Social support and body image in group physical activity programs for older women

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Abstract

Physical declines with aging may negatively impact women’s body image. Group physical activity can be a source of social support that may improve body image. We examined how social support experienced in group physical activity programs impact older women’s body image. Guided by interpretive description, 14 women aged 65 and older who participated in group physical activity classes were interviewed. While women experienced both positive and negative body image, body image was generally positively impacted by physical activity. Four themes described social support processes that affected body image in the physical activity context: fitting in and being inspired through identifying with others; what is discussed, and not discussed; providing comfort, understanding, and acceptance; and skilled and empathetic interactions with instructors. Understanding how social support in group physical activity can promote positive body image throughout aging can inform practical guidelines for facilitating and improving support in this context.

Keywords: self-perceptions, older adults, aging, positive body image, coping, thriving
Positive body image is the acceptance, appreciation, respect, and favourable opinions of one’s body in terms of appearance, functionality, unique characteristics, and capability (Wood-Barcalow et al., 2010). Positive body image posits that appreciating and celebrating the body can lead to acceptance and love for the body, whereas approaches that aim to reduce negative body image merely enable people to tolerate their body. Body acceptance is a key component of positive body image and is “expressing love for and comfort with the body, even if not completely satisfied with all aspects of the body” (Tylka & Wood-Barcalow, 2015, p. 122).

Positive body image contributes to well-being, self-worth, and confidence, and can lead to engaging in health behaviours such as physical activity (Grogan, 2017; Tylka, 2012). There are gaps in understanding how body image is experienced by older adult women, including how social interaction experienced in the physical activity context may impact positive and negative body image. Therefore, there is a potential to further our understanding of how older women may nurture positive body image in themselves and others using the conceptual framework of positive body image (Tylka & Wood-Barcalow, 2015). This framework acknowledges that positive and negative body image can exist simultaneously, and conceptualizes body image as being affected by complex processes that include not only physical appearance, but also body functionality.

While most body image research has attended to individuals’ perceptions and experiences of body appearance, positive body image literature highlights the importance of both body appearance and body functionality in shaping body image. Body functionality encompasses everything that the body is capable of, including internal processes, physical capabilities, sensations, creative endeavours, communication with others, and self-care (Alleva et al., 2015). Women in Western culture face pressures to obtain a thin, youthful, toned, and muscular body
that often leads women to feel dissatisfied with and critical of their bodies (Cash & Pruzinsky, 2002; Grogan, 2017). Older women may face additional pressures as they experience changes in body function and appearance related to aging such as changes in body shape and size, skin wrinkling, physical health, strength, and able-bodiedness (Hurd Clarke, & Korotchenko, 2011). Despite facing these societal pressures, body image is less understood in older female populations. Recent research has found that as women age they report decreasing satisfaction with both appearance and function (Lee & Damhorst, 2021); however, these findings contrast with previous findings that satisfaction remains stable over time and that body appreciation increases in women over 50 (Tiggemann & McCourt, 2013). Furthermore, while positive body image literature highlights the role of body functionality in shaping body perceptions, positive body image research has been criticized for focusing on appearance in younger populations, while functionality and older populations have received less attention (Jankowski et al., 2016; Tylka, 2012).

Group physical activity programs may provide a novel context to examine body image in older women because engaging in group physical activity can provide physical health benefits (e.g., improved body functionality), while simultaneously providing opportunities to build relationships and access social support, both of which can impact body perceptions (Bergland et al., 2018; Grogan, 2017; Tylka, 2012). While it is understood that both social interactions and physical activity impact body image, little research has been conducted on the impact that group physical activity has on shaping older women’s body image, and how positive body image can be facilitated. Examining how physical activity impacts older women’s body image, in light of the interpersonal relationships and support they receive during group activity, may provide
further insights into what conditions are needed to experience positive body image when engaging in physical activity.

Engaging in physical activity focusing on physical ability instead of aesthetics, has been linked to body satisfaction in adults and young women, and has the potential to positively influence body image in older women (Grogan, 2017); however, understanding how physical activity may facilitate positive body image in this population, is not well understood. Physical activity improves health and functional capacity (Weinert & Timiras, 2003), and can improve body image through improving sensory experiences related to physical function, energy levels, agility, and power, and promotes confidence, physical mastery, and perceived control over bodily changes (Bergland et al., 2018; Cash & Pruzinsky, 2002; Grogan, 2017). Women over the age of 55 in an exercise context found that while investment in body appearance was still quite high, their level of acceptance or gratitude for their body increased with age (Bailey et al., 2016). Women who take part in physical activity programs also hold more positive beliefs about aging, and experience improvements in perceptions of physical appearance, value, and sense of self (Emile et al., 2014; Henwood, Tuckett, Edelstein, & Bartlett, 2011). Yet experiencing declining physical function such as reduced energy and mobility and increased pain can make it more difficult to engage in activities and older women have reported feeling more critical of or dissatisfied with their body during physical activity (Bennett et al., 2017a). While physical activity has been associated with positive body image in younger women (Grogan, 2017), findings for older women are less consistent and require further investigation.

Interpersonal relationships impact women’s attitudes towards their body appearance (Liechty et al., 2010), and acceptance from others influences positive body image (Tylka & Wood-Barcalow, 2015). Social support is a potential mechanism for affecting positive body
image in group physical activity contexts. Theories of social support historically focus on support from others as a coping resource where interactions with others serve to protect or maintain well-being of an individual in times of adversity. Recent theory suggests that social support can promote thriving both through helping cope with adversity, and encouraging growth when adversity is not a threat (Feeney & Collins, 2015). Thriving is prospering, growing or developing, or progressing towards a goal (Feeney & Collins, 2015), and is akin to the concept of flourishing referenced in positive body image literature (Tylka, 2012). When feeling negatively about the body or facing functional limitations, others may provide support by creating a safe haven, fostering psychological strengths, assisting with reconstructing the self, and helping reframe adversity. Social support can promote positive body image by helping recognize challenges as opportunities for growth, encouraging seizing those opportunities, and helping prepare for and engage in opportunities for growth. When not coping with adversity, support may also facilitate a launching function where one may have a secure base for exploring challenges, support during setbacks, and support for working towards goals that are bringing them closer to their ideal self (Feeney & Collins, 2015).

Although taking part in group physical activity can help women to feel better about themselves (Bergland et al., 2018), there is little research on older adult women’s experiences with social support in group physical activity contexts, particularly specific behaviours that are perceived to be supportive and their implications for body image. For instance, support can help enhance positive and reduce negative body image (Augustus-Horvath & Tylka, 2011; Bergland et al., 2018), and body-related support and perceived body acceptance by others helps women to resist self-objectification and appreciate their bodies (Augustus-Horvath & Tylka, 2011). Social support also helps to cope adaptively with the physical changes of aging (Cash et al., 2005).
However, most studies have focused on general feelings of being supported, and a better understanding of actions that are experienced as supportive in physical activity contexts is important for improving social support in practice. Furthermore, some behaviours that are intended to be helpful may not always be perceived as supportive by the individual receiving support, and is dependent on the context in which support was received. For example, while technical feedback from an instructor may help a participant feel like their body is strong and capable, similar comments from another participant in the class may be viewed as pointing out their body’s limitations. Understanding actions that support positive body image, and conditions under which they are supportive, would improve practical strategies for enhancing positive body image for aging women in physical activity.

Given the complexity of developing or maintaining positive body image while experiencing physical declines associated with aging in a culture that emphasizes youthfulness, physical fitness, and beauty, and the potential for physical activity and the social support provided in group activity contexts to facilitate positive body image, this research examined experiences of support for positive body image among older adult women in group physical activity classes. The purpose of this study was to qualitatively examine how social support in group physical activity programs shaped older adult women’s positive and negative body image. Our aim was to understand what social behaviours support positive body image and help to cope with negative body image in the context of group physical activity. Findings from this work will further inform how to facilitate positive body image in older women in group physical activity.

Methods

Methodology
This research was informed by a relativist ontology and constructivist epistemology, meaning that we acknowledge that there are multiple socially constructed realities that shape thoughts and behaviours, and that experiential context plays a role in developing meaning, and shaping actions and beliefs (Thorne, 2016). This perspective is useful when examining how behaviours may support positive body image, while acknowledging that experiences and understandings of social support and body image may vary for different people. We used interpretive description methodology (Thorne, 2016), which is designed to incorporate theoretical, empirical, and practical knowledge in qualitative studies that investigate questions in applied health domains. This methodology is aligned with our interest in producing tangible suggestions for improving the body image experiences of older women. Interpretive description identifies relationships and patterns in the data to identify common experiences and individual variations that may generate knowledge useful for health research and practical application. Interpretive description was used because of the practical utility of this methodology and the importance of this research contributing to a practice-based issue, meaning that the implications of this research should be useful for practitioners. Interpretive description also acknowledges the inseparable relationship between the researcher and the object of inquiry (Thorne, 2016). The primary author who conducted the interviews and analysis is a young, Caucasian, cisgender woman who has been exposed to Western cultural body ideals and holds beliefs about physical activity as being beneficial for well-being. She has a graduate degree in exercise psychology, and the co-authors include faculty members with expertise in exercise psychology and social work.

Participants

To be eligible for the study, participants had to (1) self-identify as a woman, (2) be 65 years of age or older, (3) be able to participate in an interview in English, (4) have taken part in
at least three group physical activity sessions at a municipal recreation center within the previous three months to ensure that they had enough recent experience in programs to speak to the topics discussed, and (5) be able to attend an in-person interview at a local study site. While there is no consensus on what age range defines older adulthood, we chose 65 and older for this study because it is a common retirement age in this geographic region. On average, interviews lasted 53 minutes. Participants (N=14) ranged in age from 65 to 84 (Mage=71.6). All participants took part in classes at the same recreation center. Thirteen participants were Caucasian and one was Filipino. Most participants were married or living with a partner (n=10), had a university degree or technical diploma (n=10), were retired (n=14), had children (n=10), reported having a household income of $80,000 or more (n=8), and reported experiencing at least one chronic health condition (n=13). All the women engaged in at least 150 minutes of activity per week. In addition to the physical activity class where they were recruited, they all participated in a variety of other physical activities on their own or with a spouse or partner, children, relatives, and/or friends. Women took part in a variety of group physical activity classes including aqua-running, deep water aerobics, spin class, core conditioning, high/low aerobics, Pilates, Zumba, seated resistance training, gentle fitness (low impact) aerobics, cardio, balance and strength, and mind and body (e.g., yoga). Women had taken part in group fitness classes at municipal recreation centers for 2-35 years and attended an average of three classes per week.

**Procedures**

Approval for this study was obtained from the university research ethics board. The recreation site was chosen based on consultation with municipal recreation staff because it had many older adult women participating in group physical activity programs. The lead author gave brief presentations about the study at group physical activity programs, and those interested in
volunteering provided contact information. Volunteers were screened for eligibility either by filling out a screening form, or by answering screening questions verbally, and interviews were conducted in a private room at the recreation facility. Participants were not compensated.

Interviews took place from October 2018 to February 2019. Prior to the interview, participants completed a consent form and questionnaire that included questions about participants’ demographic characteristics (e.g., age, gender, race, education), physical activity, and social participation. Interviews were guided by a semi-structured interview guide developed by the first and second author, including questions about current and previous physical activity participation (e.g., Please tell me what types of exercise, sports, or physical activity you currently take part in.), body image and aging (e.g., Over the course of your life, how have your perceptions of your body changed?), the role of physical activity in body image (In what ways, if any, do you think physical activity affects how you think about or feel about your body?), social support in the physical activity context related to when they felt good about their body (e.g., Is there anyone in the physical activity context, such as other participants and instructors, who provide you with support related to your body when things are going well? How do they support you?), and when they were experiencing difficulty with their body (e.g., How do people in your physical activity context, such as other participants and instructors, provide you with support when you are facing challenges or difficulties related to how you feel about your body?). There were no questions posed specifically about social comparisons; however, social comparisons arose during the interviews as an important component of body image, and therefore were attended to in the analysis. Detailed reflexive notes were made following interviews and throughout the analyses. Reflexive notes included initial interpretations about what topics stood out or were emphasized by the participants in the interviews, the interviewer’s reactions during
the interviews, how participants’ beliefs resonated or differed with her own views, and how the research process increased her awareness of her own views. The lead author’s experience as a younger, physically active woman who had not experienced significant functional limitations and had experienced appearance-based societal pressures were explored in her reflexive notes. She reflected on her position in terms of how it may have affected her interpretations, and on how the participants may have perceived her and the potential impact on what they were willing to disclose.

**Data Analysis**

Interviews were audio-recorded and transcribed verbatim. Names and other identifying information were replaced by a code. NVivo 12.0 (QSR International, 2018) was used to store and organize data during analysis. Analysis was guided by interpretive description (Thorne, 2016). The first author read one transcript to become familiar with it as a whole. The transcript was then read again and inductively coded to identify ideas pertinent to the research question. Related codes were organized into categories. These steps were repeated for all transcripts, and then transcripts were re-read and codes were reviewed for consistency and refined. Overarching themes were identified and compared with concepts in the literature, including concepts such as positive body image that were used as the framework for the study, and concepts that emerged during the analysis because the participants brought up similar ideas in the interviews. In particular, social comparisons were identified as a theme during analysis (Festinger, 1954).

Social comparisons can be categorized as upward (comparing with others perceived as better off), or downward (comparing with others perceived as worse off). Both upward and downward comparisons can be either assimilative (comparing with others perceived as similar to ourselves) or contrastive (comparing with others perceived as different from ourselves; Suls et al., 2002).
Social comparison theory suggests that comparisons impact well-being. Making upward assimilative or downward contrastive comparisons are generally advantageous for self-perceptions, although these effects can be more nuanced depending on other contextual factors. While we did not specifically pose questions related to social comparisons, the role of social comparisons often arose in discussion, so we brought social comparison theory into the analysis to assist with interpreting that theme. When inductively derived concepts had similar meaning to concepts in the literature, code labels were adjusted to align with existing terminology. Analytic memos with thoughts, interpretations, and questions were made throughout the analysis to aid in the refinement of codes and development of themes.

Throughout the analysis, the first author consulted with co-authors who posed critical questions and queried interpretations. Participants were provided with a summary of their individual findings and 10-15 minute phone interviews were conducted to obtain feedback and to ask follow-up questions that arose during analysis (Smith & McGannon, 2017). Follow up interviews were transcribed, and any new or revised information was coded or recoded and incorporated into the analysis. Each theme was then described, exploring commonalities and variations across the data, and illustrated with supporting quotations.

Rigor

Interpretive description outlines four guiding principles for ensuring quality (Thorne, 2016). Epistemological integrity (i.e., ensuring the alignment of methodological philosophy and the research methods applied) was addressed by referring to the methodological and philosophical tenets of the study when making decisions about methods and analysis. For example, when making decisions related to the project the lead author consulted with the second author who has over a decade of experience of conducting interpretive description research and
teaching qualitative methods courses, to ensure that the methods were aligned with the theoretical tenets. We addressed representative credibility (i.e., consistency of theoretical claims within the context of the study sample) by having multiple members of the research team critically review and discuss analytic decisions and seeking participant input on the interpretations of their interviews. Analytic logic (i.e., providing evidence to support our analytic reasoning) was addressed by creating an audit trail and providing verbatim examples to support interpretations. Interpretive authority (i.e., establishing that the findings are trustworthy) was addressed by identifying common themes and individual variations (Thorne, 2016).

Results

Five themes were identified from the data: 1) body image is complicated, but exercising has positive effects; 2) fitting in and being inspired through identifying with others; 3) what is (not) discussed; 4) comfort, understanding, and acceptance; and 5) skilled and empathetic instructors promote positive body image.

Body Image is Complicated, but Exercising Has Positive Effects

The way women described their relationships with their bodies highlighted that negative and positive body image were experienced simultaneously, along with more ambiguous feelings such as acceptance of a certain amount of dissatisfaction, given their age “I’m overweight, old, so saggy. But really, I don’t feel bad about myself...I know there’s improvement to be made. But no, I’m sort of, I’m comfortable in me” (P13). Similarly:

I don’t think I’m awful, but I don’t think I’m also...really great either. But it is what it is and you just accept it. I think with aging you accept that you’re not going to have that bikini body. (P4)
Most women explicitly expressed that health and function was more important than appearance. But appearance was often tied to how health and function were discussed. This discourse was often reflected in discussions about wanting to lose weight to improve function or health, with simultaneous acknowledgement that change in appearance was part of those goals: “If I could lose 10 pounds on my body then that would make my body look different, obviously, and I would feel better. It would be better for my knees” (P2). Most women stated that while weight loss would be nice, it was relatively unimportant to them. But the language used in these statements tended to include a sense of obligation, that weight loss was something they “should” do: “From a health point of view I should lose weight. I’m not so concerned about from looks, but yeah, health wise I know I should” (P12). In contrast, some women used strong negative sentiments to discuss even minor weight gain, demonstrating the high value they placed on weight loss or maintenance: “Sure, I’d hate myself if I was five pounds or 10 pounds heavier. I wouldn’t like it. I’d work hard to get it off” (P15). These comments aligned with stigmatizing cultural discourses of body weight being integral to health, character, and being a productive, valued member of society:

I think if I was fat, I’d feel really bad…I associate being fat with not being healthy, and lazy, and not motivated at all. Because I know a lot of fat people just sit down and do nothing, sit on the couch and watch TV all day. I can’t do that. (P6)

Most of the women incorporated physical activity into their lives at least in part because it impacted appearance, function, and health. Appearance was at least somewhat important to many women. For some, physical activity helped them be accepting of their appearance, “I’m not ashamed to have my body looking like a body sort of thing, I don’t have to mask it. And I think the physical activity has certainly been a huge part of that” (P10). The women all described
body function and bodily sensations as impacting and being impacted by physical activity, and both contributed to positive body image and motivation: “Just feeling fit and feeling that I can in my aging years still do the things that I want to do, within limits. And knowing my limits and making adjustments to those limits” (P4). Similarly:

I step out of that class, you feel like a million dollars right? That’s why people come. You get addicted to it, you get a high from it, you know? I actually have a lot of muscle pain in my body. Yesterday, my hands hurt, my muscles hurt in my arms, and that’s why I come here as well because the more I come here the more it helps. (P15)

For the few women who were experiencing more noticeable limitations that impacted the ability to take part in physical activity, this experience elicited negative emotions related to their body function: “Very disappointed, because I had my back…Then my hip went…Anyway, I have trouble. I’m very disappointed with it” (P1). Furthermore, not being able to perform some of the exercises in the physical activity class was frustrating: “I used to have some negative feelings about some of the things that I couldn’t do properly. And I used to think no, I’m not doing it” (P1). Overall though, while body image perceptions were complex and sometimes ambivalent, physical activity tended to contribute to positive bodily sensations and enhance feelings of control over function, health, and to some degree, appearance.

Fitting in and Being Inspired through Identifying with Others

Group physical activity provided opportunities for social comparisons with other participants and instructors. While social comparisons are not necessarily a form of social support, they can affect supportive exchanges and impact body image. There were instances when women described downward contrastive comparisons that helped them feel more positively about their own bodies because they could outperform others: “I think I'm unfit, but
there are people in all the classes who struggle way more with the exercises” (P13). Similarly, upward contrastive comparisons with others who appeared to be better off could lead to feeling inadequate and disengaging:

It was one of those [classes] where you had a whole bunch of people in their spandex that don’t obviously need to lose an ounce… And obviously I’m envious, but no, it’s nice to have a class where nobody’s perfect. I mean, there was some quite fit people in the classes, but there’s nobody where you go wow, you’re 70 and you look as if you’re 40 years old. (P13)

Some social comparisons were more complex. Most women appreciated that the physical activity classes included participants with a diverse range of abilities, which offered many options for drawing comparisons that helped them to feel confident about their own body. These comparisons were not typically framed in terms of upward or downward judgements, but rather in terms of feeling like they fit into the range of capabilities in the group, and that having some functional limitations, or things that they did not like about their appearance, was normative. Seeing that people with a variety of skill levels and body types were welcomed and accepted in the physical activity program enhanced women’s feelings of comfort and confidence with their own bodies: “I mean it doesn’t matter. We really have a lot of people in there of different shapes and sizes” (P1). Similarly, one woman described how having others who also carried extra weight around their waist helped her to accept her own body appearance “I look at the ladies who are carrying a Michelin…All of them have this…We’re all equal or the same…You reach a certain age where you can’t really do much, just accept how you look, right?” (P6). Even if they did not embrace some of these physical characteristics in themselves, feeling like it was typical or expected at their age enhanced their comfort with their own bodies.
Seeing others staying active while dealing with injury, illness, functional limitations, or age-related declines was consistent with upward assimilative comparisons, rather than downward contrastive comparisons, because the women framed these comparisons in terms of seeing these women as role models for coping well with these challenges: “It’s inspiring to see other people who overcome those kind of problems, like the people that have a hip replacement and come back and do the aerobics classes again” (P3). Similarly, “Sometimes it’s motivating to see somebody else who you thought couldn’t do it, and well, maybe I can do that if they can do that” (P3). When participants made judgments about others’ physical abilities and saw those people exceed what they thought they were capable of, it helped women to question their assumptions about their own body’s limits.

Female group physical activity instructors were also often the focus of comparison. However, when the instructor was much younger than the participants, as was often the case, they were seen as different, and therefore comparisons were easier to discount. “I don’t try and keep up with the teacher, there’s not a hope in hell. I mean she’s 30 right?… It would be pointless. It would not be helpful” (P7). Even if the instructor was closer to their age, comparisons could be discounted because they were perceived as experts and having spent years getting their body to an unusual level of fitness as part of their job.

Not a lot of people her age would have her stamina, but because she's been…a fitness instructor for so long, her body’s just like that. She’s worked herself to that point. She’s amazing but I don’t compete with her, no one can. (P15)

Some women found comparing themselves with the instructors in terms of physical performance to be motivating: “They can motivate me to do more…because I’m a competitive person and I like to be able to keep up with them. And therefore, I try harder, and want to do better” (P8).
Similarly, some women thought the instructors’ appearance was motivating, as participants often perceived it as an indicator of a level of fitness they wanted to strive for. “Looking at her is very helpful because she’s really fit…Both my cycling, my spinning class teacher and my strength class, they both look good and you want to look as good as them” (P6). However, when other participants or instructors were perceived to be doing better than they could, they engaged in upward contrastive comparisons that led to discouragement:

If you see someone that’s going twice as fast as you are, because they’ve got the stamina to do it, then you’re thinking, oh okay, that’s not me…I can’t do that. I try to, and I think you have to keep trying but you know, there comes a time when poof you’ve had it. (P2)

Overall, the women tended to avoid upward contrasts, and when upward contrasts were made with instructors these comparisons appeared to be less emotionally charged than when comparisons were being made with other participants closer to their own age.

**What is (Not) Discussed**

Women were selective about when and with whom they discussed body function and health, and they were often resistant to discussing functional problems in class. Some did not see the benefit in sharing and thought too much sharing created a negative environment, while others saw it as an issue of privacy, or that discussion about their bodies was unhelpful:

If there’s issues going on…we might…mention it. But we don’t, go on and on and on about it so that people avoid you. Because all you’re going to hear about is your health issues and your hurts and aches and pains… If all you’re doing is complaining, people will avoid you because they don’t want to hear that all the time. You want to be around people that are more upbeat. (P4)
Sometimes avoiding discussing their bodies with other participants concerned preserving how they were perceived by others: “I didn’t tell a whole lot of people because they see me as this healthy, bouncy, busy lady. I’m working hard to get back to that, so I only shared with my sister and my best friend” (P10).

While women were somewhat selective about who they discussed body function and health with, the women in the study often stated that appearance was not a topic of conversation in the physical activity context: “We don’t really talk about body image much…I never hear them say ‘oh gosh I wish my hips were smaller’…No, it’s more to do with the physical parts of the body that may or may not be working” (P4). Interestingly though, while participants did not discuss appearance with others, participants still thought about appearance: “Would I say ‘oh I’m so fat’? No…But I mean the [physical activity] classes also have mirrors all around too, so…you can see that maybe there's some work needing to be done…but it's never a discussion” (P10). The women may not have discussed appearance for various reasons; because they may not place high importance on it or because appearance and weight may be a sensitive topic.

Comfort, Understanding, and Acceptance

Taking part in activity with similar others fostered acceptance and a shared understanding related to the body. When women experienced functional limitations or thought that they may face these in the near future, feeling at ease, welcome, and accepted by others in the group without regard for functional ability helped to reframe self-defeating self-talk about their bodies: “If people are included or welcome, encouraged to come…they can reflect on the stories that they’re telling themselves about I’m no good at this, I can’t do it, or I’m too old, or my balance isn’t good enough” (P7). Encouragement helped to foster positive feelings about the body because it helped the women feel more confident in their physical ability: “You have this
camaraderie that people help you, ‘yea you can do it!’ sort of thing” (P13). Having that encouragement, coupled with others’ understanding of functional limitations created a sense of support without feeling pressured to push oneself beyond their limits to achieve a certain intensity: “Everybody understands…that, if you say, well I’m not going on that level of hike today, I’m tired, I’m not feeling all that great, then there would be no problem with that” (P5). "Humor helped to minimize and reframe negative thoughts about the body and to enhance acceptance:

It usually comes perhaps in a joking form, if I just can’t do that or my left foot isn’t cooperating and they [say] oh yeah sure I've got three left feet. There’s a joking context… to help put things in perspective. (P5)

Humor also helped to cope with difficulties related to the body, but it was important that any interactions about body issues conveyed a genuine understanding and care:

It’s more of the joking and stuff like that, and laughing about it. Other people, if you’re having difficulty, other people will comment, ‘me too’, and you don’t feel you’re the only one. People make you feel as though, if you think ‘I’m lost’, they don’t sort of point, they make you feel ‘oh don’t worry about it! Happens to everybody.’ (P13)

Humor can be used to minimize body related concerns, while also expressing a shared understanding. However, it was important that humor was balanced with care, concern, and emotional support that was responsive to the situation, given that body-related concerns can be emotionally charged.

**Skilled and Empathetic Instructors Promote Positive Body Image**

Instructors who were skilled at gauging participants’ skill levels and fluctuations in how they were feeling were able to individually tailor instruction and feedback. This tailoring instilled
trust that they could safely explore their physical capabilities and make modifications to suit
functional limitations. In doing so, instructors were able to promote participants’ feelings of
confidence and control over their bodies. This individualized and skilled instruction
appropriately pushed participants’ limits, provided novel challenges, and fostered feelings of
achievement, while making physical challenges feel achievable. “She encourages me to do
more…Put two more stacks when you have your steps there, and maybe instead of 12 pounds get
a 15 pounder, and I can do a 15 pound” (P6). When that encouragement was personalized and
responsive to participants’ improvements, it was particularly impactful: “You feel very positive
because somebody has obviously been watching you and felt that you could do more than what
you are doing, or could challenge yourself more” (P8).

Having various options, intensities, or levels to choose from helped women to continue
participating in group physical activity in a way that made them feel safe, and like they were
improving. Participants knew that having modified options meant that they were less capable
than others, but it allowed them to continue participating and challenge themselves: “If you can’t
do the advanced pose then they might bring up a, a block or, a chair, or strap or something so
that you can still do…what your body’s capable of doing” (P7). When instructors demonstrated
that they were aware of the limitations associated with aging and how to appropriately and
realistically respond to them, participants trusted that pushing themselves would be safe.

The other instructors are good. But they are often pushing you to a limit that I’m
thinking, I’ve got a sore back, or whatever, hip that always bugs me, and this is really
straining. They’re not giving the modifications that this proactive instructor will give. (P5)
When participants did not like an instructor or did not feel like they had the expertise to challenge them in a safe and individualized manner, they tended to change classes or discontinue participation. “She was way too advanced for people my age… It was supposed to be for people with no fitness experience. She took it up way too high… that’s why I didn’t go back” (P13). One participant highlighted that instructor expertise was the foundation of their trust in the instructor:

The other instructors are good but they are often pushing you to a limit that I’m thinking, uh I’ve got a sore back or whatever, hip that always bugs me and this is really straining. They’re not giving the modifications that this proactive instructor will give and so on. So that instructor education is fundamental to a really positive experience. (P5)

Skilled instructors also provided individualized adjustments to participants’ form and provided cues to help them bring awareness to their own body control, movement, and sensations. This guidance allowed participants to draw attention to positive sensations in their bodies and to recognize and make adjustments to improve their performance. When instructors pointed to small changes that could be made it led women to focus inwards on bodily sensations, creating a sense of attunement that led women to feel control or mastery over their body:

She would always be encouraging and always say ‘now did you feel that just slight difference in the movement? Yes, well there you go, that’s what you’re looking for that’s what you needed to do’. She would encourage and you’d go, well it didn’t feel like any big movement at all but she could tell. And so that was very encouraging to realize that you could make just a slight difference. (P4)

Instructors who took the time to get to know the participants’ issues and strengths and were able to provide feedback and modifications, helped women to feel safe participating, and attuned with
their bodies. When instructors emphasized attending to one’s own body cues and that participants know their own bodies needs best, it helped women avoid evaluative thoughts about their ability and focus on their own goals and improvement.

Discussion

This study examined how social support in group physical activity programs may shape older adult women’s positive and negative body image. Five themes were identified highlighting that 1) body image perceptions are complicated, but that physical activity has positive effects, 2) identifying with others contributed to fitting in and being inspired, 3) appearance-related aspects of body image are rarely discussed, which may be supportive, 4) other participants provide comfort, understanding, and acceptance, and 5) instructors who are skilled and empathetic can promote positive body image.

Body appreciation is a component of positive body image wherein an individual is able to value their features, function, and health (Tylka & Wood-Barcalow, 2015). Consistent with previous literature, the women in the current study placed high importance on function (Jankowski et al., 2016; Tiggemann & Lynch, 2001). While appreciation of body function is a potential source for enhancing positive body image (Alleva et al., 2014), and engaging in physical activity may lead to more focus on function than appearance (Martin & Lichtenberger, 2002), function also tends to decline during aging so may not always facilitate positive body image (Bennett et al., 2017a). Women in the current study who encountered functional problems, experienced body dissatisfaction. If instructors did not deal with limitations appropriately, or if participants felt they could not participate in classes or activities due to functional issues, negative emotions surrounding these limitations were exacerbated.
Attunement is a component of positive body image that impacts the ability to sense, respect, and attend to the body’s needs (Cook-Cottone, 2006; Webb et al., 2015) and includes dimensions of body responsiveness (i.e., being in touch with the body’s needs and using embodied information to guide behaviour) and mindful self-care (Webb et al., 2015). Body attunement has been linked to body satisfaction (Webb et al., 2015). Skilled instructors promoted body attunement and feelings of control and physical achievement. Instructors who were too controlling and did not allow flexibility for participants to trust their bodies and choose their intensity were often not trusted. Instructors who got to know participants and had expertise in dealing with age-related limitations provided a secure base for taking part in physical activity because participants trusted that the programs were well-designed and tailored to accommodate their needs. This combination of trust, skilled assistance, encouragement, and support for autonomy is similar to the “launching function” form of support identified by Feeney and Collins (2015). These instructors promoted a focus on listening to one’s own body, allowing women to explore physical challenges while reminding participants they were able to limit activities when necessary. When instructors supported attunement, women felt more secure to engage in physical challenges and free to limit activity if needed. Women appreciated instructors who acknowledged that participants were experts on their own body’s capabilities.

Group physical activity is an environment where one’s body and performance is on display (Cash & Smolak, 2011; Pila 2016). Social comparison theory posits that people make comparisons with others for a variety of reasons including; uncertainty of their own ability, to determine social standing, and to obtain a more accurate appraisal of the self (Festinger, 1954). Upward contrasting comparisons (e.g., comparing oneself with a younger participant with more physical strength or a more youthful appearance) tend to lead to negative emotions, particularly
if becoming like the other person is perceived as unattainable (Suls et al., 2002). Downward assimilative comparisons (e.g., seeing other participants who are struggling with a physical task and worrying that you may be on the road to similar declines) also tend to be emotionally negative. Conversely, downward contrasting comparisons (e.g., seeing other participants who are struggling with a physical task and identifying ways in which you are more capable) can lead to positive emotional experiences, if they make the person feel grateful for their own situation. Upward assimilative comparisons (e.g., viewing more capable participants as role models for what you could work to achieve) also tend to be emotionally positive.

Making comparisons that benefit body image and avoiding those that are harmful is reflective of protective filtering (Tylka & Wood-Barcalow, 2015). The women in this study tended to use protective filtering by internalizing positive information and rejecting or reframing negative information. This filtering helped them to promote and maintain body acceptance. When women made unfavourable comparisons that challenged their body acceptance and appreciation, such as comparisons with younger female instructors, they were more able to reject or discount them as irrelevant. However, in some cases not being able to keep up with others or being in classes with those who appeared to be better off led to making upward contrasting comparisons, resulted in negative emotions or discontinuing participation.

Similar others can be role models by demonstrating that other older adult women are safely and successfully engaging in physical activity (Chrisler & Palatino, 2016). Seeing similar others cope effectively with challenges can help to reframe negative self-perceptions, and recognize one’s own ability. Even if those who were coping effectively were worse off, seeing them participate fully despite having a functional limitation helped the individual making the comparison to perceive themselves as more capable than they initially believed. These upward
assimilations were supportive of positive body image in that they nurtured a desire to challenge oneself (Feeney & Collins, 2015). In doing so, women often felt more confident about their physical ability because they achieved physical goals. Participants enrolled in a group physical activity program for people living with Parkinson’s disease reported undergoing a similar process. Initially, seeing those with worsening Parkinson’s was distressing; however, after building relationships they began to view their peers as role models for how to cope and live well with Parkinson’s (Sheehy et al., 2014). While programs in the current study used a drop-in format, most of the women had been attending the same programs for a long time, and this shift may have already taken place. More research determining how comparisons may evolve over the course of a physical activity program could be useful in determining how older women’s body-related comparisons evolve.

When a person perceives that their body is accepted by others, it can enhance their own body acceptance. Body acceptance by others can be communicated directly (e.g., via positive comments) or indirectly (e.g., by not commenting on body appearance; Webb et al., 2015). While it was clear that many body-related topics were not frequently discussed, participating with other older adults made it more likely that other participants empathized with what participants were going through, which made it more comfortable to discuss some topics. This finding is similar to previous research showing that people prefer to seek support from others who have experienced a similar situation as ourselves (Davison et al., 2000). Direct communication focusing on function, such as encouragement, advice, concern about body function, and compliments for physical achievements similarly reinforced body acceptance. Having similar others to discuss functional issues with, or instructors who appeared to have expertise on the subject, helped women to feel supported and comfortable sharing.
In contrast, appearance-related talk is associated with body dissatisfaction, self-objectification, aging-related appearance anxiety, and internalization of the thin ideal (Arroyo et al., 2014; Becker et al., 2013; Tylka & Wood-Barcalow, 2015). Previous research has suggested that engaging in appearance-related discussions related to weight (i.e., fat talk), and age (i.e., old talk) are pervasive among women (Becker et al., 2013). However, less research has been conducted on how older women engage in appearance-related talk (Arroyo et al., 2014) and previous research suggests women over 60 engage in less fat talk than their younger counterparts (Becker et al., 2013). Discussions, critiques, or compliments about one another’s appearance were minimal in the current study, as most women mentioned not receiving appearance-based comments, hearing other women discussing their own or others’ appearance, or discussing their own body appearance with the other women in the physical activity group. There are many explanations for the lack of appearance-related discussions that the women engaged in, that requires further investigation. First, older women may see appearance-related discussions as less relevant or necessary as a result of increased body appreciation over time. Second, discussions about appearance may have been avoided because of concerns about creating a negative climate. It is also possible that because these types of conversations are normalized (Becker et al., 2013), women may not have recognized these discussions as worthy of note, even if they occurred. It is also possible that the group context was not conducive for these types of discussions, as documented among younger women who tended to engage in appearance-related discussions in dyads rather than groups (Arroyo et al., 2014). However, the lack of discussions about body appearance among the group appeared to indirectly communicate that body image was relatively unimportant.
Limitations of this study include that individuals with more negative body image perceptions may have been less willing to participate in this study or may have avoided sharing negative experiences of body image. Additionally, the results are limited to the perspectives of this sample of women who had relatively high socioeconomic backgrounds, were predominantly Caucasian, and had attended these group physical activity classes for a long period of time. Therefore, further investigation could improve understanding of body image and social support for a more diverse population of older women.

The findings of this study highlight the practical importance of having instructors who are educated on functional limitations and how those may be alleviated by providing modifications and pushing participants to achieve physical goals in a safe environment. Additionally, instructors may promote body attunement by suggesting that individuals know their body best and to trust themselves, as well as providing verbal cues that promote attunement to the body, and shifting the focus to bodily sensations. Our findings also suggest the importance of engaging in physical activity with similar others, so that older women can make comparisons beneficial to their body image, and so they can feel comfortable sharing about function with these others. Lastly, the current research supports avoiding direct discussion about body appearance in group programming as one way to convey body acceptance.

Future research with older women who have less experience in group physical activity would be useful, as those who consistently participate in physical and social activities may be more satisfied with their bodies (Sabik, 2017). Longitudinal research examining the evolution of relationships and body image within a program would provide insight into how comparisons and supportive actions in group physical activity affect body image in older women. Future research should also examine how different group physical activity programs (e.g. Zumba versus water
aerobics) may impact body image differently, as different programs can have different delivery philosophies, and some may lend well to promoting positive body image compared to others. Additionally, certain programs (e.g., water aerobics, sit and be fit) may be more accessible for those experiencing functional issues, and may provide more insights for how to promote positive body image despite experiencing limitations in physical ability. Future research should also examine instructors’ perspectives of their role in supporting older adult participants and identify supportive behaviours that instructors can do to positively impact body image.

This study furthers research on what types of support related to body acceptance take place within group physical activity in this population. The current study extends our understanding of supportive behaviours and functions in light of theoretical frameworks on positive body image (Tylka, 2012), social comparisons (Festinger, 1954), and social support (Feeney & Collins, 2015). This study adds to the relatively small body of research examining body image in physical activity contexts among older adult women, and the focus on social support processes is particularly novel. Understanding social processes, and helping instructors understand how they can support positive body image informs practice. While body image involves a complex mix of positive and negative perceptions that can be highly charged, and are influenced by the larger sociocultural context, support from empathetic and trusted others in physical activity can contribute to positive perceptions of the body during aging.
References


