A STUDY OF THE EFFECTS OF BODY IMAGE EDUCATION ON BODY IMAGE IN ADULTS AGED 60 AND OLDER

by

Amy Peterson Hirtle

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ABSTRACT

A Study of the Effect of Body Image Education on Body Image in Adults Aged 60 and Older

by

Amy Peterson Hirtle, Master of Science
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Major Professor: Dr. Steven R. Hawks
Department: Health, Physical Education, and Recreation

Body image has been addressed through weight loss, but little research has been done that addresses accepting one’s body. Even less research has been done on the body image concerns of older adults. Adults over age 60 who live in Arizona and spend their summers in Logan, Utah, participated in a body image education at Utah State University. The Body Esteem Scale and the Inventory of Positive Psychological Attitudes were used to measure the effect of the course on the participants. Older adults on average scored as high or higher than did younger older adults on both measurements.

Body image and psychological attitudes were found to correlate. However, the body image course did not produce significant improvement in the body image or psychological attitudes of participants. This may be due to older adults evaluating their
body image by function rather than appearance or because body image is disregarded as a component of self-esteem. The demographic characteristics of age, gender, and body size were found to have no impact on body image or psychological attitudes. This may be due to a small sample size, the unique population, and a short-term intervention.

Further research on the importance of body image to older adults who are less healthy—possibly in a care setting—may provide information on the changeability and value of body image in older adults.
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CHAPTER I

INTRODUCTION

Body image has become an increasingly popular topic in the past few years (Chrisler & Ghiz, 1993). In a culture where beauty is synonymous with thinness and youth, it is easy to understand why distorted body perceptions abound. Body image was defined in 1950 by Schilder as "the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves" (Schilder, 1950, p. 11).

Body image concerns affect more than young women. Previous research has shown that both men and women perceive their bodies inaccurately. This may be due to erroneous beliefs of what type of figure the opposite sex finds attractive. Men generally believe that women are attracted to men of heavier stature, and many women believe that men are attracted to women of smaller stature. Because of these beliefs it is understandable why women generally evaluate their bodies as heavier than their ideal figure, whereas men do not. Thus, there is a discrepancy in self-evaluation of body image for both women and men (Fallon & Rozin, 1985; Rozin & Fallon, 1988).

In addition, it is difficult for older adults, particularly women, to comply with society's limited definition of beauty since society associates beauty with thinness and youthfulness. A popular health magazine proposed that the ideal woman is "a model who stands six feet tall, has a 37 inch bust and 36 inch hips--measurements closer to those of an adolescent male than a sexually mature female" (Marano, 1991, pp. 27-28).
It is difficult for average women to comply with this image, and even more difficult for aging women to comply. Unavoidable physical changes occur with age: skin wrinkles, hair grays, and body systems change (Ferrini & Ferrini, 1993). Therefore, it may be difficult for older adults to feel comfortable about aging in a society that, for the most part, views aging negatively (Chrisler & Ghiz, 1993).

Society has stereotyped older adults with the help of the media. In a study by Bell (1992) it was found that 10 years ago older adults were portrayed on television as stubborn, foolish, comical, disinterested in sex, and in poor health. However, the stereotype has changed somewhat in the past 10 years. More elderly are appearing on television who are healthy, physically and socially active, affluent, quick-witted, admired, and sexy (Bell, 1992). Society also tells older adults they are only as old as they feel, but the media emphasize they should grow old gracefully. The current media attempt to hide the effects of aging on physical appearance, but older adults should expect to change with age (Chrisler & Ghiz, 1993).

The majority of research on body image has focused on high-school and college-age women. The body image issues of midlife and older individuals have been almost ignored (Chrisler & Ghiz, 1993). With the aging population increasing dramatically, body image concerns ought to be addressed. In 1989 the elderly comprised 12.5% of the population. "By the year 2000, they will represent 13% of the population; by 2030, they may reach 22%. The proportion of the seventy-five-and-older population is increasing the fastest" (Ferrini & Ferrini, 1993, p. 18).
Research Justification

The increasing older adult population justifies closer examination of their needs. This idea is supported by Healthy People 2000, a document released by the federal government, which lists 297 national health objectives for the year 2000. Objectives under education- and community-based programs that are pertinent to this study include:

1) Increase years of healthy life to at least 65 years.
2) Increase to at least 90 percent the proportion of people aged 65 and older who had the opportunity to participate during the preceding year in at least one organized health promotion program through a senior center, lifecare facility, or other community-based setting that serves older adults. (U.S. Department of Health and Human Services, 1990, p. 8)

Health and well-being are especially important for the elderly who are afflicted with more chronic physical conditions. Well-being is defined for the purposes of this study as a state of contentment with one's condition of health, happiness, morale, and life satisfaction as measured by the Inventory of Positive Psychological Attitudes (IPPA). Well-being has been associated with self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). Interestingly, a correlation between fitness level and body image has been found in both young and older adults, suggesting that increased activity will also improve body image and well-being (Armstrong, Lange, & Mishra, 1992; Hallinan & Schuler, 1993; Skrinar, Williams, Bullen, McArthur & Mihok, 1992).
Body Esteem and Psychological Well-Being

Psychological attitudes may predict health and body image (Ryff, 1991). Impaired mobility and loss of social networks are likely associated with a decline in well-being and health in the older population (Mellor & Edelmann, 1988). Research suggests that older adults with poor health are more likely to be dissatisfied with their lives, have decreased psychological attitudes and, therefore, report greater loneliness (Mellor & Edelmann, 1988). Consequently, the more positive a person's body image, the more likely they are to have a sense of positive psychological attitudes.

Educational programs are increasing for older adults, and it has been proposed that older adults maintain or increase their well-being through participation in educational programs (Okun, Stock, & Covey, 1982). Therefore, educational

\[\text{Education} \rightarrow \text{Body Image} \rightarrow \text{Psychological Attitudes} \]

Figure 1. The possible relationship between education, body image, and psychological attitudes.
approaches that address body image issues might change perceptions, enhance body image, and improve psychological attitudes in older adults. Figure 1 on the previous illustrates the possible relationship between education, body image, and psychological attitudes.

By addressing both physical and psychological health attitudes through health education, the social pressure to conform to an unrealistic body image can be dealt with.

This study provided further knowledge to the field of health education. Health educators may use the results of this study to develop programs that address the needs of the growing older adult population.

Purpose of Study

The purpose of this study was to determine whether a 5-day body image education course with a 6-week follow-up would alter older adults' perceptions toward their body or their psychological attitudes.

Delimitations

This study was delimited to adults over age 60 who live in Sun City, Arizona, and spend their summers living in Logan, Utah.

Limitations

Limitations to this study included nonrandom selection of subjects, small sample size, and a short-term intervention.
Assumptions

Assumptions were made regarding this study. First, the instruments being used to measure body image and psychological attitudes were proven reliable and valid, and were assumed to be adequate. Second, the use of a 5-hour body image course was assumed to be sufficiently long to potentially influence body image. Lastly, the assumption was made that the subjects would respond truthfully to the instruments.

Objectives

The objectives of this study were:

1. To evaluate the relationship between body image and psychological attitudes in older adults.

2. To determine if a brief educational intervention would improve body image in older adults.

3. To determine if an educational intervention would improve psychological attitudes in older adults.

4. To evaluate the relationship between demographic variables on body image.

5. To evaluate the relationship between demographic variables on psychological attitudes.

6. To determine if the experimental group would show greater improvement in body image than the control group.
Hypotheses

1. There is a significant correlation between body image and psychological attitudes in older adults.

2. Older adults who participate in a body image education course will show significant improvement in body image.

3. Older adults who participate in a body image course will show significant improvement in psychological attitudes.

4. There is a relationship between demographic variables and body image in older adults.

5. There is a relationship between demographic variables and psychological attitudes in older adults.

6. The experimental group will show greater improvement in body image than the control group.

Definition of Terms

For the purpose of this study, the terms listed below have consistent meaning throughout the study unless defined otherwise in the text:

Body esteem: Feelings one has about their body which may or may not be accurate as measured by the Body Esteem Scale.

Body image: "The picture of one's body formed in the mind, the way in which the body appears to oneself" (Schilder, 1950, p. 11) as measured by the Body Esteem Scale.
Health: Physical, mental, social, spiritual, and intellectual well-being with freedom of disease as measured by the Inventory of Positive Psychological Attitudes.

Health rating: A personal evaluation of the state of one's health.

Health status: The condition of one's health as defined by an objective party such as healthcare personnel.

Life Purpose: Having meaning in one's life characterized by goals and direction.

Loneliness: A feeling of isolation accompanied with a negative psychological state due to lack of satisfying interpersonal relationships.

Psychological Attitudes: Positive attitudes that promote one's mental, spiritual, social, and physical health as measured by the Inventory of Positive Psychological Attitudes.

Self-confidence: Faith in one's perceptions, abilities, and judgments.

Well-being: A state of contentment with one's condition of health, happiness, morale, and life satisfaction.
CHAPTER II
REVIEW OF THE LITERATURE

The purpose of this study was to determine whether a 5-day body image education course with a 6-week follow-up would alter older adults' perceptions toward their body, and to determine the effects of education on body image and psychological attitudes. A review of the literature related to body image, older adults, and well-being and psychological attitudes revealed the need for educational interventions that address body image and well-being. Journal articles were found using SilverPlatter 3.1, and searching the databases of ERIC and PsychLit from January 1987 to June 1994. Once the initial articles were located and reviewed, they led to previous sources, which assisted in the development of the literature review. The literature will be divided into the following subareas: (a) Discontent with body image; (b) Effects of body image on well-being; (c) Relationship between well-being and psychological attitudes; (d) Enhancing well-being and psychological attitudes through health education.

Discontent with Body Image

Both women and men are dissatisfied with their body image (McCaulay, Mintz, & Glenn, 1988; Rozin & Fallon, 1988; Silberstein, Striegel-Moore, Timko, & Rodin, 1988; Tiggemann, 1991). However, their body dissatisfaction is expressed in different ways. Men generally wish to be heavier while women generally wish to be thinner. Most research shows that women are more displeased with their body image than men.
(McCaulay et al., 1988; Tiggemann, 1991). Silberstein et al. (1988) found in a study of 92 male and female undergraduate students at Yale University that men and women exhibited similar body dissatisfaction, but in different ways. Their results further suggested that the current cultural emphasis on women to be unhappy with their weight is becoming normative (Silberstein et al., 1988).

A relationship between body satisfaction and social self-esteem was reported in research by McCaulay et al. (1988). They found that higher body satisfaction was found with higher social self-esteem in both men and women. Also, those who were most satisfied with their body were less inclined to be depressed. Their findings further suggest that body image issues can no longer be considered only women's issues since cultural expectations regarding appearance affect men as well (McCaulay et al., 1988).

Even though men are now feeling less satisfied with their bodies, women continue to feel pressure to attain a thinner and more culturally pleasing body. Research showing the relationship between gender and generation on body image was done by Rozin and Fallon (1988). They looked at data from fathers, mothers, daughters, and sons. They found that gender was a stronger predictor of body image attitudes than was generation. Sons were the most satisfied with their bodies while fathers, mothers, and daughters were most dissatisfied with their bodies. Even though fathers showed as much dissatisfaction with their current appearance as did mothers and daughters, they were less concerned about it compared to mothers and daughters (Rozin & Fallon,
Thus, the idea that body image is a greater issue for women than men is supported.

Research suggests that body dissatisfaction becomes more acute for women with age (Tiggemann, 1991). Women feel they move further away from the ideal figure with age. Conflicting results were noted in Tiggemann's (1991) study. First, it was discovered that as women age and move further from their ideal body shape, their self-esteem increased, suggesting that women possibly derive their self-esteem from internal sources that come with age and experience. Second, Tiggemann's (1991) research suggests that the relationship between body satisfaction and self-esteem for older women is not caused by an unsatisfactory figure producing low self-esteem, but that the maintenance of a slim figure is a source of self-esteem in the later years. Ryff (1991) found that older adults are less critical of themselves than young adults. The personal ideals of older adults are more realistic. Thus, in the older years there appears to be a closer fit between the ideal self and the real self (Ryff, 1991).

Body image issues of older women have not been fully addressed (Chrisler & Ghiz, 1993). Ideal beauty demands a smooth and soft complexion, but the skin changes with age, becoming dry, loose, and creased. Wrinkles and age spots appear on the hands, and hair becomes thinner and grayer. Aging may also require the use of hearing aids, eyeglasses, pacemakers, and canes or walkers, which affect body appearance. Body image and self-concept can be altered by other health problems such as stroke, heart disease, hypertension, hearing and vision impairment, diabetes, and cancer.
(Chrisler & Ghiz, 1993). Further, Gupta and Schork (1993) found in a study of 200 male and female adults that older women associated weight loss with "youthful looks."

In a society that has devalued aging, especially for women, it may be difficult to promote positive ideas about oneself at midlife. Chrisler and Ghiz suggested that aging women should consider wrinkles and gray hair as "outward signs of inner wisdom, and view themselves as survivors of life's challenges" (1993, p. 73). Gerontologists recognize the need for studies that document the various social and psychological experiences that occur with old age (Hennessy, 1989). Tiggemann (1991) suggested the need for further research regarding the experiences of older women. Thus, previous research supports the idea that discontent with body image affects all ages and genders, but little research on body image has been directed toward older adults.

**Effects of Body Image on Well-Being**

Body image refers to the perception one has about his or her body. In a study by McCaulay et al. (1988) they found that low levels of body satisfaction were correlated with low self-esteem for both men and women. Feelings about one's body are developed over a lifetime, and mediated by society (Hennessy, 1989). Also, people who believe they have control over their bodies are more likely to engage in self-care habits. Data from Hennessy (1989) suggest that because of this cultural meaning associated with the body, some people are at greater risk to the "cultural stereotypes" of
the aging body. Thus, having negative feelings about body image may lead to decreased well-being.

Well-being was defined by Okun et al. (1982, p. 526) as "a global multidimensional construct encompassing happiness, morale, and life satisfaction." According to Ryff (1989), self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth are also associated with well-being. Ryff (1991) feels that perceptions of improvement, maintenance, and decline are aspects of well-being in older adults that have been overlooked. Ryff (1991) collected 308 self-evaluations from young, middle-aged, and older adults to see how they evaluated their past, present, future, and ideal well-being. The focus of this study was to discover if subjects viewed improvement or decline in well-being through time. The average age of the older adults was 73.4 years, and they were asked to evaluate what they would be like 10-15 years later in the following six areas: (1) self-acceptance, (2) positive relations with others, (3) autonomy, (4) environmental mastery, (5) purpose in life, and (6) personal growth. In all areas the young and middle-aged groups expected improvement in the future. However, the older adults continually expected a decline from present to future well-being. This discrepancy was attributed mostly to lowered ideals (Ryff, 1991). The older adults' decreased expectations of well-being may be reasonable due to some decline in functioning with age, and may be beneficial in helping them deal with an uncertain future (Ryff, 1991). Ryff (1991) feels that
realistic expectations about aging must be sorted out from the unrealistic expectations that may reflect age stereotypes in society.

Ryff (1991) also found that the elderly are less critical of themselves than the young adults. They see themselves holding steady, but uncertain about their futures. However, their personal ideals are more realistic. Thus, in the older years there appears to be a closer fit between the ideal self and the real self (Ryff, 1991). Research in the gerontological literature suggests that discrepancies between the actual and ideal self may decrease with age. Research by Birren and Renner (1980) suggests that "experience over a lifetime may modify the ideal to which the individual aspires, and self-appraisal may change. Thus, for the mature person in the later years, the ideal self and the actual self may more closely approximate each other than they did earlier" (p. 26).

Impaired mobility and loss of social networks are likely associated with a decline in well-being in the older population (Mellor & Edelmann, 1988). Research done by Mellor and Edelmann (1988) revealed that high degrees of loneliness were related to low morale and life satisfaction. They found that greater loneliness appears to be related to having fewer friends. Also, loneliness was related to lack of mobility, which in turn was related to lower life satisfaction and a smaller social network (Mellor & Edelman, 1988). Loneliness that results in dissatisfaction with one's relationships can lead to diminished well-being. While most older people do not feel lonely, loneliness
during adulthood is more common among the elderly because of decreased health and loss of social contacts (Mellor & Edelman, 1988).

Further research has shown that one's perception of his/her body shape is independent of age, but is associated with physical activity (Hallinan & Schuler, 1993). Armstrong et al. (1992) found that perception of body weight was related to satisfaction with physical fitness level. They recommended that health educators address unrealistic or contradictory expectations of weight loss, fitness, and body shape changes. Further research is needed to assess the impact of weight, age, socioeconomic level, sexual orientation, race, and environment on body image (McCaulay et al., 1988). Thus, research suggests that the perception of one's body affects emotional well-being throughout life.

**Relationship Between Well-Being and Psychological Attitudes**

Diminished well-being can be a cause of stress, resulting in poor psychological attitudes. Magnani (1990) found that the way in which older adults perceive themselves and their environment impacts how they handle stressful events. Useful ideas in working with older adults to help improve their well-being include three basic goals. First, help them strengthen their self concept. Second, help them understand the importance of their perceptions. Last, encourage physical, social, and educational activity (Magnani, 1990). In addition, Ryff (1989) found that goals and directions in life are predictors of psychological well-being and health.
Health is related to life satisfaction and to one's perception of the world more than to satisfaction with one's actual physical health (Stolar, MacEntee, & Hill, 1992). Professionals in the healthcare field have been surprised by older adults' subjective health ratings when compared with their own objective measures. Many older adults rate their health and life satisfaction more positively than these professionals would. This may be due to decreased expectations regarding health as one ages. High life-satisfaction is associated with positive health self-evaluations (Stolar et al., 1992). Stolar et al. (1992) were surprised to learn how positively older adults viewed their health.

Psychological health has been found to be significantly related to education, income, number of friends, and frequency of leisure participation; negatively associated with number of relatives in the area; and not significantly correlated with gender or marital status (Willits & Crider, 1988). Health rating or one's evaluation of one's own health is positively related to well-being. Willits and Crider (1988) suggested that positive psychological attitudes lead to increased life satisfaction, and feelings of life satisfaction reflect enhanced health ratings. Thus, the importance of positive well-being on psychological health is clear. Additional support of this idea came from research by Mellor and Edelmann (1988). They found that older people who are sick are less satisfied with their lives and report greater loneliness. Sickness may be viewed as a stressful situation, and personality may affect coping abilities (Seaward, 1994). Feelings of self-efficacy or inner resources that include self-confidence, faith, will-
power, and self-reliance tend to be found in those who cope effectively with difficult situations (Seaward, 1994).

A positive correlation between health behavior and self-concept was discovered in a study done by Petersen-Martin and Cottrell (1987) with a college-age population. Their research suggests that further work be done to clarify the relationship between self-concept and health behavior with different populations such as the elderly. They found an interaction between self-concept and positive health behavior suggesting that as self-concept increases, so will positive health behavior (Petersen-Martin & Cottrell, 1987).

Since each individual responds differently to societal pressures, messages relating to the aging body will not affect all people the same way. The presence of a spouse leads to greater perceived support and well-being in older adults (Hennessy, 1989). Hennessy (1989) has recommended that further research be done to examine the relationship between "physical management" and other strategies used in adjusting to the role of an older adult. Thus, well-being is associated with psychological attitudes, suggesting those with a positive well-being also have positive psychological attitudes.

Enhancing Well-Being and Psychological Attitudes Through Health Education

Educational gerontology has become more popular in the past few years as the number of older adults has increased. Educational gerontology has been described by Peterson (as cited in Okun et al., 1982, pp. 523-524) as "an attempt to expand and apply
what is known about aging and education in order to lengthen and improve the life of older persons." The need for older adult education is apparent. "Educational programs should be directed at informing women and men about the typical patterns and pervasiveness of body distortion. Confrontation of sociocultural norms is critically needed" (McCaulay et al., 1988, p. 390).

Educational programs for older adults have increased as the "therapeutic potential" of them on health has been evidenced. In self-reports many older adults report improved feelings of well-being and vitality from participation in an educational program. However, there is little empirical evidence to support this. Panayotoff (1993) showed in her research that continuing education can significantly change psychological attitudes. She suggested the need for further research evaluating the process as well as the outcome in educating older adults.

With an increased interest in educational gerontology from both older adults and educators, it is important to evaluate the programs to see if they actually affect well-being. Okun et al. (1982) feel that many programs claim to affect well-being, but are poorly evaluated. They stressed that more attention be paid to design and measurement. Thus, previous research supports the idea that well-being and psychological attitudes may be enhanced in older adults through health education.
CHAPTER III

METHODOLOGY

Population and Sample

The target population included community-dwelling male and female adults aged 60 and older who spend their summers in Logan, Utah. A sample of 28 volunteers was sought through the Summer Citizens' Program at Utah State University. The Summer Citizens' Program is designed for older adults who spend their summers in Logan, Utah. A variety of activities and classes are offered through the program. The body image course was offered at no charge to participants of the Summer Citizens' Program. The experimental group, group A, was comprised of 15 people who enrolled in the body image course. The control group, group B, was comprised of 13 people enrolled in an unrelated course entitled "Transitions in Russia." The procedures were explained to both groups the first day of class, and a consent form (see Appendix A) was completed by participants. Demographic information including age, gender, race/ethnicity, activity level, and body size was gathered on all subjects. Body size was calculated from subjects' height and weight using the Metropolitan Life Insurance Chart from the Society of Actuaries, and Association of Life Insurance Medical Directors of America (as cited in Cottrell, 1992).
Data Acquisition and Instrumentation

To measure the effects of the educational intervention on body image, the Body Esteem Scale (BES) (Franzoi & Shields, 1984) was administered to the subjects pre- and posttest, and at the 6-week follow-up. Psychological attitudes were measured along with the Inventory of Positive Psychological Attitudes (Kass et al., 1991). Data for body image and psychological attitudes were collected both at pretest and posttest, and at the 6-week follow-up.

The BES consists of 35 items measured on a Likert-type scale from one (strong negative feelings) to five (strong positive feelings) that measure perceptions about one's body (Franzoi & Shields, 1984). A lower score indicates negative body image while a higher score indicates positive body image. There are three subscales on the test that measure different factors related to body esteem for both men and women. For women the subscales measure attitude towards: (a) sexual attractiveness, (b) weight concern, and (c) physical condition. For men the subscales measure attitudes of: (a) physical attractiveness, (b) upper body strength, and (c) physical condition. The reliability was measured using alpha coefficients. The internal consistency of the female scores are as follows: (a) attractiveness .78, (b) weight concern .87, and (c) general physical condition .82. The internal consistency of the male scales are as follows: (a) attractiveness .81, (b) upper body strength .85, and (c) general physical condition .86 (Franzoi & Shields, 1984). The scale is scored by simply adding the subject's score on a
particular subscale and totaling the subscales. A high score is associated with a higher level of body esteem.

An Inventory of Positive Psychological Attitudes (IPPA) was developed to identify health-promoting psychological attitudes (Kass et al., 1991). The test looks at positive psychological variables that contribute to health. Positive health attitudes are tapped into through the use of this scale. The IPPA is a 30-item questionnaire that examines two domains: (1) life purpose and satisfaction (LPS), and (2) self-confidence during potentially stressful situations (SCDS). The respondent is presented with 30 statements on a seven-point Likert-type scale, and is asked to circle the number that best represents his/her attitudes. The test is scored by totalling the respondent's answers, and a higher score indicates stronger positive psychological attitudes. Cronbach's alpha reliability coefficients for the two scales were LPS, .94 and SCDS, .90 (Kass et al., 1991).

Methods of Procedure

The study was conducted over a 7-week period. Group A participated in a body image education course an hour a day for 5 days. Group B was enrolled in an unrelated educational course, "Transitions in Russia." A follow-up with both groups was conducted through a mailing 6 weeks after completion of the course to evaluate the impact of the intervention. At that time the scales were administered again to all subjects. The body image education class was an hour a day for five continuous days as
were most other Summer Citizens' courses. The first day of class the study was
explained to both groups and they were asked to complete the consent form,
demographic worksheets, and the IPPA and the BES pretests. To identify all subjects
and to keep the data collected confidential, the subjects were assigned a number.
Subjects who attended fewer than four classes were not included in the study.

The curriculum used was developed by Steven R. Hawks at Utah State
University, and is presented in his weight management seminars. Body image has been
addressed through weight loss, but little research has been done that addresses accepting
one's body. Because this curriculum deals with altering and accepting perceptions of
one's body, it is appropriate for this study (see Appendix C). The curriculum to be
taught and the schedule is listed below:

Day One: Consent forms, demographic worksheets, and pretests
completed
Purpose of Life = "Be Happy"

Day Two: The Pursuit of Self-Esteem & Happiness

Day Three: The Mind/Body/Spirit Interface

Day Four False Expectations, Shattered Hopes

Day Five: The Resiliency Model and posttests administered
Research Design and Analysis

A quasi-experimental design was used since the sample was formed nonrandomly. A pretest, posttest, control-group quasi-experimental design with a 6-week follow-up was used. Body image and psychological attitudes were measured pretest, posttest, and at the 6-week follow-up. Table 1 on the next page lists the hypotheses, corresponding scales, and statistical analysis for each hypothesis. The level of statistical significance for all hypotheses was set at .05.

The relationship between body image and psychological attitudes was evaluated using the Pearson $r$. The Pearson $r$ takes into account every score in both distributions, and is the most stable measure of correlation (Gay, 1992). When using the Pearson $r$, the assumption is made that the relationship between the variables is a linear one (Gay, 1992). The Pearson $r$ will evaluate the strength of correlation among scores on the three scales used in the study. Also, the mean and standard deviation will be calculated along with correlation for pretest, posttest, and follow-up scores for hypothesis one.

To determine if older adults who participated in a body image course would show significant improvement in body image and psychological attitudes as stated in hypotheses two and three, a paired $t$ test was used. The $t$ test compares the actual mean difference in the groups' scores with the difference expected by chance (Gay, 1992). The standardized mean difference effect size was also calculated to determine the practical significance of mean standardized scores at posttest and follow-up.
Table 1

Hypotheses, Corresponding Scales, and Statistical Analyses for This Study

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Corresponding Items</th>
<th>Statistical Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a significant correlation between body image and psychological attitudes in older adults.</td>
<td>Dependent variable: BES</td>
<td>Pearson $r$</td>
</tr>
<tr>
<td></td>
<td>Independent variable: IPPA</td>
<td></td>
</tr>
<tr>
<td>2. Older adults who participate in a body image course will show significant improvement in body image.</td>
<td>Dependent variable: Body image education</td>
<td>Paired $t$ test, standardized mean difference effect size, mean, standard deviation, range</td>
</tr>
<tr>
<td></td>
<td>Independent variable: BES</td>
<td></td>
</tr>
<tr>
<td>3. Older adults who participate in a body image course will show significant improvement in psychological attitudes.</td>
<td>Dependent variable: Body image education</td>
<td>Paired $t$ test, standardized mean difference effect size, mean, standard deviation, range</td>
</tr>
<tr>
<td></td>
<td>Independent variable: IPPA</td>
<td></td>
</tr>
<tr>
<td>4. There is a relationship between demographic variables and body image in older adults.</td>
<td>Dependent variable: BES</td>
<td>Multiple regression</td>
</tr>
<tr>
<td></td>
<td>Independent variable: Gender, age, body size</td>
<td></td>
</tr>
<tr>
<td>5. There is a relationship between demographic variables and psychological attitudes in older adults.</td>
<td>Dependent variable: IPPA</td>
<td>Multiple regression</td>
</tr>
<tr>
<td></td>
<td>Independent variable: Gender, age, body size</td>
<td></td>
</tr>
<tr>
<td>6. The experimental group will show greater improvement in body image than the control group.</td>
<td>Dependent variable: BES</td>
<td>$t$ test, standardized mean difference effect size, mean, standard deviation, range</td>
</tr>
<tr>
<td></td>
<td>Independent variable: Group membership</td>
<td></td>
</tr>
</tbody>
</table>
The relationship between demographic variables and body image was analyzed as was the relationship between demographic variables and psychological attitudes using multiple regression. Multiple regression determines not only whether the variables are related, but the strength at which they are related (Gay, 1992). The demographic variables of gender, age, race/ethnicity, body size, and activity level were examined to determine if they relate to body image and psychological attitudes.

The data were analyzed to see if the educational intervention showed greater improvement in body image in the experimental group than in the control group. To compare group means and to determine if there was a significant difference between the means of the experimental and control groups at pretest, posttest, and follow-up, a t test was calculated. The standardized mean difference effect size was calculated to determine practical differences in the standardized mean scores between groups at posttest and follow-up. This was done by dividing the mean difference by the standard deviation. The formula used for calculating the standardized mean difference effect size is shown below.

\[
\text{Effect Size} = \frac{\bar{X}_e - \bar{X}_c}{(S_{De} + S_{Dc}) / 2}
\]
CHAPTER IV
RESULTS

Population

The target population for this study included community-dwelling male and female adults over age 60 who spend their summers living in Logan, Utah. The sample population was comprised of 28 individuals who enrolled in Summer Citizens' educational courses at Utah State University. The experimental group enrolled in a body image education course while the treatment group was enrolled in a "Transitions in Russia" course. All participants were white. ANOVA and chi-square were used to determine the differences in group characteristics. The groups were not significantly different. However, body size ($p = .06$), weekly exercise minutes ($p = .07$), and gender ($p = .15$) approached significance, suggesting the groups were not very similar. The experimental groups' mean body size was closer to the national average than was the control groups. Also, the experimental group averaged about 100 minutes more of exercise per week, making them more active than the control group. Further, the experimental group was composed of more females while the control group was composed of more males. Table 2 on the following page shows the demographic data collected on the sample.
### Table 2

**Comparison of Demographics by Group Status**

<table>
<thead>
<tr>
<th>Participant Demographics</th>
<th>Experimental (n=15)</th>
<th>Control (n=13)</th>
<th>Statistical Analysis</th>
<th>Test Statistic</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Chi-square</td>
<td>Chi-square=2.22</td>
<td>.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>33%</td>
<td>62%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>67%</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (in years)</td>
<td>ANOVA</td>
<td>E=1.67</td>
<td>.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>71.86</td>
<td>74.31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>4.57</td>
<td>5.27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Size</td>
<td>ANOVA</td>
<td>E=3.82</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>.99</td>
<td>1.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>.11</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise minutes (per week)</td>
<td>ANOVA</td>
<td>E=3.68</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>223.21</td>
<td>124.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>146.10</td>
<td>118.42</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Analysis**

Correlation between body image and psychological attitudes. The first hypothesis suggested a positive correlation between body image and psychological attitudes in older adults. The Pearson $r$ was used to discover the strength of
relationship between body image and psychological attitudes. The pretests for both
groups on the IPPA and BES were used to determine their relationship before the
treatment was given. A significant correlation was found as indicated by the p value
(p = .043). The strength of the correlation was moderate, \( r = .39 \) and \( r^2 = .15 \). Scores
on the IPPA ranged from 3.93 to 6.13, and scores on the BES ranged from 74-146.
Since a significant correlation between body image and psychological attitudes was
found in older adults, the first hypothesis was supported. A scatterplot illustrates the
correlation between body image and psychological attitudes. Figure 2 shows the results
of the Pearson r.

![Figure 2. Correlation between body image and psychological attitudes as indicated by
pretest scores on the Body Esteem Scale and the Inventory of Positive Psychological
Attitudes.](image-url)
The effect of education on body image. The second hypothesis stated that adults who participated in a body image education course would show significant improvement in body image. Table 3 shows the mean scores and standard deviations for both the experimental and control groups on the BES at pre- and posttest and at the 6-week follow-up. A paired t test was used to measure the difference between the BES pretest and posttest scores and the BES pretest and follow up scores in the experimental group and the control group. There was no notable difference between pretest and posttest scores, $t = .56$ and $p = .58$. A standardized mean difference effect size of .14 was not significant. There was marginal improvement in the experimental group between pretest and follow-up, $t = 1.34$ and $p = .21$. The improvement was not statistically significant. However, the standardized mean difference effect size of .35 was found to have practical significance. Thus, the educational course produced a notable difference in body image although not statistically significant as indicated by the p value. The experimental group scored higher than the control group on the BES.

The effect of education on psychological attitudes. The third hypothesis stated that a body image education course would improve psychological attitudes as measured by the IPPA. Table 4 shows the mean scores and standard deviations for both the experimental and control groups on the IPPA at pre- and posttest and at the 6-week follow-up. Again, a paired t test was used to measure the differences between pre-, post-, and follow-up scores for both groups on the IPPA. There was no significant difference between the pre- and posttest, $t = 1.16$ and $p = .26$. The standardized
Table 3

Pretest, Posttest, and Follow-Up Scores on the Body Esteem Scale for the
Experimental and Control Groups

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group (n=15)</th>
<th>Control Group (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BES pretest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>109.40</td>
<td>110.62</td>
</tr>
<tr>
<td>SD</td>
<td>15.57</td>
<td>19.51</td>
</tr>
<tr>
<td>BES posttest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>110.53</td>
<td>109.85</td>
</tr>
<tr>
<td>SD</td>
<td>12.54</td>
<td>16.29</td>
</tr>
<tr>
<td>BES follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>114.80</td>
<td>109.69</td>
</tr>
<tr>
<td>SD</td>
<td>17.59</td>
<td>14.35</td>
</tr>
<tr>
<td>BES pre/post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>.56</td>
<td>-.45</td>
</tr>
<tr>
<td>p</td>
<td>.58</td>
<td>.66</td>
</tr>
<tr>
<td>Effect size</td>
<td>.14</td>
<td>-.12</td>
</tr>
<tr>
<td>BES pre/follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>1.34</td>
<td>-.36</td>
</tr>
<tr>
<td>p</td>
<td>.20</td>
<td>.72</td>
</tr>
<tr>
<td>Effect size</td>
<td>.35</td>
<td>-.09</td>
</tr>
</tbody>
</table>
mean difference effect size was .30, which approaches practical significance. In comparing the pretest to the follow-up there was no significant improvement, $t = .61$ and $p = .55$. The standardized mean difference effect size was .16, which showed no significant difference between the psychological attitudes of the two groups. Thus, psychological attitudes were not different after the course.

**Relationship between demographic variables and body image.** The fourth hypothesis stated there was a relationship between demographic variables and body image in older adults. Multiple regression was used to determine the relationship of gender, age, and body size on body image. These variables were chosen because they are thought to correlate most highly with body image. No significant relationship was found between the demographic variables measured and body image. The combined $R^2$ for the three independent variables was .02. Table 5 shows the results of this analysis.

**Relationship between demographic variables and psychological attitudes.** The fifth hypothesis stated there was a relationship between psychological attitudes and the variables age, gender, and body size. Multiple regression was used to predict the relationship of these variables on psychological attitudes. Thus, no relationship was found between demographic variables and body image. The combined $R^2$ for the three independent variables was .09. Table 6 lists the results of the analysis.

**Experimental group compared to control group.** The final hypothesis suggested that the experimental group would show a greater improvement in body image than the control group. A $t$ test was calculated to discover if the experimental group showed a
Table 4

Pretest, Posttest, and Follow-up Scores on the Inventory of Positive Psychological Attitudes for the Experimental and Control Groups

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group (n=15)</th>
<th>Control Group (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPPA pretest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>4.92</td>
<td>5.21</td>
</tr>
<tr>
<td>SD</td>
<td>.63</td>
<td>.69</td>
</tr>
<tr>
<td>IPPA posttest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>5.03</td>
<td>5.37</td>
</tr>
<tr>
<td>SD</td>
<td>.64</td>
<td>.64</td>
</tr>
<tr>
<td>IPPA follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>4.99</td>
<td>5.38</td>
</tr>
<tr>
<td>SD</td>
<td>.67</td>
<td>.86</td>
</tr>
<tr>
<td>IPPA pre/post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>1.16</td>
<td>1.58</td>
</tr>
<tr>
<td>p</td>
<td>.26</td>
<td>.14</td>
</tr>
<tr>
<td>Effect size</td>
<td>.30</td>
<td>.44</td>
</tr>
<tr>
<td>IPPA pre/follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t</td>
<td>.61</td>
<td>1.22</td>
</tr>
<tr>
<td>p</td>
<td>.55</td>
<td>.25</td>
</tr>
<tr>
<td>Effect size</td>
<td>.16</td>
<td>.34</td>
</tr>
</tbody>
</table>
### Table 5

Summary of Multiple Regression Analysis for Variables Predicting Body Image in Older Adults

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>.33</td>
<td>8.53</td>
<td>.01</td>
<td>.97</td>
</tr>
<tr>
<td>Age</td>
<td>.12</td>
<td>.77</td>
<td>.03</td>
<td>.88</td>
</tr>
<tr>
<td>Body size</td>
<td>-17.18</td>
<td>33.60</td>
<td>-.12</td>
<td>.61</td>
</tr>
</tbody>
</table>

### Table 6

Summary of Multiple Regression Analysis for Variables Predicting Psychological Attitudes in Older Adults

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.20</td>
<td>.31</td>
<td>-.15</td>
<td>.53</td>
</tr>
<tr>
<td>Age</td>
<td>.02</td>
<td>.03</td>
<td>.16</td>
<td>.44</td>
</tr>
<tr>
<td>Body size</td>
<td>.67</td>
<td>1.23</td>
<td>.13</td>
<td>.59</td>
</tr>
</tbody>
</table>
greater improvement in body image than the control group. There was no significant
difference in pre- to posttest scores, $t = -0.72$, $p = .48$. The standardized mean difference
effect size was .27. There was no significant difference in group pretest to follow-up
scores, $t = -1.33$, $p = .20$. The standardized mean difference effect size was .51.
Therefore, the experimental group did not show a statistically significant improvement
in body image compared to the control group. The results of this analysis are shown in
Table 7.

Table 7

Differences Between Group Posttest and Follow-Up Scores on the BES

<table>
<thead>
<tr>
<th>Test Comparison</th>
<th>Control Group</th>
<th></th>
<th></th>
<th></th>
<th>Experimental Group</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$n$</td>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$n$</td>
<td>$df$</td>
<td>$t$</td>
</tr>
<tr>
<td>Pre- to Posttest</td>
<td>-.77</td>
<td>6.2</td>
<td>13</td>
<td></td>
<td>1.13</td>
<td>7.8</td>
<td>15</td>
<td>26</td>
<td>-.72</td>
</tr>
<tr>
<td>Pretest to Followup</td>
<td>-.92</td>
<td>9.2</td>
<td>13</td>
<td></td>
<td>5.40</td>
<td>15.6</td>
<td>15</td>
<td>26</td>
<td>-1.33</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

The two groups used in this study were not similar in all demographic characteristics. The experimental group was composed of more women than men while the control group was composed of more men than women. The experimental group was closer to average body size and exercised more than the control group. Also, it was composed of more women than the experimental group was. Both groups consisted of white, active individuals who permanently reside in Sun City, Arizona, and spend their summers in Logan, Utah. The results of this study cannot be generalized to other adults over age 60 because of the uniqueness of this population. The average body image of the sample was already comparable to that of younger adults. Also, their psychological attitudes were higher than younger individuals.

As might be expected, a positive correlation between body image and psychological attitudes was found. The strength of the correlation was moderate, which is supported by Borg and Gall (1989). This idea is supported in research by McCaulay et al. (1988), who found that the higher satisfaction people have with their body, the higher their self-esteem. Also, lower body satisfaction has been correlated with low self-esteem for both men and women (McCaulay et al., 1988).

The body image education course was found to have no effect on this sample. Body image may not be as important as one ages. This population may already have formed ideas about themselves, which may not be changed as easily as in a younger
sample. Further, the results suggest that body image becomes less of a variable for self-esteem, and other variables become more important than physical appearance as one ages. Once a person accepts his/her body (even if they do not like it), body image may be more neutral or simply unimportant to self-esteem. According to McCaulay et al. (1988), feelings about one’s body are developed over a lifetime, and mediated by society. Ryff (1991) found that the expectations of older adults become more realistic with age. Thus, older adults are less critical of themselves than are young adults. The mean BES pretest score for all study participants was 109.96. An average score of 116.5 was found in undergraduate male and female students in a study by Franzoi and Shields (1988). The scores for older adults are slightly lower. However, the difference is not dramatic.

Psychological attitudes have been found to be related to education, income, number of friends, and frequency of leisure participation. The sample exhibited many of these characteristics. The mean IPPA pretest score for all study participants was 5.05. According to research done by Kass et al. (1991) on the IPPA, a mean score of 4.14 was found in adults. Thus, this sample scored higher, indicating that these individuals already had a good level of psychological health before enrolling in the course.

Surprisingly, no significant relationship was found between body image and demographic variables, and psychological attitudes and demographic variables. This could be due to a small sample size. Research suggests that women tend to be more
dissatisfied with their body image (Rozin & Fallon, 1988). However, previous research has focused mostly on young women. Thus, body image research in older adults is helpful in determining the concerns they face about their bodies.

The body image education course did not produce a significant improvement in body image. However, the standardized mean difference effect size calculated at the posttest suggest greater improvement in the experimental group’s body image. The two groups were not significantly different by body image score at the end of the study, suggesting that body image may be resistant to change. Experiences during one’s lifetime may modify the ideal the individual strives for and one’s self-appraisal may change, making older adults more accepting of their bodies and who they are (Birren & Renner, 1980). Also, older adults may dislike their bodies, but ignore the fact that they are not happy with their bodies and enjoy life without that concern.

However, the results of this study may be related to nonrandomization of sample, group differences, small sample size, and the short duration of the study. Panayotoff (1993) has recommended further research evaluating the process and outcome of education in older adults by using true experimental designs.

Further research should be done to determine the changeability of body image and psychological attitudes in older adults. Replication of this study with a larger sample, randomly formed groups, and a more intense intervention of longer duration would provide further information on the effectiveness of this program with older adults. Because this sample was so unique and exhibited healthy attitudes and body
image prior to the study, the body image course may be more effective with older adults who are less healthy. An ideal population to replicate this study with would be a nursing home population.

It is also recommended that more research be done to compare the differences between older and younger adults towards body image and psychological attitudes. Older adults may not acknowledge the changes in their bodies or possibly have body concerns that relate more to function than appearance. Conflicting ideas are expressed on the importance of body image to older adults (Chrisler & Ghiz, 1993; Ryff, 1991). The study results indicate that body image may not be as important as one ages. Further research on the importance of body image to older adults would provide insightful information to health and gerontological education.
REFERENCES


APPENDICES
A graduate student in the department of Health, Physical Education, and Recreation is conducting a study to determine the effects of education on well-being. The benefits from this study will provide valuable information to improve health education efforts in the future. Participants who volunteer will be asked to attend a five hour educational course held for one hour a day for five days. Personal questionnaires will be completed at the beginning and the completion of the five hour course. The same questionnaires will be mailed to participants' homes six weeks following the education course for completion. All of the information gathered will be confidential, and will not be associated with participants' names. If a volunteer decides to terminate participation during the course of the study, they may do so at any time and will not be penalized in any way. All volunteers who decide to participate will have the results of the study made available to them. If a participant has any questions or concerns, they may contact Amy Hirtle at 755-9404 or Dr. Steve Hawks at 797-1485.

Signed _______________________

Date ________________________
APPENDIX B

DEMOGRAPHIC DATA

Please answer the following questions. This information will be held strictly confidential.

1. Age: ______________

2. Race:
   a) White
   b) Hispanic/Non-white
   c) Other
   d) African/American
   e) Asian/Pacific Islander

3. Marital status:
   a) Married
   b) Divorced
   c) Never married
   d) Widowed
   e) Separated

4. Educational attainment
   a) Grade 11 or lower
   b) High school
   c) Associate degree or technical training
   d) Bachelors degree
   e) Masters degree
   f) PhD

5. Please list the types of exercise or physical activity you engage in and the amount of time you spend doing them. Physical activity includes things such as gardening, housecleaning, walking, and dancing. Also, please rate the intensity of the activity as easy, moderate, or difficult.
   Easy = Mild exertion
   Moderate = Work up a sweat, but can still carry on a conversation
   Difficult = Breathless

<table>
<thead>
<tr>
<th>Exercise/Activity</th>
<th>Minutes Per Day</th>
<th>Intensity</th>
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6. Height ____ ft. ____ in.  Weight ____ lbs.

7. Gender a) Female  b) Male
UNIT ONE--APPEARANCE AND HAPPINESS

1. Purpose of Life = "Be Happy"

Activity: Present to the class the idea that the driving force behind human behavior is to find happiness (suggested by Aristotle over 2,300 years ago). Have the class write down several barriers to happiness. Have them share their ideas and make a list on the blackboard. Share the three leading concerns from a recent national poll (among women) and compare them with items on the list:

A. Barriers to Happiness
   1. Low Self-Esteem
   2. Sense of Loneliness or Isolation
   3. Absence of Romantic Love

Have students write down their several reasons why "other" people want to lose weight. Have students share their ideas and make a list on the board. Compare the following three ideas with the list that students came up with.

B. Why Lose Weight
   Achieve the "Right" Appearance (Body Image)
   => Gain Love/Acceptance
   => Achieve Self Esteem and Happiness

Make the point that the reason 'most' people want to lose weight is to look good so that they feel more acceptable and loveable which they think will then make them feel better about themselves (self-esteem) and lead to happiness. In other words, people believe that if they achieve the right body image, then they will be able to overcome the most common barriers to achieving happiness.

2. The Pursuit of Self-Esteem & Happiness

Discussion: Health is often defined from a holistic viewpoint and includes a sense of wellness in at least five different dimensions.

Physical health (cardiovascular fitness, body composition, strength/endurance, flexibility),

Intellectual health (logic, reasoning, decision-making),
Social health (sense of belonging, love, acceptance),

Spiritual health (having a well-defined paradigm or worldview that provides purpose and meaning to life, having a personal dream or spiritual quest, having a sense of connectedness to self, others, and a higher power or larger reality), and

Emotional health (ability to cope with and transcend challenges, feel and express the full range of human emotions, fully realize personal potential).

A. 5 Dimensions of Health

<table>
<thead>
<tr>
<th>Emotional</th>
<th>Maslow's Hierarchy of Needs</th>
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<tbody>
<tr>
<td></td>
<td>Self-Actualization</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Self-Esteem</td>
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<tr>
<td>Social</td>
<td>Love and Acceptance</td>
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<tr>
<td>Intellectual</td>
<td>Safety and Security</td>
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<tr>
<td>Physical</td>
<td>Food, Shelter, Water</td>
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There is a loose, but interesting, relationship between the five dimensions of health and Maslow's hierarchy of needs.

Physical health corresponds with food, water, shelter, and activity;

Intellectual health requires safety and security;

Social health equates with love and acceptance;

Self-esteem occurs when we have well-defined paradigms, connect with self and others, and follow our dream or spiritual quest; and

Emotional health and self-actualization characterize the individual who has overcome life's obstacles and found inner peace and growth through faith, openness, personal transcendence, and the realization of personal potential.
B. True Barriers to Love & Acceptance

Activity: Have students write down several reasons why many people do not feel loved and accepted. Ask them to share their ideas and make a list on the board. Compare their responses with the following ideas:

1. Fear of rejection (possibly the greatest human fear).
   We protect ourselves by trying to shield the inner self from rejection by putting up a false front. The real self is then inhibited, and the facade or false front is exposed for acceptance or rejection.

   There are two basic outcomes that might occur when we seek acceptance through a facade:

   a) rejection as a pretentious jerk (show clip from "Alladin"), or
   b) acceptance as the person or image we pretend to be, usually as an object for the gratification of others (because they like to be seen with someone who has the right image)—and then we live in fear of being discovered for the pretender that we feel we are while resenting the fact that we are looked at as an object.

   In either case, the true needs of the spirit for love and acceptance are suppressed and go unmet. In response to the suppression of the spirit, shadow behaviors such as promiscuity, eating disorders, etc. may develop and make it even more difficult to meet the needs of the spirit.

   The only meaningful acceptance occurs when we lower the inhibitions of the inner self and share our fears, vulnerabilities, and weaknesses—in short be human, be who we really are and express the true nature of the spirit.
2. Concentrating on self instead of others.
   Many people feel that happiness comes as an external reward for arriving at a certain point or status in life. The focus becomes centered on doing things that offer self-benefit.

   Yet, an interesting point is that the feelings of love/acceptance are felt most strongly when giving them away, not when trying to seek them. Loving others earnestly and openly is the surest way to feel love and acceptance in return. (show clips from "Groundhog Day").

3. Unable to touch each other.
   Society has placed a taboo on touch by sexualizing it.

The above barriers have produced a society of people that feels a profound sense of loneliness and isolation, a lack of romantic love, low self-esteem, and ultimately low levels of happiness. (play and discuss Kathy Mattea's - "Standing Knee Deep in a River").

C. Barriers to Self-Esteem

**Activity:** Have students write down several reasons why many people do not experience high levels of self-esteem. Ask them to share their ideas and make a list on the board. Compare their responses with the following ideas:

1. Low levels of spirituality.
   a) Poorly defined worldview/paradigms (moral foundation)
   b) Limited view of a personal path to fulfillment (cause, mission, dream, vision, daimon)
   c) Lack of connectedness with self, others, and a larger reality or higher power.

2. Not living in harmony with our spiritual nature.
D. **Barriers to Self-Actualization**

**Activity:** Have students write down several reasons why many people do not achieve self-actualization. Ask them to share their ideas and make a list on the board. Compare their responses with the following ideas:

1. **Not following the path with heart.**

   The ancient Greeks had a philosophy called *Eudaimonism*. The root word "daimon" means genius. Eudaimonism espouses the philosophy that each individual has a genius or daimon within and that the greatest good would be for each person to:

   a) *Know Thyself.* Find out what one's unique genius is, and

   b) *Become Who You Are.* Fully develop your inner genius for the betterment of society. When we fail to Become Who We are, then we are left with the alternative of Becoming What We Do--less attractive as it implies that our vocation defines who we are, rather than who we are dictating what we do (implying that one has missed his/her true calling in life).

2. **Internal Vs. external locus of control.**

   Happiness is achieved by taking the spiritual characteristics that one was endowed with at birth and shaping them into a fulfilling personal destiny. Instead, we often think that happiness will come to us from some source outside, and out of control by the inner self.

3. **The Mind/Body/Spirit Interface**
Discussion: Using the Mind/Body/Spirit diagram, bring out the following points:

A. **Genes, Biology, and the Urge to be Attractive.**

When genetically determined physical pleasure (food, drugs, sex, thrills, gambling, risk taking) becomes a sought after end, rather than a means to higher spiritual ends, then the outcome is often obsession, addiction, and dependency. Genetic and biological impulses are intended to promote the survival of the species, not the happiness of the individual. At the genetic level, there is a strong urge for females to feel sexually attractive in order to attract a mate that would provide for her and her children and thus ensure the best odds for propagating her genes.

B. **The Mind, Society, and the Pressure to be Attractive**

Societies tend to paint a picture of "happiness" at the mind level in ways that promote the goals of social leaders. For example, the goal of the media is to sell beauty products for the purpose of obtaining profit, not for the purpose of promoting individual happiness. It is society and culture that defines beauty or attractiveness in a way that promotes the interests of society, not necessarily the interests of the individual. Many cultures have adopted definitions of beauty that do not seem to be in the interest of individual happiness (Africa, China, U.S.--slides).
C. **Gaining Love and Acceptance at the Spirit Level**

In relation to Maslow's hierarchy of needs and the five dimensions of health, the genetic urge to feel sexually attractive, and the social pressure to fit a culturally defined standard of beauty, are lower level needs associated with the physical dimension—the body (food, shelter, activity) and the intellectual dimension—the mind (reason, logic). In other words, excessive concern for needs at this level consumes a considerable amount of energy that could be used to focus on the higher level needs of social, spiritual and emotional health—the true barriers to happiness as discussed above, all of which must be addressed at the spirit level, rather than the body or mind level. When attention is paid to these higher level needs, then love and acceptance, self-esteem, and self-actualization are more likely to be enhanced.

D. **The Spirit Guided Soul**

It is only when the spirit becomes the leading and unifying force that happiness can be obtained. Then the body becomes a source of input to the spirit, as well as an outlet of spiritual expression. The mind uses its analytical and reasoning abilities to find ways for the needs of the human spirit to be met. In relation to body image and attractiveness, the real need of the human spirit is for love and acceptance—not sexual attractiveness or the achievement of socially defined beauty.
UNIT TWO--WEIGHT CONTROL AND THE AMERICAN DREAM

Balloon Path Diagram

Money,
Success

Love,
Acceptance
I. False Expectations, Shattered Hopes

Discussion: Bring out the following points in relation to the Balloon Path diagram:

A. External Rewards and Happiness

Happiness is American society is pursued by many people through external rewards that focus on the body level (drugs, sex, food, risk taking), or on the mind level (prestige, status, wealth, appearance). Because of genetic urges, or social pressures, people think that when they reach their external reward, then they will be happy. Joy in life is delayed until the goal is reached, but then the pleasure that results is only temporary and soon followed by a profound sense of emptiness, pain, or boredom. The pain and emptiness can only be relieved by escaping into such things as drugs, TV, or sex, or by trying to obtain greater physical pleasure or social status higher up along the same path—and then a cycle is set up that can lead to addiction, obsession, and dependency.

B. The Golden Balloon Analogy

External rewards are like a golden yellow balloon and we are like ants trying to laboriously climb the string one tiny step at a time thinking that we will find a ball of honey when we arrive at the top. But when we reach the balloon we find that it is only full of hot air, and then the balloon pops and we have to begin the climb up a new string to a new and prettier balloon. As the cycle continues people begin to wonder why they continue to chase hollow victories, and why the enjoyment is fleeting once the prize is obtained. As the follow the balloon path, people feel disoriented, out of harmony and balance, lacking in direction and control, and inadequate (play Alabama's--"I'm in a Hurry").

C. Body Image and the Balloon Sky

For many people, body image is a large part of the balloon in the sky. Some research shows that the one thing that most women in the U.S. are overwhelmingly dissatisfied with is their body, specifically their weight and body shape. To a large extent this is due to the way in which American society has defined beauty--tall and thin. The average fashion model is 5'10" and 115 pounds. The average American woman is 5'4" and weights 140 pounds. It is estimated that only one women in 10,000 has a natural body type that meets the fashion industry's standards.
Hence the vast majority of women are left with the options of feeling unattractive (if they believe in society's definition), or of trying to do something unnatural to change the normal size and shape of their body. Because of society's portrayal of beauty as representing fun, success, and happiness, many people falsely assume that they will be happy when they look good in a bikini at the beach during spring break, or when they can fit into a certain size dress. It may feel good to achieve the social standard for attractiveness, but the good feeling is temporary and soon replaced by a felt need to be even thinner and more attractive, or by the feeling that in general life is still unfulfilling and empty.

2. **The Resiliency Model**

**Discussion:** Bring out the following points in relation to the resiliency mode.

**A. Living an Extraordinary Life.**

An alternative path involves using the traits of the mind and body to develop the spirit within, rather than pursuing them as ends in themselves. This path results in an extraordinary life based on unselfish sharing through inner growth and development, rather than an unfulfilling life based on the self-oriented pursuit of external rewards. *(Dead Poets' Society).*

**B. The Resiliency Model.**

The first step is to *discover the spirit within*—the daimon or inner genius waiting to be fulfilled and its traits and characteristics. Second, a *paradigm or worldview must be developed* that provides a sense of purpose and meaning to life in general, and that provides a moral framework and ethical path for personal decision making. Based on the unique traits of the inner spirit, and within the guidelines of the paradigm, *a personal dream or spiritual quest must be formulated.* Once the dream is in place, *goals that show progress* need to be mapped out. Finally, having *life experiences, transcending disruptions, and adapting to life's challenges* provides the day to day enjoyment of living a life that matters.
C. **The Path With Heart.**

Following this path provides joy in each moment, in each step along the way. It leads to increasing growth and development through new challenges, experiences, and increasingly complex goals. It is motivated by a desire to connect with and be of service to others. It is uninhibited and it requires focused attention in order to meet the challenges and complexities at hand. Because of focused attention, the individual does not waste energy fretting over the past or the future, but confidently continues to face the new challenges that following the path entails. The joy that is felt when following this self-defined path is largely independent of wealth, status, talent, and appearance. *(Show clip from "City of Joy.")*

If the goal of human existence, as suggested by Aristotle, is to find happiness, then the answer lies in creating one's best self and sharing it with others. *(Play Dan Fogelberg's--Magic Every Moment.)*

D. **Body Image and the Path With Heart.**

It is very difficult to ignore biological urges to be attractive, or social pressures to be thin, but while giving in to these urges and pressures may provide relief or even temporary pleasure, neither leads to personal happiness. Happiness can only be a byproduct of living a spirit-directed life. The role of body image, then, becomes meaningful only as it contributes to the accomplishment of one's spiritual quest. For many, a reasonable balance between physical fitness, nutritional health, and a healthy body composition may contribute significantly to the enjoyment of walking the path with heart--and it is for this reason that paying attention to body composition, body image, and nutritional health may be meaningful.