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Body Image and Eating Patterns in Older Adults

A Thesis Presented to
The Graduate Faculty of
Minnesota State University Moorhead

By

Anna Alice Ellenson

In Partial Fulfillment of the
Requirements for the Degree of
Master of Science in
Clinical Mental Health Counseling

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Moorhead, Minnesota

Abstract

The purpose of this study was to observe patterns in eating and body image within the older population. Body dissatisfaction has become a socially normative experience and older women, in particular, are pressured to alter their appearance to adhere to society's beauty standards. Because of these feelings of dissatisfaction, older adults are at an increased risk of developing eating disorders and body dysmorphic disorder (Peat et al., 2008; Phillips, 2014). This study utilized a phenomenological approach to explore older adults' lived experience with body image and eating patterns throughout the lifetime. Five participants, between the ages of 65-86, were interviewed related to body image and eating patterns. Two themes were identified: physical health and healthiness/wellbeing. Previous research has not emphasized physical health and overall healthiness as factors strongly influencing body image and eating factors, while this study found those to be the two most predominant factors impacting older adults' lived experience with body image and eating patterns. These findings can positively influence the ways in which we support and advocate for clients within the counseling field.

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CHAPTER ONE: INTRODUCTION

Body image concerns and eating disorders, though generally associated with young adults and adolescents, are also prevalent in the older population (Lapid et al., 2010; Peat et al., 2008). In fact, body dissatisfaction within the older population has become so prevalent that it has been deemed as a “normative discontent” (Peat et al., 2008). Peat, et al. (2008) explain low self-image in the elderly population to stem from an importance of physical appearance, biological body changes, and cultural factors. An importance is placed on physical appearance largely due to the media, which expresses beauty ideals and conflicts with the natural aging process. Peat et al. (2008) continue by describing the influence of cultural factors on older adults. Within western cultures, older individuals are at an increased risk of developing an eating disorder due to a fear of aging. Women, more than men, are viewed as less attractive as they age, increasing the fear of growing older, and increasing their likelihood of developing an eating disorder and body dissatisfaction (Peat et al., 2008; Pruis & Janowsky, 2010).

Statement of the Problem

Based on societal expectations, body image concerns and issues surrounding food intake have become “normal” aspects of life for older adults. This study acknowledges that correlations between those concerns may impact mental health. Research has identified that body image is impacting much of the older population, but most studies do not seek to observe the experience of older adults in relation to body image and eating patterns. This study will seek to observe and describe lived experiences related to body image and eating in the older population.

Purpose of the Study

Previous research (McLean et al., 2009; Peat et al., 2008) has established a common connection between eating disorders and body dissatisfaction within the older population. These

studies indicate that there is a high rate of body dissatisfaction in older adults, though there is little research which indicates whether the prevalence of body dissatisfaction within the older population is impacting the mental wellbeing of older adults. Through the use of interviews, this study will investigate the connections between eating patterns and body image in older adults based on individual life experiences.

Research question: How do older adults view body image and eating patterns within their individual lives?

Definition of Terms

Body Dissatisfaction: Psychological distress based on negative perceptions of one's body, which are commonly associated with weight and/or body shape (Peat et al., 2008).

Body Dysmorphic Disorder: Psychological distress and impairment associated with the preoccupation with imagined or minor physical defect(s) in appearance (Rief et al., 2006).

Body Image: Attitudes toward one's body that includes perceptual, affective, and cognitive components (Peat et al., 2008).

Eating Disorders: Abnormal eating patterns constituting a medical and mental illness (Lapid et al., 2010).

CHAPTER TWO: LITERATURE REVIEW

Eating disorder and body dissatisfaction are becoming more prevalent within the older population, especially in older adult women. Midlarsky et al. (2018) explain that this may be for two reasons: firstly, in twenty percent of all individuals with an eating disorders, the disorder itself becomes chronic, and if left untreated, will persist well into late adulthood. Secondly, it is asserted that this rise may be attributed to late onset eating disorders. Lapid et al. (2010) explain early onset eating disorders to be those that reoccur in late adulthood, whereas late onset eating disorders appear for the first time in late adulthood. Previous literature (Lapid et al, 2010) defines the terms “elderly” and “older adult” as individuals aged 60 and older.

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, there are three types of eating disorders: Anorexia nervosa (AN), bulimia nervosa (BN), and eating disorders not otherwise specified (NOS; American Psychiatric Association, 2013). Anorexia nervosa is extreme food restriction behavior resulting in significant weight loss and bulimia nervosa is the recurring binge eating behavior followed by excessive weight loss behaviors. Eating disorders not otherwise specified refers to individuals who do not meet the full criteria for a specific eating disorder. The American Psychiatric Association (2013) also defines body dysmorphic disorder as an intense preoccupation with body appearance.

Eating Disorders

When individuals eat, a food pattern is developed. Throughout the lifetime, individuals create habits surrounding food such as when, where, and what they eat, mental processes they attach to food, and physical condition when they eat (Furman, 2014). Unhealthy food behaviors place individuals at an increased risk of developing an eating disorder. Throughout recent years, there has been a steady rise in the number of older adults seeking treatment for eating disorders

(Ackard et al., 2013). Ackard et al. (2013) explain that this rise in inpatient admissions of older adults seeking treatment for eating disorders may be the result of late onset eating disorders, or it could also be impacted by a greater understanding of these disorders. With such an increase in older adults seeking treatment, counselors need to be knowledgeable of how to effectively and accurately support older adults who live with eating disorders.

According to Midlarsky et al. (2018), disordered eating in the older population can be difficult to identify due to the challenge of distinguishing these disorders from other disorders due to the likelihood of comorbid health issues. Physical diseases such as heart disease, metabolic problems, gastrointestinal disorders, kidney problems, osteoporosis, and arthritis can correlate with eating disorders in this population. Based on this understanding of comorbid health concerns in older adults, Midlarsky et al. (2018) suggest that early detection and prevention should be stressed in order to maintain physical health in aging adults. Abnormal eating behaviors can lead to morbidity or even mortality; because eating disorders are often undiagnosed in the older population, the chance of complications increases (Lapid et al., 2010).

Eating disorders have also been found to be comorbid with other psychological disorders (Franx et al., 2017; Midlarsky et al., 2018). Midlarsky et al. (2018) explain that eating disorders can correlate with depression and its symptoms; depression has been found to be the greatest factor in weight loss within the older population. The symptoms of both depression and Anorexia Nervosa are reported to be similar in older adults, including decreased energy, poor concentration, and memory difficulties. Franx et al. (2017) describe the unintentional weight loss of individuals with dementia. While there may be differences between weight loss associated with eating disorders and those associated with dementia, it is still important for counselors to understand the predictive factors of weight loss in older adults.

Age Variables Associated with Eating Disorders

While the symptoms and presentation of eating disorders are similar in older and younger adults, the average age of onset is typically higher for older adults than that of younger adults (Ackard et al., 2013; Midlarsky et al. 2018). Although, Midlarsky et al. (2018) explain that there are many similarities in media's impact on women of all ages. Eating disorders occur most often within individuals in late adolescence and emerging adulthood, but with the increased awareness of eating disorders within the older population, it has been found that eating disorders among older adults is becoming more common (Patrick & Stahl, 2008).

The differences between younger and older adults with eating disorders stems from the reasoning behind its development (Lapid et al., 2010). Lapid et al. (2010) explain that with older adults, eating disorders commonly occur due to a fear of aging, societal expectations, or as the result of decreased control in one's life. The study continues by addressing the impact that a lack of control may have on an older adult's eating habits, and it asserts that a drive for control over such habits may be a coping mechanism utilized by older adults. For younger adults, Pruis and Janowsky (2010) assert that one primary cause of eating disorders in younger adults is the pressure to conform to societal expectations, leading younger adults to compare their bodies to others more often than older adults. It was also found that significant predictors for eating disorders in younger adults were body dissatisfaction, drive for thinness, and body shape concerns (Pruis & Janowsky, 2010). Also, according to Lapid et al. (2010), the risk of death due to an eating disorder is higher for younger women than older women, but higher for older men than for younger men.

Gender Variables Associated with Eating Disorders

Women develop eating disorders at a higher rate than men, but individuals of both binary genders can be affected at any age (Mangweth-Matzek et al., 2016; Reas & Stedal, 2015). According to Lapid et al. (2010), the most commonly diagnosed eating disorder, for both men and women, is Anorexia Nervosa (AN). Also, for both men and women, the greatest common factors in the development of an eating disorder are bereavement, marriage-related difficulties, and medical illnesses (Lapid et al., 2010). It has also been found that 15.3% of all women struggle with a lifetime occurrence of an eating disorder (Samuels et al., 2019). This suggests that eating disorders are prevalent in the older population and must be treated effectively. Clinicians must be prepared to work with older adults on concerns surrounding disordered eating and body image.

Body Dissatisfaction

Individuals of all genders and ages can experience concerns surrounding body image, but age has been found to be a primer for body dissatisfaction (Pruis & Janowsky, 2010). Older women express concerns about overall body image, but Pruis and Janowsky (2010) express the importance of a personalized approach which goes beyond the standard rating scales. They explain that older women tend to dislike specific parts of their bodies and most scales do not measure those specific body image concerns. For older women, biological body changes, such as menopause, can also impact self-image (Peat et al., 2008). Menopause can create many physical changes, though the most predominant are weight gain, a slowed metabolism, thinning hair, and dry skin. It is also explained that women who have given birth are more likely to have weight-related body concerns than women who had not given birth (Peat et al., 2008).

A study conducted by Allaz et al. (1996) found that 62% of women over the age of 65 wanted to lose weight, and that seventy-three percent of those individuals were already at a

healthy weight. Of those women, 71% reported wanting to be thinner, and many had attempted to diet at one point in their lives. Allaz et al. (1996) continues by explaining that as individuals age, a high body mass index (BMI) becomes a weaker predictor of death, while a lower BMI increased the risk of morbidity and mortality. Therefore, older adults with healthy BMIs who diet may be increasing their chances of dying.

Body dissatisfaction, no matter age or gender, is closely connected to self-esteem (Peat et al., 2008). Higher levels of body dissatisfaction can lead to diverse forms of pathology, including depression, anxiety, and eating disorders. Therefore, body dissatisfaction can be an underlying cause of various psychological disorders. Lapid et al. (2010) suggest that the preoccupation of body image can manifest as eating disorder symptoms. Therefore, it is important to understand the reasoning behind an individual's psychological pathology.

Age Variables Associated with Body Dissatisfaction

The rate of body dissatisfaction, especially for women, remains similar with age (Pruis & Janowsky, 2010). Pruis and Janowsky (2010) explain that the differences due to age are based on the underlying rationale for body dissatisfaction. Younger women are more likely to have self-objectifying ideology than their older female counterparts, and while the media places social demands on women of all ages, there are both diverse messages for younger and older women.

Younger women are largely represented in the media, and based on the widely accepted 'twiggy culture,' younger women are expected to adhere to the demands of these ultra-thin beauty standards (Peat et al., 2008). On the other hand, older women are underrepresented in the media, which creates a similar ideology and drive for thinness in older adults due to an overexposure of young, 'twiggy' women represented in popular culture. Therefore, older women are socialized to feel the need to look as youthful as possible (Peat et al., 2008). It is suggested

by Allaz et al. (1996) that any differences between body dissatisfaction between younger and older adults could be due to the cohort effect. Based on the recent emphasis of the 'twiggy culture,' older women may not have experienced the same pressures to be thin in their youth as they are now in older adulthood.

Gender Variables Associated with Body Dissatisfaction

Based on societal norms, as individuals age, men are viewed to be more attractive and women are viewed to be less attractive (Peat et al., 2008). Therefore, according to Peat et al., (2008), it is unsurprising that women develop concerns surrounding body image at a higher rate than men. A woman's appearance becomes more important than intellect, whereas for men, intellect becomes more important and prominent than appearance. Roy and Payette (2012) describe the double standard of aging for women. In society, there are two standards for male attractiveness: the boy and the man. On the other hand, women only have one standard for attractiveness, which is the girl. Therefore, this double standard suggests that all women will someday face unattractiveness simply due to age (Roy & Payette, 2012). Research is limited for body dissatisfaction in older men; future research should investigate prevalence and potential causation of body dissatisfaction within older men.

Body Dysmorphic Disorder

Body dysmorphic disorder (BDD) is characterized by the preoccupation of physical flaws or defects which are either invisible or minor to others (American Psychiatric Association, 2013). There must also be a significant amount of stress which impacts the individual's life, along with repetitive behaviors or acts. Concerns with body fat or weight must not be better suited to a diagnosis of an eating disorder (American Psychiatric Association, 2013). Body dysmorphic disorder is an underrecognized disorder, despite being found in about 2% of the

population, making it more prevalent than obsessive compulsive disorder (OCD), anorexia nervosa, or schizophrenia (Phillips, 2014). It is asserted by Phillips (2014) that individuals with body dysmorphic disorder are most likely to be preoccupied and focused on their nose, skin, hair, or wrinkles, and these individuals typically describe these areas of the body as ‘hideous’ or ‘monstrous.’

One main BDD specifier which clinicians should evaluate is an individual’s level of insight (Phillips, 2014). Insight refers to the ability to recognize presenting concerns as being a problem. Phillips (2014) explains that this specifier is important in the diagnosis of BDD because it allows clinicians to separate body dysmorphic disorder from other similar disorders. It also suggests that treatment for individuals with either delusional or nondelusional beliefs should be similar. One main difference in the treatment between the two is that individuals with low insight typically require more motivational interviewing than those who have a high level of insight (Phillips, 2014).

Summers et al. (2017) explain that ‘not just right’ experiences (NJREs) and feelings of incompleteness (INC) are correlated with body dysmorphic disorder. ‘Not just right’ experiences are characterized as the state of feeling discomfort, whereas feelings of incompleteness refer to a stable trait, including obsessive compulsive disorder (OCD). Assessments for ‘not just right’ experiences tend to measure an individual’s feelings about an experience, while assessments for feelings of incompleteness identify the actions which are the direct result of the experience. Therefore, Summers et al. (2017) continue by explaining that NJREs and INC can be determinates of obsessive-compulsive disorder, which is a contributing factor in the diagnosis of BDD. INC and NJREs are also more closely connected to OCD than they are to anxiety disorders or depression.

Although body dysmorphic disorder is likely related to obsessive compulsive disorder (OCD), Phillips (2014) asserts that the two disorders should be treated differently. Typical treatment for OCD, including exposure and response prevention, have been found to be ineffective for individuals with body dysmorphic disorder (Phillips, 2014). Instead, it is suggested by Callaghan et al. (2014) that Acceptance and Commitment Therapy (ACT) is a more effective method for treating body dysmorphic disorder. By using ACT in the treatment of BDD, individuals will decrease psychological inflexibility in order to further accept their body and increase contact with what is most important in their lives (Callaghan et al., 2014). It has also been found that there is a strong rate of comorbidity between body dysmorphic disorder and major depressive disorder, and individuals with BDD typically experience poorer insight, difficulty with information processing, and increased suicidality (Phillips, 2014).

While there is a lack of research and understanding surrounding this disorder, the rates of suicidal ideation, suicidal intent, and suicide attempts are substantially high (Phillips, 2014; Tomas-Aragones & Marron, 2016). Greater severity of BDD is linked with a higher chance of suicidal ideation and suicidal attempts (Phillips, 2014). In fact, Phillips (2014) explains that it is likely that suicidality in individuals with body dysmorphic disorder may even be higher than rates associated with bipolar disorder and major depressive disorder. Overall, body dysmorphic disorder is strongly associated with morbidity, including social and occupational impairment and isolation, as well the increased rate of mortality (Buhlmann et al., 2009).

Body Dysmorphic Disorder and Body Dissatisfaction

Buhlmann et al. (2009) assert that 27% of males and 41% of females who are not diagnosed with BDD still report preoccupation with at least one body part, though they do not fit the criteria for a BDD diagnosis. This suggests that body dissatisfaction is present in much of

population, regardless of a diagnosis of body dysmorphic disorder (Buhlmann et al., 2009). Individuals with BDD have an intense level of body dissatisfaction, most commonly focused on skin and hair (Tomas-Aragones & Marron, 2016). Appearance change is a natural part of life, and skin and hair changes become extremely common. The nonacceptance of physical body changes can decrease quality of life and become a very traumatic experience for some individuals (Tomas-Aragones & Marron, 2016).

Body image concerns lie on a spectrum, ranging from *body image dissatisfaction* to *body image disturbance*, which correlates with BDD symptomology (Callaghan et al., 2014). It has been found that body image disturbance is strongly predicted by a term called *psychological inflexibility*, which is the act of avoiding experiences which may cause distress. Therefore, individuals with high psychological inflexibility will avoid certain situations, experiences, or events if doing so will provide a sense of relief. As a result of that avoidance, individuals tend to lose their connection with experiences that were once important to them (Callaghan et al., 2014).

Body Dysmorphic Disorder and Eating Disorders

According to the DSM-V, individuals with presenting concerns surrounding a preoccupation with appearance solely involving weight or body fat should be diagnosed with an eating disorder (American Psychiatric Association, 2013). However, eating disorders and body dysmorphic disorder are commonly co-occurring (Phillips, 2014). Little research has been conducted on body dysmorphic disorder or a comorbid diagnosis with eating disorders, although the prevalence of eating disorders and body dissatisfaction suggests that body dysmorphic disorder could be going unnoticed and undiagnosed within this population.

The DSM-V explains that while concerns about weight or fat should be diagnosed as an eating disorder, a preoccupation with weight can be a symptom of BDD (American Psychiatric

Association, 2013). In that case, both should be diagnosed. Based on the diagnosis of eating disorders in the older population, weight concerns are prevalent within that population.

Although, with the significant amount of body dissatisfaction, there may be discrepancies in diagnosis and treatment.

Conclusion

Research focused on the older population has not identified a strong connection between eating disorders and body dysmorphic disorder. Previous research (Lapid et al., 2010; McLean et al., 2009; Peat et al., 2008) suggests that there is a strong connection between eating disorders and body dissatisfaction and suggests that body dissatisfaction within that population is significantly high. Based on the differences in treatment for eating disorder and body dysmorphic disorder, it is important to distinguish between the two, and identify treatment variations for single or comorbid diagnoses. This study will observe eating patterns and body image in the older population in order to better understand the lived experiences of older adults.

CHAPTER THREE: METHODOLOGY

A Phenomenological approach was utilized in this study. Interactive, semi-structured interviews were conducted to identify eating and body image patterns within the older population and were focused on identifying each participant's individual understanding of body image and eating patterns throughout their lifetime. Also, because eating disorders are commonly misdiagnosed as depression (Midlarsky et al., 2018), one question related to depression was asked in order to rule out depressive symptoms as an alternative explanation to eating pattern and body image changes. The focus of each interview was based on the following questions:

1. What does body image mean to you? How would you define it?
2. Has your body image changed or remained the same over time?
3. What does food and eating mean to you and how would you define eating patterns?
4. Have your eating patterns changed or remained the same over time?
5. Have you ever had rules about eating?
6. Do you feel satisfied or dissatisfied with your life?

These questions were asked to elicit responses regarding each interviewee's individual understanding of their body and eating patterns throughout the lifespan. Open, generalized questions bracketed preconceptions of the interviewer; these questions initiated conversation surrounding the participant's phenomenological understanding of eating and body image without directly implying the interviewer's perceptions. After each interview, transcriptions were created and coded in order to identify emerging patterns. The purpose of this study was to explore common factors associated with body image and eating patterns in older adults and to utilize a phenomenological research design as an experimental approach for better understanding any connections between eating patterns and body image in older adults.

Human Subject Approval- Institutional Review Board (IRB)

This study contained minimal risk; measures were taken to reduce the level of discomfort experienced by participants. Informed consent was obtained, which outlined the participant's right to withdraw their participation at any point during the interview process. Participants were fully informed of the purpose, nature, and duration of the interviews. Confidentiality was maintained at all times, unless concerns were to have arisen which required mandated reporting. Each participant was assigned a unique identification number in order to ensure anonymity. After participation, interviewees received debriefing information regarding the rationale behind the study. Following the completion of the study, participants were provided with a brief summary of the findings, and upon request, further information regarding results.

Participants

Five participants, one male and four female, ages 65 to 86, were interviewed for this study. Participants were from North Dakota and Minnesota, from both a rural and urban setting. Participants were recruited via text message. Each participant was a family member or close friend of the researcher, and they were identified based on age and consent to participate in this study. Participants were all Caucasian, predominantly retired, married or widowed, and varied in age and gender. Each participant was known to the researcher and steps were taken to minimize the effects of dual relationships. Participant's rights were explained in detail, written and verbal consent was obtained, and information regarding confidentiality in dual relationships was provided.

Bracketing

This author believes that body dissatisfaction within the older population may be at the level of being classified as Body Dysmorphic Disorder. If so, body dissatisfaction has been

deemed as a normal part of life, though its diagnosis in older adults has been overlooked within the mental health field. It is hypothesized that body dysmorphic disorder has previously been labeled as body dissatisfaction within the older population and that the disorder has been underdiagnosed and undertreated. It is also predicted that while eating disorder and body dysmorphic disorder are commonly comorbid diagnoses, an individual is more likely to be solely diagnosed with and treated for an eating disorder while BDD is left untreated.

Due to participants being known to the researcher, biases related to dual relationships were bracketed by asking generalized, open-ended questions that elicited unbiased responses from participants.

Design and Data Analysis

This qualitative study utilized a phenomenological approach. According to Hays and Singh (2012), the purpose of phenomenological research is to discover the lived experience of participants and collect human experiences and how we understand human experiences. Hays and Singh (2012) continue by explaining that phenomenological research is often used as an exploratory approach to a new or previously under-researched topic. Phenomenology seeks to understand the *lebenswelt*, or life-world of a participant and how a participants' understanding of life can be related to a particular phenomenon (Hays & Singh, 2012). To better understand the phenomena of body image and eating patterns in older adults, transcripts were created, coded, and themed.

Saldaña (2016) describes a code as a word or phrase that symbolizes the essence of a phenomenon. In this study, transcripts of each interview were created, highlighted to represent similar responses across participant interviews, and as patterns emerged, themes were identified. Coding is described as the “critical link” between data analysis and an explanation of meaning

(Saldaña, 2016). To ensure that the identified themes were accurately describing the essence of the findings, the coding process of highlighting main words and phrases from each transcript was conducted three times.

Trustworthiness

To maximize trustworthiness in this study, several measures were taken. According to Hayes and Singh (2012), trustworthiness refers to factors that strengthen research designs and implementation. Four criteria of trustworthiness have been identified and will be discussed in further detail.

Confirmability

Confirmability refers to the level of genuineness in the description of participants' experiences (Hayes & Singh, 2012). To avoid interference from the researcher, the results were listed in quotation-form to reduce researcher interpretation. By doing so, the findings remained objective, and the researcher remained neutral. The coding process was repeated three times to increase the confirmability of the results.

Member Checking

Member checking refers to discussions with participants regarding the genuineness of the reported findings (Hayes & Singh, 2012). The researcher clarified participant responses during the interview process and debriefing sessions occurred following the completion of each interview. A summary of the findings was sent to participants for review to elicit their input and confirm authentic representation.

Peer Debriefing

Peer debriefing is described as consultation with external sources to identify the authenticity of the overall findings (Hayes & Singh, 2012). For this study, a committee review

was conducted, and a classmate reviewed and challenged the findings. In doing so, it was concluded that the findings were representative of the participants' lived experiences.

Thick Description

Thick description refers to the depth in which the findings are detailed (Hayes & Singh, 2012). To create a thick description, quotations were utilized to enhance the depth of the results and description of participants' lived experiences. The rationale, design, procedure, implementation, and data analysis of the study were also detailed to create a thicker description of the findings.

Procedure

Approval from the Minnesota State University Moorhead (MSUM) Institutional Review Board (IRB) was sought and received. Upon IRB approval (Appendix A), participants were recruited via text message. Interviews were scheduled to accommodate a potential participant's schedule and comfort level regarding social interaction during the COVID-19 pandemic. Interviews were conducted either in person following CDC and state guidelines for social distancing practices or via Zoom. Once the meeting began, but before initiating the interview process, participants were presented with an informed consent form (Appendix B) in which their rights and the premise of the study were explained. Upon receiving written and verbal consent, the interviewer provided participants with a demographic information form (Appendix C) to collect the demographics of each participant.

With consent to begin, the interviewer structured each interview around the five primary questions regarding eating patterns and body image and the one question related to depression. Interviews were audio recorded with participant consent. Following the interview process, a debriefing form (Appendix D) was presented to participants, which outlined a summary of the

study, contact information, and mental health resources in case of psychological harm. Each interview took approximately 60 minutes.

Based on the audio recordings from each interview, transcriptions were created, and each transcription was password protected. Each transcription was labeled with the participant's unique identification number to ensure anonymity and confidentiality. Interviews were intended to elicit responses regarding a phenomenological understanding of body image and eating patterns. Transcriptions were coded and analyzed to identify overarching patterns between each interview.

CHAPTER FOUR: RESULTS

Participants

Participant profiles are included to add depth and context to the overall findings. To maintain confidentiality and anonymity, pseudonyms are used to replace participants' names. Because of each participants' relationship with the interviewer, only basic information will be listed. These profiles are created to enrich the understanding of participants' lived experiences. Following the profile descriptions, a summary of themes will be detailed.

Gladys

Gladys is a 76-year-old married Caucasian female who lives in North Dakota.

Lena

Lena is a 68-year-old married Caucasian female who lives in rural North Dakota.

Charles

Charles is a 66-year-old married Caucasian male who lives in Minnesota.

Milly

Milly is a 65-year-old married Caucasian female who lives in rural Minnesota.

Cora

Cora is an 86-year-old widowed Caucasian female who lives in rural North Dakota.

Findings

Based on the interviews conducted with each participant, the interviewer identified two major themes: physical health and overall healthiness/wellbeing as determinates of body image and eating patterns.

Theme One: Physical Health

Each participant explained that, as they have aged, their body image and eating patterns have become largely influenced by their physical health. It was reported that physical health conditions can either influence the way they feel about themselves and their bodies, how they believe others to view them, and can also impact their relationship with food. Gladys explained that, due to her husband's health condition, she has had to alter the foods that they eat and has become more conscious of how foods influence their physical wellbeing. When asked if she believes that health influences eating patterns, she responded:

Oh, well it did in our case because I had to cut out foods with a lot of salts in them, and red meat, so I've had to learn how to cook the fish, chicken, and turkey differently, and I think I've had more trouble with it than my husband did, because he eats anything. But it didn't appeal to me, so I had to learn.

Gladys explained that her physical health has impacted overall body image in terms of how she feels about herself and how she thinks others view her, while her husband's physical health concerns have impacted their food patterns, particularly in relation to what they are able to eat. In Cora's interview, she explained that, as she has gotten older, the way people view her has become less important, and instead, she is more focused on how she physically feels. When asked to elaborate, she stated:

Well, I think I've done okay, actually. Right now, of course, with my arthritis and my shoulder that wants to come apart... and I have a knee that clicks and hurts because it's still from when I fell on the floor. My ankle is good, though; it doesn't swell anymore. So, you beat yourself up and you don't even realize. Here I am, 86... and you know, this is doable at my age. I'm not doing anything. I'm not working- If I want to sit down, I go sit down.

Milly described this physical health connection through the lens of recovering from a past injury to her knee. She explained that she did not have surgery to repair her knee, so now she has to focus heavily on the activities that she does and does not do, and that has altered her self-perception. She stated:

I've always had that issue with my knee, and as I've gotten older, I've gained more weight. Now I've realized that I should have had surgery on my knee, but I didn't. I realized that I limited myself to what I could do, and that really affected my body image. I used to think of myself as being so athletic and now I'm not athletic, and I think that people would be surprised to know that I thought I was athletic.

The change in Milly's physical health and physical ability has impacted the way that she views herself and the way that she believes others view her. She also expressed a strong focus on family and values time with her grandchildren but is often unable to play with them during games and activities that involve physicality. Lena also reported that her eating patterns and body image are largely connected to physical health and physical ability. She reported sustaining an injury in the past that affects her mobility and the way she walks. When asked about food patterns, she reported:

I do much better if I don't gain a lot of weight, because with my accident and things, I just walk better, and my hips don't hurt. I just feel better... If you aren't feeling good, it's sometimes easier to overeat or not eat at all, depending on how you respond. I sometimes have a tendency to just forget it.

Charles explained, in his interview, that his focus on physical health and eating is largely a result of wanting to live longer and being healthy while he's alive. He reported that he often thinks of his food consumption and attempts to eat healthier foods and reduce his portion sizes. He stated:

“I want to be more discerning, with an eye toward a healthier life down the road.”

Charles also explained that his exercise is one way that he maintains a level of health that he’s wanting. He exercises frequently, while also focusing on the way his body physically feels. Each participant reported a connection between physical health, eating patterns and/or body image.

Theme Two: Overall Healthiness and Wellbeing

Another theme related to eating patterns and body image is a focus on overall healthiness. Several participants reported a strong focus on healthiness and maintaining health, especially related to eating and body image throughout the life span. Participants often reported that, in their youth, eating healthy and being well were easier due to the simplicity of having someone, usually their mother, to cook healthy meals, and exercise came naturally to them when they were young. Some participants also reported a strong focus on healthiness at their current age. Gladys described this current focus by stating that she “does everything she needs to do” to stay healthy. When asked what that entails, she reported:

I exercise at least 30 minutes every day. And I’ve been good- being type II diabetic- I’m supposed to stay away from carbs and sugars and alcohol and things like that that, and I’d say I’m pretty good. And I find myself really liking sweets because they taste good, and as you get older, that’s one of your taste buds that *does not* go away. But yeah, I try to do everything that I’m supposed to do. I’d pass, but I wouldn’t get a real high mark.

Milly explained that body image was not a concern when she was a child because she was a very active child and was naturally in very good physical condition. She explained that cooking healthy meals was once easy, but she explained that as she got older, it became harder, and she stated:

In my young adult life, my family and I ate really well. I made sure that we ate a balanced diet; everything healthy, basically. Desserts and junk food were a now and then thing, but then as my younger kids got older and my husband and I were both working full time and all of the kids were busy, we found ourselves eating way more junk food and stopping at fast food places, because you're on your way somewhere two hours away and there's no time to make anything. Although, I've always known what a healthy, balanced diet looks like: what foods to choose, how to prepare it, and all that good stuff.

Charles explained that his eating patterns revolve around healthiness in terms of physical wellbeing and also mental wellbeing. He expressed:

My emotions can sometimes determine what I eat. When I'm under stress or feeling scattered, I know that I'll turn to foods that center me, and they're not always healthy. And they might be a beer or a glass of wine, and you know, you need to have certain limits on those things.

Charles explained that the way he copes with stress is by allowing himself to eat foods that comfort him, and while they make him feel better momentarily, he becomes frustrated with himself for indulging in those foods.

CHAPTER FIVE: DISCUSSION

Summary of Findings

The purpose of this study was to observe how older adults have experienced body image and eating patterns throughout their lifetime. Through phenomenological interviews, two main themes were identified: physical health and healthiness/wellbeing. It was identified that participants often described their physical condition and overall healthiness when identifying factors that influenced their body image and eating patterns. They reported that exercise and the intake of healthy foods were factors that contributed to the overall themes, while not actively engaging in those routines made them feel worse about their bodies.

Findings from this study relate to the previous finding by Peat et al. (2008) that concerns related to body image and eating patterns in older adults has been deemed as a “normative discontent.” Participants from this study, when describing factors that negatively influenced their body image and/or eating patterns often expressed, “I guess I’ve never thought about it.” Although they were able to verbalize the idea of factors negatively influencing their body image and/or eating patterns, they found it difficult to explain those feelings in relation to their lived experiences. This suggests that the “normative discontent” that Peat et al. (2008) describe may play an active role in why participants were able to identify factors that negatively influenced their body image and eating patterns but had never viewed those negative influences as anything outside of the norm.

Limitations

The limitations within this study are related to the sample size, participant demographics, and dual relationships. A larger sample size would increase the efficacy of the findings and further enrich the results. The sample was also rather unvaried in terms of race and gender. Each

participant was of Caucasian decent, and most participants identified as female. With a more diverse sample, similarities and differences could be identified based on cultural differences between participants, which would enrich the overall data. Another limitation involved the dual relationship between the interviewer and participants. Each participant was known the interviewer, though confidentiality in dual relationships was discussed during the informed consent process and each participant was informed of their right to withdraw their consent at any time.

Conclusion and Implications

Previous research does not often emphasize the importance of physical condition/physical health in older adults and its impact on body image and eating patterns. Past research has identified that biological body changes in older adults impacts body image, but those changes are explained primarily as menopause, weight gain, etc. This study identified that physical health and overall healthiness of older adults incorporates more aspects of health and is often associated with a desire to increase longevity. Due to the differing life experiences and overall participant understandings related to body image and eating patterns found in this study, it is important for counselors to seek to understand their client's lived experiences in relation to these topics. While previous research has identified that body image and eating-related concerns are prevalent within the older population, it is important to understand clients' unique understandings of these topics.

Future research should focus on identifying a larger number of factors related to those connections and how the counseling field can address body image and eating-related concerns. Because this research was conducted as an exploratory study to identify older adults' lived experiences, further research should be conducted to identify whether there is a causal relationship between body image and eating pattern concerns within this population.

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Appendix A: Institutional Review Board Approval



Institutional Review Board

DATE: February 17, 2021

TO: Jessica Brown, Principal Investigator Anna Ellenson, Co-Investigator

FROM: Lisa Karch, Chair

Minnesota State University Moorhead IRB

A handwritten signature in black ink that reads 'Lisa Karch'.

ACTION: APPROVED

PROJECT TITLE: [1711875-1] Body Image and Eating Patterns in Older Adults

SUBMISSION TYPE: New Project

APPROVAL DATE: January 28, 2021

EXPIRATION DATE:

REVIEW TYPE: Expedited Review

Thank you for your submission of edited materials for this project. The Minnesota State University Moorhead IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to the Minnesota State University Moorhead IRB. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to the Minnesota State University Moorhead IRB.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of .

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the [Minnesota State University Moorhead IRB](#). Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Minnesota State University Moorhead's records.

Generated on IRBNet

Appendix B: Sample Informed Consent Form

Consent to Participate in a Research Study Counseling Department, Minnesota State University Moorhead Body Image and Eating Patterns in Older Adults

Purpose of the study: This study will seek to understand connections between body image and eating patterns in adults at the age of 65 or older.

What you will do in this study: If you decide to participate, you will be asked to answer several questions related to past and current perceptions of your eating patterns and body image. A debriefing session will be held immediately following the interview. These interviews will be carried out either via in-person meetings following CDC and state guidelines, Zoom, or telephone.

Time required: Approximately 60 minutes

Audio Recordings: Each interview will be audio recorded for the subsequent generation of transcriptions.

Risks: Based on your connection to the interviewer, the personal nature of this interview may cause discomfort. If discomfort does occur, you have the right to skip questions or withdraw participation from this study.

Benefits: This study is designed to further our knowledge of how eating patterns and body image are experienced throughout the lifetime. Findings in this study could provide context for addressing eating and body image concerns within the counseling field.

Confidentiality: The responses in this study are being collected for research purposes only. Records of your responses will be transcribed and secured in a password-protected file and will only be made available to researchers directly involved in this study. Transcriptions are coded anonymously, and you will not be personally identified in any report or publication resulting from this study.

Participation and Withdrawal: Your participation is voluntary. If you decide to participate, you are free to discontinue your participation at any time without prejudice.

Contact: Please feel free to ask questions now or at any time during the study. If you have any additional questions about the experiment, you can contact Jessica Brown, PhD, Med, BS at 218-477-2297 or Jessica.brown@mnstate.edu.

Whom to contact about your rights in this experiment: You may contact Lisa Karch, Chair of the MSUM Institutional Review Board at lisa.karch@mnstate.edu or (218) 477-2699.

Agreement: The purpose and nature of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

Audio and Video recordings: By signing this form, you agree to be audio and/or video recorded. All recordings will be safely secured to protect your identity and right to

confidentiality. These recordings will never be linked to any individual and will be destroyed following the completion of this study.

In signing this agreement, I also affirm that I am at least 18 years of age or older.

Upon your request, you will be provided with a copy of the signed consent form.

Signature of Participant

Date

Signature of Investigator

Date

Appendix C: Demographic Information Form

1. What is your age? _____
2. What is your gender? _____
3. What is your race? _____
4. What is your marital status? _____
5. Are you currently employed? _____
 - a. If yes, what is your occupation? _____

Appendix D: Debriefing Form

Debriefing for Body Image and Eating Patterns in Older Adults Minnesota State University Moorhead Department of Counseling

Summary of Study:

Previous research (McLean et al., 2009; Peat et al., 2008) has established a common connection between eating disorders and body dissatisfaction within the older population. These studies indicate that there is a high rate of body dissatisfaction in older adults, though there is little research which indicates whether the prevalence of body dissatisfaction within the older population is impacting the mental wellbeing of older adults. Through the use of these interviews, this study seeks to observe and describe lived experiences related to body image and eating in the older population.

Whom to contact for more information:

Please feel free to ask questions now or at any time during the study. If you have any additional questions about the experiment, you can contact Jessica Brown, PhD, Med, BS at 218-477-2297 or Jessica.brown@mnstate.edu.

Whom to contact about your rights in this experiment:

You may contact Lisa Karch, Chair of the MSUM Institutional Review Board at lisa.karch@mnstate.edu or (218) 477-2699.

If you feel that you have experiencing adverse consequences from this study:

Adverse consequences are not expected, but if concerns arise as a result of participation in this study, please contact FirstLink at 2-1-1 or (701) 235-7335.

If you are interested in learning more about eating patterns and body image in older adults, you may want to consult:

Peat, C. M., Peyerl, N. L., & Muehlenkamp, J. J. (2008). Body image and eating disorders in older adults: A review. *The Journal of General Psychology*, 135(4), 343-358.

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Thank you for your participation!