the development of body image issues. A future study considering sexuality would allow for the findings to be more generalised.

Care was taken to maintain transparency throughout the research process to ensure the work was presented clearly and coherently at every stage. However, at times the work may have

been unintentionally impacted by my own opinions, or clinical experiences as a trainee counselling psychologist. While this is a limitation of the current research, as well as any qualitative research, it is also essential that the researcher recognise her 'central role' in the co-construction of data (Finlay, 2011). Therefore, the researcher cannot fully separate herself from the research, but must reflect on her impact. Furthermore, during the interview participants may have been subjected to social desirability bias when discussing sensitive topics such as diet, exercise or cosmetic surgery. The face-to-face method of interviewing can make it difficult for participants to discuss topics that may be embarrassing or they feel they should be doing differently. Eating healthily, exercising more, or undergoing cosmetic surgery when cultural stigma may judge women for that decision are examples of topics from the interviews that may create a pressure to give desirable answers that paint participants in a more favourable, or socially acceptable light.

The current study has contributed useful knowledge into how middle-aged women understand and perceive their own body image as they grow older. The findings provided insight into the ways in which these middle-aged women formulate beauty and body ideals in a society that values youth and often portrays ageing as negative and avoidable. The study also provided a perspective on how middle-aged women play a role in the objectification of and comparison to other women. Studies testing objectification theory (Fredrickson & Roberts, 1997) and social comparison theory (Festinger, 1954) have shown that engaging in these behaviours often leads to body dissatisfaction. These theories were developed and tested using younger women and adolescents as participants and much of the research following these studies has also been on younger age cohorts, as body image has been viewed primarily as a young women's issues in the research literature (Baker & Gringart, 2009). The current research extends these theories by suggesting that body image issues do not stop once a woman is beyond adolescence or young adulthood. Sociocultural theory (Thompson et al., 1999) is based on the belief that societal norms rooted within any culture produce powerful and influential ideals and one does not suddenly become immune to these once a certain age has been reached. The findings inform these three theories and can be tested using the framework provided by the tripartite influence model of body image (Thompson et al., 1999). The model uses the links of internalisation of societal ideals and heightened appearance comparison tendencies to identify the mechanisms

under which these sociocultural influences combine to produce a negative body image in middle-aged women which then in turn can result in unhealthy behaviours.

Focusing on these findings allows the current research to contribute to the existing field of body image research, putting forth implications to theory. Body image research has been conducted across all ages and a range of ethnicities, most research has focused on younger people compared to older people and white populations compared to other ethnic groups. The findings of the current study advance the body image field in that they bring more awareness to the middle-aged cohort. These women have different experiences with objectification, social comparison and the media than a younger cohort would and this has implications for body image theory. According to objectification theory, how ageing affects older women in part depends on the extent to which one continues to "internalise the feminine ideals prescribed by a culture that objectifies the female body" (Fredrickson & Roberts, 1997, p. 194). Women in this age group may experience less of the objectified male gaze, which can in turn cause them to compare themselves more to their peers to assess how they are ageing in comparison, as images of middle-aged women are often absent in the media.

From the findings it is evident that women in the current study have internalised the feminine ideals that have been ingrained in them throughout their life and remain fairly vigilant about maintaining their appearance and care about how they are perceived by others. Previous research has shown that the importance women place on their physical appearance diminishes with age while body dissatisfaction remains stable (Clarke, 2001; McKinley, 1999; Tiggemann, 2004; Tiggemann & Lynch, 2001). This calls in to question the use of the theoretical models with older women. The findings from the current study are not consistent with this in that participants still placed a lot of importance on their appearance, which has implications for BI theory and adds an interesting dimension to the research literature. Therefore, when using body image theories, researchers need to critically evaluate them when testing age groups that are different to the group they were designed for in order to maintain validity.

Qualitative research often benefits from researcher triangulation to increase the credibility and validity of the results by using more than one researcher to carry out the interviews and analyse the data (Denzin, 2006). By doing so researchers hope to overcome the weakness or intrinsic

biases that can come with single-researcher studies. Qualitative research is also strengthened by having participants approve the transcriptions. Unfortunately, it was beyond the scope of this research as my doctoral thesis to use multiple researchers and due to time constraints, it was not feasible to have participants read over and approve my transformations within the analysis. To maintain credibility and validity I employed a rigorous approach to the descriptive phenomenological method, following the steps of the method very carefully to uncover the findings. The use of supervision with my research supervisor also ensured that my findings remained descriptive and substantiated in the actual participants' reports and therefore credible.

4.5.3: Directions for Future Research

Based on the limitations stated above, there are many exciting opportunities for future research. In the current study, some groups of participants were intentionally excluded during the recruitment process due to the design of the study. Future studies should consider men, self-identified lesbian, gay, bisexual, transgendered, asexual, pansexual and queer participants (LGBTAPQ) as well as those who are not married, those that do not have access to the internet, as well as those who do not speak English. Sexuality, the media and sociocultural beauty ideals all have an impact on BI and how one sees themselves in relation to their wider social context. Therefore, a cross cultural study would be beneficial to the study of body image in middle-aged women.

Men were excluded from the current study because in general the literature suggests that men inhabit a different social environment and therefore experience unique BI concerns and experiences (Grogan, 2008; McCreary et al., 2007). Societal ideals are different for men and they are often more dissatisfied with muscularity in the upper torso and shoulders, whereas women are more often dissatisfied with weight in the lower torso (Cafri & Thompson, 2004; Grogan, 2012). As men age they lose their strength and muscularity and along with that risk losing their perceived status as protector and provider within the family. This can create BI issues and other mental health problems. Despite this, Halliwell and Dittmar (2003) found that men reported ageing had a neutral or positive impact on their appearance and viewed ageing less negatively than women. Nevertheless, men still struggle internally with ageing and the changes it brings to their body. Including them in a future study similar to the current research

could bring interesting insight into the differences between how men and women experience ageing within western society.

Carrying out a longitudinal study would also add great value to the current findings. It was suggested in the discussion that a potential reason for the inconsistency of certain findings to other research or the superficial answers to some questions was the passage of time and the difficulty of recalling experiences from certain life events. Following the same participants from puberty through to old age using the life course perspective would eliminate the retrospective design and negate recall bias because participants views on topics such as puberty, pregnancy and menopause would be captured while they were experiencing the event. Descriptions would potentially be richer and more detailed allowing for more generalisable findings.

The invisibility that comes with age is an interesting concept that could provide the inspiration for a future study. The "transition from visibility to invisibility" (Chrisler & Johnston-Robledo, 2018, p.145) is a common experience that many women feel as they age yet there is very little, if any research that has been done on this phenomenon. However, anecdotal evidence shows that around the age of 50, women, especially attractive women who are used to "turning heads" and receiving a lot of attention from men, begin to realise no one is looking at them in public anymore regardless of how well-dressed they may be. This realisation often comes as a shock, and it is likely to affect women's body image, self-concept, and identity in terms of age (Chrisler & Johnston-Robledo, 2018). A direction for future research in this area could employ a qualitative design and explore body image in relation to the transition from visibility to invisibility. Participants between the ages of 50 and 55 would be recruited and interviewed asking questions about appearance and the effort that goes into maintaining their appearance. Further questions could ask about their experience of the objectifying male gaze, whether or not they still experienced this and how they feel about the attention or lack of attention. Findings could add to the current research on body image, objectification theory and ageing.

Alternatively, an interesting future study would be comparing two groups of millennials and looking into the use of social media during the formative years and how it affects body image throughout life. Adolescents are able to send images and information about themselves and communicate via social media without fully understanding the implications (Costello, McNiel & Binder, 2016). Previous research has shown that the mass media stimulates the development of

an objectified self-concept and is arguably the most powerful conveyor of socio-cultural ideals (Tiggemann and McGill, 2004). Two mixed groups of males and females, younger and older would be compared. The younger group would be made up of 18-25-year olds and the older group would comprise 30-35-year olds.

The rationale behind this is that both age groups are growing up in a social media age. However, the younger group were going through puberty and their awkward teenage years while in the social media spotlight and potentially not understanding the permanency of what they post online. They have never known a world without such platforms (Barry et al., 2017). They experienced the advent of 'the selfie' at a time when social comparison was high and they potentially felt the least secure of themselves (Kleemans et al., 2016). Thus, increasing the risk of gaining validation from the cyber world rather than their family or immediate peers. In contrast, the older group did not have access to sites like Facebook until at least university and other social networking apps like Instagram and Snap Chat were not developed until their mid to late twenties. Exposure to social media later in life when they were more aware of what is real and what is enhanced or 'filtered' may provide some protection from body image issues. It would then be interesting to compare the results of the study to the results of this current study of middle-aged women to see the impact growing up in a more digital age has on BI.

4.6. Final Reflections

It seemed appropriate as I come to the end of this research project, to take the time to reflect on my learning throughout the process. Reflexivity is important in qualitative research because it encourages us to reflect upon, both personally and methodologically, the ways in which the researcher is involved in the research (Willig, 2008). This research has been challenging and exciting from the beginning as it brings together two topics that are very interesting to me. Choosing to employ a qualitative design I entered into the research knowing it required a great time commitment and even though I really enjoy writing, that it would at times be tedious. However, I have been surprised at each step of the way at just how long the whole process has taken. However, this time was needed to immerse myself in the analysis and familiarise myself with the rich narratives and descriptions from the participants. I felt a personal connection to the participants and privileged to gain access to such personal areas of their lives, which helped encourage me to see the research through.

Reflecting back to the start of the research when I was choosing a topic and recruiting participants. I feel that I underestimated how difficult the subject area would be for some women to discuss. This was evident when they struggled to give in-depth answers to certain questions. Another interesting feature that unexpectedly came from the interviews that I - maybe naively - was not expecting was that due to our age difference they often tried to "mummy" me in their responses. They would warn me about what to expect as I grow older by telling me to stay out of the sun or take certain vitamins now to help during middle age. In hindsight, seeing as most of these women were old enough to be my mother this is hardly surprising, but it forced me to be more transparent in order to stay in the role of researcher.

On a personal level, this research has been fascinating and at times therapeutic as these women have overall had positive attitudes about ageing and their bodies which has taught me to be kinder to myself. My attempts to be transparent has been because in many ways the research has been personal to me. I have had experiences with self-objectifying, the negative effects of the media, cosmetic surgery and difficulties with body image. While at 30 I have not experienced many of the life events associated with ageing that my participants describe, I already look back at photos from a decade ago and wonder what I was so critical of at the time – something participants frequently discussed. While these experiences are not unique to me, maintaining transparency on these issues ensured I was keeping them separate from the participants' accounts. For example, being open to participants who reported never wearing makeup and loving their bodies up until menopause, even if they were not consistent with my own views.

Overall, this research has been enjoyable to carry out and something I am proud of. Having used the descriptive phenomenological method for an undergraduate research project I thought my familiarity of it would help in the process of analysing and writing up the methodology chapter. While indeed I could work more independently on the analysis, I failed to realise how underrepresented the method is here in the UK. Understanding the philosophical elements of this qualitative methodology was difficult and not having examples of other theses to consult made me question my approach.

My hopes for this research are that it will bring attention to an age group that often feels invisible due to society's youthful ideals that equate growing older with becoming irrelevant. This important understanding of middle-aged women will hopefully influence research and practice around body image during this life stage. These women often feel younger than their actual age and remain very active members of their community. Middle-age can be a time of many bodily changes and life transitions which can bring difficult adjustment periods and therefore is worthy of clinical attention.

4.7 Conclusion

Middle-aged is a fairly recently defined construct partly due to the increased life expectancy and it remains the most poorly understood period of the lifespan (Lachman, 2001). As women age they experience social and physical changes that influence the ways in which they perceive their bodies (Tiggemann, 2004). This research chose to focus on women because in terms of weight and shape, the pressures on women are more pronounced than those on men (Grogan, 2008). Additionally, from an appearance perspective, women's ageing features are viewed more negatively in society than men's are. The findings highlight that while middle-aged women are not necessarily satisfied with their bodies, they will not make drastic changes to their lifestyle to lose weight or change their body shape. They are more content within themselves compared to their twenties and thirties. Counselling psychologists should be aware of and encouraged to reflect on the importance of body image when working with middle aged women both individually and systemically in order to take a fully holistic view of the client.

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6. Appendices

6.1. Appendix A – Ethics Application Form

CITY UNIVERSITY LONDON

**Psychology Department Standard Ethics Application Form:
Undergraduate, Taught Masters and Professional Doctorate Students**

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? *For each item, please place a 'x' in the appropriate column*	Yes	No
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		X
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*		X
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about potentially sensitive topics		X
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')		X
Potential for psychological stress, anxiety, humiliation or pain		X
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information		X
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**. You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? *Please place a 'x' in the appropriate space*	
Undergraduate student	
Taught postgraduate student	

Professional doctorate student	X
Research student	
Staff (applying for own research)	
Staff (applying for research conducted as part of a lab class)	

1. Name of applicant(s).

Jessica Sleeter

2. Email(s).

███████████████

3. Project title.

The Experience of Body Image in Women as they grow older: Implications for Counselling Psychology

4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)

The literature in the domain of older women's body image is scarce and diverse in focus (Hurd, 2000). Research has focused mainly on adolescents and young women, as body image has been viewed primarily as a young women's issue. Growing older can bring many changes to the individual which can create body image issues throughout older adulthood (Baker, and Gringart, 2009).. The unique age group known as baby boomers, those born between 1945 and 1964 (aged 50-70yrs) are growing older at a time where there is a heightened media exposure and pressure to remain youthful compared to previous generations. (Marshall, Lengyel, and Menec, 2014). Body image is a complex, multidimensional construct that plays an important role in the lives of women (Cash, 2004). It refers to an individual's thoughts, perceptions, feelings, and evaluations of their own body (Liechty, 2012, p.71 as cited in Marshall, et al., 2014). Body image develops throughout life as a result of sensory and behavioural experience, physical appearance, somatic changes, societal norms, and the reactions of other people (Chrisler and Ghiz, 1993 p. 68). A woman's relationship with her body can affect her emotional state and health behaviours (Price, 2010; Grogan, 2006). Western culture is fuelled by advertisements, films, and magazines that glorify youthfulness. They send messages that tie self-worth and success to thinness and sell products that promise youth and beauty. Collectively, this sends the message that to be beautiful, one must be young (Saucier, 2004 as cited in Marshall, Lengyel, and Menec, 2014). For women of all ages, media pressure has been found to be the most significant predictor of a negative body image and a preoccupation with weight (Marshall et al., 2012). The current research aims to explore the experience of growing older in women between the ages of 50 and 70 years and their concerns about changes to their bodies as they have aged. Some women may experience a pressure to preserve an appearance of youthfulness while others embrace and enjoy the changes that come with growing older I would like to carry out research in the UK as well as my home country of Bermuda. The main reasons for this are that due to the warm climate women in Bermuda are less covered up, and more exposed throughout the year. This can potentially make women more aware of their bodies. nterviewing in

both countries increases the validity and strength of the results. The question still remains; does the phenomenon of body image and the social constructs of attractiveness stay the same throughout life?

5. Provide a summary of the design and methodology.

This will be a qualitative study, conducted from a phenomenological and social constructivist perspective, which will offer a detailed understanding into the experience of body image in women as they age and what implications this may have for counselling psychology. All understanding of experience is socially constructed but different communities can construct different interpretations of their shared experiences. Truths are social and never constructed outside of interaction (Cottone, 2012). The method of analysis employed will be Interpretative Phenomenological Analysis (IPA) which aims to explore the participant's experience from her own perspective while recognising that the research is an implication of the researchers own view of the world. As a result, the phenomenological analysis produced is always an interpretation of the participant's experience as it is impossible to gain direct access to the participants' life worlds (Willig, 2008). Gathering data from two different countries will provide different social constructs and interpretations of shared experiences of body image. This will strengthen the design of the study as well as the analysis.

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

Semi-structured interviews will be the method of data gathering employed in the current study. These provide guidance but are quite flexible in order to allow the researcher and the participant to further explore other areas that may be brought up in the interview. There are 7 questions in the interview and some questions have follow up questions labelled a) b) c) etc. These interviews will be audio-recorded on password protected voice recorders and stored on encrypted software on my computer. Only I, the researcher will have access to it, however the data will be discussed with my supervisor.

Interview Questions

1) I am interested in what sparked your interest in this study and made you want to take part?

    a) What about body image is interesting to you

2) When you look back at previous times in your life how do you think about your appearance?

3) How do you feel your body image has changed as you have gotten older?

4) What are the benefits or positive experiences that you feel come with ageing?

    a) And what about relationships?

5) Can you describe your experiences of your own body image over the years?

6) Have you ever undergone any cosmetic medical treatments (surgical or non-surgical?

    a) Why not? Did you ever think differently about it?

    b) What did you have done and how did it make you feel after?

    c) Would you do it again?

    d) How did your friends and families respond to the treatment?

7) How do you feel about the future?

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

There is a possibility of participants disclosing issues of concern such as emotional or psychological problems due to the topic of the research. If participants express any concern about the topics covered. They will be given a list of services to help them through their difficulties. They will also be advised to contact their GP's if they would like to access psychological services.

8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

The participants will all be female. The age range of the participants will be between the ages of 50-60 years. I have chosen this age group because current research focuses mainly on adolescents and young women as body image has been viewed primarily as a young woman's issue. As a result body concerns amongst women 18-25 years are well documented in the literature. However, very little is known about attitudes to body image in older women. The age range of 50 to 70 years is unique because these women are growing older at a time where there is a heightened media exposure and a pressure to remain youthful. There is also more education and awareness in today's society about health and nutrition compared to previous generations. Exclusion criteria will include any woman with a current eating disorder. I am more interested in gaining a better understanding of the typical experience of ageing from a non-clinical perspective. My participants will be gathered from both the UK as well as Bermuda. Due to Bermuda being small, residents of the Island have the potential to be more introspective and worry about how they appear to others It can be seen in younger and older generations but I am specifically focusing on the older population of women between the ages of 50-60 years old.

9. How will participants be selected and recruited? Who will select and recruit participants?

Participants will be recruited from a number of locations in both the UK and Bermuda to reach a range of different women. These include local gyms, community centres, and local coffee shops. My aim is to recruit six to eight women.

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

No.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Yes. All participants will be given informed consent. Please see attached sheet.

12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

The participants will be given a participant information form before they begin the interview and a debrief form at the end of the interview. These will explain exactly what the purpose of the study is and why they were selected as participants. This way there will be no need for deception. This study is low risk, however it is likely that participants will be emotionally impacted by the research. I will manage this by keeping participants well informed throughout, in order to keep the risk to participants as low as possible. They will be provided a list of emergency contacts and clinical services for more information on where to get extra support if they want it.

13. Location of data collection. (Please describe exactly where data collection will take place.)

Data collection will take place at the location of one of my placements. Westminster Drug Project Barnet Recovery Centre. It is a clinic based out of Edgware Community Hospital in Edgware, London. I have been given permission to carry out research there by my supervisor and the duty manager at the clinic. There are plenty of quiet clinical rooms within the clinic. These rooms have panic alarms in the event that I need to use it and I will always inform my placement supervisor and research supervisor when I am conducting interviews while in the clinic. Data collection will also take place overseas in Bermuda. In this case interviews will be taking place in a quiet office within an office building. I will use an empty office at my mother's company. I have permission from her as well as her business partners that I am able to carry out these interviews in their office building. I will inform the receptionist in the office when I am conducting interviews and how long they will be. I will also inform my research supervisor in the UK when interviews are taking place in Bermuda.

13a. Is any part of your research taking place outside England/Wales?

No		

Yes	X	If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.

Some interviews will be conducted outside of the UK, in Bermuda where I am from. I will make sure my supervisor knows the time and location of interviews. I will also make sure I have made someone locally in Bermuda aware of the times and location of the interviews. Interviews will be conducted in safe places in a quiet office in an office building. Never at my house or the participant's house.

13b. Is any part of your research taking place <u>outside</u> the University buildings?

No		
Yes	X	If 'yes', please submit a risk assessment with your application.

13c. Is any part of your research taking place <u>within</u> the University buildings?

No	X	
Yes		If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

There is a risk that the interview questions may make the participant look more intrinsically and feel more critical of themselves. This will be minimised during the debrief by keeping the participants informed and giving them emergency contacts and services they can use in the event they feel they need extra support or want to further discuss issues brought up in the interview. I have considered and will manage these risks by taking the necessary precautions. Please see risk assessment form.

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

I plan on recruiting the participants from community centres in established organisations such as Age Concern UK and therefore risks to the researcher will be minimal. The main risks include the potential for sensitive topics to be brought up, as well as lone working, and health and safety risks within the building. I will manage these risks by not interviewing inside the homes of the participants and I plan to use my own personal therapy and supervision to talk about any difficult feelings that might arise for me during the data collection. Participants will be given information sheets before the interviews and I will debrief them after. The debrief includes a list of support services in case participants feel like they need more support after the interview. My supervisor will be aware of the time and location of interviews and I have the use of panic alarms if I feel unsafe. I will also be up to date with health and safety by familiarising myself with the fire evacuation plan in the buildings in which I interview. This will mean that in the event of a fire, I can get both the participant and myself outside safely.

16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Please place an 'X' in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	

Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	
De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	**X**
Participants being referred to by pseudonym in any publication arising from the research	**X**
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) *Please provide further details below.*	

17. Which of the following methods of data storage will you employ?

Please place an 'X' in all appropriate spaces

Data will be kept in a locked filing cabinet	
Data and identifiers will be kept in separate, locked filing cabinets	
Access to computer files will be available by password only	**X**
Hard data storage at City University London	
Hard data storage at another site. *Please provide further details below.*	

18. Who will have access to the data?

Please place an 'X' in the appropriate space

Only researchers named in this application form	**X**
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.*

Please place an 'X' in all appropriate spaces

	Attached	Not applicable
*Text for study advertisement	X	
*Participant information sheet	X	
*Participant consent form	X	
Questionnaires to be employed		
Debrief	X	
Copy of DBS		
Risk assessment	X	
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)	X	
Interview Questions	X	

20. Information for insurance purposes.

(a) Please provide a <u>brief</u> abstract describing the project

The literature in the domain of older women's body image is scarce and diverse in focus (Hurd, 2000). Research has focused mainly on adolescents and young women, as body image has been viewed primarily as a young women's issue. As a result, body concerns amongst women 18-25 years are well documented in the literature. However, very little is known about attitudes to body image in older adults (Baker, and Gringart, 2009). Research studies on the body image of older women remains incomplete. While some women do continue to struggle with body image issues later in life, other women come to accept their bodies and their appearance (Marshall et al., 2014). An interpretative phenomenological analysis will be carried out in order to identify and cluster themes of the research. Throughout the investigation the participant's experiences will be explored within the context of other current research on the topics of body image and ageing.

Please place an 'X' in all appropriate spaces

(b) Does the research involve any of the following:	Yes	No
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
(c) Are you specifically recruiting pregnant women?		X
(d) Is any part of the research taking place outside of the UK?	X	

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to ▮▮▮▮▮▮▮▮ <u>before</u> applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name …………….JS……………………………….. Date………..…30/11/15……

21. Information for reporting purposes.

Please place an 'X' in all appropriate spaces

(a) Does the research involve any of the following:	Yes	No
Persons under the age of 18 years?		X
Vulnerable adults?		X
Participant recruitment outside England and Wales?		X
(b) Has the research received external funding?		X

22. Declarations by applicant(s)		
Please confirm each of the statements below by placing an 'X' in the appropriate space		
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.		X
I accept the responsibility for the conduct of the procedures set out in the attached application.		X
I have attempted to identify all risks related to the research that may arise in conducting the project.		X
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.		X
	Signature (Please type name)	**Date**
Student(s)	Jessica Sleeter	16/07/15
Supervisor	Kate Scruby	30/11/15

Reviewer Feedback Form

Name of reviewer(s).
Dr Courtney Raspin
Email(s).
███████████████
Does this application require any revisions or further information?

Please place an 'X' the appropriate space

| No
Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk, ccing to the supervisor. | | Yes
Reviewer(s) should provide further details below and email directly to the student and supervisor. | x |
|---|---|---|---|
| **Revisions / further information required**
To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS. | | | |
| Date: 20 January 2016
Comments:

As reviewer, my remit is to comment directly on ethics of the proposed project. From this position, I see some minor issues that need to be addressed. I wouldn't consider the questions asked as 'sensitive in nature' and thus would revise this in the ethics checklist. Indeed, this would deem the project appropriate for a 'light touch review' although only the ethics committee can make this final decision. Furthermore, I question the inclusion of BEAT as the only resource given to participants should the project raise concerns for them. This is not a project looking at eating disorders. BEAT is an ED charity, as while it can certainly point people in the direction of support for issues around body image, I would recommend the inclusion of a more general mental health resource for participants. Finally, the risk form needs to be completed. | | | |
| **Applicant response to reviewer comments** | | | |

To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), with tracked changes directly back to the reviewer(s), ccing to your supervisor.		
Date: 28/03/2016 Response: I have taken on board all of the key concerns from the second reviewer. I have amended the ethics form to reflect a 'light touch review.' Additionally I have changed the support services provided to participants. I have included a more general service resource such as MIND. Finally, I have completed a risk assessment and gained approval from the insurance team at City University to carry out research abroad in Bermuda.		
Reviewer signature(s) To be completed upon FINAL approval of all materials.		
	Signature (Please type name)	**Date**
Supervisor	Dr. Kate Scruby	12/5/16
Second reviewer	Dr Courtney Grant Raspin	23/5/16

6.2. Appendix B – Approval from City University Insurance Team to Research Abroad

Hi Jessica,

I have confirmation from our insurers.

I can confirm it would apply as it would be considered research because it would not be defined as Clinical Trial by the MHRA. Therefore, cover will be operative under Part A Public Liability subject to the usual terms and conditions of the select policy wording.

Kind regards,

Raeesa Ajmi

Finance Assistant | Finance and Procurement |City University London Northampton Square, London EC1V 0HB
Email: ███████████████████
Phone: ███████████

6.3 Appendix C – Participant Information Sheet

Title of study: Growing Older in the 21st Century: Women's experience of their body image as they have aged: Implications for counselling psychology.

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This study is being undertaken as part of a doctorate in Counselling Psychology course. The research will result in a thesis, which will be the final requirement of the doctorate. The study will take place over two years but will only require a one-hour long interview at most from the participants. The current research, aims to explore the experience of women between the ages of 50 and 60 and their concerns about their bodies and appearance, as they have grown older. The question remains, does the phenomenon of body image and the social constructs of attractiveness remain the same throughout life, or become less important with age.

Why have I been invited?

As a woman between the ages of 50 and 60 who does not have a history of, or is currently struggling with a diagnosed eating disorder you have been recruited to take part in this research. The study is small and will only require about six to eight participants.

Do I have to take part?

No. Participation in this research project is completely voluntary and participants may withdraw at any time throughout the study, or avoid answering questions, which they feel are too personal or intrusive. If the participant does in fact decide to drop out, they will not be penalised in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

What will happen if I take part?

- *You will be asked to take part in one interview and answer some questions while being audio recorded.*
- *You will meet the researcher once unless contacted for a follow-up interview, which is unlikely.*
- *We will meet for 1 hour at the most.*
- *The interview is semi-structured. Consisting of questions designed to allow the participants more time to explore the topics.*

- *The research methods are qualitative where the researcher will look at detailed interviews in depth. The interviews will be transcribed word-for-word and then will be analysed to look for similarities and differences amongst participants.*

What do I have to do?

All that is expected of the participant is to show up to the interview on time and be ready to participate and answer the questions.

What are the possible disadvantages and risks of taking part?

There are no foreseeable risks of harm or possible side effects to the participant as a result of the interview process.

What are the possible benefits of taking part?

- *Contributing to knowledge and research, which will ultimately benefit the wider community.*
- *Reflect upon and explore personal material that the participant may find interesting about herself or helpful to think about.*

What will happen when the research study stops?

When the project comes to an end participant data will be appropriately stored on password-protected software as it will be throughout the study. Data will be kept for up to five years and destroyed in line with the data protection act once the research has been completed, analysed and written up.

Will my taking part in the study be kept confidential?

- *Yes. Only myself and my supervisor will have access to the data*
- *Audio recordings and analysis of data will be encrypted and stored on password protected software*
- *The only time confidentiality will be broken is if the participant reports any violence, abuse, self-inflicted harm, harm to others, or criminal activity.*

What will happen to the results of the research study?

Results of the research study will be analysed and written up in the doctoral thesis. In the event that the research is published at a later date, participants will be notified and all names and identifying information will remain anonymous.

What will happen if I don't want to carry on with the study?

Participants are free to withdraw from the study without an explanation or a penalty at any time.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do

this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Growing Older in the 21st Century: Women's experience of their body image as they have aged: Implications for counselling psychology.*

You could also write to the Secretary at:

██

City University London
Northampton Square
London
EC1V 0HB

Email: ██████████████████████

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Research Ethics Committee, [PSYETH (P/L) 17/18 213]

Further information and contact details

Researcher's Supervisor: Kate Scruby. ████████████████ **Thank you for taking the time to read this information sheet.**

6.4. Appendix D – Informed Consent Form

CITY UNIVERSITY LONDON

Title of Study: *Growing Older in the 21st Century: Women's experience of their body image as they have aged: Implications for counselling psychology.*

Ethics approval code: [PSYETH (P/L) 17/18 213].

Please Initial Box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • Being interviewed by the researcher • Allowing the interview to be audio taped • Making myself available for a further interview should that be required.	
2.	This information will be held and processed for the following purpose(s): • To transcribe the interviews • To answer the research questions. • To analyse using the methodology employed in the research study • I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. • I understand that names and identifiable information will be changed to protect anonymity. Data will be encrypted and stored on password protected software to protect my identity from being made public.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____   _____   _____

Name of Participant   Signature   Date

_____   _____   _____

Name of Researcher   Signature   Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

6.5. Appendix E – Debrief Form

CITY UNIVERSITY LONDON

Growing Older in the 21st Century: Women's experience of their body image as they have aged: Implications for counselling psychology

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The aim of the current research study is to find out if women between the ages of 50 and 60 have concerns about their body image or if this is something that becomes less important as we age. There is a struggle in society to fight the natural ageing process and remain looking youthful. The reality of growing older however can make maintaining society's beauty ideals unrealistic and unattainable. Research into women of this age group is not well documented and it is interesting to study whether or not women in this age bracket internalise society's messages much like adolescents and women in their late twenties or if they become less prominent as time goes on.

If the research has raised concerns you please do not hesitate to contact your GP. Alternatively, there are a few support services, which you may wish to contact:

   MIND – Mental Health Charity: www.mind.org.uk
   Beauty Redefined: www.beautyredefined.net

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Contact details:

   Researcher: Jessica S. Gordon. ███████████████████
   Supervisor: Kate Scruby. ██████████████

Ethics approval code: [PSYETH (P/L) 17/18 213]

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6.6. Appendix F: Recruiting Advert

CITY UNIVERSITY LONDON

Department of Psychology

City University London

HOW HAVE YOU FELT ABOUT YOUR BODY AS YOU HAVE GROWN OLDER? FEMALE PARTICIPANTS NEEDED FOR

RESEARCH IN *BODY IMAGE IN WOMEN AGES 50-60 YEARS*

I am conducting research exploring the experience of body image in women as they have grown older. I would really appreciate if you would share your experiences with me.

Your participation would involve attending one individual, face-to-face interview with me, which would last about 1 hour. You will be asked questions about your personal experiences of growing older and the body related changes that may come with that. All information is confidential and stored securely.

For more information about this study, or to take part, please contact me (Jessica Gordon, student on the Professional Doctorate in Counselling Psychology programme) at

███████████████████████

This project is supervised by Dr. *Kate Scruby (Registered Psychologist and from the Psychology Department at City University London. Dr. Scruby can be contacted at:*

███████████████

This study has been reviewed by, and received ethical clearance
through the City University Research Ethics Committee, City University London [PSYETH (P/L) 17/18 213].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email:

████████████████

6.7. Appendix G – Interview Schedule

** Bolded numbered questions indicate main interview questions. Lettered questions were

used as prompts to encourage more discussion around the topics**

1) Is body image something that is interesting to you or something that you feel you are aware of?
       a) What about body image is interesting to you?

2) During childhood or adolescence do you remember approximately when you first became aware of your body. How did you feel about it?

3) Can you please describe in detail your experience of your own body image throughout life?
       a) How did you feel about your body image in your 20's, 30's 40's versus now.
       b) Do you ever look back and regret things you did or didn't do because of how it has affected you now? (sun tanning, sports injury, not exercising).

4) Have you gone through or are you currently going through menopause? How has that been and what effect did it have on you physically?

       a) and what about emotionally or mentally?

5) When you look back at previous times in your life how do think about your appearance then vs. now?

6) How do you feel your body has changed as you have grown older internally and externally?

7) Do you feel that there are benefits or positive experiences that come with ageing?

8) **Can you describe your relationships with friends and loved ones as you have grown older and how they may have changed if at all?**

9) **How do you take care of your body and appearance?**

      a) What is your approach to exercise, skin care, nutrition, clothing, style.

10) **Does the media (TV, billboards, magazines, social media) have an effect on how you see yourself or how you take care of your appearance?**

11) **Have you ever undergone any cosmetic medical treatments (surgical or non-surgical**?)

      a) Why not? Did you ever think differently about it?

      b) What did you have done and how did it make you feel after?

      c) Would you do it again?

      d) How did your friends and families respond to the treatment?

12) **How do you feel about the future?**

6.8: Appendix H – Segment of Analysis of Participant Becky

Below is an example of how the analysis was carried out. Segments from step two, three, and four of the method are shown. Step one is reading and re-reading the transcript in order to get a sense of the whole interview, step 2 is dividing the transcript into meaning units, step 3 is transforming meaning units into specific structure, step 4 is combining the specific structure into general descriptions and then step five is presenting the findings by integrating all of the participants' general descriptions (step 4) into one phenomenological narrative which is shown in chapter three as the results.

Step 2: Meaning Units

1) Um, probably both actually. Both. I mean everybody I think is aware of body image and you couldn't possibly live in this society and not be aware of body image. It's all over the screens, the magazines, you know, it's out there isn't it? I mean from whether you sort of see adverts for you know, 'Get toned for summer' or whatever. It's always out there, so I think everybody's aware of it. And yeah, it does affect, I think women more than men, though I think saying that men are probably just as getting, catching up there, especially young men. But um, but yeah, all through my life it has. All through my life.

2) Oh yeah, from about the age of ten. Yeah, because I started developing boobs and had to wear my first bra when I was ten years old. So, um, from a very early age and I had my first period when I was eleven, just eleven as well, so quite early on. And I was this height from when I was about twelve, thirteen, so I grew, grew, grew and then I sorta stopped. I probably grew an inch in my teenage years but actually as a twelve year old, thirteen year old, I was like a head taller and more than most of my, um, peers. So, um, if you think about it, if you're a head taller, you're probably a lot heavier, the same sort of clothes didn't fit me as fitted them. The same sort of shoes, I had size seven feet. You know, they were all little petite size fours and things, so, I think yes very, very early on with me because I was tall. I wasn't particularly big then. In fact, I was probably tall, and lanky and skinny. But in my head because I was bigger, you feel clumsy, you feel awkward, you feel, um, just bigger than everybody else and it's not a nice feeling when you're that age.

3) You know, girls now I think cope with it better. I think now it's a bit more trendy to be tall and lanky and everything. But, you know, when you're constantly being told to pull your legs in. You know, 'Could you please pull your legs in, somebody's going to trip over them,' you know, and that's just because you're a kid and your legs under the desk didn't fit so you'd sort of put them out here. So yeah, so yes very early on I'd say I became quite body aware.

4) Um, and then through teenage years, obviously yeah, I would say my body developed quicker and more than most of my peers, you know. Always been big on top. From even mid-teen, not as big as I am now, but obviously, in context back then. Compared to other girls, and of course ultimately you get called the nicknames and everything that goes along with that, cause girls are very good at that, especially the ones who don't have anything at all up top. Because actually that's their way of coping with the fact they've got nothing [laughs]. They tease you for having too much because that makes them feel better. Um, so, yeah there was all that went on through my teenage years.

5) And when I was in my late teens, sort of sixteen, seventeen, I actually became very bug-, in fact I was actually, now don't get me wrong, I wasn't anorexic, don't get me wrong, I wasn't that, but I would do the old time of not eating or throwing up after eating, especially if I ate something that I didn't feel I should have eaten. So I was very sort of, yeah I suppose at that point very uptight…about, and I probably, looking back and looking back in the photographs now I wasn't big at all. I really wasn't big, but compared to other people, I was big, because they were so petite. I was being surrounded by petite friends wasn't good, cause most of my friends were quite small. So yeah, so I was an early age, early age. I'm less now, less body conscious now than I was back then. A lot less.

Step 3: Transformation to specific structure

1.) Um, probably both actually. Both. I mean everybody I think is aware of body image and you couldn't possibly live in this society and not be aware of body image. It's all over the screens, the magazines, you know, it's out there isn't it? I mean from whether you sort of see adverts for you know, 'Get toned for summer' or whatever. It's always out there, so I think everybody's aware of it. And yeah, it does affect, I think women more than men, though I think saying that men are probably just as getting, catching up there, especially young men. But um, but yeah, all through my life it has. All through my life.

Becky states that she is both aware and interested in body image. She feels that it is impossible for people not to be aware of it due to the media and the adverts everyone is exposed to. Becky feels that women feel the pressure to adhere to society's ideals more so than men, however, it is now becoming more of an issue for men more so than it used to be.

2.) Oh yeah, from about the age of ten. Yeah, because I started developing boobs and had to wear my first bra when I was ten years old. So, um, from a very early age and I had my first period when I was eleven, just eleven as well, so quite early on. And I was this height from when I was about twelve, thirteen, so I grew, grew, grew and then I sorta stopped. I probably grew an inch in my teenage years but actually as a twelve-year-old, thirteen year old, I was like a head taller and more than most of my, um, peers. So, um, if you think about it, if you're a head taller, you're probably a lot heavier, the same sort of clothes didn't fit me as fitted them. The same sort of shoes, I had size seven feet. You know, they were all little petite size fours and things, so, I think yes very, very early on with me because I was tall. I wasn't particularly big then. In fact, I was probably tall, and lanky and skinny. But in my head because I was bigger, you feel clumsy, you feel awkward, you feel, um, just bigger than everybody else and it's not a nice feeling when you're that age.

Becky states that she first became aware of her body from the age of ten because her breasts started developing before her peers. She grew taller and was overall much bigger than the other girls her age so Becky felt awkward and out of place from an early age.

3.) You know, girls now I think cope with it better. I think now it's a bit more trendy to be tall and lanky and everything. But, you know, when you're constantly being told to pull your legs in. You know, 'Could you please pull your legs in, somebody's going to trip over them,' you know, and that's just because you're a kid and your legs under the desk didn't fit so you'd sort of put them out here. So yeah, so yes very early on I'd say I became quite body aware.

Becky remembers always being asked to tuck her legs in like she was an inconvenience to others. She states that being tall and long is an attractive attribute in today's generation but it was not a desirable feature when she was growing up so Becky became very aware of her body.

4.) Um, and then through teenage years, obviously yeah, I would say my body developed quicker and more than most of my peers, you know. Always been big on top. From even mid-teen, not as big as I am now, but obviously, in context back then. Compared to other girls, and of course ultimately you get called the nicknames and everything that goes along with that, cause girls are very good at that, especially the ones who don't have anything at all up top. Because actually that's their way of coping with the fact they've got nothing [laughs]. They tease you for having too much because that makes them feel better. Um, so, yeah there was all that went on through my teenage years.

Becky's body developed faster than her peers and as a teenager she was teased for having bigger breasts than everyone else. She reasoned that jealousy was to blame for the bullying, as it was the girls who developed later who teased Becky the most.

5.) And when I was in my late teens, sort of sixteen, seventeen, I actually became very bu-, in fact I was actually, now don't get me wrong, I wasn't anorexic, don't get me wrong, I wasn't that, but I would do the old time of not eating or throwing up after eating, especially if I ate something that I didn't feel I should have eaten. So I was very sort of, yeah I suppose at that point very uptight…about, and I probably, looking back and looking back in the photographs now I wasn't big at all. I really wasn't big, but compared to other people, I was big, because they were so petite. I was being surrounded by petite friends wasn't good, cause most of my friends were quite small. So yeah, so I was an early age, early age. I'm less now, less body conscious now than I was back then. A lot less.

During late adolescence, Becky developed some disordered eating behaviours. She states that sometimes she would restrict food and other times if she felt guilty after eating too much she would make herself sick. Becky feels that she was very uptight about dieting and her *weight, but in hindsight does not feel that she was overweight. Becky just felt bigger compared to her friends. As an adult Becky states that she is less self-conscious about her body than she was when she was younger.*

Step 4: General Description

Becky first became aware of her body from a young age because she matured faster than her peers and also grew much taller. She reports feeling clumsy and self-conscious about her body because it was different from the other girls her age and states that no one wants to be different and stand out. Most people want to fit into the crowd. While growing up, Becky went through a phase of being very uptight about dieting and her weight because she compared herself often to her friends who were much smaller than Becky was. Becky has struggled with her weight at various times but her forties were particularly difficult. She describes this time as a period where her weight would fluctuate often and she would have to be more careful with her diet. Becky feels that women, more so than men feel the pressure to adhere to society's ideals and that these ideals come mainly from the media whether women want to admit they are influenced or not. As Becky has aged, fitness has become more important to her and she feels that staying active will help her in the future as she grows older. Her fear is that her body will give out on her and she will have to rely on others to care for her. Her diet and exercise routine now are motivated more from the perspective of staying healthy and strong for old age rather than from trying to fit into society's ideal body image.