

**OLDER WOMEN AND PHYSICAL ACTIVITY: PERCEPTIONS OF CHANGING  
BODY FUNCTION, HEALTH, AND APPEARANCE**

by

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## **Abstract**

Women's body image may be influenced by the changes to body functioning, health, and appearance they face as they age. Body image has been associated with physical activity engagement, life satisfaction, and eating behaviours. To advance understanding of older women's body image, three studies were conducted using interviews with physically active women aged 65 to 94, adopting interpretive and narrative constructionist approaches. Study one explored how women perceived, experienced, and coped with their aging bodies, and examined their perceptions of the utility of self-compassion for the management of aging body-related changes. Participants were accepting yet critical of the physical changes accompanying aging. They engaged in activity and healthy eating to maintain their body's functioning and health, and used exercise, diet, and aesthetic strategies to maintain their appearances. Self-compassion for the aging body was viewed as idealistic and contextual. Study two explored the emotions in women's aging body and physical activity stories. The cultural narrative of decline associating later life with deteriorating health and dependence influenced the women's experiences in the physical domain. The participants were anxious about body decline. Body-related shame and guilt permeated their stories; they were frustrated with body changes and with their inability to engage in certain activities. The women concurrently told stories of body and physical activity-related pride to reassure themselves and others that they were taking responsibility for their health. Study three explored the stories of aging recounted by a 75-year-old woman, which were permeated by narratives of acceptance and resistance. Annabelle accepted yet attempted to slow body decline while facing breast cancer, widowhood, retirement, and ageism. These experiences elicited body shame, sadness, self-pity, anger, anxiety, and pride, and were coped with using cognitive reframing, community engagement, appearance management strategies, and end of life

preparations. Overall, these dissertation findings contribute to our understanding of the multidimensionality of body image by drawing attention to the cognitions, emotions, and behaviours involved in how older women perceive and cope with changes to body functioning, health, and appearance. The findings also highlight the role of cultural age and body norms in shaping later life experiences in the physical domain.

## **Lay Summary**

Physically active women aged 65 to 94 were interviewed to gain an understanding of how they felt about aging-related changes to their body's functioning, health, and appearances. The findings revealed that participants were accepting yet critical of their aging bodies. They engaged in physical activity and healthy eating to maintain their body's functionality and health, and also used exercise, diet, makeup, anti-aging creams, hair dyeing and styling, and strategic clothing choices to maintain their appearances. The importance placed on later life health maintenance in Western culture influenced how the women felt about their bodies. Women reported experiencing emotions of anxiety/fear and body-related shame and guilt in relation to physical decline; however, body-related pride and pleasure were also felt during physical activity. The findings highlight how body-related thoughts, emotions, and behaviours and the culture in which individuals live may influence how they feel about their aging bodies.

## Preface

This research was approved by the University of British Columbia's Behavioural Research Ethics Board (H14-01023).

Study one is outlined in Chapter 2. A version of this work has been accepted for publication in *Body Image* (copyright Elsevier). Dr. Laura Hurd Clarke, Dr. Kent Kowalski, and Dr. Peter Crocker are co-authors on the manuscript. My co-authors aided in the study design, data analysis, and manuscript editing. Chapter 2 is a version of a manuscript of an article whose final and definitive form, the Version of Record, has been published in *Body Image* (date of publication online: March 19, 2017; copyright Elsevier), available online at: [<http://dx.doi.org/10.1016/j.bodyim.2017.03.002>]. The citation is as follows: [Bennett, E.V., Hurd Clarke, L., Kowalski, K.C., & Crocker, P.R.E. (2017). "I'll do anything to maintain my health": How women aged 65 to 94 perceive, experience, and cope with their aging bodies. *Body Image*, 21, 71-80.]. Print form will also be available from the journal.

Study two is outlined in Chapter 3. A version of this work will be submitted for publication. Dr. Laura Hurd Clarke, Dr. Kent Kowalski, and Dr. Peter Crocker are co-authors on the manuscript. My co-authors aided in the study design and manuscript preparation. I was responsible for developing the research questions, participant recruitment, data collection, analysis, and manuscript preparation.

Study three is outlined in Chapter 4. A version of this work will be submitted for publication. I am the sole author of this manuscript. Dr. Laura Hurd Clarke, Dr. Kent Kowalski, and Dr. Peter Crocker provided comments on study design, data interpretation, and manuscript preparation. I was responsible for the study design, participant recruitment, data collection and analysis, and manuscript preparation.

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## Chapter 1: General Introduction

### 1.1 Introduction

*I've just slowed down tremendously...you cope with what you're given, unfortunately. You have to be practical about it...When I first came [to retirement living facility] I could do so much more than I can do now physically...now all of a sudden, the last sort of six months, I'm limited to going out, cause I can't really get out without getting a taxi or, and then when I get to where I'm going I have to have my walker, and to me it's just a great big nuisance. Honestly, it makes me mad!...Everything I do you know takes me twice as long as it ever did. (Sarah, 94 years-old)*

*The problem with age, god damn it, it gets your skin. Your skin will crinkle and all of a sudden you're showing lines that suddenly you need a facelift! Your skin, ah shit, sags! I wear long sleeves most of the time that covers the wrinkles and I use a top line of creams. They're so expensive but you have to start so that your skin does not age beyond a certain point. I also get my hair reshaped and I just get compliments all over the place...I've been dancing and I've lost 20 pounds and I've got another five pounds in mind for look, style, for shape. (Phyllis, 78 years-old)*

As described by Sarah and Phyllis in the excerpts above, as we age, our bodies change.

Whether it is the loss of mobility, chronic health issues, and/or the onset of wrinkles, sagging skin, grey hair, or weight gain, the physical changes accompanying aging can be challenging to navigate (Grogan, 2016; Hurd Clarke & Bennett, 2012a; Korotchenko & Hurd Clarke, 2016).

For older women in the Western world, their perceptions and experiences of the age-related changes to the body's functionality, health, and appearance are further complicated by the influence of cultural feminine body ideals emphasizing youthfulness, physical fitness, and health (Grogan, 2016; Hurd Clarke, 2010). Researchers have therefore turned their attention to the study of older women's body image, a multidimensional construct that reflects an individual's body-related perceptions, cognitions, affect/emotions, and behaviours (Cash, 2004). The findings from the extant research have revealed that some older women engage in physical activity and healthy eating to maintain their body's functioning and health (Bailey, Cline, & Gammage, 2016; Hofmeier et al., 2016; Hudson, Day, & Oliver, 2015; McGannon, Busanich, Witcher, & Schinke, 2014; Piran, 2016). They also use physical activity, dieting, and appearance

management strategies to maintain their femininity and youthful appearances (Bailey et al., 2016; Hurd Clarke, 2010; Lietchy, 2012; Ward & Holland, 2011). Other older women have reported coping with the physical changes accompanying aging by lowering their body-related expectations in later life (Piran, 2016; Webster & Tiggemann, 2003). While aging body-related attitudes and behaviours have been studied, an in-depth exploration of the interrelated cognitions, emotions, and behaviours involved in how older women perceive and cope with the changes to their body functioning, health, and physical appearance has remained relatively absent from the psychological literature on aging. Research is therefore needed to advance understanding of the multidimensional nature of older women's body image.

## **1.2 General Overview of Purpose and Objectives**

Aiming to advance understanding of older women's body image, the purpose of this program of research was to explore the cognitions, emotions, and behaviours involved in how older women perceive and cope with the aging-related changes to their body's functionality, health, and appearance. Drawing on data from two in-depth semi-structured interviews with 21 physically active women aged 65 to 94, three studies were conducted to achieve this aim. Adopting a constructionist qualitative approach and analyzing the data using thematic analysis (Clarke & Braun, 2016), the purpose of study one was to explore how physically active older women perceive, experience, and cope with the physical changes accompanying aging. A secondary purpose of this study was to examine the women's experiences with self-compassion, "an emotionally positive self-attitude that should protect against the negative consequences of self-judgement, isolation, and rumination (such as depression)" (Neff, 2003, p. 85), and their perceptions of its utility as a resource in the face of aging body-related changes. The findings from this study furthered understanding of the complexities of women's body perceptions and



experiences, and extended the limited existing research on older women's body image and self-compassion.

The purpose of study two was to explore the emotions in older women's aging body and physical activity-related stories. Adopting a narrative constructionist approach and analyzing the data using thematic narrative analysis (Riessman, 2008), the objectives were to examine the emotions permeating older women's aging body and physical activity-related stories, the functions of these emotions, and to explore how cultural age and body norms emphasizing youthfulness and health influenced the participants' emotions in the physical domain. The findings from this study illuminated the role that the physical changes accompanying aging and the complex emotional experiences they elicited shaped the women's physical activity engagement.

Moving beyond the themes across the women's accounts in studies one and two, the purpose of study three was to further analyze the stories of aging recounted by one of these participants, a 75-year-old woman named Annabelle. Adopting a narrative constructionist approach and through thematic, structural, and performative narrative analyses (Riessman, 2008) of data from interviews and field notes from encounters with Annabelle, I explored the ways in which the stressful life transactions she had experienced such as breast cancer, the loss of her husband, retirement, and ageism, and the emotions they elicited coupled with the social and cultural context in which she was embedded, influenced how she coped with her aging body. The findings from this study highlighted the importance of considering women's stories as well as the contexts in which individuals are embedded when studying later life body perceptions and experiences.

Collectively, the findings from this program of research advance understanding of older women's body image by: (a) considering the interrelated cognitions, emotions, and behaviours involved in how older women perceive and cope with changes to their physical appearances, body functionality, and health; (b) extending the limited existing research concerning body image and self-compassion in later life; (c) highlighting the role that emotions can play in shaping later life aging body and physical activity perceptions and experiences; (d) drawing attention to the importance of considering women's stories, and the social and cultural contexts in which women are embedded when studying later life cognitions, emotions, and behaviours; and (e) potentially informing future interventions aimed at enhancing later life health and well-being.

### **1.3 Literature Review**

The exploration of older physically active women's aging body-related perceptions, cognitions, emotions, and behaviours was informed by the theoretical literature and empirical research on: (a) aging, women, and body image; (b) coping, aging, and the body; and (c) older women, the body, and physical activity.

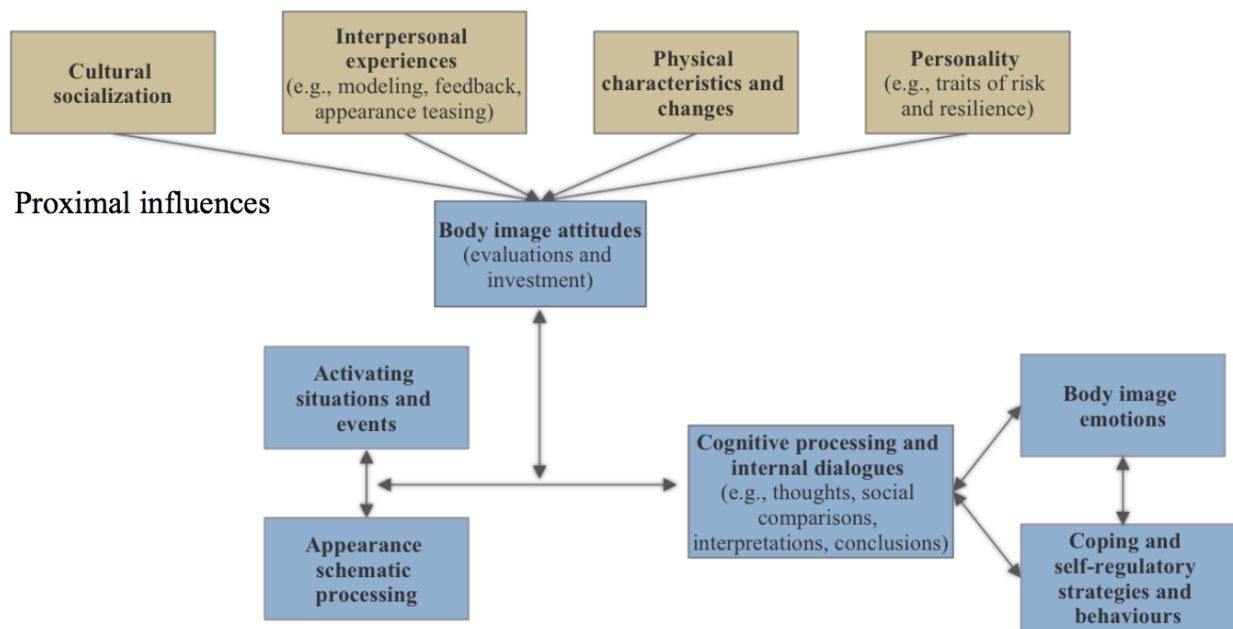
#### **1.3.1 Aging, women, and body image.**

Inquiries into older women's body image have been informed by (a) the cognitive behavioural framework of body image; and (b) sociocultural perspectives on body image. The two models described below focus primarily on physical appearance. However, some researchers have also included individual's perceptions, cognitions, emotions, and behaviours related to body functioning within their conceptualizations of body image (e.g., Cash & Pruzinsky, 2002; Tylka & Wood-Barcalow, 2015). The inclusion of body functionality in the body image literature is therefore discussed following the description of both models.

**1.3.1.1 Cognitive behavioural framework of body image.** The cognitive behavioural approach to body image (Cash, 2011) emphasizes the role of social learning and the cognitive processes involved in individual's negotiation of body-related emotions and behaviours. This approach focuses on body image attitudes, which are made up of two major components: (a) body image evaluation – how individuals evaluate their bodies; and (b) body image investment – the cognitive, behavioural, and emotional processes involved in body-related evaluations. Body image evaluation and investment are influenced by historical and developmental influences, including cultural socialization, interpersonal experiences (e.g., appearance teasing, feedback, modelling), physical characteristics and change, as well as personality (e.g., traits of risk and/or resilience). These historical and developmental influences effect body image attitudes, which are concurrently shaped by proximal influences such as activating situations and events, appearance schematic processing, cognitive processing and internal dialogues (e.g., thoughts, social comparisons, interpretations, conclusions), body image emotions, and coping and self-regulatory strategies and behaviours (see Figure 1.1; Cash, 2011, p. 41).

**Figure 1.1**

Historical influences



*Figure 1.1* Body image: Dimensions, determinants, and processes (Cash, 2011).

*1.3.1.1.1 Historical and developmental influences.* Historical and developmental influences refer to how individuals are socialized regarding the meaning of physical appearance, as well as how their past experiences influence their body perceptions and investment. These past experiences are continuously influenced by cognitive, social, emotional, and physical development throughout the lifespan (Cash, 2011). Historical and developmental influences include cultural socialization, interpersonal experiences, physical characteristics and physical changes, and personality factors.

*1.3.1.1.2 Cultural socialization.* Cultural socialization refers to socially (de)valued norms in relation to physical appearance. Cultural socialization in the Western world forms gender-based expectations of femininity and masculinity. The media perpetuates these ideologies, further shaping how individuals experience and internalize these social norms. For women, feminine body ideals emphasize thin yet curvy and toned, physically fit, healthy and youthful appearances. Women therefore often engage in body-altering practices such as dieting, exercising, the use of beauty and fashion products, non-cosmetic procedures as well as cosmetic surgery to attain the feminine cultural ideal (Cash, 2011).

*1.3.1.1.3 Interpersonal experiences.* Meanings attributed to the body are also formed through interactions with others (interpersonal experiences) who express, through verbal and non-verbal communication, their expectations and opinions regarding physical appearance. Family members, friends, peers, and strangers are therefore powerful actors in influencing an individual's perceptions, attitudes, and behaviours related to the body (Cash, 2011).

*1.3.1.1.4 Physical characteristics and physical changes.* One's perceptions and experiences of their bodies are also shaped by their physical characteristics (e.g., body size and shape, appearance-altering conditions), and how these change over time. Physical characteristics

and abilities change over the lifespan and the body is therefore a “moving target” and “entails an ongoing process of adaptation to physical changes” (Cash, 2011, p. 42). At the same time, the evaluations one makes towards their body will stem from how they appraise their bodies in relation to societal standards. Whether one’s physical characteristics are similar or dissimilar to societal norms and expectations will also influence how individuals are perceived and treated by others.

*1.3.1.1.5 Personality factors.* An individual’s personality traits can also influence their body-related attitudes. Some personality traits may act as risk factors and lead to body image problems, whereas other personality traits may foster resilience and promote positive body attitudes. For example, perfectionism and public self-consciousness may perpetuate one’s monitoring of their body and how they process information related to physical appearance. Individuals who feel unworthy and continually seek acceptance may also be predisposed to negative body image attitudes (Cash, 2011).

*1.3.1.1.6 Body image attitudes.* The historical and developmental factors outlined above influence body image attitudes. Body image attitudes operate as “central organizing constructs” (Cash, 2011, p. 43) for the cognitive, emotional, and behavioural processes taking place in relation to the body. The two main components of body image attitudes are body image evaluation and investment. Body related evaluations depend on whether one’s perceptions of their physical characteristics are in line (or not) with internalized societal ideals of appearance (Cash & Szymanski, 1995). Body image investment is informed by self-schemas, the “cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in an individual’s social experience” (Markus, 1977, p. 64, as cited in Cash, 2011, p. 43). Attitudes, assumptions, beliefs, and rules make up

one's self-schema and direct the salience of thoughts, emotions, and behaviours within certain contexts related to the self. As a part of their overall self-schema, individuals have body specific schemas, which reflect "the centrality of appearance to [their] sense of self" (Cash, 2011, p. 43). According to Cash, Melnyk, and Hrabosky (2004), there are two forms of body self-schemas, including (a) self-evaluation salience – how the importance placed on one's appearance influences self-worth; and (b) motivational salience - the importance one places on having or maintaining attractiveness. Self-evaluation salience is thought to be more dysfunctional than motivational salience, because motivational salience can foster positive body image in instances where it leads to body pride.

*1.3.1.1.7 Proximal events and processes.* Proximal influences (or current life events) also play a part in effecting how individuals process body-related information, experience body-related emotions, and how they cope with and self-regulate in relation to their bodies (Cash, 2011). Proximal events and processes include activating events and cognitive processing, as well as adjustive and self-regulatory processes.

*1.3.1.1.8 Activating events and cognitive processing.* Specific events or cues (e.g., body exposure, changes in appearance, clothing, exercise, mirror exposure, mood, social feedback, social scrutiny, being weighed or weighing oneself) activate the processing of information related to self-schemas, which trigger body-related self-evaluations. Individuals who are appearance-schematic place more importance on information pertinent to appearance. As a result, they engage in an internal dialogue (private body talk), which is layered with assumptions, emotions, interpretations, and thoughts about their appearance. This private body talk becomes habitual and problematic for individuals with negative body image self-schemas (Cash, 2011).

*1.3.1.1.9 Adjustive and self-regulatory processes.* To manage the thoughts associated with body image self-schemas, individuals engage in certain types of behaviours. Adjustive reactions aim to conceal body-related thoughts and emotions as they allow the individual to escape (temporarily) or regulate discomfort in relation to their body (e.g., appearance checking, appearance-correcting, compensation, and social reassurance seeking) (Cash, 2011). Cash, Santos, and Williams (2005) identified three strategies employed by individuals to manage body-related experiences; namely, (a) experiential avoidance, or avoiding situations, thoughts, or feelings that are perceived to be threatening; (b) appearance fixing, or behaviours enacted in an effort to correct appearance related flaws; and (c) positive rational acceptance, or behaviours such as self-care or rational self-talk, which focus on accepting one's body. Positive rational acceptance has been thought to be more adaptive than avoidance and appearance fixing, which lead to more negative body image attitudes (e.g., negative evaluations and extreme investment) and poorer psychosocial functioning (e.g., more disordered eating and low self-esteem) (Hrabosky et al., 2009; Rudiger, Cash, Roehrig, & Thompson, 2007). Some body self-regulatory behaviours, however, may be helpful. Appearance self-management (e.g., clothing, cosmetics, hairstyling, and jewelry) has been shown to be adaptive in some circumstances (e.g., when employed as every day grooming behaviours) as they can lead to positive emotions and cognitions (Hrabosky et al., 2009; Rudiger et al., 2007).

Collectively, the cognitive behavioural processes outlined above are experienced through triadic reciprocal causation (see Bandura, 1989, social cognitive theory), which means that “there exists a reciprocally interactive causal loop among external and environmental events, intrapersonal (cognitive and affective events), and the individual's own behaviours” (Cash, 2011, p. 40).



**1.3.1.2 Sociocultural perspectives on body image.** Research has suggested that most women and girls are unhappy with their bodies, primarily with their weight, thereby coining the dissatisfaction with one's appearance as a 'normative discontent' (LaFrance, Zivian, & Myers, 2000; Rodin, Silberstein, & Striegel-Moore, 1984; Tiggemann, 2011). This dissatisfaction has been partly attributed to the internalization of Western culture's feminine beauty ideals emphasizing youthful, healthy, thin yet toned and curvy appearances (Bordo, 2003; Grogan, 2016; Tiggemann, 2011). These cultural messages have been transmitted to individuals through parents and peers, and have been reinforced by the media as well as through the mass marketing of appearance-related products including clothing, grooming, hair dye, dieting, and cosmetic and non-cosmetic procedures (Bordo, 2003; Grogan, 2016; Tiggemann, 2011). Some researchers have thus studied body image from sociocultural perspectives to consider how societal norms and feminine beauty ideals influence body perceptions and experiences (Tiggemann, 2011). Some of this research has been informed by objectification theory (Fredrickson & Roberts, 1997), which posits that contextual experiences as well as gender socialization influence women's internalization of body related social norms, leading individuals to derive their physical sense of selves from other's evaluations of their bodies. These physical self-perceptions can increase feelings of body-related shame and anxiety, putting women at risk for depression, eating disorders, and sexual dysfunction (Fredrickson & Roberts, 1997). Self-objectification has also impacted motivational states and may therefore negatively influence personal engagement in physical activity (Calogero, Tantleff-Dunn, & Thompson, 2011; McKinley, 2011).

Psychologists adopting a sociocultural perspective have typically focused on the body image of young, white, middle-upper class, privileged women (see Tiggemann, 2011). Bordo (2003) argues that in the 1990s, body image problems and eating disorders were reserved for

privileged white girls and young women. The assumption was that the typical patient who needed therapy for body image issues was young, white, and middle-upper class, failing to consider the internalization of cultural norms and their influence on the body image of individuals of diverse social positions (Bordo, 2003). Addressing this gap, some researchers have argued that body image is also shaped by age, sexual orientation, social class, cultural background, and health status (Bordo, 2003; Hurd Clarke, 2010; McLaren & Kuh, 2004; Peplau et al., 2009; Schuler et al., 2008; Slevin, 2006, 2010). In particular, older women's body image has been influenced by ageist and gendered cultural body norms suggesting that they should strive to remain thin yet physically fit, youthful looking, and healthy to retain their social currency (Hurd Clarke, 2010). These cultural norms have been emphasized through the representations of ideal feminine bodies in the media as well as through the marketing of appearance-related products such as anti-aging cosmetics, clothing, grooming, hair dye, dieting, and surgical and non-surgical cosmetic procedures (Hurd Clarke, 2010). Findings from the sociocultural research with older women have suggested that some women are dissatisfied with their weight in later life (Hurd Clarke, 2002). However, others have resisted the thin and toned body ideal and have reported preferring voluptuous and soft bodies (Hurd, 2000). In addition, some older women have placed more importance on body functioning and health than on physical appearance in later life (Baker & Gringart, 2009; Hurd, 2000; Roy & Payette, 2012). Collectively, these research findings have drawn attention to the importance of age and gendered body norms in influencing body image.

**1.3.1.3 Body functionality in body image research.** While the cognitive behavioural and sociocultural frameworks have primarily focused on body appearance, scholars adopting these perspectives have also drawn attention to the importance of considering body functioning in

body image research (Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015; Alleva, Veldhuis, & Martijn, 2016; Cash, 2004, 2008; Cash & Pruzinsky, 2002; Piran, 2016; Tiggemann, 2015; Tylka & Wood-Barcalow, 2015). Cash and Pruzinsky (2002) discussed the multidimensionality and complexity of body image, and urged researchers to move beyond the study of physical appearance to include body functionality in the conceptualization of body image. In addition, a growing body of literature has drawn attention to the role that an appreciation of the body's functioning may play in the experience of positive body image (Tylka & Wood-Barcalow, 2015).

Positive body image has been defined as the acceptance and love of one's body, and an appreciation for its functionality and unique aspects (Tylka & Wood-Barcalow, 2015). In his cognitive-behavioural intervention program, Cash (2008) drew attention to the importance of the appreciation for the body's health, fitness, and sensual experiences in experiences of positive body image. Similarly, researchers have placed importance on fostering appreciation for the body's functioning to promote positive body image, to circumvent negative body image, and to prevent eating disorders (Cash, 2008; Cook-Cotonne, 2015; Menzel & Levine, 2011; Tylka & Wood-Barcalow, 2015). At the same time, Tylka and Wood-Barcalow (2015) and Tiggemann (2015) have argued that positive body image is influenced by age and gender. Collectively, this research and theorizing highlights the importance of including body functioning within the conceptualization of body image given its potential implications for positive and negative body-related experiences. The inclusion of body functioning in the conceptualization of body image is particularly important when studying the later life body given the changes in body functioning and health that often accompany aging.

**1.3.1.4 Older women and body image: Relevant empirical research.** Findings from the cognitive behavioural and sociocultural body image research have revealed that older women's

body perceptions and experiences are influenced by age-related appearance changes such as the onset of wrinkles, sagging skin, grey hair, and weight gain (Grogan, 2016; Hurd Clarke, 2010). Behavioural strategies employed to manage the changes to older women's appearances have included dieting (Hurd, 2000; Hurd Clarke, 2002; Lietchy, 2012), strategic clothing choices (Hurd Clarke, Griffin, & Maliha, 2009; Jankowski, Diedrichs, Williamson, Christopher, & Harcourt, 2016; Twigg, 2007, 2013, 2015), hair dye, make-up, anti-wrinkle creams, and surgical and non-surgical cosmetic procedures (Hurd Clarke, 2010; Hurd Clarke & Bundon, 2009; Hurd Clarke & Griffin, 2007, 2008; Hurd Clarke & Korotchenko, 2010; Hurd Clarke, Repta, & Griffin, 2007). To manage their body's functioning and health, some older women have also engaged in physical activity and healthy eating (Bailey et al., 2016; Hofmeier et al., 2016; Hurd Clarke & Bennett, 2012b; Piran, 2016). Cognitive strategies employed in the face of aging-related body changes include cognitive reappraisal (lowering of expectations in the physical domain when experiencing aging body-related changes), body acceptance (Bailey et al., 2016; Lietchy, 2012; Piran, 2016; Webser & Tiggemann, 2003), and the shifting of concern from appearance to body functioning and health with advancing age (Hurd, 2000; Jankowski et al., 2016; Liechty & Yarnal, 2010; Reboussin et al., 2000; Webster & Tiggemann, 2003). Drawing on the cognitive behavioural and sociocultural body image research and theorizing, one of the aims of this program of research was to gain a better understanding of the interrelated cognitions, emotions, and behaviours involved in how older women perceived and coped with the changes to their body's appearance, functionality, and health.

### **1.3.2 Coping with the aging body.**

Lazarus' (1999) cognitive-motivational-relational theory of emotion may also act as a useful framework to guide research on how older women perceive and cope with aging body-

related changes. Stress, emotions, and coping are interrelated processes shaped by a person's interaction with the environment (Lazarus, 1999). The environment refers to constraints, demands, resources, proximity, uncertainty, and duration of a transaction whereas person factors are someone's motivations, skills, abilities, and beliefs about themselves and the world in which they are embedded. The cognitive component of the model refers to appraisal of what is happening in the person and environment interaction. The motivational component refers to how emotions and behaviours arise as a result of the person's goals, values, and intentions (Lazarus, 1999). For example, stress and emotion will occur when a transaction is seen as personally relevant with potential for harm or benefit to the individual (Lazarus, 1999). Another key component of the model is its relational aspect; stress and emotions arise as a result of the changing (due to time and context) dialectical relationship between the person and the environment, which involves the appraisal of threats, harms, or benefits (Lazarus & Folkman, 1984).

Central to the model is the notion of cognitive appraisal, "the process of categorizing an encounter and its various facets with respect to its significance for well-being" (Lazarus & Folkman, 1984, p. 31). Primary and secondary appraisals will influence the stress and emotions experienced by an individual (Lazarus, 1999). During primary appraisal, individuals evaluate what is at stake during a transaction, which can involve appraisals of harm/loss, threat, and/or challenge depending on the person's values, goals, beliefs, and the context of the situation. Secondary appraisal refers to the resources a person has to cope with the transaction (Lazarus, 1999); individuals consider what they might do by evaluating their options for coping, which are influenced by their available resources, perceived control, and future expectancies (Lazarus, 1999). Primary and secondary appraisals occur simultaneously; however, the label 'primary' is

given because there needs to be something at stake for stress and emotions to occur. Cognitive reappraisal may occur during the primary and secondary appraisal process. It refers to how an individual's appraisal may change based on new information they receive about the transaction (Lazarus & Folkman, 1984).

Coping has often been classified into three broad categories. Problem-focused coping is when an individual attempts to change the transaction itself (Lazarus, 1993). For example, an older woman experiencing mobility difficulties might speak to a health care professional about acquiring a mobility device. Emotion-focused coping is when an individual attempts to change how they perceive and interpret the transaction (Lazarus, 1993). For example, an older woman who feels shame about her weight-gain post menopause might tell herself that other women also have gone through this experience. In the case of emotion-focused coping, the transaction itself does not change but the relational meaning ascribed to the transaction is altered (Lazarus, 1993). Finally, avoidance coping is when individuals try to remove themselves either physically or mentally from the stressful transaction (Endler & Parker, 1994). For example, an older woman might stop going to her exercise class because she feels uncomfortable being in a setting comprised of mostly younger women who are fit and strong.

Given the changes to the body's appearance, functioning, and health with age, coping efforts in relation to aging often include the prevention or slowing of decline (Lazarus, 1999). Individuals continue to strive for goals aligning with their values, all while abandoning other goals that become increasingly elusive in the face of aging-related body changes (Lazarus, 1999). In addition, aging-related stressful transactions can be acute, intermittent, or chronic (Lazarus, 1999). An acute stressful transaction pertaining to the aging body could involve an individual making a comment to an older woman about her changing appearance (e.g., weight

gain, greying hair). An intermittent stressful aging body transaction could involve problems that come and go over time such as an arthritis flair up causing pain and reduced mobility. Finally, a chronic stressful aging body transaction could involve a persistent or often reoccurring issue such as a chronic health illness like Parkinson's disease. A coping resource that may be useful for older women as they experience aging body-related stressful transactions in later life is self-compassion.

**1.3.2.1 Self-compassion.** While changes to the body's appearance, functioning, and health have been associated with older women's body image, there is emerging evidence to suggest that self-compassion may be a useful resource to cope with the physical changes accompanying aging (Allen, Goldwasser, & Leary, 2012; Allen & Leary, 2013; Phillips & Ferguson, 2013). Self-compassion is "an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression)" (Neff, 2003, p. 85). It is derived from the definition of compassion, which involves being aware and moved by other's difficulties, sharing non-judgmental understanding of their experiences, as well as a desire to relieve their suffering. Self-compassion involves "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (p. 87). It is comprised of three components: (a) self-kindness – which involves being kind and non-judgmental towards oneself when facing challenges; (b) common humanity – which refers to perceiving one's imperfections and difficulties as part of the shared human experience; and (c) mindfulness – a balanced awareness of difficult cognitions, which means that emotional difficulties are not ignored but also not overly identified with.

Self-compassion has been associated with enhanced well-being, curiosity, emotional intelligence, learning goals, life satisfaction, optimism, personal initiative, positive affect, social connectedness, and with less anxiety, depression, disordered eating, fear of failure, perfectionism, performance goals, self-criticism, and thought-suppression (Neff, 2009). Some individuals, however, have expressed concern that having too much self-compassion in the face of difficulty could lead to self-pity, indifference, and/or apathy (Neff, 2003). Neff (2003) suggests that if compassion felt for the self is genuine, individuals will continue to work towards bettering themselves and that it is a lack of self-compassion that might lead to apathy. For example, if one is highly self-critical in the face of failure (therefore lacking self-compassion), the ego's protective mechanism will screen shortcomings from self-awareness to protect one's self-esteem (Neff, 2003). Moreover, self-pity encompasses feelings of disconnectedness, as individuals become absorbed in their problems, forgetting that others are also experiencing difficulties. This tends to amplify one's sense of personal suffering, as it becomes nearly impossible for one to distance themselves from their emotional reactions to a specific situation (Bennett-Goleman, 2001). Self-compassion on the other hand involves a connection with others and awareness that suffering is part of the common human experience. Thus, self-compassionate individuals tend to focus on feelings of interconnectedness as opposed to over-identification with suffering (Neff, Rude, & Kirkpatrick, 2007).

*1.3.2.1.1 Self-compassion and the body.* The relationship between self-compassion and body image in young women has been explored (Breines, Toole, Tu, & Chen, 2014; Przedziecki et al., 2013; Wasylkiw, MacKinnon, & MacLellan, 2012). Women higher in self-compassion have reported fewer body related concerns, less weight preoccupation, lower levels of disordered eating, less body shame, and more body appreciation than their counterparts lower in self-



compassion (Breines et al., 2014; Wasylikiw et al., 2012). In women with breast cancer, self-compassion helped them cope with the body changes they experienced resulting from cancer treatments (Przezdziecki et al., 2013). Together, these findings suggest that self-compassion may reduce the adverse effects associated with the inability to meet societal beauty norms and expectations.

A growing body of literature has examined self-compassion in sport contexts where the body is central to the activities taking place. Self-compassion has been associated with eudaimonic well-being in younger women athletes and has helped them cope with self-criticism, rumination, and concern over mistakes (Ferguson, Kowalski, Mack, & Sabiston, 2014; Mosewich, Crocker, & Kowalski, 2013; Sutherland et al., 2014). Self-compassion has also been negatively related to body monitoring, body-related shame, fear of failure and negative evaluation, and social physique anxiety in younger women athletes (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011), and has been associated with feelings of social connectedness and life satisfaction in younger male athletes who acquired a spinal cord injury from sport (Smith, 2013). Collectively, the findings from research with younger athletes suggest that self-compassion may act as a potential resource for dealing with negative events in the physical domain.

Self-compassion has also been studied amongst young women exercisers (Berry, Kowalski, Ferguson, & McHugh, 2010; Magnus, Kowalski, & McHugh, 2010). Self-compassion has been positively associated with intrinsic forms of motivation (e.g., engaging in activity for pleasure and satisfaction) and negatively related to feeling obligated to exercise, exercising as a means to compare oneself to others, and social physique anxiety (Magnus et al., 2010). The body self-compassion of women exercisers, described as a non-judgmental attitude

as well as the kindness and understanding one expresses to oneself when faced with body-related challenges, has also been explored (Berry et al., 2010). Participants' experiences of body self-compassion were reinforced by the avoidance of social comparison, body-acceptance, and body self-care, and were accentuated by the positive and non-judgmental support of others (Berry et al., 2010). Taken together, these findings reveal that self-compassion may be a good resource for promoting positive exercise related experiences and a healthy attitude towards the body because it shifts the focus away from social comparison and evaluations from the self and others, which are experiences associated with body dissatisfaction and decreased self-worth.

*1.3.2.1.2 Self-compassion and the aging body.* There is emerging evidence to suggest that self-compassion may help older adults cope with the physical changes accompanying aging (Allen et al., 2012; Allen & Leary, 2013; Homan, 2016; Phillips & Ferguson, 2013; Smith, 2015). Self-compassion has been positively associated with psychological well-being in later life (Homan, 2016; Smith, 2015). Older adults with higher self-compassion have also employed more adaptive psychological coping strategies when experiencing health concerns such as asking people to repeat themselves when experiencing hearing loss, using a walker when dealing with mobility issues, and employing mnemonic strategies when encountering memory difficulties (Allen et al., 2012). Similarly, older men and women higher in self-compassion were higher in positive affect, ego integrity, and meaning in life, as well as lower in negative affect than their counterparts lower in self-compassion (Phillips & Ferguson, 2013). Finally, self-compassionate individuals expressed more positive and less negative thoughts in relation to negative aging body-related events than those lower in self-compassion (Allen & Leary, 2013). While the research on older adult's self-compassion has yielded important findings, older women's perceptions and experiences of self-compassion for the aging body are not well understood.

Aiming to extend the research and theorizing on self-compassion in later life, one of the aims of this program of research was to qualitatively explore older women's experiences of self-compassion for the aging body, and their perceptions of its potential utility in the face of aging-related changes to their body's appearance, functionality, and health.

### **1.3.3 Older women, the body, and physical activity.**

Some scholars have turned their attention to older adults' physical activity engagement given its potential role in influencing aging body perceptions and experiences. Physical activity in later life has been associated with the maintenance and/or improvement of cardiovascular function, balance and postural stability, flexibility, psychological health, bone health, muscle mass and strength, functional anatomy, and has reduced the risk of cardiovascular disease and osteoporosis (Canadian Society for Exercise Physiology, 2011). Canadian physical activity guidelines have thus suggested that adults aged 65 and older should partake in 2.5 hours of moderate to vigorous intensity aerobic activity each week and should engage in muscle building and bone strengthening exercises twice per week (Canadian Society for Exercise Physiology, 2011). Despite these stated benefits and guidelines, physical activity engagement declines with age, and most Canadian men and women aged 65 and over do not meet daily recommended activity requirements (Statistics Canada, 2015). Researchers have thus turned their attention to the barriers and enablers to physical activity participation.

Older adults have engaged in physical activity as they perceived that it benefited their health and well-being, allowed them to manage health concerns, gave them a sense of purpose, fostered interpersonal relationships, and was enjoyable and challenging (Benjamin, Edwards, Ploeg, & Legault, 2014; Biedenweg et al., 2014; Devereux-Fitzgerald, Powell, Dewhurst, & French, 2016; Franco et al., 2015; Kosteli, Williams, & Cumming, 2016; Mullen & Whaley,

2010; Olanrewaju, Kelly, Cowan, Brayne, & Lafortune, 2016; Patel, Schofield, Kolt, & Keogh, 2014; Schmidt, Rempel, Murray, McHugh, & Vallance, 2016). Physical activity participation has also been positively associated with social support from partners, family, friends, and by other members of an exercise group, as well as with increased time during retirement and with good weather (Devereux-Fitzgerald et al., 2016; Franco et al., 2015; Kluge, 2002; Kosteli et al., 2016; Olanrewaju et al., 2016; Schmidt et al., 2016). In contrast, barriers to physical activity have included the fear of injury, history of inactivity, lack of physical activity knowledge, limited access to physical activity facilities, motivation, time, pain associated with health problems, health concerns, lack of social support, financial concerns, and self-consciousness (Ashe, Miller, Eng, & Noreau, 2009; Ball, Salmon, Giles-Corti, & Crawford, 2006; Benjamin et al., 2014; Biedenweg et al., 2014; Buman, Yasova, & Giacobbi, 2010; Cohen-Mansfield et al., 2003; Costello et al., 2011; Devereux-Fitzgerald et al., 2016; Franco et al., 2015; Emile, Chalabaev, Stephan, Corriou, d'Arripe-Longueville, 2014; Mathews et al., 2010; Patel et al., 2014; Schmidt et al., 2016; Whaley & Ebbeck, 1997).

Building on the enablers and barriers literature and aiming to provide an in-depth understanding of later life physical activity, some researchers have explored the meanings older men and women have assigned to their aging bodies in physical activity contexts. The findings from this research have revealed that older adults engage in physical activity to maintain their health, to foster interpersonal relationships, and for pleasure (Bidonde, Goodwin, & Drinkwater, 2009; Evans & Sleaf, 2012; Heuser, 2005; Kluge, Tang, Glick, LeCompte, & Willis, 2012; Phoenix & Orr, 2014; Sims-Gould, Hurd Clarke, Ashe, Naslund, & Liu-Ambrose, 2010; Whaley & Ebbeck, 2002). Societal ageism (Butler, 1969), or the systemic discrimination against individuals due to their age, has also influenced older adults' experiences with later life physical

activity (Emile et al., 2014; Hardcastle & Taylor, 2001; Kluge, 2002; O'Brien Cousins, 2000, 2003; Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003; Sarkisian, Prohaska, Wong, Hirsch, & Mangione, 2005). Western culture's emphasis on youthfulness and health has positioned later life as a time of dependence, inactivity, and loss of health (Nelson, 2002; Palmore, 1999), and these ageist stereotypes have negatively influenced older adults' physical activity related attitudes and behaviours (Emile et al., 2014; O'Brien Cousins, 2000, 2003; Sánchez Palacios, Torres, & Blanca Mena, 2009; Vertinsky, 1995; Wurm, Tomasik, & Tesch-Römer, 2010) as well as the value they have placed on activity in later life (Emile et al., 2014; Grant, 2001; Henwood, Tuckett, Edelstein, & Bartlett, 2011; Kluge, 2002; Sánchez Palacio et al., 2009; Sarkisian et al., 2005; Wurm et al., 2010).

In particular, older women have been found to be ambivalent towards physical activity engagement; they have been socialized to perceive that physical activity is too difficult and risky for women in later life, and that it will cause muscle and joint pain, fibrillation, angina, heart attack, loss of balance leading to falling, overexertion, and injury (Grant, 2001; O'Brien Cousins, 2000; Vertinsky, 1995). Appearance concerns, the fear of embarrassment, a perceived lack of physical ability, and the perceived risks associated with exercise have also rendered them self-conscious and uncomfortable to engage in physical activity (Chrisler, Rossini, & Newton, 2015; Evans & Sleaf, 2012; Lietchy & Yarnal, 2010; McGannon et al., 2014; O'Brien Cousins, 2000). In addition, changes to body functioning and health have made it difficult for some older women to remain physically active (Evans & Sleaf, 2012; Heuser, 2005; O'Brien Cousins, 2000). Other older women, however, have engaged in physical activity to slow down body decline (Hudson, Day, & Oliver, 2015; McGannon et al., 2014; Whaley & Ebbeck, 2002), to maintain their health and body's functioning (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016; Whaley &

Ebbeck, 2002), and because they have felt responsible for their own health (Hurd Clarke & Bennett, 2012b). Finally, some have reported that physical activity engagement fostered the development of positive attitudes towards the aging body and enhanced their sense of self (Henwood, Tuckett, Edelstein, & Bartlett, 2011; Kluge et al., 2012; McGannon et al., 2014; Sims-Gould et al., 2010). Collectively, the research has suggested that older women's physical activity beliefs, attitudes, and behaviours are related to their aging body perceptions and experiences.

Further highlighting the role that body perceptions and experiences may play in influencing physical activity engagement, the self-conscious emotions experienced by women exercisers have been explored (Greenleaf, 2005; Sabiston et al., 2010). Body-related shame, guilt, and pride have influenced physical activity behaviours in younger women (Greenleaf, 2005; Sabiston et al., 2010). While yielding important findings, the bulk of the self-conscious emotions and physical activity research has focused on younger women, rendering older women relatively absent from the literature. There is therefore a need to better understand older women's body-related emotions and their relationship to physical activity.

#### **1.3.4 Dissertation outline.**

Building on and addressing the gaps in the extant aging body, physical activity, and self-compassion literatures and drawing on data from two in-depth interviews with 21 physically active women aged 65 to 94, I present in the ensuing sections of this dissertation the three studies that were conducted with the aim of advancing understanding of older women's body image. In chapter two, study one is outlined with the purpose of exploring how older physically active women perceive, experience, and cope with their aging bodies, with a secondary purpose of examining the utility of self-compassion as a resource in the face of aging body-related changes.

In chapter three, I present study two with the purpose of exploring the emotions in older women's aging body and physical activity-related stories and their relationship with body perceptions and physical activity engagement in later life. In chapter four, study three is discussed with the purpose of recounting the stories of aging of a 75-year-old woman named Annabelle, with a focus on how the stressful life transactions she experienced, the emotions they elicited, and the cultural context in which she was embedded influenced how she managed her aging body. I end with chapter five where I discuss the collective findings from these studies in relation to the extant research and theorizing, highlight the implications of the findings, and suggest avenues for future research.

### **1.3.5 Approach to program of research.**

The program of research was guided by an interpretive worldview, with the goal of seeking understanding of how participants assigned meaning to and made sense of their aging bodies. The research was underpinned by ontological relativism, suggesting that the nature of reality, or 'truth', is subjective and contextual (Denzin & Lincoln, 2011). To that end, subjective and socially constructed realities were the topic of inquiry with a focus on understanding the participants' interpretations of their experiences (Creswell, 2012). The research was also underpinned by a constructionist epistemology, meaning that knowledge is constructed and subjective, and that the findings were co-created by myself and the participants (Sparkes & Smith, 2014). A qualitative methodology was employed, as I sought to understand and interpret the participants' interpretations of their aging body perceptions and experiences. This interpretive, qualitative approach allowed for an in-depth exploration of the complex psychological and social processes influencing the meanings women assigned to their aging bodies. The goal was not to achieve a single truth, but rather to "open up a more complex, in-

depth, but still thoroughly partial, understanding” of the issues being studied (Tracy, 2010, p. 844).

The research process was rigorous. An important topic of study was selected, given the association between older women’s body image and life satisfaction, societal engagement, physical activity, and eating behaviours in later life (Cash, 2011; Tiggemann, 2011). An appropriate sample, namely 21 physically active women aged 65 to 94, was selected to study the topic of inquiry. On average, four hours was spent with each participant to allow for rapport building and to provide adequate time to delve into the topic of interest. Member reflections were also invited; a summary report was made available for participants and they were asked to provide comments, critiques, and questions regarding the study findings. Rich descriptions of the phenomenon under study were offered throughout the dissertation by the way of participant quotes and researcher interpretations. Detailed information was included regarding the data collection and data analysis procedures within the three studies to ensure transparency (Tracy, 2010). I also engaged in conversations with “critical friends” (Sparkes & Smith, 2014, p. 182) at various stages throughout the research process who challenged my theoretical and methodological thinking, as well as my interpretation of the research findings. These critical friends included supervisory committee members, and researchers studying aging, self-compassion, body image, physical activity, and utilizing narrative methods. The challenges faced throughout the research process were documented and reported throughout the dissertation. Finally, the findings were presented and discussed at national and international conferences, as well as within various workshops for older adults throughout the Vancouver Lower Mainland area.



## **Chapter 2: “I’ll Do Anything to Maintain my Health”: How Women Aged 65 to 94 Perceive, Experience, and Cope with their Aging Bodies**

### **2.1 Introduction**

Population is aging rapidly in Western countries; estimates suggest that one in four people in Europe and North America will be 60 years or older by 2030 (World Health Organization, 2015). As a result, researchers have become increasingly interested in the factors that influence how older adults manage the physical changes accompanying age, such as loss of mobility (Korotchenko & Hurd Clarke, 2016), a perceived inability to meet societal body norms of health and youthfulness (Tiggemann, 2011), and chronic health concerns (Hurd Clarke & Bennett, 2012a). The study of body image, a multidimensional construct reflecting a person’s body-related perceptions, cognitions, emotions/affect, and behaviour, has been central to this inquiry as older women’s body image issues may influence life satisfaction, appearance management, physical activity behaviours, social engagement, and healthy eating (Cash, 2011; Tiggemann, 2011). Researchers have examined the influence of widespread cultural representations of ideal feminine bodies in the media, including the marketing of appearance-related products such anti-aging cosmetics, clothing, grooming, hair dye, dieting, and surgical and non-surgical cosmetic procedures (Hurd Clarke, 2010). Women have been inundated with ageist cultural messages that they should strive to remain youthful and healthy looking evidenced by toned, thin, and wrinkle-free appearances (Bordo, 2003; Bouson, 2016; Grogan, 2008; Lewis, Medvedev, & Seponski, 2011).

The physical age-related changes that prompt older women to deviate from Western feminine societal beauty standards have been shown to be negatively associated with their self-perceptions (Grogan, 2008; Hurd, 2000). Older women have reported engaging in dieting

(Lietchy, 2012) and “beauty work” (Hurd Clarke & Griffin, 2007, p. 187), such as the use of hair dye, make-up, anti-wrinkle creams, and (non)surgical cosmetic procedures to retain their femininity, physical attractiveness, and youthful appearances, to counter the negative effects of ageism, such as social invisibility. They have reported strategically choosing ‘age appropriate’ clothing (e.g., not too colorful or revealing) to project a healthy and independent self to others, and to conceal changes in body shape and size, wrinkles, and sagging skin (Jankowski, Diedrichs, Williamson, Christopher, & Harcourt, 2016). Many older women have also adopted cognitive strategies in the face of aging body-related challenges. For example, they have rejected the internalization of societal beauty norms, have used cognitive reappraisal (e.g., lowering their expectations as they move away from the youthful ideal; Piran, 2016; Webster & Tiggemann, 2003), have become increasingly accepting of their aging bodies (Bailey, Cline, & Gammage, 2016; Lietchy, 2012), and have shifted their concerns from appearance to functionality as health issues and body restrictions have come to the forefront with advancing age (Hurd, 2000; Jankowski et al., 2016).

At the same time, women have reported managing their aging bodies by engaging in health promoting behaviours such as physical activity and healthy eating (Bailey et al., 2016; Hofmeier et al., 2016; Hurd Clarke & Bennett, 2012b; Piran, 2016). Older women exercisers have reported discontent with their weight, loss of skin elasticity, and changes in body composition, yet simultaneous appreciation of their height, muscle tone, and body functionality as a result of their engagement in physical activity and the absence of major health concerns (Bailey et al., 2016). They have recounted the importance of eating well and being physically active to maintain their health (Hofmeier et al., 2016; Piran, 2016). Older women have also engaged in physical activity and healthy diet due to the belief that they are responsible for their

own health, to maintain their independence, and to continue to adhere to feminine norms of selflessness and sensitivity to the needs of others (Hurd Clarke & Bennett, 2012b).

### **2.1.1 Aging, self-compassion, and the body.**

While societal pressures to embody gender norms of femininity may negatively influence later life perceptions and experiences, self-compassion could be an effective resource to enhance psychological well-being (Zessin, Dickhäuser, & Garbade, 2015). Self-compassion is “an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression)” (Neff, 2003, p. 85). It is comprised of three components, namely, (a) self-kindness, being kind and non-judgmental towards oneself when facing challenges; (b) common humanity, perceiving one’s imperfections and difficulties as part of the shared human experience; and (c) mindfulness, a balanced awareness of cognitions in which emotional difficulties are not ignored but also not overly identified with. Self-compassion has the potential to enhance psychological health, as it focuses on self-acceptance as opposed to social comparison and self-evaluations (Neff, 2003), has been associated with healthy eating, sleep, exercise, and stress management (Dunne, Sheffield, & Chilcot, 2016; Sirois, Kitner, & Hirsch, 2015), and has been found to reduce the adverse effects associated with younger women’s perceived inability to meet societal beauty norms and expectations (Albertson, Neff, & Dill-Shackleford, 2015; Tylka, Russell, & Neal, 2015).

Findings from quantitative research measuring older adults’ self-compassion have suggested that those high in self-compassion tend to be more positive about the aging process (Allen et al., 2012; Allen & Leary, 2013; Philips & Ferguson, 2013). Self-compassion has also been positively associated with psychological well-being (Homan, 2016; Smith, 2015), health promoting behaviours, the use of adaptive coping strategies when dealing with health concerns

(Allen et al., 2012), positive affect, ego integrity, and meaning in life (Philips & Ferguson, 2013) in older adults. At the same time, research with younger populations has suggested that some may fear and resist self-compassion (Kelly, Carter, Zuroff, & Borairi, 2013; Robinson et al., 2016). Individuals low in self-compassion associated self-compassionate responses with negative attributes that involved low motivation, self-indulgence, low conscientiousness, and poor performance (Robinson et al., 2016). In addition, a subset of patients undergoing treatment for an eating disorder who were lower in self-compassion and higher in fear of self-compassion experienced more shame and eating disorder pathology over a 12-week treatment period than their counterparts higher in self-compassion and lower in fear of self-compassion (Kelly et al., 2013). However, the fear of self-compassion in the face of aging body-related difficulties remains unexplored.

To our knowledge, no qualitative research to date has focused on older adults' experiences of self-compassion. Berry, Kowalski, Ferguson, and McHugh (2010) conducted interviews with young women exercisers to explore their experiences with self-compassion in relation to their body, thereby coining the term *body self-compassion*, a non-judgmental attitude and extension of self-kindness in the face of body-related challenges. The participants' experiences of body self-compassion were buttressed by the avoidance of social comparison, body-acceptance, body self-care, and positive and non-judgmental support of others. While these findings shed light on younger women's experiences, older women's self-compassion in relation to the body remains unexplored.

### **2.1.2 The present study.**

A growing body of research has highlighted some of the negative and adaptive ways in which older women relate to their bodies. However, research is needed to further explore the

complexities associated with how women cope when faced with aging-body-related changes to their appearances, body functionality, and health. There is some evidence to suggest that self-compassion may be an effective resource to cope with the aging process and with body-related challenges in younger women, yet little is known about older women's experiences of self-compassion in relation to the body.

Building on the aging body and self-compassion literature and aiming to address these gaps in the extant research, the primary purpose of this study was to explore how women aged 65+ perceived, experienced, and coped with the physical changes that accompany aging. This included an examination of the cognitive, emotional, and behavioural strategies they employed to manage the demands associated with changes to their body's appearance, functionality, and health (Lazarus & Lazarus, 2006). A secondary purpose was to examine the women's experiences of self-compassion, and their perceptions of its utility as a resource in the face of aging body-related changes. We aimed to better understanding of the complexities of women's body perceptions and experiences, and to extend the limited existing research on older women's body image and self-compassion.

Because there is evidence to suggest that physical activity participation may influence older women's body-related experiences (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016), we chose to speak to women who engaged in moderate to vigorous physical activity as this may have influenced how they perceive, experience, and cope with their aging bodies. Drawing on data from in-depth semi-structured interviews with 21 physically active women aged 65 to 94, we addressed the following research questions: (a) how do physically active older women perceive, experience, and cope with their aging bodies?; and (b) what role might self-compassion play in shaping physically active women's perceptions and experiences of their aging bodies?

## **2.2 Method**

We adopted a constructionist qualitative approach, employing semi-structured interviews and analyzing the data through a thematic analysis (Clarke & Braun, 2016), to explore the meanings women ascribed to their bodies and how these meaning-making practices shaped their aging body-related perceptions and experiences. To highlight the importance of participant and researcher interpretation in constructionist qualitative research, we considered the research context in which the findings were constructed, and aimed to shed light on our (the researchers') interpretations of the participants' interpretations of their experiences (Holstein & Gubrium, 2008). The research was also guided and informed by the feminist literature on body image (Bordo, 2003; Grogan, 2008; Hurd, 2000; Hurd Clarke, 2010; Tiggemann, 2011). We paid particular attention to the influence of gendered social norms surrounding appearance and ageist discourses privileging youthful and healthy bodies on the women's body-related perceptions and experiences.

### **2.2.1 Participants.**

Ethics approval was obtained from the University's Behavioural Research Ethics board. Twenty-one women were purposefully sampled with the goal of studying information rich cases related to the research questions (Patton, 2002). We therefore recruited women who were 65 years or older, and who engaged in moderate to vigorous physical activity. Participants ranged in age from 65 to 94 years ( $M = 77$  years;  $SD = 7.82$ ). They were 65- to 69-years-old (four), 70- to 74 years-old (five), 75- to 79 years-old (six), 80- to 84 years-old (two), 85- to 89 years-old (two), and 90- to 94 years-old (two). Participants lived in their own homes or in retirement communities within a large urban center in Western Canada. The women identified their ethnocultural origin as Euro-Canadian (18), Chinese (one), Filipina (one), and Latina (one). The

18 women who were of Euro-Canadian heritage identified as Canadian (nine), English (four), Scottish (three), Hungarian (two), Polish (two), and Jewish (one). Fourteen were born in Canada, two in Poland, two in Hungary, and one in England. Participants were divorced (seven), widowed (seven), married (five), and single/never married (two). Twenty women identified as heterosexual and one as lesbian. Participants had a high school diploma (six), a vocational school degree (one), a university and technical school degree (one), a college/university degree (eight), and a graduate degree (six). They reported their annual income (CDN\$) to be under \$15,000 (three), between \$15,000 and \$40,000 (six), \$40,000 and \$65,000 (one), \$65,000 and \$90,000 (nine), and over \$90,000 (two). Since there is evidence to suggest that physical activity participation may play a role in the body-related experiences of older women (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016), we recruited participants who self-reported engaging in moderate to vigorous physical activity at least once per week. During initial recruitment, we asked participants how many times per week they were physically active, and at the beginning of the first interview, we asked them to describe the types of physical activities in which they participated. The women on average engaged in 60 minutes of physical activity ( $SD = 32.6$  mins) three times/per week ( $SD = 1.59$ ), including aerobics, balance exercises, dance, gardening, golf, ping pong, road biking, strength training, stretching, swimming, tai chi, yoga, and walking.

### **2.2.2 Research team.**

The research team consisted of four authors; one PhD student and three Professors who ranged in age from 31- to 60-years-old, and who identified as Caucasian. The lead author was a 31-year-old woman and PhD student in Kinesiology whose research attends to how older women perceive, experience, and cope with the physical realities of growing older. The current study was part of her doctoral dissertation, and she conducted and transcribed all interviews, and took

the lead on data analysis and writing of the manuscript. She had six years of previous involvement on qualitative research projects concerning perceptions and experiences of the aging body led by the second author. The second author was a 47-year-old woman and Professor with 18 years of experience conducting qualitative research on older men's and women's sociocultural experiences of growing older, including older women's body image and beauty work practices. The third author was a 46-year-old man and Professor with 22 years of expertise in stress and coping with a focus on women's health, including experiences of self-compassion in physical activity settings employing both quantitative and qualitative methods. The fourth author was a 60-year-old man and Professor with 30 years of expertise in stress and coping, including physical self-perceptions and self-conscious emotions in physical activity settings across the life span, employing both quantitative and qualitative methods. The research team came together to merge their interests on the body, self-compassion, and physical activity across the lifespan. All authors were involved in the development of the research design, the writing of the interview guide, the finalization of the themes presented in the results section, as well as the writing of the manuscript. Their backgrounds in the psychological and sociocultural aspects of aging, body image, and self-compassion as well as in interpretive qualitative methods shaped the posing of interview questions (see Table 2.1) and the analysis of the data.

### **2.2.3 Procedures.**

Participants were recruited through retirement living facilities, community contacts, and advertising in local seniors' organizations and community centers. The women interested in participating were invited to partake in two, face-to-face interviews that took place in locations of their choosing. Each woman was interviewed twice by the first author for a total of 42 interviews across all participants. Participants were recruited and interviewed until the first



author interpreted that no new themes related to the research questions were emerging during the interviews. Participants completed a demographic questionnaire and then partook in the first interview, which included flexible, open-ended questions informed by existing literature focusing on the themes of body perceptions, experiences, and management. During second interviews, first interview responses were revisited, and open-ended questions were posed informed by existing literature on self-compassion. At the end of the second interview, the theoretical construct of self-compassion (Neff, 2003) was formally introduced to participants; the interviewer verbally recited the definition of the construct and its three components. Participants were then asked to comment on their perceptions of the potential usefulness of self-compassion as a resource in the face of aging-body related challenges (see Table 2.1). The definition of the construct of self-compassion was introduced to participants at the end of the second interview because we were interested in whether or not participants' responses to questions surrounding the components of self-compassion (self-kindness, common humanity, and mindfulness) might differ from and/or be similar to the academic definition of the concept.

Nine participants were interviewed in their homes, 11 in coffee shops, and one in an office on the university campus. First time interviews ranged in length from 1.25 to 3 hrs ( $M = 98$  min.;  $SD = 27.67$  min.) and second time interviews from 52 min. to 3 hrs ( $M = 90$  min.;  $SD = 36.43$  min.). Interviews were recorded digitally, and transcribed verbatim by the first author, yielding 976 single-spaced pages of transcript. Multiple interviews enabled the building of rapport, permitted participants to reconsider and explain previous responses, and allowed for the examination of additional contextual factors that assisted in better understanding their perceptions and experiences (Hurd Clarke, 2003). Field notes were written following the completion of each interview and were utilized to complement the interview data with

supplemental information about the context and setting of the meeting and the first authors' impressions of the interview process.

#### **2.2.4 Data analysis.**

Guidelines for thematic analysis in psychology (Clarke & Braun, 2016) were followed to analyze the interview data. In line with our study's primary purpose, we focused on identifying and analyzing patterns within the women's accounts related to how they perceive, experience, and cope with their aging bodies. In line with our secondary purpose, we further identified patterns within the participants' accounts with regards to their experiences and perceptions of self-compassion. The first author began by immersing herself in the data through verbatim transcription of the audio recordings and reflexive note taking. The entire data set was then coded systematically using NVivo 11 software to identify 149 initial codes. The codes were then sorted and amalgamated to generate eight broader themes. During this phase, mind-maps and tables were utilized to provide visual representations of the sorting process to consider the connections between themes. Themes were refined and defined during the writing process, and sorted under the three final organizational classifications of negotiating aging body changes, body-related social comparisons, and self-compassion for the aging body.

The first author began by coding five transcripts. She then met with the fourth author to discuss the initial coding, at which time codes were added based on discussions about the data and extant literature. The first author recoded the first five transcripts to include the added codes, and then proceeded to code the 37 remaining transcripts. Throughout the coding process, the first author moved back and forth from the extant literature, the interview transcripts, and discussions with the second, third, and fourth authors, recoding the data to include additional codes when new patterns were identified in the data. Once the data were coded, the first author

met with the fourth author to discuss the amalgamation of codes into broader themes.

Throughout the writing of the manuscript, the third and fourth authors acted as “critical friends” (Sparkes & Smith, 2014, p. 182) by offering direction and challenging viewpoints on data interpretation. When this occurred, the first author moved back and forth from the manuscript, the coded data, the interview transcripts, and the extant literature, recoding the data to include additional codes. Discussions, data interpretation, and recoding occurred until all authors reached 100% agreement about the meanings of the themes presented in the manuscript.

## **2.3 Results**

In the ensuing sections, we focus on three categories, highlighting how the women perceive, experience, and cope with their aging bodies, and draw attention to their experiences with, and perceptions of self-compassion. Pseudonyms are used to protect participant anonymity. Some overlap between themes occurs because participants discussed perceptions, experiences, and management of body functionality, health, and appearance concurrently given the connections between these body-related experiences. To shed light on the reasons for these overlaps, we make note of the connections between themes throughout this section.

### **2.3.1 Negotiating aging body changes.**

Here we begin by discussing the participants’ body acceptance, which included their appreciation of their body’s functionality coupled with the awareness of their physical limitations. We then recount participants’ concomitant experiences with body-related self-criticism. We end by highlighting how the women negotiated their experiences of body acceptance and body self-criticism by shifting their focus from appearance to health and through the use of appearance management strategies.

**2.3.1.1 Body acceptance.** All 21 participants were appreciative of their body's functionality, which afforded them the ability to engage in their preferred social and physical activities, yet discussed the importance of acknowledging their body-related limitations resulting from changes to their health and appearance. Appreciation of the body's functionality coupled with awareness of their physical challenges without overly identifying with them was deemed an important part of body-related acceptance. For example, Kim (67 years-old) recounted that despite being frustrated with her changing appearance, she was content with and grateful for her body's functionality:

Once in a while we get a little bit of a pot [pot belly] and we're not happy about that but that's all self-inflicted. I'm critical to some degree but not to the point of destroying myself over it. You have to accept it. You can do all the crying you want in the corner by yourself. I've done that. You get very emotional over it. But you have to put it back...My body's not bad. It works well for me...I'm content with my body. I can still run, I can garden, I can work in the yard. I've been fortunate enough not to have any illnesses.

Adriana (71 years-old) who practiced Buddhism, engaged in mindfulness to cope with her physical limitations:

I cannot do certain things because of my balance. It's a limitation which I have accepted. Now it's more about awareness. I'm doing yoga and walking. Yoga means you do every body movement with full mindfulness...I have also been Buddhist for 30 years...So this is grounding for whatever I do in my life - anything towards my physical functioning. I am responsible for my health, because I want to die healthy. And I can say that at 71, I don't take any medication because of my mindfulness and taking care of my health. So

I'm kind of a poster picture for how to age. I have a lot of knowledge, and I know what I'm doing. I eat organic stuff, very healthy, I don't drink, I don't smoke, I'm doing absolutely my best.

**2.3.1.2 *Body-related self-criticism.*** While all 21 women were appreciative of their body's functionality and aware of their physical limitations, 16 participants concomitantly recounted engaging in self-criticism in relation to both their body's function and appearance. For example, Gabrielle (75 years-old) who had been widowed for 20 years recounted experiences of appreciating her body's functionality coupled with loneliness due to fatigue:

I feel fortunate but it doesn't mean that I don't feel the aging process. In spite of all my exercise, I still have big swings in my days where I feel alone, very alone, and you just wish somebody would recognize that. I think they see me as lucky, I'm not lying in a bed dying or anything. But I don't have the same energy as I had before...I feel good physically and mentally, but I feel really alone. That creates anxiety. Whether it's just a combination of aging and I get tired sooner or faster...Aging is scary.

Darleen (78 years-old) had this to say about her appearance:

I used to always be tiny. Through the years, I'm just steadily putting on weight. My stomach disturbs me greatly because I don't think I'm that big until I look at a picture and I think how did that get there. I don't necessarily like the wrinkly skin. I don't like the turkey neck...I would like to lose some weight and I would like to be in better shape.

**2.3.1.3 *Shifting focus from appearance to health.*** To negotiate the concomitant acceptance of their changing bodies coupled with their experiences of body-related self-criticism, 18 women placed less emphasis on the importance of appearance and shifted their focus to health maintenance and physical functioning. For example, Brigitte (74 years-old) who used to be a

professional dancer and who had been widowed for 13 years discussed how her body-related perceptions and experiences had changed over time:

Having been a ballet dancer I've always hated my body. You always had to be fit and were always told to lose weight. So it's always been an issue with eating, always thinking I was fat. So when I look at my body that way, I never like it. But it works really well which is good. The changes have been gradual, but after 65 it's accelerated, and after 70 it's just gone right downhill!...You just can't hang on like you used to. Your skin grows, you start getting brown spots. I've always had olive skin and it was nice. And now no longer. But that's life. You've gotta laugh. And that's what I've got all of my friends for, to commiserate. You have to enjoy life! I get up every day and say hello world! Now it's all about health. Particularly as I get older. I'm just so thankful that I'm healthy. So now I'll do anything to maintain my health.

While Sandie (65 years-old) did sometimes think about her appearance, she placed her main focus on health maintenance:

Sometimes I look at magazines and think maybe I should worry about what I look like, but no. I mean I think we'd all like to look good, but the number one thing is maintaining health, because without that everything falls apart. But youthfulness is not the driving thing. It's staying healthy to live longer.

Jackie (83 years-old) disliked her sagging skin and wrinkles, yet focused on being physically active to manage her back problems with back exercises and swimming:

Look at my arms! It's not padded up and it's all wrinkled, and the wrinkles on my face. But that's age! It doesn't bother me. I did have back problems, real serious ones years

ago, so I exercise every morning half an hour, back exercises. And swimming makes it better. And I bike...I'm just happy that I can be active. It keeps me alive.

Cathy (77 years-old) spent most of her days managing her health. She was permanently on oxygen due to multiple lung infections, and used a cane and power wheelchair as a result of knee injury and debilitating arthritis, which she managed with exercise: "The doctor and physiotherapist gave me exercises to manage the pain. I've been doing those at home for eight or nine years. Now the arthritis is creeping up the spine, so I bike at home to manage the pain."

At the same time, 12 participants tried to keep a healthy diet to maintain their health or to manage existing health concerns. For example, Wendy (73 years-old) managed her high cholesterol through diet:

I've got high cholesterol so I watch my diet because I don't want to take statins. I stopped eating chicken wings. I don't eat a lot of meat. I have a piece, it's little, they say the size of your palm, and I try to eat more seafood.

Karen (67 years-old) was trying to lose weight to manage her acid reflux:

Keeping the weight off is better for me because I have reflux. I've had to go to the emergency a couple of times for esophageal spasms. They are quite painful and the symptoms present like a heart attack, and part of it is because I am overweight. So I stopped drinking coffee, I stopped drinking alcohol. And I like to cook so if I make cookies I'll leave a few out and then freeze the rest. I lost eight pounds by being more sensible.

**2.3.1.4 Appearance management strategies.** While participants focused on their health and body functionality, they also made efforts to manage their aging appearances through strategic clothing choices (16 participants), makeup (14 participants), physical activity (14

participants), dying and styling their hair (13 participants), dieting (10 participants), and anti-aging creams (five participants). For example, Phyllis (78 years-old) had this to say about managing her changing appearance:

The problem with age, god damn it, it gets your skin. Your skin will crinkle and all of a sudden you're showing lines that suddenly you need a facelift! Your skin, ah shit, sags! I wear long sleeves most of the time that covers the wrinkles and I use a top line of creams. They're so expensive but you have to start so that your skin does not age beyond a certain point. I also get my hair reshaped and I just get compliments all over the place...I've been dancing and I've lost 20 pounds and I've got another five pounds in mind for look, style, for shape.

Sabrina (85 years-old) recounted:

My legs are all going to pot in that they're getting discolored with red splotches and stuff. That's unfortunate, but my solution is to wear long pants. And your body does, the muscle tone goes, no matter how much you exercise [participant pinches her tricep]. You get flab on your arms, so you wear sleeves and you cope with it...I get my hair cut and I brush it and use a bit of hairdressing lotion and style it. And when I look in the mirror I try not to look at all my wrinkles.

Rita (94 years-old) discussed her use of makeup and hair styling to maintain her appearance:

I'm an old lady that needs help (laughs). And so I must admit I do fully make up my face every day. And it's vanity I guess. I always have, and I still do. Funnily enough I really do think lipstick does help the old face (laughs). And my hair dresser gave me a tip. She says use a lip pencil and then if you want to add lipstick on top of that you know block it. Believe me I would not wear lipstick if I were your age [interviewer was a 29 year-old



woman at the time]. And I get my hair done once a week because I can't lift my arm up high enough to wash my hair.

### **2.3.2 Body-related social comparisons.**

In this section, we discuss participants' engagement in aging body-related downward and upward social comparisons. Within both themes, we discuss the participants' experiences related to their body's appearance, functionality, and physical and mental health, and their influence on how they perceived themselves compared to other individuals their own age.

**2.3.2.1 Downward social comparisons.** To situate their feelings about their changing bodies as well as to assess their bodies' (in)adequacies, all 21 of the women compared themselves to others in relation to bodily appearance, functionality, and/or physical and mental health. Twelve participants engaged in downward social comparisons. They perceived their bodies to be on par with or better than others their age and recounted experiences of body pride. Gabrielle (75 years-old) discussed others' perceptions of her aging body:

People will say 'oh my god you're so thin, you're so active' because some of them can't walk, can't talk and I think in many ways I'm very lucky. But I'm thin because I'm active and I've always been active, ok? I'm just a go type of person. I got here because I worked at it, you know? There's people that wanna sit and read all day. They don't have the posture so they look older.

Adriana (71 years-old) had this to say:

When I see someone who announces that she's 71 and she is miserable I say oh how blessed I am that I have better health and that I have lived my life better. Or if I see someone who is sick and again is kind of miserable, I try to see how I can influence them to make some changes so that they can be in better shape. I want to be a model for

individuals. Most people don't because it takes an effort. It takes discipline and it's easier to just do whatever.

The 13 participants who were experiencing minor health-related concerns (alopecia, arthritis, Celiac disease, dizziness, high blood pressure, incontinence, migraines, and osteoarthritis) attempted to distance themselves from the aged body by expressing sympathy for others who were going through more difficult physical health challenges and by reinforcing their youthful identities. For example, Phyllis (78 years-old) discussed her friend and dance partner's incapacitating arthritis:

A year ago I was at a dance where I was watching but once in a while a song will come on and I think 'oh damn it no one's around but I've gotta move!' I was watching somebody I thought – does he ever move. Look at that! There's a song that came on and I thought 'oh god I've gotta do this.' So I was dancing single, not far from him, and we sort of looked at each other and he put two hands out and we went into a jive right away. And he's 20 years younger than me exactly! And dancing with him over this time has taken the weight off of me, plus eating less. He has danced me to death for a year. He's a great guy... He has arthritis very badly, but outgoing, fun, everybody loves him, super personality. But he hurts a lot. He has all those health issues. He dances through it but he has an ailment. He's a happy guy, except his ailments.

Darleen (78 years-old) recounted her best friend's experience with Alzheimer's disease:

My very best dear friend was in her 60s and she was very nice looking and vivacious and she did everything...it was a slow progression. She was getting screwed up left, right, and center and then they knew something was going on. She was put in a nursing home and she doesn't know any of us now and she sits in a wheelchair now...she can't speak.

Has to be fed and of course is in a diaper...It's horrid. You think of all the things that affect other people and I look at me and I think how lucky, you know? I take good care of myself.

**2.3.2.2 Upward social comparisons.** Nine women engaged in upward social comparisons, and sometimes perceived their bodies to be inadequate compared to others. For example, Isabelle (75 years-old) recounted the following after being asked if she compared herself to other women her age:

All the time but I try to stop myself. I look at other women and say how come she doesn't have all those wrinkles that I have? Or how come she's walking a little straighter? And how come I only have to eat a little thing and it becomes a big lump? But I find it funny now...the older I get, the more I find that I'm saying to myself, I don't care. It's not so important...I'm not looking for approval...I'm just whatever you see is who you get kind of thing. I don't have to work so hard to create a good impression because it's different for everybody.

Bernice (83 years-old) perceived that she was not managing her struggles with irritable bowel syndrome (IBS) as well as her friend:

My IBS is constantly an issue. This has just come up over the last year. I'm really bloated all the time and I can't eat anything. I'm not supposed to eat gluten, and I'm off dairy. But it's such a nuisance. I'm just running around looking for the toilet all the time. I don't know what to do. Some people seem to survive it better than me. I don't know why. Like [friend's name] she's 82, she never complains. She's been dealing with that all her life.

Eight of the women who had experienced severely debilitating health concerns (breast cancer, chronic obstructive pulmonary disease, hearing loss, memory loss, myopathy, and rheumatoid arthritis), commiserated and expressed empathy for others who experienced physical and mental health concerns. They tended to stress the importance and usefulness of positive responses in the face of health-related challenges given the isolation they often felt as a result of their experiences coupled with the fear of getting older. For example, Kristin (68 years-old) who experienced debilitating myopathy had this to say:

I got this Myopathy...I just ignore it because nothing I can do about it, but just try to keep exercising, keep healthy, keep breathing. But going through something like that when you have to look beautiful, you have to act beautiful and everything's right and fine. But underneath it you're carrying this huge stress...I think everybody with aging, it's like 'oh shit. I must be a senior now...They're jailing me away, they're hiding me, I've gotta give everything up and reduce to nothing so no one will pay attention to me'...with aging comes highs and lows, I do fear that because crippling can happen in an instant. You've seen people with strokes - one day they're King Kong, the next day they're crippled [sic]. I met a woman today, she has cancer and she said, 'I have never had a busier job in my life than my health.' And it's true you know? I think that's extraordinary stress. I have this little cartoon in my head trying to be empathic...walk in their shoes. Have you heard of Anthony Robbins? He nailed it when he said 'the only thing you have is your emotions'. If you get your emotions right, it's endless what you can do. It's what you associate with your feelings that matters. So I think as long as you have a brain that keeps you out of that, sinking into the mire.

Jane (72 years-old) opined:

There was a woman at the gym, probably in her mid 70s, she looked anorexic, so extreme that you couldn't help but notice it. She apparently would work out in my exercise class, then run off to other gyms in the afternoon. And she died of heart failure. She finally got treatment and was eating again but it was too late. That's so sad. So you know I know my body could be better, but I'm also happy you know? I still feel good. My goal as I'm aging is to try to keep myself as best I can. Just keep breathing. I think I'm doing ok. You know you worry about falls and stuff like that, but I'm pretty well cautious about all that.

### **2.3.3 Self-compassion for the aging body.**

Here we focus on the participants' perceptions and experiences of self-compassion in the face of aging body-related changes. We begin by discussing the women's difficulty in responding to the aging body in a self-compassionate way, and highlight their perceptions of the concept as difficult and idealistic. We then explore how participants perceived and experienced self-compassion as changing over time and context.

*2.3.3.1 Self-compassion as difficult and idealistic.* Twenty women discussed difficulties associated with being self-compassionate. Kim (67 years-old) found self-compassion to be difficult to adopt, evidenced by her experiences with perfectionism and self-criticism:

I think that it [self-compassion] is a very useful tool but how many people will want to go there? It's hard to work at something that you are not accustomed to doing. To change one's way of thinking is very difficult. Unless you tend to really believe it...I probably should have been a little more kind to myself and not work as hard, but it's a little late now. I've done a lot of stupid things in my life because of my attitude. I did a lot of physical work [gardening, house work, carpentry] that was deemed a necessity in my

mind. And that's why I'm paying with my hands today [arthritis]. And I'm continuing doing that. I've been swinging the hammer at that fence no differently than my husband. And if I had a brain in my head, I'd get the air compressor out...I think I do ok, I'm a little bit of a perfectionist.

While Kim perceived that she should try to be more self-compassionate, she remained critical of her aging body. Lydia (77 years-old) perceived that she embodied self-compassion by taking care of her body through healthy eating and exercise, connecting with others, and meditation. However, she remained critical of her appearance and attempted to control her weight. This tension in her account suggested that responding to her changing body with self-compassion may have been more difficult than she let on:

Self-compassion is a lovely concept and I think I live it. I'm not critical of myself. Why be? If my body's gonna change, what can you do? That's life. Everybody goes through it. I take care of myself. I take my vitamins...I eat properly, so I don't have any problems. I say, you have to accept it...Live the present. Carpe Diem. I think that's self-compassion...I'm also really active...If I do not exercise I'm restless and I get moody because you're supposed to take care of your body...I was 145 pounds and I couldn't lose it. I had a terrible belly, so I went on this fast metabolism diet, cut off wheat, soy, sweets, sugar. I lost 10 pounds and my blood pressure came down so now I'm so happy. I weigh myself every day. I have all my life. I'm not addicted to it and it's not gonna keep me awake all night but the scale is there so I may as well take advantage...When I'm depressed or hungry, the best thing is to get out and go for a walk, and also talk to people. The connection helps you. Isolation is the worst thing for a

person... And I do meditate sometimes. I think it's very important. You have to keep the balance.

Of these 20 participants, three expressed reluctance towards self-compassion because of its grounding in the discipline of psychology, thereby suggesting that the acceptance of the aging body would be a more realistic approach. Two of these women were unsure about the potential utility of self-compassion, and one woman perceived self-kindness, common humanity, and mindfulness to be a vain and trivial pursuit. For example, Jean (87 years-old) expressed her reluctance towards self-compassion:

I know psychology has its place in some instances, but I don't know about self-compassion. I don't know how it would affect people. It's hard to tell. Because everybody is different, therefore it would affect people differently. As you get older, your body changes, but you just have to accept it.

Rita (94 years-old) had this to say:

Self-compassion sounds like new-age bullshit. Something you young people have come up with to make yourselves feel better. I don't think it would work. I've never trusted psychologists anyway. Besides, getting older sucks, but it's life. You have to deal with it, you have to accept it.

**2.3.3.2 *Self-compassion as contextual.*** Thirteen women discussed how self-compassion was fluid rather than fixed; it changed over time and context. Ellen (75 years-old) recounted how she worked on being more self-compassionate and that this has developed over time:

So this business of self-compassion. I know about the mindfulness and that's become more and more part of my life as I've gotten older. I don't think I had that earlier. I was quite emotional and reactive...I did come to the realization that I had to temper my

emotions with this mindfulness. And I think yoga helped with that. I learned that the thoughts could come and go but you are doing this right now because to stew about things wasn't really helpful. And I was harsh on myself, you know this business of self-compassion. I didn't like to compare, it was always about me doing what I could. And I could only blame myself. My responsibility. I try to be self-compassionate. Because there's a limit to what I can do. If that bone is going to wear and tear [referring to her knee issues]...and I'm going to have another operation, that's the way it goes. I'm not going to blame anyone, not even myself for it.

These women also perceived that self-compassion could be useful for some individuals and in some contexts, but not for everyone in all contexts. For example, Paula (90 years-old) suggested that self-compassion might be helpful for individuals who were critical of themselves. That said, the tensions in her account suggested that she found it difficult to be self-compassionate given the critical nature of her aging body-related comments:

Oh it's awful – it's a terrible shock to see your body. I moved and my closets had mirrors on them and I was just horrified to see this unsightly old woman! I mean I knew I wasn't looking as good as I had 20 years before or 40 years before, but I was shocked...I tried to stand up straight after that which I still haven't accomplished...That's what I have to work on all the time...They keep saying if you're active, you'll be better longer so that's what motivates me...The worst thing about being old, your bodily functions are constantly influx. Yet I guess I'm lucky, I've gained a great deal of self-confidence over the years. I'm sure self-compassion would be helpful to some people because they really are critical of themselves. But I know I'm lucky for one thing. As somebody said many



years ago, you're lucky, you're beautiful and rich. So I decided many years ago that I was lucky and I think I look after myself.

## **2.4 Discussion**

We explored how 21 physically active women aged 65 to 94 perceive, experience, and cope with their aging bodies, with a focus on the cognitive, emotional, and behavioural strategies they employed to manage the changes to their bodily appearances, function, and health. We also examined participants' experiences with, and perceptions of self-compassion as a potential resource to manage the physical realities of growing older. The present study makes a significant contribution to the body image literature in three ways. First, the findings extend our understanding of older women's body image by highlighting the importance placed on managing the body's functionality and health in later life. Second, the findings add to the current literature by drawing attention to the importance of body-related social comparisons in shaping how older women perceive, experience, and cope with their aging bodies. Third, the findings contribute to our understanding of self-compassion by suggesting that self-compassion for the aging body may be perceived as difficult and idealistic because of the physical changes accompanying aging, which prompt women to deviate from Western feminine societal beauty standards of youthfulness and health.

In line with and extending the extant research (Bailey et al., 2016; Lietchy, 2012; Webster & Tiggemann, 2003), participants were accepting of their physical limitations, yet concurrently critical of their body's functionality and appearance. They negotiated these tensions by shifting their focus to their health (Hurd, 2000; Jankowski et al., 2016) through engagement in physical activity and healthy diet (Hofmeier, 2016; Piran, 2016), and by engaging in "beauty work" (Hurd Clarke & Griffin, 2007) to improve their appearances, or to prevent

themselves from deviating further from beauty ideals. These findings highlight that while women may manage their physical appearances to retain their youthfulness and femininity, they also place importance on cognitively and behaviourally managing the changes to their body's functionality and health through acceptance and by engaging in health-promoting behaviours.

To situate their feelings about their changing bodies as well as to assess their bodies' (in)adequacies, participants engaged in upward and downward body-related social comparisons to others their age. This adds to the current literature by suggesting that older women's self-worth may be contingent upon the perception of their body in relation to others. In addition, some of the women engaged in downward body-related comparisons to others their age to feel better about themselves, and to assert that their health and body's functionality were under control. This finding is in line with previous research (Hurd Clarke & Bennett, 2012b) suggesting that women may perceive the need to engage in physical activity and healthy diet because they are personally responsible for their own health and functioning. This finding also sheds light on the influence of ageist and gendered cultural norms on body-related experiences in later life, suggesting that women perceive that those who can retain their body's functionality and a healthy appearance in later life are superior to those who deviate from the healthy and youthful cultural ideal as a result of their declining bodies (Bouson, 2016; Hurd Clarke, 2010).

When asked about self-compassion as a potential resource to manage the physical realities of growing older, 20 women perceived self-compassion to be difficult and idealistic in the face of aging-related changes. This finding suggests that older women may not share the same body-related experiences as younger women who perceived self-compassion to reduce the adverse effects associated with the inability to meet societal beauty norms and expectations (Albertson et al., 2015; Tylka et al., 2015). This finding extends the existing self-compassion

literature by suggesting that the physical realities of growing older coupled with the inability to retain the feminine beauty ideal may render self-compassion in the face of aging-body related changes challenging and idealistic. In addition, it suggests that age may influence the perception and experience of self-compassion, and further highlights the importance of considering the social, cultural, and historical systems in which individuals are embedded when studying body self-compassion.

Participants' ages ranged from 65 to 94 years-old, spanning three generational cohorts. While the degree of physical change in women spanning 30 years may be significant, all of the women regardless of age placed importance on the body's functionality and health, while concurrently being self-critical of their appearance. In addition, they engaged in strategies to conceal their aging appearances and to maintain their body's functionality and health. To that end, the women's health status may have had a greater influence on their experiences than their chronological age, given the range of health issues they encountered, and the strategies they employed to cope with them. However, participants' ages may have influenced their perceptions of self-compassion. The three women who were reluctant about the potential utility of self-compassion were aged 94, 87, and 78. These three participants lived through the Great Depression and World War II, generational experiences which have been associated with stoicism in the face of health and illness (Moore, Grime, Campbell, & Richardson, 2012). While the sample is too small to make generalizable claims regarding chronological age differences in experiences, findings suggest potential cohort differences, thereby highlighting the importance of considering age cohorts when studying self-compassion, an important avenue for future research.

Interviewing regarding self-compassion without providing the definition of the construct until the end of the second interview allowed for a discussion of the participants' experiences

without priming them with the concept. This enabled us to juxtapose how participants experienced self-compassion in their everyday lives with their reaction to the theoretical construct. A limitation of this approach, however, was that probing with regards to self-compassion during the interviews was at times difficult without a guiding framework for the participants to consider. Furthermore, while the women were asked about their perceptions of self-compassion for the aging body at the end of the second interview, it was difficult for the researchers to decipher whether participants were discussing self-compassion, or whether they were referring to other, interrelated cognitive, emotional, and behavioural processes shaping their experiences of the self, such as acceptance and adaptation. It may also have been difficult for participants to relate to the construct of self-compassion because of the way in which the definition of self-compassion was recited to them during the second interviews. It is possible that this shaped their responses to, and ambivalence towards the construct.

While we attempted to shed light on the women's experiences with self-compassion by asking them about self-kindness, common humanity, and mindfulness without providing them with the definition of the self-compassion construct, we were cautious to make claims regarding their responses to these questions from the lens of self-compassion, given that it became difficult for us to decipher if the women were discussing one or more of the components of self-compassion, or whether once again they were referring to other inter-related constructs. For example, in the first section of the results, the participants' accounts of body appreciation and acceptance may have indicated that they experienced some self-compassion, given that body appreciation is a concept in line with the self-kindness component of self-compassion (Neff, 2003). However, the women's body-related self-criticisms may also have suggested that they at times found it difficult be self-compassionate in the face of aging-related body changes.

Furthermore, given their experiences of body-related social comparisons, participants may have had difficulty embodying self-compassion given their need to compare themselves to others, as opposed to focusing on how their experiences were part of the shared human experience.

A thematic analysis of the data allowed for an examination of the meanings participants ascribed to their aging bodies, which influenced how they perceive, experience, and cope with the physical changes accompanying aging. However, important contextual information which shaped the women's experiences, such as ethnicity, socioeconomic status, and partnership status was lost during analysis as the data were fragmented into themes thus rendering theorizing pertaining to social identities difficult. Further research is needed to explore how these social identities shape perceptions and experiences of the body in later life. Another potential limitation was the study's sample, which was relatively homogenous with regards to ethnocultural background and sexual orientation. Future research exploring the experiences of older women who identify as lesbian, bisexual, queer, and trans\*, as well as of women from diverse ethnocultural backgrounds will be instrumental in furthering understanding of the cognitive, emotional, and behavioural management of the aging body. Finally, all study participants were physically active, which may have been an important aspect influencing how they perceive, experience, and cope with their aging bodies, thereby limiting the generalizability of the findings to older women who engage in exercise. To that end, future research could focus on the perceptions and experiences of women who are sedentary in later life, as they could potentially differ from those who are physically active.

The age of the interviewer (she was 29 years-old when the interviews took place) may have influenced the women's responses. Six women utilized the researcher's body as a reference point to illustrate their deviation from the youthful cultural ideal and its influence on their body-

related cognitions, emotions, and behaviours over time. Eleven women attempted to present themselves as optimal agers and reinforced their youthful identities by discussing how they engaged in health promoting behaviours, such as physical activity and healthy eating. Four women offered guidance and wisdom to the interviewer, suggesting that women should focus on what their bodies can do instead of how they look, and that compassion for the body should start early in life, not simply to cope with the aging body. In this way, participants' body and self-compassion-related accounts were co-constructed in the research environment and experienced relative to the interviewer's positioning.

Findings have the potential to inform future body image and self-compassion interventions. For example, body image interventions aimed at older women may benefit from targeting cognitions, emotions, and behaviours related not only to bodily appearance, but also to body functionality and health (Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015; Alleva, Veldhuis, & Martijn, 2015). In addition, the participants' responses to the concept of self-compassion could suggest that individuals participating in interventions may try to distance themselves from and be resistant to the embodiment of self-compassion, given that the construct may be perceived as idealistic. Interventions may benefit from including a discussion surrounding participants' definitions of self-compassion to better understand how it may be understood and incorporated into the context of their everyday lives. Researchers and practitioners may also want to address the misconception that self-compassion is associated with low motivation, self-indulgence, low conscientiousness, and poor performance when administering self-compassion interventions (Robinson et al., 2016).

In conclusion, findings from the current study advance understanding of some of the dynamic and multidimensional psycho-social processes influencing older women's well-being,

such as age, body image, gender, and self-compassion. They contribute to the psychological literature on aging by highlighting the importance of health and body functionality in influencing the cognitive, emotional, and behavioural strategies involved in the management of the aging body. They also further understanding of the role of ageist and gendered cultural norms emphasizing youthfulness, health, and femininity in shaping older women's body-related experiences.

Table 2.1 *Interview Guide*

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Questions
Introduction
1. Can you start by telling me a little bit about yourself?
Physical Activity Participation
2. Can you tell me about the role that physical activity plays in your life? (a) What do you do for physical activity? (b) What do you consider to be physical activity? Why? (c) Why are you physically active?
Body Perceptions, Experiences, and Management
3. How would you describe an ideal female body? (a) How would you compare your own body to this ideal? (b) How important is it to you to conform to this ideal? Why? (c) What kinds of things have you done to make your body fit these ideals, if anything?
4. Can you talk to me about how you feel about your body? (a) How do you feel about how your body looks? (b) How do you feel about how your body works? (c) Have you noticed changes in your body over time? Describe. (d) How do/did these changes make you feel? (e) How much does what you look like matter to do you? (f) How much does what your body can do matter to you? (g) Which is more important to you – how your body looks or how your body works? Why?
5. Can you tell me about your health? (a) How concerned are you about your health? (b) How concerned are you about your physical health? (c) How concerned are you about your mental health? (d) How has your physical health changed over time (if at all)? (e) How has your mental health changed over time (if at all)? (f) What kind of things do you do to manage your health?
6. Do you manage your body? (a) What kinds of things do you do to maintain your body? (b) Has how you manage your body changed over time? How and why?
Self-kindness, Common Humanity, and Mindfulness
7. If you think about your experiences with your aging body:

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- (a) How critical are you of your body? Why?
  - (b) In some instances, how have you attempted to be less critical of your body?
  - (c) What do you think about the idea of being kind and understanding of yourself in terms of things you do not like about your body?
  - (d) If a friend was going through a hard time with their body, how would you react and what would you say to them?
  - (e) If you were going through the same thing, how would you react and what would you say to yourself?
  - (f) Are there differences between those two? Why?
  - (g) Do you ever compare yourself to others? How and why?
  - (h) When you look in the mirror at your body, what do you see? What do you tell yourself?
8. If you think about women's experiences of growing older:
- (a) How critical do you think other women are of their bodies? Why?
  - (b) How do you think it would help women if they were less critical of themselves? Why?
  - (c) Can you recall an instance when someone told you to be more understanding and less critical of your body? How did you respond?
9. When something is bothering you about your body, how does that make you feel?
- (a) Are you aware that you are feeling badly about yourself?

#### Self-compassion

10. Self-compassion is defined by Psychologists as a positive attitude towards oneself in the face of challenges. Self-compassion has three components; self-kindness, common humanity, and mindfulness. Self-kindness refers to being kind and non-judgmental towards oneself when facing challenges. Common humanity refers to perceiving one's imperfections and difficulties as part of being human. Mindfulness refers to being aware of one's emotional difficulties; not ignoring them but also not overly identifying with them.
- (a) What do you think of the concept of self-compassion?
  - (b) Do you think self-compassion would be helpful when encountering body changes when one gets older? Why or why not?
  - (c) What do you think might be the strengths of a self-compassionate approach towards the aging body?
  - (d) What do you think might be the challenges associated with a self-compassionate approach towards the aging body?

## **2.5 Bridging Summary #1**

The findings from study one suggested that physical activity played an important role in shaping how the women perceived, experienced, and coped with their aging bodies. The participants were physically active to maintain their body's functionality and health, and to manage their physical appearances. While physical activity contributed to the women's appreciation of their bodies, participants also engaged in body-related self-criticism as they were frustrated with some of the changes to their appearances, body functioning, and health. The concurrent experience of body-related appreciation and self-criticism suggested that emotions played a role in the management of the aging body, and influenced how and why the women chose to engage in physical activity. Building on the findings from study one, study two was designed to explore the emotions within the women's aging body and physical activity-related stories. The study was informed by narrative inquiry. Using thematic narrative analysis, the content of participants' stories pertaining to their aging bodies and physical activity and the core patterns within them were examined. In addition, the cultural context in which the women were embedded was considered. Study two was therefore conducted to highlight the importance of cultural age and body norms coupled with complex emotional experiences in influencing later life physical activity.

## **Chapter 3: From Pleasure and Pride to the Fear of Decline: Exploring the Emotions in Older Women's Physical Activity Narratives**

### **3.1 Introduction**

The global population is aging rapidly; estimates suggest that 20% of individuals worldwide will be 60 years or older by 2050 (World Health Organization, 2015). The factors influencing older men's and women's perceptions and experiences of aging have therefore become of interest to researchers, with physical activity at the center of this inquiry given its association with enhanced health and well-being in later life (World Health Organization, 2017). Older adults have reported engaging in physical activity for health and independence, pleasure, social connection, and to resist society's devaluation of older bodies (Bidonde, Goodwin, & Drinkwater, 2009; Hudson, Day, & Oliver, 2015; Kluge, Tang, Glick, LeCompte, & Willis, 2012; Phoenix & Orr, 2014). However, examination of their aging body and physical activity-related emotions has been limited. Building on the extant literature and aiming to address this research gap, the purpose of this study was to explore how the internalization of Western cultural age and body norms emphasizing health and youthfulness shaped the emotions present within the aging body and physical activity-related stories recounted by 21 women aged 65 to 94. The research questions addressed were: (a) what emotions permeate older women's aging body and physical activity-related stories?; (b) what functions do the emotions present within the women's stories perform?; and (c) what role do cultural age and body norms play in shaping older women's emotions in the physical domain? An exploration of older women's aging body and physical activity-related emotions advances our understanding of the role that the bodily changes accompanying aging may play in delimiting later life physical activity.

### **3.1.1 Women, the body, and physical activity in later life.**

Western culture's feminine body norms emphasizing thin yet toned, wrinkle-free, healthy, and youthful bodies (Grogan, 2016) have influenced older women's aging body perceptions and experiences. Many older women have reported managing their bodies using dieting, physical activity, anti-aging creams and non-surgical cosmetic procedures, strategic clothing choices, and hair dye to retain their femininity, physical attractiveness, and youthful appearances (Hurd Clarke & Griffin, 2007; Jankowski, Diedrichs, Williamson, Christopher, & Harcourt, 2016; Lietchy, 2012). Women have engaged in cognitive reframing by adjusting their expectations as they have moved away from the societal ideal (Piran, 2016; Webster & Tiggemann, 2003), have shifted their focus from appearance to health with advancing age (Hurd, 2000; Jankowski et al., 2016), and have become increasingly accepting of their bodies in later life (Bailey, Cline, & Gammage, 2016). Older women have also stressed the importance of engaging in physical activity to maintain their health and body's functioning (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016) and because they have felt responsible for their own health (Hurd Clarke & Bennett, 2012b).

Given the role that physical activity may play in the management of the aging body, the links between older women's body perceptions and physical activity behaviours have been examined (Evans & Sleaf, 2012; Lietchy & Yarnal, 2010; McGannon, Busanich, Chad, Witcher, & Schinke, 2014). Appearance concerns, the fear of embarrassment, a perceived lack of physical ability, and the perceived risks associated with exercise have rendered some older women self-conscious and uncomfortable to engage in physical activity (Chrisler, Rossini, & Newton, 2015; Evans & Sleaf, 2012; Lietchy & Yarnal, 2010; McGannon et al., 2014; O'Brien Cousins, 2000). In addition, changes to body functioning and health have made it difficult for some older women

to remain physically active (Evans & Sleaf, 2012; Heuser, 2005). Other older women, however, have reported that physical activity engagement fostered the development of positive attitudes towards the aging body and enhanced their sense of self (Henwood, Tuckett, Edelstein, & Bartlett, 2011; Kluge et al., 2012; McGannon et al., 2014; Sims-Gould, Hurd Clarke, Ash, Naslund, & Liu-Ambrose, 2010). Some have also utilized physical activity as a resistance tool to slow down the aging process (Hudson et al., 2015; McGannon et al., 2014; Phoenix & Smith, 2011). While the cognitive and behavioural management of the aging physically active body has been well-documented, little research has addressed the emotions elicited by and contributing to body and physical activity experiences in later life.

### **3.1.2 Emotions, physical activity, and the body.**

Psychological perspectives on emotion suggest that emotions arise as a result of the meaning one assigns to their activities (Lazarus, 1999). According to Lazarus (1999), the notion of appraisal, or how one interprets the significance of an event in relation their goals, values, and beliefs, is central to their emotional experiences. Basic emotions, including anger, anxiety, disgust, fear, happiness/joy, sadness, and surprise, are neurophysiological and evolutionary in nature (Ekman & Cordaro, 2011). Research on basic emotions and physical activity in later life has revealed that older adults derive pleasure from physical activity engagement, including the sensory experiences associated with activity such as the smell of freshly mown grass on a golf course or the touch of water on the skin while swimming (Phoenix & Orr, 2014). They have also experienced pleasure from the purpose gained from being active, the stress relief associated with activity engagement, as well as from the documentation of their activity pursuits (Phoenix & Orr, 2014). Older women have also enjoyed engaging in physical activity with others as it fostered

interpersonal connections and a sense of belonging (Bidonde et al., 2009; Chrisler & Palatino, 2016; Evans & Sleaf, 2012; Heuser, 2005; Kluge et al., 2012).

Self-conscious emotions such as shame, guilt, and pride have been thought to necessitate more complex cognitive processing, as they involve one's appraisal of the perceptions or evaluations of and by others (Tracy, Robins, & Tangney, 2007). Shame occurs when an individual perceives that they do not meet the cultural ideal (e.g., not measuring up to the youthful and healthy cultural body ideal) (Tracy & Robins, 2004). Guilt involves the regret that one has not engaged in a specific desirable behaviour (e.g., having not engaged in sufficient physical activity to enhance health) (Tracy & Robins, 2004). Finally, pride is communicated to others to showcase an individual's success, thereby enhancing their social status (Tracy & Robins, 2007). Two types of pride have been identified. Authentic pride refers to attributes made to unstable and specific causes (e.g., an individual perceives they did a good thing) and is related to self-esteem (Tracy, Cheng, Robins, & Trzesniewski, 2009), whereas hubristic pride is attributed to stable and aspects of the global self (e.g., the individual perceives they are a good person) and is related to narcissism (Tracy et al., 2009).

Research on self-conscious emotions across the lifespan has suggested that adaptive self-conscious emotions (e.g., guilt as it can motivate individuals to engage in reparative behaviours) were more likely to be experienced by older adults, whereas maladaptive self-conscious emotions (e.g., shame) were more prevalent in adolescents and younger adults (Orth, Robins, & Soto, 2010). Research addressing younger women's self-conscious emotions in the physical domain has suggested that body-related shame, guilt, and pride influence motivation for physical activity (Sabiston et al., 2010). In addition, middle-aged adults have reported experiencing higher levels of body-related shame and lower levels of body-related pride than their younger

counterparts (Pila, Brunet, Crocker, Kowalski, & Sabiston, 2016). Collectively, the research suggests that body-related self-conscious emotions influence individuals' body perceptions and physical activity behaviours, yet the bulk of the research has been on younger and middle-aged adults, rendering older women relatively absent from the extant literature.

### **3.1.3 Narrative inquiry.**

Emotions in physical activity contexts can be explored adopting a narrative approach. Narrative inquiry is underpinned by the notion that individuals tell stories to assign meaning to their everyday lives (Riessman, 2008). Narratives encompass a series of events linked together in a meaningful way, thereby providing individuals with a structure to ascribe meaning to their selfhood and identities (Riessman, 2008). Thus, narratives can be thought of as certain experiences “organized around consequential events [which are] constructed, creatively adorned, rhetorical, and replete with assumptions” (Riessman, 1993, p. 5). Personal narratives are also social in nature; they occur in the context of social interactions (Frank, 2012). Individuals recount events and structure their stories in ways that create the meaning they want others to take away from the story, thereby eliciting emotions in the teller and listener (Riessman, 2008). At the same time, stories are constructed based on the narrative resources, or “community of life stories”, present within the culture in which individuals are embedded (Riessman, 2008, p. 10). Researchers can thus analyze narratives to shed light on *what* they tell us about a person, but can also illuminate *how* the narratives are told and *why* they are told in a specific way, including the emotions they elicit, to better understand how individuals construct their identities.

In Western culture, older adults may draw on the cultural narrative of decline positioning later life as a time of dependence and loss of physical abilities and health to structure their body and physical activity-related stories (Gulette, 1997; Hudson et al., 2015; Phoenix & Smith, 2011;

Tulle, 2008). The embodiment of the narrative of decline can negatively influence older adults' attitudes towards and experiences in their aging bodies (Phoenix & Smith, 2011). However, researchers have also illuminated the importance of highlighting counter stories of aging, which challenge the narrative of decline (Phoenix & Grant, 2009; Phoenix & Smith, 2011) such as stories of later life fitness, leisure, and pleasure (Phoenix & Sparkes, 2009). The aim has been to enable older men and women to define and create meaning of their own aging process in the face of changing abilities and resources in later life (Dionigi, Horton, & Bellamy, 2011; Phoenix & Grant, 2009; Phoenix & Smith, 2011; Phoenix & Sparkes, 2009; Tulle, 2008). Guided by this theorizing and building on the extant body, physical activity, and emotions research, we examined how the women we spoke to made sense of their later life body and physical activity experiences through storytelling, drawing attention to the emotions present within and elicited by their stories. Narrative inquiry of older women's stories advances understanding of later life physical activity by exploring the emotions arising from older women's relationship with the body in the face of changes to health and to the body's functioning. This inquiry also enhances understanding of later life physical activity by examining how emotions in the physical domain are experienced and elicited within social relationships and within a particular cultural context.

## **3.2 Method**

### **3.2.1 Participants.**

Ethical approval was obtained from the University's Behavioural Research Ethics Board. Twenty-one physically active women aged 65 to 94 ( $M = 77$  years) were purposefully sampled as part of a larger study focused on how older women perceived, experienced, and coped with their aging bodies. We recruited women who were 65 years or older, and who reported participating in moderate to vigorous physical activity at least once per week. Participants were



recruited through advertisements in local seniors' organizations and community centers, and through community contacts, and retirement living facilities. Participants ranged in age from 65 to 94 years ( $M = 77$  years;  $SD = 7.82$ ). They were 65- to 69-years-old (four), 70- to 74 years-old (five), 75- to 79 years-old (six), 80- to 84 years-old (two), 85- to 89 years-old (two), and 90- to 94 years-old (two). They lived in their own homes or in retirement communities within a large Canadian urban center. The women identified their ethnocultural origin as Euro-Canadian (18), Chinese (one), Filipina (one), and Latina (one). The 18 women who were of Euro-Canadian heritage identified as Canadian (nine), English (four), Scottish (three), Hungarian (two), Polish (two), and Jewish (one). Fourteen were born in Canada, two in Poland, two in Hungary, and one in England. Participants were divorced (seven), widowed (seven), married (five), and single/never married (two). Twenty women identified as heterosexual and one as lesbian. Participants had a high school diploma (six), a vocational school degree (one), a university and technical school degree (one), a college/university degree (eight), and a graduate degree (six). They reported their annual income (CDN\$) to be under \$15,000 (three), between \$15,000 and \$40,000 (six), \$40,000 and \$65,000 (one), \$65,000 and \$90,000 (nine), and over \$90,000 (two). During initial recruitment, participants were asked how many times per week they were physically active, and at the beginning of the first interview, we asked them to describe the types of physical activities in which they engaged. The women reported participating on average in 60 minutes of activity three times per week, including aerobics, balance exercises, dance, gardening, golf, ping pong, road biking, strength training, stretching, swimming, tai chi, yoga, and walking.

### **3.2.2 Data collection.**

Interested participants were invited to partake in two, face-to-face interviews. Each woman was interviewed twice by the first author in a location of their choosing for a total of 42

interviews across all participants. As part of the initial study, participants completed a demographic questionnaire and then partook in the interviews, which included flexible, open-ended questions surrounding the themes of physical activity throughout the life course, as well as body perceptions, experiences, and management. Interview questions germane to this article included asking participants about their previous and current experiences with physical activity and if and how they had changed over time, the role that physical activity played in their lives, as well as how physical activity influenced their perceptions of and experiences in their bodies. Eleven participants were interviewed in cafés, nine in their own homes, and one in an office on the university campus. First time interviews ranged in length from 1.25 to 3 hrs ( $M = 98$  min.) and second time interviews from 52 min. to 3 hrs ( $M = 90$  min.). Interviews were digitally recorded and transcribed verbatim by the first author. Two interviews with each participant enabled the building of rapport, prompted the women to reconsider and explain previous responses, and provided an opportunity for the examination of additional contextual factors helping us to further interpret their perceptions and experiences (Hurd Clarke, 2003). Field notes including information about the context and setting of the meetings, the first authors' impressions of the interview process, and of the researchers' interpretations of the participants' perceptions and experiences were written following the interviews.

### **3.2.3 Data analysis.**

A thematic narrative analysis was performed to examine the content of the women's stories pertaining to physical activity, the core patterns present within them, as well as the context in which they took place (Riessman, 2008). The goal was to focus on *what* individuals were saying and *why*. Data analysis was executed by the first author, and co-authors acted as

“critical friends” (Sparkes & Smith, 2014, p.182) throughout the data collection and analysis, and by offering direction and challenging viewpoints during the writing up of the manuscript.

Guided by Riessman (2008), the first author began by transcribing the interview audio recordings. She then immersed herself in the data by writing down first impressions and exploratory comments regarding the participants’ stories. A story was then written for every participant, and this was followed by a thematic analysis of the 21 stories. Working from the participants’ stories, comparing and contrasting themes were identified with a focus on the meanings the women assigned to their experiences. Interactions and connections between themes were examined as well as the context in which the themes occurred, and conceptual comments were noted. The themes were then named and accounts were written regarding what each theme suggested about the women’s experiences. We were also interested in the narrative resources on which participants drew to structure their physical activity-related stories, and thus examined how the narrative of decline and cultural age and body norms emphasizing youthful and healthy bodies shaped the content of the women’s stories. For this part of the analysis, the first author immersed herself in the data by reading and re-reading participant stories and the findings of the thematic analysis. First impressions and analytical notes of the ways in which narrative resources were drawn on and influenced how participants’ stories were constructed were written. Following the analysis of the women’s stories and of the narrative resources on which they drew, themes were named and clustered into three broader narrative types represented in the results below.

### 3.3 Results

In the ensuing sections, we focus on three emotion narratives that permeated the women's stories of physical activity, including the anxiety/fear of physical and cognitive decline, the negotiation of body-related shame, guilt and pride, as well as pleasure. Pseudonyms are utilized to protect participant anonymity.

#### **3.3.1 "I'm terrified of being incapacitated": The anxiety/fear of physical and cognitive decline.**

Here we draw attention to the women's stories pertaining to their anxiety/fear of physical and cognitive decline, and to their resultant physical activity engagement to maintain health and to slow down the aging process. We then consider the women's stories pertaining to how they negotiated this anxiety/fear through the acceptance of and adaptation to the physical changes accompanying aging.

All participants told stories of engaging in physical activity to maintain their health and body's functioning. As Danielle (65 years-old) described: "I exercise so that I'll be healthier and live longer. There is an emphasis that we should be fit longer so that we stay healthy".

Similarly, Patricia (90 years-old) was physically active to manage the stiffness and intermittent loss of mobility associated with her arthritis:

I keep fit. I do seated exercises, and that's twice a week on Monday and Friday. And on Tuesday there are core and balance, so that's exercise. Oh and yoga on Saturday. You feel better after, obviously. And when I get up in the morning I do exercises, cause I'm very stiff. And well I know the exercises are good for my arthritis. So I guess I have a feeling of virtue after exercises classes (Laughs). And then if I didn't go, I would be very stiff and suffer and not be able to move.

Joanna (67 years-old) walked because it was good for her health:

I walk for health... Sometimes I even think ‘oh my god, I gotta go for a walk, I should do this for myself’. I’ll even run part way because it’ll be faster (Laughs) cause I know it’s good for me and I know I’ve gotta get my ticker moving.

Despite engaging in physical activity for body functioning and health, participants also told stories of physical activity to slow down inevitable decline and to resist the consequences associated with their move away from the healthy and youthful cultural ideal. Lise (75 years-old) engaged in physical activity to mitigate the anxiety/fear associated with potential disability and dependence: “What motivates me [to be active] is because I’m terrified of being incapacitated. Because what will I do? I don’t wanna move [from her apartment]! And I think it’s a good reason”. Claudette (75 years-old) was active to retain control over her aging body in the face of potential declining health:

I like to think I look after myself. The fitness! I don’t wanna feel lethargic and kind of like, slothful. I wanna get up and feel productive, and feel like I can have control – It’s a control thing. I’ve gotta have control. I can clean up my house if I want, or I can go out for lunch if I want, or I can go to the library if I want, or I can go to the [walking] trails at [park] with my dog... They [friends] say ‘Oh you mean you’re 75? Oh my god I can’t believe it!’ ‘Oh well’, I say, everybody tells me that, you know? Well, whether you think I’m 75 or not, I am 75 and some [health] issues for me put on enough stress. I’m in great spirits today, and great shape today, but this isn’t gonna necessarily keep going, right? Because aging is scary. You’re facing end of life issues.

Karen (78 years-old) discussed the importance of physical activity to avoid the potential consequences associated with the loss of mobility:

I get an odd stab [of pain] every now and then and I think ‘oh god’...it [my health] could drop and it could drop drastically. And there can be something that absolutely paralyzes any activity without notice. You can lose mobility, oh that scares me and it makes me get out and do something! I wanna do what I wanna do before I can’t...I walk a lot. I’m out a lot. I just exercise knowing that you should, both for heart rate and for, it’s just healthier to than not to...You’ve gotta keep moving, doing anything.

While body decline was feared, it was also positioned as an inevitable part of aging, and something that should be expected and accepted. When health concerns or changes in body functioning influenced their abilities to be physically active, participants told stories of how they adapted by engaging in cognitive reframing as well as by changing the type and intensity of their physical activity behaviours. Sara (94 years-old) described the difficulties associated with the loss of mobility, and her efforts to cope with these challenges through pragmatism coupled with physical activity engagement:

I’ve just slowed down tremendously...and you cope with what you’re given, unfortunately. You have to be practical about it...When I first came [to retirement living facility] I could do so much more than I can do now physically...now all of a sudden, the last sort of six months, I’m limited to going out, cause I can’t really get out without getting a taxi or, and then when I get to where I’m going I have to have my walker, and to me it’s just a great big nuisance. Honestly, it makes me mad! But I know I can’t rush any faster. Walking is my big problem of course. And everything I do you know takes me twice as long as it ever did. I worry about it. I don’t like where it’s going...I find it very hard to push myself sometimes. Like I know I should take a walk you know but I don’t really want to. Well I guess I do in a way, because I guess if I do the exercises, I

have a feeling that I'm better the next day, or that day even. It's important to do exercise. I do usually three sessions a week. And they are not quite an hour long each one and they're just sitting in a chair which is (Laughs), but that's alright. So I do think exercise helps.

Caitlin (83 years-old) accepted aging-related body changes and the resultant inability to engage in certain physical activities:

I accept that my body slows down a bit. And I had to quit so many things. I don't ski anymore, not even, then that graduated to cross-country skiing...I used to cycle through the winter. I don't know if I will now. That's why my falls on black ice happened.

There are [cycling] tours every year – lots of them to different places. I used to go until I turned 80. I decided that it's too much for me. And the same – that's when I stopped doing triathlons too, at the age of 80. I got kinda tired so I said 'ok that's enough'.

While the women managed inevitable physical decline through acceptance and change in physical activity behaviours, it was the anxiety/fear of cognitive decline over which they perceived having little control. For example, 20 of the participants recounted apprehension over the potential onset of dementia and/or Alzheimer's and coped by engaging in health promoting behaviours, as described by Suzanne (68 years-old):

Aging, there are a lot of things to fear. So you have to have the brain and the willingness and the gumption. And often you get tired when you're like where did the play go? Where did the fun go? I think these are all aging things and you do just start to give up. Little by little. And then what happens is dementia sets in. I'm not kidding here. It's very – I mean this is all aging. You start to be less social, and as you're less social, you're less active, less exercise, then you start to, no oxygen, brain starts to deteriorate,

you get depression, you know? I mean I do fear it. It's crippling [sic]...I've grown to just accept the way it is. I mean everything can't be perfect anymore and that's really frustrating when you're so tired...exasperating I think is the word...I've had my brain tested because I just wanna know if everything else is crumbling, do I still have a mind? Nobody knows...You know give me a few years and I don't think I'll be functional. You just try to work towards it – exercise instead...So that's age...So for me movement is very helpful. I just like run all day long and I have to keep my upper body strong.

Camilla (72 years-old) was content with her body's functioning and health, yet worried about the potential onset of Alzheimer's:

I don't think I'm gonna lose my mind now, I think it's too late (Laughs). I mean we all know we're getting older. I have this idea that I can still do it, still do everything. I still feel good. I keep thinking 'oh yeah I'll be like this in five years or ten years'. But I don't wanna get Alzheimer's.

In sum, the women experienced anxiety/fear of physical and cognitive decline, engaged in physical activity to maintain body functioning and health, to slow down body decline, and attempted to accept and adapt to the physical changes accompanying aging.

### **3.3.2 “I'm really good at it”: Negotiating physical-activity related shame, guilt, and pride.**

Here we describe how the women told stories surrounding the shame and guilt they experienced as they moved away from the youthful and healthy cultural ideal. We also draw attention to how they concurrently recounted stories of pride in their past and current physical activity efforts and accomplishments.

All participants told stories of how changes in health status and/or changes to their body's functioning made it increasingly difficult for them to engage in the physical activities in which



they used to participate. Patricia (90 years-old) described how loss of energy and mobility made it increasingly difficult for her to remain active:

I try to walk everyday. When I first came [to retirement living facility] I could still make it from there up to [street name] but, well I developed something that I had never had in my life before which was a blood pressure problem. And I really lost my energy a lot. In fact I didn't even go to exercise classes for a couple of months I guess. And so I've never really got that to go along. But I try to walk for  $\frac{3}{4}$  of an hour, or an hour. Cause there's lots of places around here where you can walk. As a matter of fact I get a fair amount of exercise walking from my apartment to the elevator cause I'm at the very end of the building (Laughs). Oh and I have a torn muscle in my leg so I limp badly because of it. So with a cane I don't limp as badly. And I use my walker when I walk the little dog because she sort of wraps around the walker and she's easier to control.

Iris (78 years-old) described how she attempted to remain physically active despite no longer being able to engage in her preferred physical activity pursuits as a result of pain stemming from a hip replacement and arthritis:

I did a lot of, I was very sports-minded as a child. I played just about everything. I played basketball, I played grass-hockey, I ran, I figure skated. Very involved in sports. And I wish I could do it now. But I can't because of well number one, age (Laughs). I've had a hip replacement and with that I have extreme arthritis in my back so I'm in constant pain. But you know you still have to do what you have to do. Like even walking the dog like just to take her around the block by the time I get home, I'm hurting. Sweeping the floor or vacuuming, I'm hurting. But you know what? I'm gonna be the winner. It's not gonna win. You know, you pace yourself. And anyway it is what it is.

And I do what I do. I fight it. 'Oh you're not gonna get the better of me'. I'm not gonna be a little old lady that sits and twiddles or knits. I've got things to do. I can't sit around.

While the participants discussed their efforts to adapt to physical changes, they also experienced shame and guilt as they perceived to not be measuring up to cultural standards of youthfulness and health, and to the personal standards they set for themselves. This was evidenced by their self-criticism in relation to physical activity, as described by Suzanne (68 years-old):

This Fitbit [fitness tracking device] - I was always in sport, I started competing against this thing. And I remember Easter Sunday I said I was tired by three o'clock, started at seven, by the time I got out there, and then I had to do something else, I had to get on my feet again and all I'm trying to do is 10 000 paces, right? That's my goal. And so by nine o'clock I hadn't set it. I just couldn't understand it. It was like I was the worst loser on earth at that point.

Lynne (74 years-old) recounted the guilt and shame she experienced when exercise classes become too difficult to attend:

I did something stupid when I was 70. My sister and I decided to go live in [city] for a year and of course I tried to find an exercise class...I just used the [exercise facility]. I tried two weeks. I took every class there was. They were way too hard. I ended a couple of them - absolutely terrible. Here I am, 70, I'm running across, and I'm competitive, right? I'm running across the room, somebody's standing at the other hand, we're running back and forth across this gym and get down and do 40 push-ups, and then there were some other variations or something and after about the third or fourth back and across the gym I went down like this and thinking I could die on this mat (Laughs). So

that was not for me...I felt out of shape, and I felt really bad. We walked a lot in [city]...but I wasn't doing anything, I would exercise in the apartment. So I came back and I'm kind of fighting my way back. But I came back at 71 obviously, and you know that's when I noticed when I came back and it was more difficult, it's like my mom always used to say 'you can only hold it together until you're 60'.

At the same time, 16 women told stories of their past and ongoing efforts and achievements in the physical domain with pride to reaffirm the importance they placed on taking responsibility for their health. Marcelle (74 years-old) started exercising to manage her osteoporosis and high cholesterol, and recounted the pride she derived from her accomplishments as a marathon runner:

Around age 64 I was diagnosed with osteoporosis. And I took some medication for that but then there was a diagnosis of high cholesterol which is also in the family...And as soon as I heard that I said 'how long do I have to take this?' For the rest of your life. And that just put me off. I thought 'no - I won't do that! What else can I do?' She [doctor] said well weight-bearing exercises. So running was the answer. And I had this little running schedule on my bed-side table for about a year, it was something at the back of my mind that I'd like to take up. So at this point I just started to self-train. I followed that program, worked up to a five-k, ran a race just to see how I'd do. Did fine. Took up to 10k. Great! No problem, love it. Trained for a half marathon, did that, and again said to myself, ok what's the next step? Well it's gotta be a marathon, right? And I trained, self-taught, self-trained, to run the marathon distance...So I ran my first marathon in [city], then I visited the girls in [city], ran one here, ran another one in [city], came back to [city], had such a great result that I placed third in my age category and qualified for

Boston! But there was a bit of a glitch, at this point I think the osteoarthritis was setting in. But I was determined and my sports doctor said, knowing you and just seeing your attitude like you're not gonna give up on this.

Claudette (75 years-old) described with pride the benefits she derived from her competence in the physical domain:

Fitness is an anti-depressant for me because you know what? I'm really good at it.

That's my strong suit. So I get a lot of positive stuff out of that, right? So I put myself in that situation cause I feel good when I've done exercise...I like to be moving, right?

That's when I'm happiest. It's when I'm having to sit confined for too long I get stressed out. Physical activity is important, you know, if somebody had said to me a few years ago, something about 75, I would have probably thought, oh it doesn't matter, I'll be dead by then and who cares. Well if I look at it now, I'm 75, that's the last thing I wanna do, is be dead! Cause I'm quite happy with what's going on for me at 75.

To further assert their pride in their efforts and accomplishments, 15 women positioned themselves as active and healthy by telling stories of how they distanced themselves from individuals whom they perceived to be fat or obese. Lynne (74 years-old) recounted her dismay with the prevalence of obesity: I'm lucky being this way, being this healthy...Health is disappearing. The obesity thing!'. Jane (77 years-old) described how she was more active and ate healthier than her friends:

I'm really active...all my friends will be sitting down for hours and talking and eating, sitting and eating, sitting and eating, and I can see they're growing like that! And I say 'no, not for me'...Sitting down. Not for me, I cannot do that. We're [her and her husband] always on the move, we are really in motion.

Caitlin (83 years-old) told a story about her sister in law whom she perceived to have a weight problem:

Changes are very gradual as I wrinkle up (laughs). I don't like it but what can you do?

There's nothing – because it just happened. I have a sister in law who is somewhat younger than me and she's three hundred pounds. And her face is smooth as can be.

And she doesn't wrinkle because she's 300 pounds, but she cannot do anything else!

Poor woman. She can't even walk anymore. So I think ok my face could be like that but

I don't want to be like that.

In sum, while participants attempted to adapt to changes in body functioning and health, they told stories of body-related shame and guilt as a result of their inability to engage in certain activities and in relation to body decline. They also, however, recounted stories of their accomplishments in the physical domain with pride to assert their efforts to take responsibility for their health.

### **3.3.3 “It helps you with life”: Physical activity for pleasure.**

Here we draw attention to the physical activity-related pleasure that permeated the women's stories. We describe how the participants derived joy and satisfaction from the social connections fostered during exercise pursuits, from engaging in mindfulness while moving, and from performing challenging activities.

Fourteen women recounted stories of the pleasure they derived from the social connections fostered through activity engagement. Jane (77 years-old) discussed her love of dancing with others, an activity she had enjoyed throughout her lifetime:

I went to Mexico and I took ballet dancing. And then when I travel like, I took lessons, dancing, Flamenco, I took ballet dancing, and I enjoy Zumba very much...I liked

dancing, so anytime there was a dance, we would be there (Laughs). In Mexico, from three years old you are dancing. The kids, and every party they're all up at night, they don't go to bed at seven o'clock. So we're all dancing. That's the way of life there. You dance all the time. And you meet your parents, your parents are dancing, your friends are dancing, your aunts, your cousins, everyone is dancing! It's part of the culture. Very much. And anywhere you go, when you to Mexico, you're going to see that, at night it's always dancing. Even for little birthday parties, you're always dancing, you roll the carpet and on you go to dance...And then when we went to the Philippines, you have to dance! And [husband] took lessons, and so he learned ballroom dancing, and now when we go on a cruise, we do dance too. So we go to, we do ballroom the two of us, we go on the boat you know and they have that. So, we won a prize!

Lucie (71 years-old) had this to say about her connection with the individuals with whom she practiced yoga:

I was going to the [yoga studio], it was a fabulous studio. And we had classes twice a week for three hours. It was a one hour discussion about the body, about chakra, about all the spiritual aspects of yoga, and then we were, you know, doing it...The whole idea is spiritually connecting with the person doing the yoga.

Thirteen of the women also told stories regarding the mindfulness they derived from their physical activity pursuits. Barbara (73 years-old) had practiced Tai-Chi for over 40 years, which helped her manage life's challenges:

On Tuesday, Wednesday, and Friday, I do Tai-Chi from about 9:30 to 12:30. I've done it for over 40 years. I've done it for longer than anything else I've done in my life. You can use the theory of Tai-Chi in your life as well. We do meditation, that's part of it. It

teaches you that Tai-Chi is the physical aspect, and meditation is the quiet aspect. And the fact that you can use it every day and that I can still learn. You know like you're not resisting, you go with the flow. It helps you with life. Like the Yin and Yang. The Yang being the action, physical part of Tai-Chi, and the Yin would be the meditating part. It makes me feel like I'm more in control. I feel that it does help me be a better person I think. So I'm not so uptight about things if I don't get it exactly right, you know, like life goes on.

Marcelle (74 years-old) described the sense of mental freedom she experienced from running:

I love running... the liberty of movement and your thoughts. To me it's therapeutic. I mean I don't think of it as a waste of time. I never used to like listening to music, nothing. It's just me and looking around and I will remember oh yeah that was the tree I passed and, on the way back, I'd say oh you know there's a flower blooming there, just getting to know the neighbourhood or your surroundings. It lets your mind work out, things come to your mind and it's problem solving, and it's like I'm really worried about such and stuff and then maybe I could do this and let it be, or it just dissolves problems that you don't really take time to deal with cause you have to address it, right? Oh gosh I'm busy I'm working but I have to think about this. And you don't really have that freedom but with running, think about it, four hours to think without anybody stopping you? You can think about anything you want, you know? Yeah so it's a combination of the mental freedom and the body moving...Like your body just runs it's almost like auto-pilot...with running, the mind is totally free to think.

Despite recounting that physical bodily changes influenced the types and intensity of activities in which they could partake, ten participants recounted stories of the satisfaction they

derived from engaging in challenging activities that required physical and mental effort to complete. Lynne (74 years-old) described the rewarding experience of taking part in challenging aerobics classes:

I go to [exercise] classes and I come home feeling really good. We start reasonably slowly which is very nice and then we pick it up and get into a bit of cardio, moving about 35 to 40 minutes. Obviously do aerobics sort of things, you stand and you bring your leg up to the back, or you bring the knee up to the sky or something like this. Well we did this all variations of it, and other things thrown in, arm movements of course. And I thought the heck of it I'm gonna count how many times I lift my leg. Just on one side it's one, two, three, four, five, or six. Fifteen hundred we did in [instructor's] class during the course of this class! I was blown away! He puts us through it, you know?...I like to get it done...enough discipline and enough energy to get it done and then it's my reward! It's like a doggy treat! It's a great feeling.

Chelsea (85 years-old) discussed the need to be pushed in an exercise class:

The first time I went into the exercise class, I thought, this is great! And then after a while I thought do we ever get to sit down on these chairs that are sitting here? (Laughs) So what I wanted at that point was to sit down more often (Laughs). And yet the fact that we didn't, got me moving along. So I wouldn't have wanted necessarily to have what I felt like having. I needed to be pushed a little bit.

In sum, the women recounted stories of the pleasure they derived from the social connection, mindfulness, and challenging nature of physical activity engagement, despite the changes to their body functioning and health.



### 3.4 Discussion

We explored the emotion narratives in older women's aging body and physical activity-related stories. Body-related anxiety/fear, shame, guilt, pride, and pleasure permeated the women's stories. The findings contribute to the physical activity in later life literature in three ways. First, they draw attention to the importance of complex emotional experiences in shaping later life physical activity engagement. Second, the findings highlight the importance of societal age and body norms in shaping older women's physical activity experiences. Finally, the findings highlight the usefulness of narrative methods to explore emotions in the physical domain.

In line with the extant research, the women engaged in physical activity to slow down body decline (Hudson et al., 2015; McGannon et al., 2014; Phoenix & Smith, 2011). This finding extends the current literature by suggesting that the emotional experience of anxiety/fear may contribute to older adults' experiences of physical activity. At the same time, the women's engagement in cognitive reappraisal and adaptation to the physical realities of growing older suggests that this anxiety/fear may be mitigated through the telling of counter stories of aging, including stories of adaptation in later life. This finding is in line with the research and theorizing suggesting that a focus on continuity of the self is beneficial in exploring older adult's physical activity experiences (Dionigi et al., 2011; Phoenix & Grant, 2009; Phoenix & Smith, 2011; Phoenix & Sparkes, 2009; Tulle, 2008). In this way, individuals are able to experience happiness and well-being in later life despite changes to their health and body functioning, as transitions and adaptations are interpreted as an essential part of the aging and physical activity experience.

Body-related shame and guilt also transcended the participants' stories. The women experienced shame as a result of not being able to meet the healthy and youthful cultural ideal, and felt guilt over the inability to meet their personal standards in the physical domain. These findings are in line with and extend the research on younger and middle-aged women suggesting that the self-conscious emotions of shame and guilt influence perceptions and experiences in the physical domain across the lifespan (Pila et al., 2016; Sabiston et al., 2010). These findings extend the current literature by showcasing the body-related shame and guilt experienced by older women as a result of their move away from the youthful and healthy cultural ideal. To negotiate their experiences of anxiety/fear, shame, and guilt, the women recounted their accomplishments in the physical domain with pride. The women's accounts may suggest that they experienced authentic pride as they perceived their engagement in physical activity to be a personal accomplishment (Tracy et al., 2009). At the same time, they may have also experienced hubristic pride as they suggested that they engaged in physical activity to take personal responsibility for their own health (Tracy et al., 2009). This was further evidenced by the participants' attempts to distance themselves from individuals whom they perceived to be fat or obese. These findings are in line with the extant research suggesting that individuals engage in physical activity to take personal responsibility for their own health (Hurd Clarke & Bennett, 2012b). This finding also extends the physical activity and aging literature by showcasing the role of pride in the negotiation of body decline.

In line with the extant research (Bidonde et al., 2009; Chrisler & Palatino, 2016; Evans & Sleaf, 2012; Heuser, 2005; Kluge et al., 2012; Phoenix & Orr, 2014), the women engaged in physical activity for pleasure as they derived joy and satisfaction from the social connections and mindfulness they gained from physical activity. This finding extends the extant research by

suggesting that the engagement in activities that are perceived to be appropriately challenging may elicit positively toned emotions related to the body and physical activity.

The findings can inform future physical activity interventions as they draw attention to the importance of considering the physical realities of growing older such as changes in body functioning and health, as well as the complex emotions they might elicit when attempting to increase older adults' physical activity levels. For example, researchers may find it useful to discuss during interventions with older adults how they might attempt to cognitively, emotionally, and behaviourally adapt to changes in health and abilities as they grow older. Researchers may also find it useful to consider body-related self-conscious emotions when attempting to boost older adults' activity levels. The potential shame and guilt associated with changes in functioning may influence older adults' self-perceptions and resultant physical activity behaviours. At the same time, the pride associated with physical activity achievements may be useful to draw on when conducting behavioural interventions.

This study also draws attention to the usefulness of narrative methods to explore emotions in physical activity settings. By focusing on older women's aging body and physical activity-related stories, researchers can illuminate the complexities of individuals' experiences, with a focus on the participants' emotions, and how they change over time and context (Smith & Sparkes, 2009; Tamminen & Bennett, 2017). For example, this study allowed for an examination of how older women constructed meaning from their body and physical activity-related experiences, and the findings drew attention to the ways in which emotions occurred in relation to a changing relationship with the body in the face of changes to body functioning and health (Tamminen & Bennett, 2017). The exploration of self-conscious emotion narratives of shame, guilt, and pride further illuminated the role of body-related emotions and their

relationship to later life physical activity. The narrative methods employed also allowed for an exploration of the sociocultural factors shaping physical activity engagement in later life, including age and body norms, and the narrative of decline. The women resisted the narrative of decline by attempting to slow aging-related body changes, but concomitantly attempted to accept and adapt to changes in body functioning and health. At the same time, they experienced shame and guilt when they perceived they did not meet the youthful and healthy cultural ideal.

The study's sample was a limitation, given its homogeneity in terms of ethnocultural background and sexual orientation. Further research is thus needed to explore how diversity and access to resources might influence physical activity-related emotions. In addition, future research should explore the aging body-related emotions present within the stories of inactive older women, as their negotiation of the aging body coupled with the cultural narrative of decline may differ from those who are physically active. Researchers may also find it useful to examine the emotion narratives of physically (in)active older men, with a focus on norms of masculinity emphasizing strength, stoicism, and independence and their potential influence on later life activity.

In conclusion, the findings further understanding of some of the psychosocial factors influencing later life physical activity experiences such as changes in body functioning and health as well as the emotions these experiences elicit and the functions they perform. They also highlight the role that the cultural narrative of decline coupled with counter stories of aging can play in shaping physical activity emotions and behaviours in later life. Finally, the findings highlight the usefulness of narrative inquiry to study emotional experiences related to the body and physical activity in later life.

### **3.5 Bridging Summary #2**

Taken together, the findings from this study coupled with the findings from study one revealed that the women were appreciative of their body's functioning and accepting of their physical limitations, yet concurrently critical of their changing bodies. One way by which the women managed these experiences was through physical activity engagement, as they were active to maintain their health and body function. Coupled with aging-related changes to their appearances, physical functioning, and health, their physical activity engagement elicited complex emotional experiences including the anxiety/fear of decline and body-related shame and guilt, yet also engendered pleasure and pride. While the findings described in both studies were based on the themes cutting across the 21 participants' experiences, one of the women interviewed, Annabelle (new pseudonym has been assigned to protect participant anonymity) stood out as she discussed during the interviews some of the stressful transactions throughout her life that shaped her perceptions and experiences of her aging body, including breast cancer, her husband's death, retirement, experiences of ageism, as well as community engagement. Through storytelling, Annabelle drew attention to the importance of accepting the physical and social changes accompanying aging, while concurrently attempting to slow decline. I was also particularly drawn to Annabelle's stories of aging given her extensive community involvement through which she worked to fight for the rights of older adults. Her acute awareness of the negative consequences associated with societal ageism, and her motivation to eradicate these issues were striking. Building on the foundation of study one and two, study three was therefore designed to further analyze Annabelle's stories of aging to move beyond the themes discussed by the 21 women to explore the ways in which the changing personal, social, and cultural

landscapes in which she was embedded influenced how she perceived, experienced, and coped with her aging body.

## **Chapter 4: Acceptance and Resistance: A 75-Year-Old Woman's Narratives of Aging**

### **4.1 Introduction**

Against the backdrop of population aging (World Health Organization, 2015), researchers have aimed to further understanding of the ways in which older adults perceive, experience, and manage the changes to their body's functionality, health, and appearance (Bailey, Cline, & Gammage, 2016; Lietchy, 2012). Given feminine norms emphasizing youthful, healthy, thin yet toned, and curvy appearances (Grogan, 2016), particular attention has been paid to older women's perceptions and experiences of their bodies as they experience the onset of wrinkles, sagging skin, weight gain, loss of mobility, and chronic health concerns (Hurd Clarke, 2010; Hurd Clarke & Bennett, 2012a; Korotchenko & Hurd Clarke, 2016). Some older women have used dieting, physical activity, makeup, hair dye, anti-wrinkle creams, non-surgical cosmetic procedures, and strategic clothing choices to retain their youthful and feminine appearances (Hurd Clarke, 2010; Jankowski, Diedrichs, Williamson, Christopher, & Harcourt, 2016). Others have engaged in physical activity and healthy eating to manage their body's functioning and to maintain their health (Bailey et al., 2016; Hofmeier et al., 2016). Women have also reframed their expectations as they have moved away from the youthful ideal (Piran, 2016; Webster & Tiggemann, 2003), and have shifted their focus from appearance to health with advancing age (Hurd, 2000; Jankowski et al., 2016). Little psychological research has addressed how these perceptions and experiences fit within the context of older women's everyday lives, and a dearth of research has examined the influence of stressful life transactions and associated emotions on older women's perceptions and management of the physical changes accompanying aging. An exploration of older women's stories of aging thus allows for an examination of the stressful

transactions, emotions, and coping strategies employed in the face of later life body-related changes.

#### **4.1.1 Narrative inquiry.**

An exploration of older women's stories of aging can be informed by narrative inquiry. Narrative inquiry is underscored by the notion that individuals tell stories to make sense of their everyday lives (Polkinghorne, 1988). Through storytelling, "people give meaning to their experiences within the flow and continuously changing contexts of life...in narratives about the past and present, but also about future times and places" (Medved & Brockmeier, 2004, p. 747). Narratives give structure for individuals to ascribe meaning to their lives; they construct their identities through the stories they tell (Frank, 2012). These personal narratives have a structure as the events recounted have a temporal order, yet also include turning points or events that disrupt their structure, often triggering resulting reactions and behaviours (Riessman, 2008).

The personal stories people tell do not simply emerge; they occur in the context of social interactions (Frank, 2012). Storytellers sequentially order events in ways that create the meaning they want the listener to take away from the story. Storytellers recount events that they perceive to be important, thereby organizing them and connecting them to other events in their lives in meaningful ways for a particular audience (Riessman, 2008). For example, when telling stories, people structure them with a plot that has a beginning, middle, and ending. Stories also have characters and elicit emotions in the teller and listener. Often, turning points and unexpected events (*peripetia*) are recounted, which trigger a reaction from the listener (Bruner, 2002). Narratives are also purposeful. People tell stories about their past, or about difficult times in their lives to make meaning of their present and to enable connections with others (Riessman, 2008). For individuals to tell stories that others can understand, their stories must fit within a



“community of life stories, or ‘deep structures’ about the nature of life itself in a particular culture” (Riessman, 2008, p. 10). Individuals structure their personal stories by drawing on the narrative resources present within the culture in which they are embedded (Frank, 2012).

**4.1.1.1 Narratives of aging.** Older adults may draw on the narrative resource of decline to construct their stories of aging (Gullette, 1997). The narrative of decline positions later life as a time of loss of physical abilities and health, dependence, and senility (Gullette, 1997; Phoenix & Smith, 2011; Tulle, 2008). Older adults may embody the decline narrative, which in turn may influence their attitudes towards and experiences in their aging bodies, and further perpetuate the negative stereotypes associated with growing older (Phoenix & Smith, 2011). To move away from the negative consequences associated with the narrative of decline, some researchers have illuminated the importance of multiple understandings of later life by focusing on counter stories of aging (Phoenix & Grant, 2009; Phoenix & Smith, 2011). Counter stories of aging may influence individual’s emotions, cognitions, and behaviours, thereby potentially challenging negative stereotypes of aging over time (Phoenix, Smith, & Sparkes, 2010). Highlighting a variety of stories of aging that resist the narrative of decline may offer individuals more stories to draw from that are in line with their experiences of aging, thereby empowering older adults by the ability to define and create meanings regarding their own aging process (Dionigi, Horton, & Bellamy, 2011; Phoenix & Grant, 2009; Phoenix & Smith, 2011; Phoenix & Sparkes, 2009; Tulle, 2008).

Researchers have drawn attention to counter narratives of later life fitness, leisure, and pleasure. Phoenix and Sparkes (2009) explored an older man’s accomplishment of a positive aging identity in the face of health challenges and physical decline. To assign meaning to his experiences of aging, the older man, Fred, told stories to construct his identities as fit and

healthy. Phoenix and Orr (2014) highlighted how the older men and women in their study drew on narratives of pleasure to describe their physical activity experiences in later life. Collectively, the research and theorizing has suggested that counter stories of aging can offer opportunities for older adults to attribute alternative meanings to their own aging process in the face of changing resources and abilities. To further explore counter stories of aging, researchers may find it useful to examine the stressful transactions, emotions, and coping strategies employed by older adults to manage their aging bodies.

#### **4.1.2 Managing the aging body.**

Stress, emotions, and coping are interrelated processes shaped by a person's interaction with the environment (Lazarus, 1999). Environmental constraints, demands, resources, proximity, uncertainty, and duration of a situation interact with an individual's motivations, skills, abilities, and beliefs about themselves and the world in which they are embedded. Stress and emotions arise as a result of the changing (due to time and context) dialectical relationship between the person and the environment, which involves the appraisal of threats, harms, or benefits (Lazarus & Folkman, 1984). Cognitive appraisal "the process of categorizing an encounter and its various facets with respect to its significance for well-being", is central to the stress, emotion, and coping process (Lazarus & Folkman, 1984, p. 31). During primary appraisal, individuals evaluate what is at stake, which can involve appraisals of harm/loss, threat, and/or challenge depending on their values, goals, beliefs, and the situational context. During secondary appraisal, individuals consider what they might do in the situation by evaluating their options for coping, which are influenced by their available resources, perceived control, and future expectancies (Lazarus, 1999). Cognitive reappraisal may occur during the primary and

secondary appraisal process; an individual's appraisal may change based on new information they receive about the situation (Lazarus & Folkman, 1984).

A narrative inquiry of stories of aging can advance understanding of later life stress, emotions, and coping by: (a) exploring how stress is experienced as well as how emotions are elicited within a social and cultural context, (b) highlighting how stories of stress and emotion in later life function and are used by older adults to make sense of their lives, (c) examining how emotions are elicited and sustained through the stories told by older adults, and (d) showcasing how narrative resources may shape the emotions present within older adult's personal narratives (Lazarus, 1999; Tamminen & Bennett, 2017). To that end, I turn to an exploration of an older woman's stories of aging to further understanding of the stressful transactions and emotions influencing her perceptions and experiences of aging, and to shed light on the coping resources she employs to manage changes to her body's functioning, health, and appearance.

#### **4.2 Purpose**

In 2015, I met a 75-year-old community dwelling woman named Annabelle (pseudonym). She was one of 21 physically active women aged 65 to 94 I interviewed about how they perceived, experienced, and coped with their aging bodies. Participants were asked about their histories of and current physical activity engagement, as well as about how they perceived, experienced, and managed their body's appearance, functioning, and health. Findings from this research revealed that the women were appreciative of their body's functioning and accepting of their physical limitations, yet concurrently critical of their changing physical abilities and bodily appearances (see chapter two). They engaged in physical activity and healthy eating to maintain their health and body functioning, yet also used dieting, hair styling, anti-aging creams, makeup, physical activity, and clothing to manage their appearances (see

chapter two). At the same time, changes to body functioning and health elicited complex emotions including the anxiety/fear of decline, body-related shame and guilt with concurrent pride in and pleasure derived from their efforts to manage their aging bodies (see chapter three). To situate their feelings about their changing bodies as well as to assess their bodies' (in)adequacies, the women engaged in upward and downward body-related social comparisons to other women their age (see chapter two).

While Annabelle's accounts were included in the findings from this aforementioned research, she also discussed during the interviews some of the challenges throughout her life that shaped her current experiences of her aging body, including breast cancer, her husband's death, retirement, as well as community engagement. Accounts related to the aging-related stressful transactions she experienced were lost during the writing up of the findings of the original manuscripts, given that the data were fragmented into thematic categories to highlight the themes transcending the 21 women's accounts. In addition to discussing life challenges, which influenced her aging body perceptions and experiences, Annabelle often directed the conversation to the stressful later life transactions she had experienced, and their influence on her attitudes about growing older. Through storytelling, Annabelle drew attention to the importance of accepting the physical and social changes accompanying aging, while concurrently attempting to resist decline and dependence. I thus chose to further analyze Annabelle's stories to highlight some of the nuances within the data that had been omitted from the original findings by focusing on how she perceived, experienced, and managed these stressful later life transactions in her everyday life.

A narrative analysis (Riessman, 2008) of Annabelle's stories was conducted to move beyond (Frank, 2010; Phoenix & Orr, 2017; Smith, 2016) the themes transcending the 21

women's accounts of how they perceived, experience, and coped with their aging bodies (see chapter two and three). Smith (2016, p. 213-214) highlighted the potential insights to be gained from movement through the analytical process, stating that movement "can take the analyst in unexpected and fertile directions, breathing fresh life into moribund concepts, encouraging theoretical curiosity and provoking new ways of seeing the process". The goals were thus to further analyze Annabelle's stories of aging to explore the ways in which the changing personal, social, and cultural landscapes in which she was embedded influenced how she perceived, experienced, and coped with her aging body. Drawing on a narrative analysis (Riessman, 2008) of interview data and field notes from my encounters with Annabelle, the purpose of this study was: (a) to recount her stories of aging; (b) to highlight how she drew on, yet also resisted, the narrative of decline to assign meaning to her aging body-related stressful transactions; and (c) to highlight the cognitions, emotions, and behaviours associated with her perceptions and experiences of aging.

### **4.3 Method**

I adopted a narrative constructionist approach to examine Annabelle's stories of aging (Sparkes & Smith, 2008). Narrative constructionism is socio-cultural in nature, positing that people tell stories to assign meaning to their everyday lives; these stories are told in the context of social interactions with others, and are constructed from cultural narrative resources (Sparkes & Smith, 2008). I aimed to highlight how Annabelle made sense of her later life experiences through storytelling. To showcase how Annabelle's personal stories were embedded within a social and cultural milieu, I focused on the ways in which she constructed her stories in the context of social interactions (Frank, 2012) with family members, friends, other older adults, and myself, and by drawing on and resisting the narrative resource of decline (Gulette, 1997).

#### **4.3.1 Data collection.**

Ethical approval was obtained from the University's Behavioural Research Ethics board. As part of a larger study examining older women's body image, Annabelle was invited to partake in a series of two, face-to-face semi-structured interviews, which took place in a coffee shop and lasted 1.5 hours each (total of three hours). Annabelle completed a demographic questionnaire, and we then proceeded to the first interview where I started by asking her the broad question: "Can you tell me a little bit about yourself?" Annabelle responded to this question by discussing some of the personal life challenges that shaped her perceptions and experiences of her aging body, including breast cancer, her husband's death, retirement, and community engagement. Throughout the interviews, probes and clarifying questions were used to better understand the meanings Annabelle ascribed to the stories that she shared with me, and to ask her to clarify and/or elaborate when appropriate. Field notes were written following the completion of data collection and complemented the interview data by including information about the context and setting of the interview.

#### **4.3.2 Data analysis.**

The data were subjected to a combination of thematic, structural, and performative narrative analyses (Riessman, 2008). Through a thematic narrative analysis, I analyzed the content of Annabelle's stories. Through a structural narrative analysis, I explored how Annabelle's stories were pieced together and constructed within a social context. The performative narrative analysis was conducted to examine to what end Annabelle's stories were told (Riessman, 2008). This pluralistic approach to analysis (Chamberlain, Cain, Sheridan, & Dupuis, 2011; Phoenix & Orr, 2014) allowed for an examination of the complexities of

Annabelle's experiences by highlighting how her personal stories were influenced by the contexts in which she was embedded (Riessman, 2008).

The analysis of the data began with the verbatim transcription of the interview audio recordings. I immersed myself in the data by writing down first impressions of and descriptive exploratory comments regarding Annabelle's stories of aging. Emotional experiences associated with these stories included anxiety/fear, body-related shame, sadness, self-pity, anger, and pride. Interactions and connections between stories were examined as well as the context in which the stories occurred, and conceptual comments were noted. I also examined how and under what circumstances Annabelle was constructing her stories (Riessman, 2008). The focus here was on how the story lines were pieced together, and on the narrative resources drawn on to structure the stories. I wrote down first impressions of how Annabelle constructed the stories she told. I made note of how different events within these stories, including Annabelle's experiences with breast cancer, her husband's death, retirement, community engagement, as well as her preparations for end of life were connected. I noted the ways in which Annabelle drew on the narrative of decline (Gulette, 1997) to structure her stories. I also focused on how Annabelle and I's interactions influenced why and how she recounted her stories. The data analysis was iterative; I moved back and forth between the thematic, structural, and performative analyses, the interview and field note data, the extant literature, and the writing of the manuscript.

#### **4.4 Findings**

I begin with a summary of the stories of aging Annabelle shared with me. I then discuss two narratives that transcended Annabelle's stories; namely, narratives of acceptance and resistance. To illustrate how these narratives transcended Annabelle's accounts, I present

accounts from her stories of aging, which I have structured surrounding the stressful life transactions she discussed with me.

#### **4.4.1 Annabelle's stories of aging.**

Annabelle lived by herself in a large urban Canadian center in a condominium, which she owned. She was born and spent most of her childhood in South East Asia, then immigrated to the United States in early adulthood. She later moved to Canada with her husband where they had two children and spent most of their married life together. Annabelle was twice diagnosed with breast cancer, events which engendered emotional and physical pain. She later underwent a mastectomy; the loss of a breast left her feeling self-conscious. Her husband played an integral role in fostering her well-being throughout this process; however, he fell ill, and passed away. Annabelle grieved his death, and shortly after retired from work. She found it difficult to cope with her new identities as a widow and retiree. She concurrently became angered by the marginalization of older adults in Canadian society, and decided to engage with her community to fight for age equality. While working with older adults, Annabelle realized the importance of preparing for the end of life.

**4.4.1.1 Narrative of acceptance.** Annabelle drew attention to the importance of accepting the physical and social changes associated with living in an aging body by discussing her experiences with breast cancer, retirement, and the loss of her husband. These stressful transactions elicited emotions of anxiety/fear, body-related shame, sadness, and self-pity, with which Annabelle coped by engaging in cognitive reframing, and through community engagement.

**4.4.1.1.1 Breast cancer.** When asked about her health, Annabelle discussed her experience with breast cancer. Her account surrounding breast cancer coupled with other age-



related physical changes suggested that she was anxious about/feared decline in body functioning:

A: I had cancer before. I had it twice...for a long time I was worried about it. But it's too long to be worried. You cannot sustain that kind of thing. As far as I know I'm fine, and I will enjoy it as long as I can, right?...The one thing that I have never gotten over, the check-up is unpleasant and I thought I'd get used to it but I never have. I don't think anybody could. It's invasive...You're stripped of your dignity but it's necessary, right?

E: Mmm (Pause). And other than cancer have you had any health problems?

A: I've been lucky. Well occasionally like aches in your hips, aches in your knees, right? Because I happen to live in a townhouse, I live on slopes, 30 steps to my front door. It's a lot of steps...And that's hard on my knees. It used to be easy but now there is a discomfort...But it's so funny I had no symptoms of any kind then all of a sudden one day I think I was about sixty-five, I started feeling some pain on my knees and my hip. Not debilitating or anything like that but pain nevertheless. So I went to the doctor and she said 'what do you expect?' (Laughs) Well 'thank you very much that was very helpful'! (Laughs). She said 'we're all growing old, I'm having the same thing' she said...I said 'does it mean I'm gonna have a hip replacement and all that?' and she said 'don't even talk about that you're not ready for any of that stuff'.

Annabelle did not speak at length about her experience with breast cancer, and I interpreted that she seemed uncomfortable when discussing it, so I moved on to a different topic, which I drew attention to in my field notes:

*While Annabelle discussed her experience with breast cancer she fidgeted in her seat and looked away. I interpreted that she was uncomfortable speaking about it and I chose to ask her about other health issues. My decision not to probe further stemmed from her apparent discomfort, and her body language told me that perhaps she was not ready to discuss this. Perhaps it also stemmed from my discomfort, as I did not want to make her feel obligated to discuss a topic which seemed emotionally laden.*

Annabelle's experience with breast cancer was later revisited, at which time she discussed her experiences of body-related shame:

I have a problem you see. The thing is I had a mastectomy. They took away my breast and I admit I'm conscious about that. I dress in layers and it's because of that. It makes me self-conscious, right? But I can't do anything about it...I'm still conscious about it. I know people don't notice it. As an intelligent person I know that. But I always say 'oh they'll see that I'm lopsided and this and that' so I have to layer myself and then nobody will know, right? Nobody cares. But in my head, I just can't seem to break free of it...I

mean nobody notices. Nobody's interested. It's just me, right? Like my son in law they have a swimming pool and all that and he said why don't you get in the pool? I said 'no'! I said 'I can't', but I don't explain...And he said 'well you don't have to wear a bikini' he's like 'you can wear a t-shirt or whatever'. And I say 'no'. You wear a t-shirt and it's all sticking to you and stuff like that so I don't do anything that will allow people to see that I'm not normal. I don't know how you get over that. I should be over it by now I mean heaven knows it's a long time, right?...I accept that there's nothing I can do about it but I just wish I didn't have to be like this, right?...My husband didn't care he said 'why are you worried about that'? He said 'you're alive, aren't you?' It's very vain, I know it's vanity but I just can't help it, you know?

During the second interview, Annabelle discussed how she managed the anxiety/fear, shame, and physical pain associated with her mastectomy through cognitive reframing, by taking analgesics, and by making strategic clothing choices:

A: They just removed the breast. Because he said 'it's too late for any of that' [chemo] he said 'it's too late, it's everywhere' they said. So I said 'well can you do it later?' (Laughs) Do you have to take everything out right now?' I don't even know why I said it like that, but I was I guess I was scared, you know?...Even to this day I am but I'm a little bit more open about it. I'm not as self-conscious but I still think it's not something I would want anybody to see, right?...I just accept it. And like the other thing too is because of my surgery I'm in pain all the time. Sometimes it takes my breath away...In the beginning it used to drive me crazy but now I guess I'm getting used to it because sometimes I just feel it's a big shock and then I have to stop and all that. I don't know what happened but I don't seem to mind it too much anymore I just accept that it's gonna be like that forever, right?...The doctor said it's gonna, there's nothing they can do.

E: So how do you manage the pain?

A: Tylenol (Laughs)...If I can't stand it. Otherwise (Pause) if it stops right away sometimes it's just like spasms. That's how it works, right? So if it comes, it comes like a wave for a few minutes and its stops. Then I don't do anything. But if it doesn't stop then I'll take some.

*4.4.1.1.2 Retirement.* Annabelle also experienced anxiety/fear and sadness associated with age-related physical pain as well as with her experience of retiring from 26 years of work in public service. She coped with these stressful transactions and emotions through acceptance and by engaging in a daily routine:

E: Would you say you're accepting of the changes that come with aging in your life?

A: Yeah (Pause). Now I am (Laughs)! It took a while. I didn't like it like the first time I started to feel my hips hurting. I went to the doctor and I said 'why is it hurting, do something', I said to her. She said 'how old are you?' (Laughs) She said 'you're bound to feel some aches and pains', she said, 'but you're healthy, what more do you want', right? And after that I kind of thought about it. I never thought when I was younger, even as late as 55 I never thought I would be one of those people. I used to criticize my mother in law because she was always complaining about her hips, her knees, shoulder 'like this woman is just complaining about everything for heavens' sake (Laughs)! What else is she gonna complain about?' Oh boy when I started feeling my first pain I was so ashamed of myself. I wish I could bring her back and say to her 'I apologize' you know?

E: Because you experienced it and it was different than you thought.

A: Yeah! I mean embarrassed, it kind of opened my eyes...so I do my best not to talk about my aches and pains if I can help it (Laughs).

E: How did you get to the point where you accepted those changes?

A: How? Well because I didn't really have a choice, right? It's either that or I can feel sorry for myself and never do anything and then what? To me the most scary thing is not to do anything and just sit at home and never ever like, everyday I got out, somewhere, but I need a destination so I always try to create a destination. If I don't have anything to do tomorrow then that's when I'll do my shopping or that's when I'll go to the library. I'll make up a chore that will take me out. Or I distribute my chores so that everyday I go out and that's what I did when I retired. I said what will I do, because initially I was at home for one week, I didn't know what to do. I was depressed. I really was. Because I felt sort of irrelevant. Like I didn't count for anything I'm just here. You know? And I worked. I worked for a long time. And so it's such a big shock you know?

*4.4.1.1.3 Loss of husband.* When Annabelle was asked about the prospect of not being able to be physically active, she referred to the loss of her husband, which was met with grief, sadness, and loneliness. She returned once again to the notion of acceptance to highlight the importance of attempting to cope with these stressful transactions and emotions:

When my husband died I was sorry for myself. It took me two years to get over it. And then I'm thinking what good is it doing? I'm sorry for myself but am I making things better? So I feel the same way about if the time comes, and then I will have to accept it, right? But it's gonna be hard. But I know that I have to, right? For me as you age the most important thing is to adjust your expectations. And it's evolving everyday as you change.

I remarked that while Annabelle drew on her experience of losing her husband to give an example of why one must accept changes in one's life, that the emotions surrounding her husband's passing were raw:

*As Annabelle discussed her husband's passing, her eyes teared up. I realized, however, that it was not necessarily the event of his death that was difficult to cope with at this moment, but rather the feelings that she experienced when grieving his death. The isolation and loneliness felt by Annabelle seemed very painful.*

**4.4.1.1.4 Community engagement.** The notion of acceptance was again revisited when Annabelle was asked about her experience with a senior's group which she attended. She drew on her perceptions of other older adults to showcase the importance of acceptance:

From our discussion this morning [senior's group], everybody was thinking of how they stack up against their past life, or against other people. And I was saying to them, 'I don't really believe in navel gazing', right? You don't have to constantly measure. I mean when I wake up and I'll tell you how I do it. I wake up in the morning, and I decide what I want to do, or what needs to be done, and then I decide whether I can do it, or if I'm able to do it today or not. Or whether I want to do it. If I say no to any of those things, then I just abandon that and go do something else, right? Like I mean it's not the end of my day... I think once you accept that there are things you can't do, then you move onto the things that you can do and then you don't even think about it. And I think that it makes for less frustration.

I see people who have serious handicap [sic]. I have a friend and she's on [committee]. And she goes to all the meetings on her back. Like she's lying on her back. They wheel her there sometimes when she can barely function, we go to her house and we have a meeting around her bed. But I mean she doesn't waste time saying 'I can't get up today', so. So 'ok I can't get up so you come and you know sit around my bed'. To me like she is my role model. If she can do that, what is wrong with me that a little thing is gonna stop me? And she does not over think anything. She's saying 'that is my goal, I wanna do this, I will make it happen. I don't care if I'm on my back', whatever, right? 'I will do it'. That's a very good example to me. I love looking at her because she makes things possible for me.

**4.4.1.2 Narrative of resistance.** Drawing attention to the importance she placed on resistance in the face of aging-related changes, Annabelle discussed her experiences with ageism, and the physical changes accompanying aging. Emotions elicited by these stressful transactions

included anxiety/fear, anger, and pride, which she coped with through cognitive reframing and community engagement.

*4.4.1.2.1 Community engagement.* When I asked Annabelle to tell me about herself, she mentioned her retirement and her husband's death as catalysts to her involvement in the community as a volunteer, from which she derived pride and satisfaction:

I married an Englishman. We were married for thirty-eight years and then he passed away in 2004. I retired from the public service. I worked for the government for more than twenty-six years. When I retired, I tried to imagine what I would like my retirement to be. I didn't want to have a lot of blank spaces. Since my husband just died, I was afraid that there would be one empty day after another, and I didn't want that. So I decided to draw up some kind of game plan so that my days would be filled. I looked around, and I tried this and that...and to this day, I'm still involved in [organization]. Because I realized I loved it. I don't get paid but I get a lot of other satisfaction. It gives me an opportunity to talk to people about things that they are interested in.

I love the library...I volunteer there...I work there once a week to raise funds for the literacy programs. We see an immediate sort of result because we raise money and we see where it goes so there's an immediate gratification...And I joined the [senior's organization] and I found I had a talent for research and it was very useful to the committee and we achieved quite a bit...So I have that...I feel that everybody should be responsible towards the community and try to do something, right?

Annabelle's volunteering experiences engendered pride, evidenced by her demeanour during this part of the interview:

*I sensed that Annabelle felt proud of her volunteering accomplishments. Her posture straightened and her voice was louder and confident when she discussed them. Her nurturing and caring demeanour changed to a more serious tone. I perceived that she felt it important to showcase the impact of this work.*

*4.4.1.2.2 Experiences of ageism.* After discussing the importance of contributing to society in later life, I asked Annabelle about her experiences of ageism. She discussed the age-based discrimination she had encountered in the work force, which elicited sadness and anger:

When I was still working people would hint, like they said, 'how come you're still working?', meaning, 'you should retire and make room for the young people' without knowing your circumstances or anything like that. And it's hurtful that people kept telling me that. After a while you get the message, right? And there's still a lot of that I

find. Especially now that the job market is so competitive. I mean I understand it, but it's not fair. Because the way things are now increases in cost of living and other difficulties, cut backs in health care, some people had to go back to work not cause they wanna take away jobs from eighteen year olds, but either that or they starve, you know? That kind of discrimination I find very hurtful...I'm angry about it...But how do we change it?...That's why I involve myself because I'm hoping that the things I don't like that I'll have some influence to change things. And there's only one way to change - you have to be there like I'm finding out. You're just wishing and talking about it or it's not enough...I hate, older people are guilty of that so much like they say what can you do? I feel like punching them. Because you can do something. Change doesn't happen by just wishing, like I mean you have to, how do you wanna change it? So you have to recognize the obstacles, right? And then try to tear them down one by one.

Annabelle's awareness of society's devaluation of older adults came to the forefront once again when she discussed her involvement in a senior's group. She felt it important to be involved in one's community to resist the isolation often accompanying the physical and social realities of growing older:

I'm also in the discussion group and we do stuff like world events, issues and seniors issues whatever. So people submit issues and then everybody discusses it...I'm just totally amazed because a lot of the people there are over 80. I thought I was old. They have a zest for life and they're active, their minds are bright and it's amazing...What keeps them active it's because number one either the active older life, number two the other people, they are just beginning to be active because they are afraid that they're gonna be incapacitated if they don't do something, like me. I never was active in my life, I never did anything like this, and then the third one they're active because they're terrified of losing their mental abilities, right? Those are the main reasons. And actually in relation to that and I was thinking about you this morning we had a discussion about how do you maintain self-esteem but it branched out into all kinds of things. And we ended up talking about how do you keep healthy overall and how do you prevent yourself from losing your faculties or being incapacitated. And we talked about physical activity, mental exercises, and the other thing is socializing. You have to force yourself to socialize. Because if you just stay home you will lose all your motivation, right? Because by yourself in isolation really you don't have a reason to get up in the morning.

*4.4.1.2.3 Counter stories of aging.* To further illustrate the importance of remaining actively involved in one's community in later life, Annabelle drew on stories of other older adults who she perceived resisted the narrative of decline:

There's a woman there and she has her own little place. But she's 92-years-old and she comes all the time [to discussion group for seniors]. She used to be [public service].

And she's just amazing. She has structured her life in such a way that she has something to look forward to everyday. And that's what I'm trying to do with my life. Every morning she gets up and she and her friends go to the coffee shop across the street and have breakfast there, and spend the morning and just talk about what they read in the paper, and what they heard in the news and things like that. Every morning! And every Saturday it's because they started a tradition, they take a taxi and they go [restaurant] to have breakfast...And every Tuesday they go to [community center] for lunch.

When our second interview ended, I asked Annabelle if there was anything she would like to add before we left. Annabelle turned to the importance of being actively involved in one's community and of fighting for the rights of older adults:

The reason I agreed to do this is because I feel this is the right time to start thinking what we can do for seniors later. Not necessarily for me. But there will be a lot of people behind me, right? And you know by the time you're there, it's too late. And people seem to be struggling with that right now, right? Like they're saying 'oh well we didn't think about that'. You know what are you gonna do when 80% of the population is over 60? There will be no services. You have to be proactive and that's why I want to participate because I think it it's possible to contribute something. I mean it's not gonna happen in isolation, right? You have to be a part of it because how else would you know about seniors if you don't talk to seniors? And also if you try and help people improve the quality of their lives it will be less problematic for everybody because they will be able to manage.

*4.4.1.2.4 End of life preparations.* While Annabelle stressed the acceptance of the changes accompanying aging coupled with the resistance of the narrative of decline through community engagement, she also discussed the importance of being aware of one's imminent death. She prepared for this eventual decline by gaining knowledge about death and dying:

I've gone to several lectures about how people go from perfectly abled person to somebody who has all kinds of problems like maybe physical, maybe mental...I've attended workshops and all those things. And they're very scary but I force myself to go because I think I should know, right? But these days though there's help out there. You just have to know. So what I'm doing is I'm educating myself, right? And knowing what kind of network is out there. That's supposed to be for seniors. And that's why I'm on the [committee] because I wanna know. Not just for me, I mean for me, you know because for selfish reasons obviously, but also because I want to be able to tell people 'you're not alone'.

Annabelle also prepared by attempting to discuss her arrangements for death and dying with her daughter. She wanted to get her affairs in order while she was still cognitively and physically able to do so:

I'm trying to prepare my daughter, like she doesn't wanna talk about it, right? She says 'why you wanna talk about that', you know? There's nothing wrong with you'. So I'm trying to prepare documents saying if this happens, this is what can be done and stuff like that so I'm trying to do the things like that...I'm just hoping she will read it. But I can't make her, right? Because it's not a good subject. Nobody wants to talk about it, nobody wants to talk about what happens if I have dementia, or if I'm dying. And they say 'I'd rather not if you don't mind'. So that's the end of story, right? But it could be a problem and it needs to be addressed, right? I mean that's the part of being old that's hard it's because I feel that you have to anticipate what could go wrong and get yourself ready. But how do you, right? Without being paranoid. I don't wanna be paranoid. I don't wanna be obsessing about it, right? It's a fact of life, it could happen, you know? And I just have to make sure I'm in a position where I can do something about it if it happens.

#### **4.5 Discussion**

Narratives of acceptance and resistance of the physical and social changes accompanying aging permeated Annabelle's stories. Stressful life transactions such as breast cancer, retirement, the loss of her spouse, experiences of ageism, coupled with the physical changes associated with growing older, elicited a variety of emotions for Annabelle, such as anxiety/fear, body-related shame, sadness, self-pity, anger, and pride. Annabelle coped with these stressful transactions and emotions by engaging in cognitive reframing, and with behavioural strategies including community engagement, through the use of analgesics and strategic clothing choices, and by preparing for death and dying. This study contributes to the psychological literature on aging in three ways. First, the findings highlight the importance of stressful life transactions in influencing how older adults perceive, experience, and cope with their aging bodies. Second, the findings highlight the importance of considering the culture in which individuals are embedded and the narrative resources available to draw on such as the narrative of decline when studying later life body-related perceptions and experiences. Finally, the findings contribute to the



psychological literature on aging by highlighting the role that stressful transactions, emotions, and coping strategies can play in furthering understanding of perceptions and management of the aging body.

The narrative analysis allowed for an examination of how Annabelle made sense of her aging body through the stories she told (Riessman, 2008). I interpreted the meanings she assigned to her aging-related experiences to shed light on how she constructed her identities in the context of our meetings (Riessman, 2008). Some of these stories and meaning-making processes had been lost in the previous analyses given that the goal of the previous studies was to look at the themes transcending 21 women's accounts. For example, Annabelle's experience of body-related shame after her mastectomy, grieving the loss of her husband, her engagement in the community as a volunteer, as well as the preparations she made for death, were not represented within the original research outcomes. In this way, the retelling of Annabelle's story shed light on how narratives can be used to illuminate the complexities and tensions of individual experiences of aging, and how the sociocultural landscape shapes and constrains the stories people tell (Phoenix et al., 2010). The findings from this research also illuminated the value of narrative methods in guiding aging body inquiries. For example, the findings from this research shed light on alternative ways in which older adults may cognitively, emotionally, and behaviourally resist the narrative of decline, thereby drawing attention to the multiple storylines associated with later life (Phoenix & Grant, 2009; Phoenix et al., 2010; Phoenix & Smith, 2011).

Narratives include characters and a plot encompassing events that unfold in a sequential manner over time, and individuals choose, organize, and assign meaning to events for their audience (Riessman, 2008). As such, in the reconstruction of Annabelle's story, attention was paid to the plot to highlight significant events, turning points, and the resolution of Annabelle's

narrative, to illuminate how life events and transitions shaped the meanings she ascribed to the aging process. For example, the construction of Annabelle's narrative surrounding her experiences of breast cancer, her husband's death, retirement, community engagement, experiences of ageism, and end of life preparations, highlighted the importance of considering the continuity of the self over the lifespan in research on the aging body and the role of participants' understanding of their changing identities as result of changing resources and abilities in later life (Phoenix & Smith, 2011).

While the socially ideal female body is youthful, physically fit, and healthy (Grogan, 2016), Annabelle attempted to reclaim agency of her own narrative by distancing herself from this cultural ideal (Piran, 2016; Webster & Tiggemann, 2003). She suggested that one has control over how they feel about how their body looks and functions, and that body acceptance should be an integral part of women's personal narratives. However, tension was present within Annabelle's story; despite stressing body acceptance, she recounted experiences of body-related shame (Tracy, Robins, & Tangney, 2007), which came to the forefront after her experience with breast cancer. These findings suggest that self-conscious body-related emotions may play a role in shaping aging body-related perceptions and experiences, an important avenue for future research. The findings also speak to the changing nature of identities across time and social contexts, and shed light on the complexity and dynamic nature of the cognitions, emotions, and behaviours influencing health and well-being in later life.

Reflexivity is often stated as one of the evaluation criterion for rigorous and credible research in qualitative inquiry (Tracy, 2010). Reflexive accounts highlighting researcher subjectivities were included in the findings. I aimed to highlight the link between the knowledge claims I made, the interpersonal dynamics of my encounters with Annabelle, as well as the social

contexts in which these were embedded. Scenarios were recounted aiming to expose how my subjectivities influenced the data that were collected and analyzed. By acknowledging the role of the researcher, the research process is presented with more transparency, which can help readers evaluate the outcomes presented (Tracy, 2010). In addition, if the reflexive accounts are incorporated resonate with readers, researchers may be able to apply some of the knowledge gained through these accounts to their own research practices. For example, researchers may find it helpful to think about the emotions that might be elicited within an interview context when interviewing older adults about the management of the aging body.

In conclusion, continuing to pay attention to a variety of stories of aging may offer to individuals more stories to draw from that are in line with their experiences of aging. In addition, Annabelle's stories of aging draw attention to the importance of considering aging body-related cognitions, emotions, and behaviours as well as the personal, social, and cultural contexts in which older adults are embedded when studying the aging body. By examining how emotions are elicited and sustained through the stories told by older adults, and by showcasing how narrative resources may shape the emotions present within and elicited by older adult's personal narratives (Lazarus, 1999; Tamminen & Bennett, 2017), the findings also draw attention to the role that emotions can play in shaping aging body-related perceptions and experiences.

## Chapter 5: General Discussion

As women age, they are faced with changes to their body functioning, health, and appearance. These physical changes influence their body-related perceptions, cognitions, emotions, and behaviours, and have been related to life satisfaction, physical activity engagement, and healthy eating (Cash, 2011; Tiggemann, 2011). Past research has suggested that older women engage in physical activity and healthy eating to maintain their body functioning and health (Bailey, Cline, & Gammage, 2016; Piran, 2016). Some use dieting (Lietchy, 2012) and “beauty work” (Hurd Clarke & Griffin, 2007, p. 187) including the use of hair dye, make-up, anti-wrinkle creams, and (non)surgical cosmetic procedures to counter the negative effects of ageism such as social invisibility, as well as strategic clothing choices to appear healthy and independent, and to conceal their aging bodies (Jankowski, Diedrichs, Williamson, Christopher, & Harcourt, 2016). Others use cognitive reappraisal and lower their expectations in the physical domain as they age (Piran, 2016; Webster & Tiggemann, 2003).

Building on this foundation, this program of research advances understanding of the multidimensionality of body image by drawing attention to the complex and interrelated cognitions, emotions, and behaviours involved in how older women perceive and cope with changes to body functioning, health, and appearance. Key findings include body acceptance and concurrent self-criticism, physical activity and social engagement, healthy eating, appearance management strategies, cognitive reappraisal, as well as emotions such as pleasure, anxiety/fear, and body-related shame, guilt, and pride. The importance of considering the cultural context in which women are embedded when studying body image is also highlighted, including the women’s internalization of the cultural narrative of decline positioning later life as a time of loss of health and dependence (Gulette, 1997), and of societal body norms emphasizing youthfulness,

health, and physical fitness (Grogan, 2016). Finally, the findings have practical implications as they can potentially inform future body image, self-compassion, and physical activity interventions aimed at enhancing later life health and well-being.

To facilitate the discussion of key issues, I will provide a brief summary of the central findings from each study. In study one, I examined how women perceived, experienced, and coped with their aging bodies, and explored the potential utility of self-compassion to manage aging body-related changes. The findings revealed that the women were appreciative of how their bodies worked and accepting of their physical limitations, yet concurrently critical of their body's functionality and appearance. They engaged in physical activity and healthy eating to maintain their health and body functionality, yet also used diet, hair styling, anti-aging creams, makeup, physical activity, and clothing to maintain their appearances. To assess their bodies (in)adequacies, the women engaged in upward and downward social comparisons with others their age. The participants perceived self-compassion for the aging body to be idealistic and contextual. The findings highlighted the importance of health, body functionality, and appearance in influencing aging body-related cognitions, emotions, and behaviours.

In study two, I explored the emotions in the women's aging body and physical activity-related stories. Emotion narratives of body-related anxiety/fear, shame, guilt, pride, and pleasure permeated the women's stories. The participants were anxious about physical and cognitive changes, and they engaged in physical activity to slow down body decline. Body-related shame and guilt permeated the participants' stories; they were frustrated by their inability to engage in certain activities and with the changes to their body functioning and health. However, the women drew attention to their accomplishments in the physical domain with pride, reinforcing their efforts to take personal responsibility for their health. The participants were also physically

active for pleasure. The findings made a novel contribution to the literature by drawing attention to the importance of cultural age and body norms coupled with complex emotional experiences in influencing later life physical activity.

In study three, I explored the stories of aging recounted by a 75-year-old woman named Annabelle. The meanings she assigned to her aging body, and the cognitive, emotional, and behavioural strategies she employed in the face of later life challenges were examined. Narratives of acceptance and resistance permeated Annabelle's stories; she accepted the physical and social changes accompanying aging, yet concurrently attempted to resist decline as she faced breast cancer, the loss of her husband, retirement, and ageism. These experiences elicited body-related shame, sadness, self-pity, anger, anxiety, and pride, which Annabelle coped with through cognitive reframing, community engagement, appearance management strategies, and end of life preparations. The findings illuminated how an exploration of older women's stories of aging can advance understanding of the role that stressful transactions may play in influencing how women perceive and cope with their bodies in later life.

In the ensuing sections of this chapter, I begin by discussing the significance of the findings from the three studies in relation to the extant aging, body image, self-compassion, and physical activity research and theorizing. Topics considered include implications for body image theorizing, aging and emotions in the physical domain, physical activity and the aging body, and self-compassion for the aging body. This is followed by a section on reflexivity. I end by discussing the practical application of the findings.

## **5.1 Implications for Body Image Theorizing**

### **5.1.1 Multidimensional body image.**

The importance of considering the multidimensionality of body image when studying the aging body was highlighted throughout the dissertation. This includes attention to aesthetic, physical competence (functioning), and health dimensions of body image (Cash, 2000; Cash & Pruzinsky, 2002; Smolak & Cash, 2011), coupled with the examination of body-related perceptions, cognitions, emotions, and behaviours. The findings from the three studies suggested that the women were accepting yet concurrently frustrated with and critical of the changes to their body functioning, health, and appearance. These physical changes elicited negatively toned emotions including anxiety/fear of decline and body-related shame and guilt. To mitigate tensions surrounding body acceptance and body-related self-criticism, the women placed emphasis on maintaining their body functioning and health (Hurd, 2000; Jankowski et al., 2016; Liechty & Yarnal, 2010a; Reboussin et al., 2000; Webster & Tiggemann, 2003), and engaged in physical activity, healthy eating, and cognitive reappraisal. These behaviours at times elicited positively toned emotions such as pleasure and body-related pride. While body functioning and health were at the forefront, the women also used appearance management strategies. Taken together, these findings emphasize the complex interplay that changes to body functioning, health, and appearance have on women's body-related perceptions, cognitions, emotions, and behaviours.

A key issue moving forward is attention to the potential contextual nature of older women's perceptions, cognitions, emotions, and behaviours in relation to changes to body function, health, and appearance. Emphasis on different dimensions of body image (e.g., aesthetic, physical competence, and health) may depend on the situation. For example, body

functioning and health may be salient in contexts where there is a focus on how the body works (e.g., physical activity settings). However, appearance may be salient in contexts where attention is placed on attractiveness (e.g., receiving an appearance-related comment from a friend or family member, appearance-related social comparisons). This draws attention to the importance of considering context when studying body image, particularly in later life when changes to body functioning, health, and appearance tend to occur concurrently.

The strong focus on the importance of the body's functionality in the women's accounts warrants further discussion. This finding supports the work of researchers who include body functioning in the conceptualization of body image, and who suggest that an emphasis on body functioning as opposed to appearance may be helpful in fostering positive body image (Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015; Alleva, Veldhuis, & Martijn, 2016; Cash, 2004, 2008; Cash & Pruzinsky, 2002; Tiggemann, 2015; Tylka & Wood-Barcalow, 2015). The women's focus on the body's functionality may have provided them with opportunities to adaptively cope with the physical changes accompanying aging. This finding may also suggest that self-evaluation salience (Cash, 2011), or the importance placed on one's appearance, may be less influential towards self-worth in later life than physical competence. However, while body functionality salience might be helpful in promoting positive body image, researchers and interventionists should be aware that a focus on the body's functioning in the face of aging body-related challenges could potentially engender some negatively toned emotions and have implications for self-worth. This could include frustration with the body's functioning as well as anxiety/fear, shame, and guilt over physical decline.



### **5.1.2 Cognitive behavioural and sociocultural models of body image.**

The program of research provides support for the cognitive behavioural model of body image as it draws attention to the perceptions, cognitions, emotions, and behaviours involved in older women's body image evaluations and investment (Cash, 2011). Historical and developmental influences, including cultural socializing (the cultural narrative of decline, and societal body norms emphasizing physical fitness, health, and youthfulness) and physical characteristics and change (how the women's bodies changed over time) were related to the participants' cognitions, emotions, and behaviours in the physical domain. Proximal influences such as activating situations and events (e.g., changes to the body's appearance, functioning, and health, stressful transactions), cognitive processing and internal dialogues (e.g., upward and downward social comparisons, body-related thoughts), body-related emotions (e.g., shame, guilt, and pride), and coping strategies (e.g., physical activity, healthy diet, cognitive reappraisal, and appearance management) seemed to be related to the women's body image attitudes (e.g., body acceptance and body-related self-criticism). Historical and developmental influences and body image attitudes were continuously influenced by cognitive, emotional, and physical development over time, as changes to the body's functioning, health, and appearance occurred.

The dissertation also supports the sociocultural theorizing that attends to the influence of cultural age and body norms on older women's body image (Grogan, 2016; Hurd Clarke, 2010; Tiggemann, 2011). The findings seem to suggest that the influence of cultural beauty norms emphasizing thin yet toned bodies and youthful appearances were not as important as the internalization of body norms suggesting that women should strive to remain physically fit and healthy. This was evidenced by the women's attempts to maintain their body's functionality and health. For example, the women's internalization of the narrative of decline (Gulette, 1997)

influenced their body-related perceptions, cognitions, emotions, and behaviours (Phoenix & Sparkes, 2009). They were anxious about physical and cognitive decline and engaged in physical activity and healthy eating to slow down body decline. When changes to their body functioning and health occurred, they were self-critical and experienced body-related shame and guilt. The participants also distanced themselves from those who they perceived to be declining, and told stories of body and physical activity-related pride in relation to their attempts to maintain their body functioning and health. Collectively, these findings suggest that future research should consider the influence of the cultural narrative of decline on body-related perceptions, cognitions, emotions, and behaviours to advance understanding of the multidimensionality of older women's body image.

## **5.2 Aging and Emotions in the Physical Domain**

A novel finding cutting across the three studies was the role that emotions played in shaping how the women perceived and coped with changes to their body functioning, health, and appearance. Negative and positive valence emotional experiences in relation to the aging body included anxiety/fear of physical and cognitive decline, and pleasure from physical activity engagement. Self-conscious emotions such as body-related shame and guilt were also evident when participants were unable to engage in their preferred activities due to changes in body functioning and health. This finding extends the current body image literature by suggesting that self-conscious emotions such as body-related shame and guilt are not only experienced by younger and middle-aged adults (Orth, Robins, & Soto, 2010; Pila, Brunet, Crocker, Kowalski, & Sabiston, 2016; Sabiston et al., 2010), but also by physically active older women. It is therefore important to consider self-conscious emotions when studying older women's body image and physical activity engagement, an avenue of research which warrants further attention.

The findings from the three studies also revealed that the women derived pride from the downward body-related social comparisons to others their age, and exuded body-related pride when they recounted their physical activity and community engagement pursuits. Consistent with past research, this suggests that physical activity engagement may foster the development of positive aging body-related attitudes and enhance self-esteem (Henwood, Tuckett, Edelstein, & Bartlett, 2011; Kluge, Tang, Glick, LeCompte, & Willis, 2012; McGannon, Busanich, Witcher, & Schinke, 2014; Sims-Gould, Hurd Clarke, Ashe, Naslund, & Liu-Ambrose, 2010). The finding of body-related pride can also be explained through the lens of healthism (Crawford, 1980, 2006). Healthism functions as a dominant cultural ideology where moral value is ascribed to the consumption of a healthy lifestyle to maintain health, fitness, and youthfulness. In this way, the onus is placed on the individual to take responsibility for their own health. In relation to the dissertation's findings, the women may therefore have been taking pride in their accomplishments in the physical domain to reassure themselves and others that they were taking responsibility for their own health despite changes to their body functioning and health status as they aged.

### **5.3 Physical Activity and the Aging Body**

Consistent with other research, the women engaged in physical activity as they perceived it to be beneficial for their health and well-being, fostered interpersonal relationships, and was pleasurable and challenging (Benjamin, Edwards, Ploeg, & Legault, 2014; Bidonde, Goodwin, & Drinkwater, 2009; Biedenweg et al., 2014; Devereux-Fitzgerald, Powell, Dewhurst, & French, 2016; Evans & Sleaf, 2012; Franco et al., 2015; Heuser, 2005; Kluge et al., 2012; Kosteli, Williams, & Cumming, 2016; Olanrewaju, Kelly, Cowan, Brayne, & Lafortune, 2016; Patel, Schofield, Kolt, & Keogh, 2014; Phoenix & Orr, 2014; Schmidt, Rempel, Murray, McHugh, &

Vallance, 2016; Sims-Gould et al., 2010; Whaley & Ebbeck, 2002). They also engaged in physical activity to delay body decline (Hudson, Day, & Oliver, 2015; McGannon et al., 2014; Whaley & Ebbeck, 2002) and to maintain the body's functioning and health (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016). However, changes to body functioning and health made it difficult for some of the women to remain physically active (Evans & Sleaf, 2012; Heuser, 2005; O'Brien Cousins, 2000).

The women described exercising for a variety of reasons to maintain their body functioning, including balance, general physical fitness, for energy/to combat fatigue, for mobility, and to manage the pain stemming from existing health issues. This suggests that the participants were active to maintain or improve the physical competence dimension of body image (Cash, 2000). Future research should address the role that later life physical activity may play in maintaining or improving the specific aspects of the physical competence domain of body image, including balance, strength, and conditioning (Cash, 2000). Given that there is some evidence to suggest that physical activity can improve components of the physical self in older populations (McAuley, Blissmer, Katula, Duncan, & Mihalko, 2000; Opdenack, Delecluse, & Boen, 2009), future research should also attend to the relationship between physical activity engagement and aspects of physical self-concept including endurance, balance, flexibility, strength, appearance, and general physical ability (Marsh & Redmayne, 1994).

This dissertation did not support the extant research and theorizing that holds that women are ambivalent towards physical activity engagement as they have been socialized to perceive that it is too difficult or risky (Chrisler, Rossini, & Newton, 2015; Grant, 2001; O'Brien Cousins, 2000; Vertinsky, 1995). In contrast to the literature on the influence of gendered ageist stereotypes on physical activity engagement, when the women encountered changes to their

body's functioning and health that made it difficult for them to be active, they adjusted the type and intensity of their activities, and engaged in cognitive reframing to lower their expectations in the physical domain. The women remained physically active despite changes to their body functioning and health as it allowed them to maintain their health and body functioning (Bailey et al., 2016; Hofmeier et al., 2016; Piran, 2016; Whaley & Ebbeck, 2002), because they felt responsible for their own health (Hurd Clarke & Bennett, 2012b), and for pleasure (Phoenix & Orr, 2014). It should be noted however that the women who were interviewed placed value on remaining physically active in later life and had been physically active throughout the life course; this potentially being why they did not perceive activity to be risky or too difficult.

#### **5.4 Self-Compassion for the Aging Body**

This program of research extends the current self-compassion in later life literature (Allen, Goldwasser, & Leary, 2012; Allen & Leary, 2013; Phillips & Ferguson, 2013) through an exploration of older women's perceptions and experiences of self-compassion in the face of aging body-related changes. The women in this research project were accepting of the changes to their bodies yet concurrently frustrated with their inability to meet the youthful and healthy cultural ideal. This tension fostered body-related self-criticism and self-conscious emotions, prompting the women to engage in physical activity, healthy diet, social comparisons, cognitive reappraisal, and appearance management strategies. The negotiation of these body-related tensions could shed light on the potential reasons why the majority of the women perceived self-compassion for the aging body to be idealistic, deeming the acceptance of the physical changes accompanying aging more realistic. The women also suggested that self-compassion might be fluid rather than fixed. This finding draws attention to the notion that self-compassion might change over time and context. It provides evidence to support the malleability of self-

compassion, thereby suggesting that self-compassion interventions may be useful in fostering positive body-related experiences in later life. Building on these findings, additional research is needed to examine the relationship between age and self-compassion in the physical domain. For example, the relationship between self-compassion and how older physically active women cope with aging-related changes to body functioning, health, and appearance requires further investigation. Research is also needed that attends to the influence of cultural body norms emphasizing health, physical fitness, and youthful appearances on older women's perceptions and experiences of self-compassion for the aging body. This line of inquiry would advance understanding of the potential factors influencing one's ability to be self-compassionate when experiencing body decline.

As discussed in study one, it may have been difficult for participants to relate to the construct of self-compassion because of the way in which the definition of self-compassion was recited to them during the second interviews. This could have shaped their response to and ambivalence towards the construct, thereby prompting them to suggest that self-compassion for the aging body might be contextual and idealistic. Researchers should utilize more accessible and creative ways in which to introduce the concept of self-compassion to study participants. For example, the use of vignettes (short stories) to highlight the concept of self-compassion could be presented during research interviews and interventions. Vignettes focusing on self-compassion for the aging body could include scenarios where older adults are faced with health concerns, loss of mobility, and changes to physical appearance, and in which they respond to these stressful transactions by extending kindness towards themselves (as opposed to being self-critical), by realizing that others experience similar challenges (as opposed to feeling isolated), and by being mindful (as opposed to over identifying with emotions). Research participants

could then be asked to respond to the vignettes, followed by open-ended questions posed by the researcher to elucidate participants' perceptions of and experiences with self-compassion (Sparkes & Smith, 2014).

## **5.5 Reflexivity**

Reflexive researchers highlight how their social identities, previous experiences, as well as epistemological, ontological, methodological, and theoretical orientations have influenced the research process and outcomes (Day, 2012; Finlay & Gough, 2003). Reflexive accounts thus allow for the examination of the influence of the position of the researcher on research findings, afford insight into the interpersonal dynamics between the researcher and participants, elucidate the motivations and biases of the researcher, facilitate the evaluation of the research process, methods, and results, and enhance the credibility of the findings (Day, 2012; Finlay & Gough, 2003; Vannini, Waskul, & Gottschalk, 2012). Drawing on my reflexive research journal entries (Etherington, 2004) as well as on field notes related to this program of research, here I discuss how my understanding of the research, methods, and content related to the study of the aging body developed and changed over time, and reflect on my identities and emotions and how they influenced the research process.

I began my doctoral work with the aim of furthering understanding of how women perceived and experienced their aging bodies. Research related to women's body image drove my interests; how did women perceive their bodies, how and why did they invest in their bodies, and how did they manage body-related challenges? While theoretical and empirical pieces were written on the topic, I found myself drawn to the work of feminist scholars who considered how feminine beauty ideals emphasizing youthful, thin, toned, and healthy bodies, influenced women's body-related perceptions and experiences (e.g., Bordo, 2003; Hurd Clarke, 2010;

Tiggemann, 2011). The existing research also helped me make sense of the observations I had been making in my everyday life related to gender and the body, be it in interactions with family, friends, and acquaintances in both private and public spheres. For example, I better understood why it was seen as ‘normal’ for my friends and me to dislike our bodies, and to be judged negatively or met with surprise if we spoke positively about our appearances (e.g., Rodin, Silberstein, & Striegel-Moore, 1984). I gained a deeper understanding of, albeit still struggled to gain control of, an eating disorder which had permeated my everyday life since age 16 (e.g., Bordo, 2003). I gained clarity related to the dismayed tone with which the women in my family spoke of their bodies as they aged (e.g., Hurd Clarke, 2010). However, the following fundamental questions remained at the forefront: (a) why must we live in a culture where women, across the lifespan, are dissatisfied with their bodies?; (b) why do older women remain relatively absent from the psychological literature on body image?; and (c) how can this be changed for the better? While considering these questions, I attended a seminar on self-compassion, and wondered whether self-compassion might help women manage body image issues.

With these interests in mind, I set out to study women’s perceptions of and experiences in their aging bodies, as well as the potential of self-compassion as a resource to cope with the physical changes accompanying aging. Guided by the existing literatures on older women’s body image and self-compassion, I anticipated that the dissatisfaction with aging-related changes to appearance such as wrinkles, sagging skin, and weight gain would be prevalent topics in the women’s discussions of their aging bodies. I also anticipated that the women with whom I spoke would lack self-compassion, thereby positioning it as a potential tool that might be helpful to them as they faced aging-related body changes. After conducting interviews with four



participants, I noticed that the women were dissatisfied yet accepting of the changes to their appearances in later life. It was primarily the concern with the body's functioning and health that came to the forefront in the women's accounts. This reinforced the importance of incorporating the study of the body's functionality in body image research. The women's discussion of the appreciation of their body's functioning also prompted me to read the literature on positive body image (e.g., Tiggemann, 2015; Tylka & Wood-Barcalow, 2015), an emerging area of study, to better understand how negative and positive relationships with the body could be experienced concurrently.

At the end of an interview with a fifth participant, I asked the woman to whom I was speaking if she had any additional comments to add before we parted ways. After pausing for a few seconds, she recounted the following: "I think you're wasting your time with self-compassion. If I was your supervisor, I would tell you to study coping. When you get older, it's all about coping". The comment from this participant resonated with me, as I went home following that interview wondering if I had missed the mark by choosing to focus on self-compassion specifically. I also reflected on the previous discussions I had had with my supervisors, and realized that they had perhaps indicated to me that coping would have been a good avenue for this research, but that at the time my interest in self-compassion limited my lens. I then began to question if, given my identity as a younger woman, I had been inadequately empathetic to what it might be like to deal with changes in appearance, body functioning, and health in later life, and began to question whether suggesting to an older woman that she should have self-compassion for her declining body might be misguided. I decided to take the participant's advice, and began to read more in the area of coping before moving forward to future interviews.

I read Lazarus' (1999) work in stress, emotion, and coping and found that he and his partner had written a book on coping with aging (Lazarus & Lazarus, 2006). I realized at this point that the women to whom I had already spoken were discussing with me throughout the interviews how they coped with the changes to their body's appearance, functioning, and health, and that this lens would be interesting to pursue as I moved forward with the research. Before beginning the research, I had already identified that coping was an important lens to consider given that self-compassion was positioned as a resource to deal with stressful life transactions. However, I had not fully considered how important coping more generally might be in later life. This was a turning point in the research process that guided my future endeavours, bringing me to focus on the emotions present within the aging body and physical activity-related stories the women recounted to better understand how they coped with the changes to their body's functioning and health, and opting to further explore Annabelle's stories to better understand how she coped with the stressful aging-related events she had experienced.

A few interactions with the research participants raised my awareness of my privilege as a young, middle-class woman of Caucasian descent throughout the research process, thereby reinforcing and bringing to life the notion that social position shapes perceptions of and experiences in the body (Hurd Clarke & Korotchenko, 2011). For example, during one encounter with a participant who was discussing her changing appearance, she drew on her experiences as a waitress throughout her life, and discussed with me how she was no longer able to bring in as many tips as she once had as a young woman given her aged appearance. As a result, her employer had opted to move her from working the dinner shift (where she would get generous tips, particularly from customers who were men), to the lunch shift. She expressed her dismay in working the lunch shift by telling me that "people at the lunch shift are terrible tippers.

They are office broads like you”. I interpreted that this participant made this comment to signal that she was aware of our age and class differences. I also interpreted that she made this comment to signal her awareness of the power dynamics within the interview setting. At this moment, I mentally scanned my body, paying attention to what I chose to wear that day for the interview (black dress pants, flats, a green blouse, and a black blazer with my hair up in a bun). I wondered if I was presenting myself in too much of a business casual way, thereby influencing how this participant interacted with me, and potentially limiting our ability to build rapport. This interaction also influenced the way I interacted with the participant throughout the rest of the interview, as I was a bit more guarded with the questions and probes that I posed. This instance is an example of a time in which I felt that I could have better negotiated my positioning by probing about what she meant about that comment, and by choosing to have a discussion about it as opposed to moving onto a different topic. This occurrence also provides an example to further highlight the constructionist epistemological underpinning of my program of research by drawing attention to how the research findings were co-constructed by the participants and myself within research encounters, and draw attention to the role of the researcher in interpreting the participants’ interpretations of their experiences.

Collectively, the experiences described above prompted me to further consider the importance of listening to women’s stories of aging to better understand how the context in which they were embedded influenced their body image. In study one, through a thematic analysis of the data, I focused on the themes across the participants’ accounts. However, important contextual information, which shaped the women’s perceptions and experiences, such as life history, ethnicity, socioeconomic status, and partnership status and interactions with the researchers were lost during the thematic analysis and writing up of the findings given that the

data were fragmented into themes thus rendering the examination of individual differences difficult. A focus on analyzing the women's stories pertaining to their aging bodies in studies two and three therefore allowed for a better understanding of how the changing personal, cultural, and historical landscapes in which the women were embedded throughout the life course influenced how they perceived and coped with their aging bodies. This also allowed me to explore my positioning as researcher throughout the research process, and how I co-constructed the findings with the participants.

## **5.6 Implications for Practice**

### **5.6.1 Body image interventions.**

Body image interventions with younger women have drawn attention to the usefulness of decreasing the focus on appearance to an increased emphasis on body functionality to promote positive body image (e.g., Alleva et al., 2015; Alleva et al., 2016). We should extend these body functioning interventions to older women who are dissatisfied with their appearances. However, if women focus on their body's functioning in the face of aging-related body changes, negatively toned emotions may be elicited such as frustration with the body's functioning, anxiety/fear about physical decline, and shame and guilt over the loss of body functioning and health. Researchers and practitioners aiming to foster positive body image in later life should therefore be mindful that there is a relationship between body image and age (Tiggemann, 2015; Tylka & Wood-Barcalow, 2015). It is important to discuss with older women how they might accept and adapt to the physical changes brought on by aging through various means such as cognitive reappraisal, physical activity engagement, as well as by making fewer social comparisons to past selves or to others. Content within body image interventions should be included to mitigate the experience of self-conscious emotions such as body-related shame, aiming to foster body-related

emotions such as authentic pride. In summary, the physical changes accompanying aging should be considered in the development and administration of body image interventions, and the multiple dimensions of body image including aesthetic, physical competence, and health, coupled with body-related perceptions, cognitions, emotions/affect, and behaviours should be targeted in body image interventions with older women.

### **5.6.2 Self-compassion interventions.**

The participants' responses to the concept of self-compassion could suggest that the semantics used to discuss self-compassion may act as a barrier during interventions, potentially prompting women to distance themselves from the concept. Researchers and practitioners may benefit from discussing self-compassion with women to better understand the meanings they associate to the concept, subsequently taking into consideration these meanings when tailoring interventions. Researchers and practitioners devising positive body image interventions may also find it useful to attempt to foster self-compassion for changes in the body's functioning and health in later life given the physical changes accompanying age. Finally, self-compassion interventions should be devised for women across the lifespan to move beyond a sole focus on younger women, and to further understanding of the relationship between self-compassion and age.

### **5.6.3 Physical activity interventions.**

When devising physical activity interventions for older women, researchers and practitioners may find it useful to consider the emotions elicited by and experienced during physical activity. For example, the physical changes accompanying aging may elicit body-related guilt and shame, with potential implications for negative physical activity experiences. However, older women may also enjoy physical activity given the pride they derive from doing

something that will allow them to maintain or enhance their health, from the pleasure of being active, and from completing activities that are appropriately challenging. Researchers and practitioners may thus find it useful to devise interventions which promote positive emotions in physical activity settings such as pleasure and pride, and that mitigate potentially detrimental emotions such as anxiety/fear and shame. Interventionists may also wish to consider where physical activity fits within the context of people's everyday lives to better understand how to foster physical activity engagement, and may consider guiding individuals in how to adapt to changes to the body over time in physical activity settings. Finally, listening to older women's aging and body-related stories may help researchers and practitioners better understand participant's experiences, thereby providing them with information that may allow them to tailor interventions to best fit their needs.

#### **5.6.4 Moving beyond the individual.**

While it is important to devise interventions to foster the health and well-being of older women, it is also important to acknowledge that the youth and health centered culture in which women are embedded often negatively influences their body perceptions and experiences. While efforts should be made to devise interventions that can help the individual build their coping resource repertoire, efforts towards changing these ageist cultural norms should also be put forth. For example, the perception that later life is a time of decline and dependence could be challenged by researchers and practitioners by drawing attention to women's counter stories of aging, including stories of adaptation, pride, pleasure, fitness, leisure, and social engagement in later life. Researchers and practitioners could also work to change social policies that discriminate against older adults, and advocate for the allocation of funds for programs aimed at enhancing the health and well-being of older women. Finally, researchers and practitioners

would benefit from working directly with older women when devising and administering health and well-being programming, as incorporating their perceptions and suggestions would allow for programming that better meet their needs.

## **5.7 Conclusion**

The findings from this program of research advance understanding of the multidimensionality of older women's body image. Women may engage in physical activity, healthy eating, cognitive reframing, and appearance management in the face of changes to body functioning, health, and appearance. Aging-related body changes may elicit emotions such as anxiety/fear, and body-related shame and guilt, while continued physical activity engagement may engender pleasure and body-related pride. Older women may perceive self-compassion to be idealistic and contextual, thereby focusing on body acceptance. The cultural narrative of decline as well as cultural body norms emphasizing youthful, physically fit, and healthy bodies play a role in shaping older women's body image. Researchers and practitioners should attend to older women's perceptions of and adaptation to the physical changes accompanying aging, and should take into consideration the cultural context in which women are embedded when considering their perceptions and experiences in the physical domain. In summary, a consideration of the multiple dimensions of body image including perceptions, cognitions, emotions, and behaviours in relation to body functioning, health, and appearance, coupled with the cultural context in which women are embedded are paramount to advancing our understanding older women's body image.

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## Appendix A: Letter of Introduction



Sport and Exercise Psychology Lab  
School of Kinesiology

Aging, Self-Compassion, and the Body: Physical Activity Experiences in Later Life

### LETTER OF INTRODUCTION

Peter Crocker, PhD (Principal Investigator)  
School of Kinesiology  
The University of British Columbia  
Contact Number: [REDACTED]

Erica Bennett, MA  
School of Kinesiology  
The University of British Columbia  
Contact Number: [REDACTED]

#### WHO IS DOING THE RESEARCH?

The principal investigator for this study is Dr. Peter Crocker, Professor in the School of Kinesiology at the University of British Columbia. Erica Bennett is a second year doctoral student working under the supervision of Dr. Crocker.

#### WHAT IS THE RESEARCH ABOUT?

We are interested in learning about how older women perceive and experience physical activity and how they feel about and manage the way their body looks and functions.

#### WHAT WILL PARTICIPATING IN THE STUDY INVOLVE?

If you agree to participate, you will be invited to take part in a series of two interviews (conducted in English) that will be conducted at a place of personal convenience. The interviews will be approximately 1.5 hours in length. The discussions that take place will be audio-recorded and transcribed (written out word for word) for analysis.

You do not need to talk about any issues you do not feel comfortable discussing and if you wish to withdraw from the study you may do so at any time without having to give any reason for doing so. There will be no negative consequences to you or anyone else if you chose to withdraw. This study will not subject you to any physical risk. Although we do not expect any psychological risk, in the event you would like to further discuss your feelings regarding the topics discussed in the interviews, accommodations will be made for you. We will accept participants for the study based on order of initial contact with the researcher.

**All participants will receive \$25 for each interview that they complete.**

**WHAT WILL BE DONE WITH THE INFORMATION I PROVIDE?**

Any information you provide within this interview will be made anonymous. You will be identified by a pseudonym (fake name) and identifying information will be removed. All interview transcripts will be kept in a locked cabinet in the office of the principal investigator and no one other than the researchers associated with this study will have access to this information. The information collected will be written up for publication in a scholarly journal and/or presented at an academic conference.

**WHAT IF I WISH TO WITHDRAW FROM THE STUDY?**

Your participation in the research is entirely voluntary and you may withdraw from the study at any time without having to give any reason for doing so and without experiencing any negative consequences.

**HOW WILL THE RESEARCH BE USEFUL?**

This research will provide us with a broader understanding of older women's perceptions, experiences, and management of their bodies in later life. Results from this study will provide direction to physical activity program coordinators in how to structure their programs for older adults. Results will also have the potential to guide future physical activity program development aimed at fostering well-being in later life.

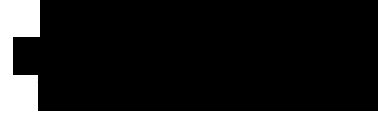
**If you would like more information about this study or to learn how to become involved please contact Erica Bennett at [REDACTED]**

**Thank you!**

## Appendix B: Consent Form



Sport and Exercise Psychology Lab  
School of Kinesiology



Aging, Self-Compassion, and the Body: Physical Activity Experiences in Later Life

### Consent Form

Peter Crocker, PhD (Principal Investigator)  
School of Kinesiology  
The University of British Columbia  
Contact Number: [REDACTED]

Erica Bennett, MA  
School of Kinesiology  
The University of British Columbia  
Contact Number: [REDACTED]

#### **PURPOSE OF THE STUDY:**

The purpose of this study is to learn from women aged 65+ about their perceptions and experiences of growing older, having an aging body, and engaging in physical activity. We want to know how older women perceive and experience physical activity and how they feel about and manage the way their body looks and functions. Findings from this study will improve our understanding of women's experiences of aging and physical activity in today's society.

#### **STUDY PROCEDURES:**

You will be interviewed twice at a location of your choosing by graduate student, Erica Bennett. Each interview will take approximately 1.5 hours. With your permission, we will digitally record the interviews so that we can concentrate on what you have to say rather than on taking notes.

#### **CONFIDENTIALITY:**

Your identity will be kept strictly private. Only Dr. Crocker and the graduate student involved in the project will have access to the digital recordings and study documents, which will be kept in a locked filing cabinet and on a password protected computer. No names or information that might show who you are will be used when the results of the study are reported.

#### **REMUNERATION:**

You will be offered a \$25 stipend per interview (\$50 total) as compensation for your time and any related travel costs.

**YOUR RIGHTS:**

Your participation in the study is entirely voluntary. You may refuse to answer any question or withdraw from the study at any time without giving a reason and without penalty.

**WHO TO CONTACT IF YOU HAVE COMPLAINTS OR CONCERNS ABOUT THE STUDY?**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at [REDACTED] or if long distance email [REDACTED]  
[REDACTED]

**QUESTIONS?**

If you have any questions or want further information about the study, please contact Erica Bennett by telephone at [REDACTED].

**CONSENT**

I have read the above and I consent to being part of this study of older women, physical activity, and the body.

I have received a copy of this consent form for my own records.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Appendix C: Demographic Questionnaire

### Demographic Questionnaire

1. Date of Birth: \_\_\_\_\_
2. Place of Birth: \_\_\_\_\_
3. Marital status:  
 Married/Common Law  
 Divorced/Legally separated  
 Widowed  
 Never Married
4. How long has this been your marital status? \_\_\_\_\_
5. How many children do you have? \_\_\_\_\_
6. How many grandchildren do you have? \_\_\_\_\_
7. How many great grandchildren do you have? \_\_\_\_\_
8. Where do you currently live?  
 Single dwelling family home  
 Townhouse or condominium/apartment  
 Family member's home (specify \_\_\_\_\_)  
 Retirement home  
 Other (specify \_\_\_\_\_)
7. Do you rent or own your place of residence? \_\_\_\_\_
8. What language(s) do you speak? \_\_\_\_\_
9. What was the first language you learned as a child? \_\_\_\_\_
10. What is your ethnic or cultural identity? \_\_\_\_\_

11. What is your religious affiliation? \_\_\_\_\_

12. What is your sexual orientation? \_\_\_\_\_

13. What is the highest level of education that you obtained?

\_\_\_ Public school (Kindergarten through Grade 7)

\_\_\_ Some high school (Grade 8 through Grade 12)

\_\_\_ High school diploma

\_\_\_ College or university (undergraduate)

\_\_\_ Technical or vocational school

\_\_\_ Graduate school

\_\_\_ Other (Please specify \_\_\_\_\_)

14. Are you retired or still employed? \_\_\_\_\_

a. If you are employed, what is your occupation? \_\_\_\_\_

b. If you are retired, what was your occupation? \_\_\_\_\_

c. When did you retire from this occupation? \_\_\_\_\_

15. What is the range of your total/combined (before taxes) current annual household income?

\_\_\_ Less than \$15,000

\_\_\_ Between \$15,000 and \$40,000

\_\_\_ Between \$40,000 and \$65,000

\_\_\_ Between \$65,000 and \$90,000

\_\_\_ Between \$90,000 and \$115,000

\_\_\_ Between \$115,000 and \$140,000

\_\_\_ Over \$140,000

## Appendix D: Interview Schedule

### INTERVIEW PROTOCOL

*The following questions represent an overarching agenda for multiple interviews with study participants. The questions will be pursued flexibly and may be altered and added to over time as different themes and patterns emerge in the data.*

#### INTRODUCTION

1. Can you start by telling me a little bit about yourself?

#### PHYSICAL ACTIVITY PARTICIPATION

2. Can you tell me about the role that physical activity plays in your life?
  - (a) What do you do for physical activity?
  - (b) What do you consider to be physical activity? Why?
  - (c) Why are you physically active?

#### BODY PERCEPTIONS, EXPERIENCES, AND MANAGEMENT

3. How would you describe an ideal female body?
  - (a) How would you compare your own body to this ideal?
  - (b) How important is it to you to conform to this ideal? Why?
  - (c) What kinds of things have you done to make your body fit these ideals, if anything?
4. Can you talk to me about how you feel about your body?
  - (a) How do you feel about how your body looks?
  - (b) How do you feel about how your body works?
  - (c) Have you noticed changes in your body over time? Describe.
  - (d) How do/did these changes make you feel?
  - (e) How much does what you look like matter to do you?
  - (f) How much does what your body can do matter to you?
  - (g) Which is more important to you – how your body looks or how your body works? Why?
5. Can you tell me about your health?
  - (a) How concerned are you about your health?
  - (b) How concerned are you about your physical health?
  - (c) How concerned are you about your mental health?

- (d) How has your physical health changed over time (if at all)?
- (e) How has your mental health changed over time (if at all)?
- (f) What kind of things do you do to manage your health?

6. Do you manage your body?

- (a) What kinds of things do you do to maintain your body?
- (b) Has how you manage your body changed over time? How and why?

#### SELF-KINDNESS, COMMON HUMANITY, AND MINDFULNESS

7. If you think about your experiences with your aging body:

- (a) How critical are you of your body? Why?
- (b) In some instances, how have you attempted to be less critical of your body?
- (c) What do you think about the idea of being kind and understanding of yourself in terms of things you do not like about your body?
- (d) If a friend was going through a hard time with their body, how would you react and what would you say to them?
- (e) If you were going through the same thing, how would you react and what would you say to yourself?
- (f) Are there differences between those two? Why?
- (g) Do you ever compare yourself to others? How and why?
- (h) When you look in the mirror at your body, what do you see? What do you tell yourself?

8. If you think about women's experiences of growing older:

- (a) How critical do you think other women are of their bodies? Why?
- (b) How do you think it would help women if they were less critical of themselves? Why?
- (c) Can you recall an instance when someone told you to be more understanding and less critical of your body? How did you respond?

9. When something is bothering you about your body, how does that make you feel?

- (a) Are you aware that you are feeling badly about yourself?

#### SELF-COMPASSION

10. Self-compassion is defined by Psychologists as a positive attitude towards oneself in the face of challenges. Self-compassion has three components; self-kindness, common humanity, and mindfulness. Self-kindness refers to being kind and non-judgmental towards oneself when facing challenges. Common humanity refers to perceiving one's imperfections and

difficulties as part of being human. Mindfulness refers to being aware of one's emotional difficulties; not ignoring them but also not overly identifying with them.

- (a) What do you think of the concept of self-compassion?
- (b) Do you think self-compassion would be helpful when encountering body changes when one gets older? Why or why not?
- (c) What do you think might be the strengths of a self-compassionate approach towards the aging body?
- (d) What do you think might be the challenges associated with a self-compassionate approach towards the aging body?

# **VOLUNTEERS NEEDED!**

## **AGING, PHYSICAL ACTIVITY, AND THE BODY**

### **WHAT IS THE STUDY ABOUT?**

We are interviewing women aged 65+ about their perceptions and experiences of growing older, having an aging body, and engaging in physical activity. We want to know how older women perceive and experience physical activity and how they feel about and manage the way their body looks and functions.

### **WHAT IS INVOLVED?**

If you agree to participate, you will be interviewed twice at a location of your choosing. Each interview will take approximately 1.5 hours. You will receive a \$25 stipend per interview (\$50 total) as compensation for your time and any related travel costs.







### **WHO IS DOING THE RESEARCH?**

Dr. Peter Crocker, Professor in the School of Kinesiology at the University of British Columbia and PhD student Erica Bennett.

If you would be willing to participate, please call [REDACTED]

[REDACTED] Thank

you!

Erica Bennett 	Erica Bennett 	Erica Bennett 	Erica Bennett 	Erica Bennett 	Erica Bennett 
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