

Age before beauty: An exploration of body image in African-American and Caucasian adult women.

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Abstract:

Research on body image emphasizes risks for eating disorders and typically involves young, Caucasian women. Few studies examine body image beyond the college years and there appears to be a disregard for the mature woman, as if self-acceptance of one's body is part of the aging process. Historically, it has been assumed that race is a protective factor against body dissatisfaction due to the perceived larger body ideal for women of color. Drawing upon interviews with Caucasian and African-American women from 20 to 80 years of age, this article explores body image across the lifespan. This analysis revealed that African-American and Caucasian women of all ages engage in private self-monitoring of their bodies and use strategies such as exercise, controlling food intake and cosmetic surgery to try and change the shape of their bodies. Therefore, it is evident that women across age and race categories are vulnerable to body dissatisfaction and disordered eating behaviors. Regardless of race, even mature women recognize and respond to societal expectations of beauty and femininity.

Keywords: body image | lifespan | multicultural | women | age | ethnicity | gender studies

Article:

Young girls have been playing with 11.5 inch Barbie dolls for over 45 years. Not so subtle messages are conveyed to children about the cultural definition of beauty and through toys children begin to recognize their body parts and to notice other people's bodies (Walker and Edut 2003). According to Wilkinson (1987) the mental images developed from playing with these dolls give rise to expectations later in life relating to gender, ethnic stereotypes, and body image (Wilkinson 1987). Not only is the doll proportioned with a tiny waist, large bust and long legs, but her skin and hair colors represent a flawless, wrinkle-free Caucasian woman. In 1980, 21 years after the creation of Barbie, Mattel released the first African-American doll 'Black Barbie'. Although the doll's skin and hair color were darker, the height and body shape retained the

hourglass mold devoid of varicose veins and cellulite. Barbie dolls and other cultural ideals present social stereotypes of body image. Norton et al. (1996) found that the Barbie dolls' anthropometric measurements were unrealistic body proportions, especially the waist and waist-hip and chest-waist ratios (the body parts traditionally associated with femininity). The body shapes of these Barbie dolls cannot address ethnic or racial variations or the natural aging process.

Body image isn't 'black and white'

Negative body image has stereotypically been associated with Caucasian, upper-middle-class women (White and Grilo 2005), however, this race-based assumption does not consider the complexity associated with differences within a socially defined racial category and socioeconomic status issues (e.g. access to eating disorder treatment) (Hudson et al. 2007). However, a persistent belief is that cultural norms to be thin are not as strict for African-American women as they are for Caucasian women (Altabe 1998). As such, African-American women may have lower levels of self-objectification (Hebl et al. 2004). African-American women have been reported as feeling less guilt about their bodies and were found to be more accepting of their bodies than their Caucasian counterparts (Stevens et al. 1994). Hebl and Heatherton (1998) found that Caucasian women stigmatized obesity more than African-American women did. Hebl et al. (2004) examined the effects of inducing a self-objectification state on the psychological and behavioral outcomes of experimental participants from ethnic backgrounds and found that African-Americans have higher levels of self-esteem, more positive attitudes toward their bodies, and lower levels of self-objectification compared to other ethnic backgrounds (i.e. Caucasians, Asian-Americans, Hispanics).

Previous research attributed differences in body image across ethnicity to cultural differences. Women base their judgments of their bodies on what men of their culture desire (Molloy and Herzberger 1998). Powell and Kahn (1995) revealed that Caucasian men reported thinness as being more important in women they date than their African-American counterparts. African-American women think (and accurately so, according to Roberts et al. [2006]) that African-American men prefer larger women and that African-American women tend to compare their bodies with other women of the same ethnic grouping rather than media images. African-American women also reported greater variability of the ideal body image, and that 'looking good' was about public image and personality rather than one's body weight (Russell and Cox 2003).

While several studies found that ethnic minority groups reported lower rates of eating pathology (Nevo 1985, Gray et al. 1987, Field et al. 1999), recent research examining risk factors (e.g. perceived pressure to be thin, modeling of eating disturbances, body dissatisfaction, dieting) that predict eating disturbances among different ethnic groups have been inconclusive. According to some studies, African-American women tend to have lower perceived pressure to be thin, body dissatisfaction, and less dieting behavior than their Caucasian counterparts (Nevo 1985, Powell

and Kahn 1995, Flynn and Fitzgibbon 1996, Striegel-Moore et al. 1996, Molloy and Herzberger 1998). However, other studies have revealed no ethnic differences (French et al. 1997) and others found higher rates of self-induced vomiting in African-Americans compared to Asians and Caucasians (Le Grange et al. 1998). Race-related stereotypes about body image concerns and eating disturbances linger, but women beyond the college years have also been overlooked.

Body dissatisfaction has no age limit

According to the American Society of Plastic Surgeons (2007), 9.9 million females underwent cosmetic procedures in 2006 with the majority of the patients aged over 40 years old. Specifically, 45% of 40–50 year-old women, 26% of those 50 and over, 19% of 30–39 year-olds and 7% of 20–29 year-old women underwent cosmetic surgical (i.e. liposuction, breast augmentation, eyelid surgery) and/or minimally-invasive procedures (i.e. Botox, chemical peel, sclerotherapy). Beyond monetary issues, the cost of adult women chasing the ‘Fountain of Youth’ can extend to the development of body image disturbances and disordered eating.

The challenges of developing a healthy body image often follow young Caucasian girls throughout adulthood (Kearney-Cooke and Isaacs 2004). For example, Lewis and Cachelin (2001) found a relationship between body dissatisfaction and a fear of aging in a sample of primarily Caucasian women (50 years and older). Often growing old is synonymous with being unattractive, invisible, and unlovable (Rodeheaver and Stohs 1991, Kaschak 1992) creating pressure for older women to maintain a youthful status. The belief that weight loss will result in a younger-looking appearance has been directly correlated with body dissatisfaction and a drive for thinness (Gupta and Schork 1993). Aging and menopause bring certain psychological and physical changes that may be comparable to the changes experienced during puberty and menarche (Lewis and Cachelin 2001), suggesting that with every stage of a woman's life her body image may be negatively affected.

Theoretical considerations

A woman's idea of the perfect body or positive self-presentation is strongly influenced by the media and other social forces; therefore, in order to be perceived positively by others, women believe that they must be fit and thin (Duncan 1994, Walker and Edut 2003, Reel et al. 2007). A feminist theory that might explain the stigmatization of individuals' bodies in a culture that persistently objectifies the female body is Objectification Theory (Fredrickson and Roberts 1997). Objectification Theory has been frequently used in the body image literature and posits that individuals may see themselves from a critical, external perspective, and then compare their own bodies to an unrealistic ideal that is reflective of social norms and stigmas. The mass media and interpersonal encounters may lead women to self-objectify. Thus, women are socialized to view and treat themselves as objects, monitoring their physical appearances against unrealistic cultural standards of thinness and beauty. According to this theory, the psychological consequences of self-objectification are anxiety and body shame, which in turn may lead people

to develop psychological conditions such as disordered eating and depression (Fredrickson and Roberts 1997).

Objectification Theory (Fredrickson and Robert 1997) also suggests that the internalization of the observer's perspective spans across the lifespan of women. This feminist theory predicts that a woman's internalization of the cultural ideal and situations that objectify her body have an impact on her mental health risks. Conversely, the theory also predicts that older women can avoid situations that present an opportunity to self-objectify and relinquish the internalization of the observer's perspective of the physical self; Tiggemann and Lynch (2001) revealed that older women reported less self-objectification and self-surveillance than younger women. Other studies have shown that older women reported fewer body image disturbances (Pliner et al. 1990), and lower levels of self-objectification, body shame, and dieting than younger women (Greenleaf 2005).

The need for qualitative inquiry

Most studies that examine body image, age, and ethnicity utilize quantitative inquiry to understand these relationships. Quantitative inquiry typically yields numerical data that can be analyzed to determine its significance to wider populations. In contrast, qualitative data are typically narrative-driven, highlighting the voices of the participants, generating a deeper and more complex representation of the phenomenon. Altabe (1998) suggested that qualitative research should continue to be used to obtain a deeper understanding of the underpinnings of body image concerns in different ethnic groups. The purpose of this qualitative study was to examine how African-American and Caucasian women from diverse occupations and socioeconomic backgrounds across 20–80 years identify body ideals for themselves and body ideals for larger society. Fourteen interviews were conducted to shed light on how diverse women perceive their bodies and may or may not choose to sculpt their body closer to the aforementioned body ideal. The participants represented not only different ethnic groups (African-American and Caucasian), but different age groups as well (28–74 years). Thus, this study addresses two often misunderstood and misrepresented constructs – age and ethnicity – in relation to body image.

Methods and analysis

Semi-structured interviews were conducted by the principal author with 14 women. Snowball purposive sampling was used to select interviewees for each decade (i.e., 20s, 30s, 40s, 50s, 60s, 70s) that could share experiences related to body image. Specifically, two African-American females and two Caucasian females from the 20–39 year category, three African-American females and three Caucasian females in the 40–59 age range, and two African-American and two Caucasian females who are over 60 years of age participated. Interview duration ranged from 45 to 90 minutes in length and the interview setting (e.g. participant's home, interviewer's office, coffee shop, etc.) was established at the convenience of the participants.

Miles and Huberman (1994) outlined three steps involved in qualitative data analysis: data reduction, data display, and conclusion drawing and verification. While data reduction begins when the researcher defines the questions and selects a theoretical framework, it also involves transforming the data into transcriptions based (in this case) on the interview session audiotapes. Data display varies from extended text to notes or charts. The third aspect of qualitative analysis involves drawing conclusions from the data based on identified patterns (Miles and Huberman 1994). For this study, once the interviews were conducted and transcribed by the investigator, a content analysis was conducted across the data to create categories of the responses. The primary researcher and her colleague who also had experience with qualitative analysis independently took notes from the transcriptions and identified raw data themes. Then, the researchers met twice to negotiate the thematic categories. Differences were discussed until a consensus was reached between the researchers. Three major thematic categories emerged: fragile liberation, panoptic gaze, and body molding regime.

Findings: thematic categories

Fragile liberation – coping with negative body image

Although female participants continuously commented on their dislike of their body, they worked hard to cope with these negative feelings. The theme Fragile Liberation refers to the extent that the women reported that they were less concerned with skinny body ideals portrayed by the media and were more inclined to see a ‘healthier body’ – not too skinny or too overweight – as the ideal for women. This reported ‘freedom’ from strict body ideal standards acted as a way for women to dismiss negative body image emotions. However, the participants admitted that this liberation was temporal in nature and could easily switch off with one negative comment from another person. Specifically, they reported liberated body ideals, but were still emotionally affected by their inability to meet the ‘ideal’ for women.

Cathy, a 28-year-old Caucasian woman, stated:

There's a certain way that their body is going to look best. Don't want to be too overweight or too underweight. There's a certain range that if they just stay in that range that seems to be ideal. I know there's different charts and scales and stuff like that – for your frame you should be in between this poundage and this poundage, but I don't think all of those can work for everybody's different body types because it also does depend on how they [women] do carry their weight whether they can meet that range or not. I've got friends that are big up top and are normal down bottom. I don't think it is easy to say that because you are five foot six that you have to between this poundage and this poundage.
(Cathy, 28, Caucasian)

This interviewee believed that the body ideal would vary according to individual body frame and that individuals would be likely to have an ideal weight range.

All of the interviewees responded in a slightly different manner to what the body ideal might be for women, but the word 'healthy' was used often. For African-American, 53-year-old Joyce, 'healthy' referred to physical health instead of appearance. She stated:

I don't think there is an ideal female body. I think it depends on your genetics and whom you come from. To me an ideal body is a healthy body and it has nothing to do with shape and size or height or any of the other things. So that term bothers me a little bit. To me, good health is being able to do all of the daily activities that you choose to do without having to stop and gasp for breath, or to take time out to regenerate. I have asthma. So, a healthy body for me would be a body without the confines of asthma, to have a healthy set of lungs. (Joyce, 53, African-American)

Another African-American participant, Laura (28 years old), stated, '... When I say healthy, I don't mean physically healthy – I mean voluptuous'.

These three women reported three very different body ideals, but all deviated from the strict media image, representing enlightened aspirations. However, the women in the study also reported distress associated with realizing that they did not meet their identified ideal. Participants reported 'healthy' and forgiving body ideals, but when faced with a negative comment this body image was reversed. Tanya, a 39-year-old, Caucasian female, referred to remarks made by her husband as:

John does that. And makes jokes about it. It hurts your feelings but he says I am not doing it to hurt your feelings; I'm doing it so you will do something about it. But I don't like it. Nobody likes anyone calling you fat, out of shape or whatever. (Tanya, 39, Caucasian)

Monica, a 69-year-old Caucasian participant recalled a particularly hurtful comment made by her husband in front of her parents when she started to reach for a second portion of chicken. She stated: 'Whether I react to it or not, it affects me emotionally'. Monica was especially sensitive to negative feedback about her weight as she reported that she had been overweight since the age of nine.

Kim, a 36-year-old African-American female, also remembered negative comments from her husband. She stated:

My ex-husband used to tell me that I had thighs like Earl Campbell. Well, he's a football player so I didn't find that very positive at all. Because I was already conscious of my thighs back then and my hips because I wasn't working out ... (Kim, 36, African-American)

The comment resulted in the interviewee making a change to her approach to exercise and she initiated a strenuous exercise routine. The participants seemed to agree that although they were affected by the comments of others, they served as their own worst body image critics.

Panoptic gaze

The concept of panoptic gaze originated from Bentham's designs for the Panopticon, a prison structure that has a central guard tower, allowing for each prisoner to be observed without observing the guard. Feminist sociologist, Mary Duncan, related this to a woman's view of herself, as Weiss and Haber point out – 'The point of Bentham's model prison, the Panopticon, is to train individuals to see themselves as being seen' (1999, p. 9). This type of surveillance is symbolic of the experiences of our interview participants: a societal gaze that enforces body ideals for women and may result in feelings of guilt in those women subjected to it. This panoptic gaze comes in many forms and can be both internal and external. Obvious forms of the panoptic gaze include the printed media (e.g. magazines) which widely attempts to guide women as to how they should look. Duncan (1994) explained that the other aspect of gaze is the way in which women may internalize body ideals and thereby monitor themselves.

This panoptic gaze is not limited to young, Caucasian women but can be experienced by all women of different races and ages. African-American women are in some cases operating under the panoptic gaze with two conflicting body ideals. While they are expected to maintain their femininity as a societal member (thinness being equated to beauty), they are expected by the opposite sex to meet another ideal of femininity as a member of their ethnic group (larger is better). Interview participants who described body flaws with shame exemplified the concept of the panoptic gaze. Barbara, a 41-year-old, African-American female pinpointed her flawed area immediately. She stated: 'It's always been my stomach. I've always wanted to change that part really bad. I think I could easily live with being 160 pounds if I could just lose the stomach and I'd be perfectly satisfied'.

Nina, a 46-year-old Caucasian woman, supported the idea of society constructing what is beautiful and advertising that construction to women. She stated:

Magazines reveal this [ideal] in most everything and TV, movies and cosmetics ... it's pretty much ingrained in you through these other media ... It's pretty much society which overall shows pictures of this is what you should look like if you want to be beautiful.

(Nina, 46, Caucasian)

This led the researchers into the final theme, which represented the fact that many participants reported being in the process of changing their bodies through exercise, controlling food intake and surgery.

Body molding regime

This tendency to sculpt one's body has been referred to in several ways, including 'technologies of femininity' and 'body molding regimes' (Hall 1996).

Exercise

Exercise is perhaps the most 'politically correct' and socially acceptable form of molding one's body closer to the ideal. Deloris, a 74-year-old African-American participant, seemed to support the contention that women are sculpting their bodies with exercise. She discussed how a 'big gut' is inevitable with old age, 'That [big gut] takes away from how your clothes fit ... I do try and work on that. I exercise ... Your clothes look nicer when you don't have that big stomach sticking out there'. When asked about whether her desire to exercise had changed over time, Cathy stated:

I don't know if I've ever really had the desire. I do it because I know the benefits and stuff. When you're a kid you're constantly active, you're constantly doing stuff, moving around outside with your friends. I mean it's much easier as a kid to stay trim because you are just constantly moving. (Cathy, 28, Caucasian)

Interestingly, age did not appear to play a role in the participants' tendency to emphasize a fit body as the ideal, as women of all ages expressed similar views. However, a few of the African-American women did not feel that exercise helped them achieve their ideal. In fact, one participant contradicted other interview responses and actually indicated that exercise could hinder some women's ability to match their ideal. Donna (44 years old, African-American) spoke of this potential concern:

I would love for my buttocks to be a little more. Because I lost some of my buttocks [with exercise] and I don't have as much behind as I used to. That's kind of ideal for a black woman to have a nice behind because it's kind of ideal for a black man. They love that ... I do try to work on my behind. Like I don't overdo it [exercise] anymore. I just do exercise three times a week now. (Donna, 44, African-American)

Food intake

Controlling food intake was mentioned less frequently by the women as a strategy to sculpt the body. However, it was stated that in order to drastically change the body or decrease weight one would need to control the amount and type of food consumed. Cathy mentioned that exercise may make her feel better about her body, but if she wants to alter her weight she watches her food consumption. She stated:

I think it [exercise] makes me feel better and I'm sure that it tones my body and everything, but I think for me my weight is more directed at what I eat ... I have a tendency to pay real close attention to what I'm eating and I can lose weight, lose weight, lose weight and then I get comfortable with how I am and I then don't pay as much

attention anymore and I'll gain weight, gain weight. So I just go up and down like that.
(Cathy, 28, Caucasian)

Several of the African-American women cited family background as an influence on attitudes toward eating behaviors. Donna spoke about her family's belief that it was important to eat to avoid being 'poor-looking'. She explained:

I would be big as a house if I listened to my Mom and my Grandmother who believed that a healthy-looking woman is a big woman. You know you need to eat they would tell me ... You look too poor-looking. You look sick ... Basically being skinny has never been a part of my life. (Donna, 44, African-American)

Barbara (41 years old, African-American) discussed how growing older affects the amount of food she can consume without gaining weight.

It's amazing that when I was young I could get up and eat pizza for breakfast, and late at night, but I can't do that anymore. I think that's why we have obesity. We can't do and eat the same way we did when we were younger. When you get older and continue to do that, it shows in your body weight. (Barbara, 41, African-American)

Cosmetic surgery

Cosmetic enhancement was evidenced to be in many subjects' thoughts as a powerful method of sculpting the body closer to the ideal without requiring the hard work of exercising and limiting food intake. The main barrier mentioned by the interview participants was not fear of complications from the procedure, but rather financial inability. Access to expensive procedures underscored an interacting social class influence on body image for these participants. Cosmetic surgery was the one sculpting method that the participants seemed to agree on even if they were striving for different body ideals. Glenda, a 57-year-old Caucasian woman, self-identified as extremely overweight. She stated almost immediately in the interview that she would have cosmetic surgery if her finances allowed.

I just feel everybody and especially women would like to make some kind of change to make them prettier or more attractive and more appealing to the male sex. I would like to have a tuck now myself. If I lose 80 more pounds I'm going to have a tuck. I think we would do things constantly to change our body image if we had the resources and finances to do it. (Glenda, 57, Caucasian)

Like Glenda, Donna agreed that cosmetic surgery was a good sculpting option, but she had a different goal in mind.

... I had thought about asking my doctor for surgery to take the fat from my stomach and put it on my behind. Take it and put it somewhere else. I know he can do it. Because my girlfriend had a stomach thing done. Her stomach looks flat and her hips are like this big.

But her stomach is flat ... I sometimes wish I had a little bigger, fuller hips. But I might be able to sculpt the body like that – I don't know. (Donna, 44, African-American)

Another participant had succumbed to the pressure and undergone cosmetic surgery for breast enhancement. Nina, a 46-year-old Caucasian, stated:

I had a little help getting my proportions done. I [became] more proportioned and it made me feel better. It was a definite positive. I was tiny, a size A after having three kids. It was really important to me. I always wanted to wear a bra that I could fill up and wear a dress that I could fill up without wearing a padded bra. (Nina, 46, Caucasian)

Future directions

These interviews demonstrate how African-American and Caucasian women across age groups individualize their body image experience and are influenced by external forces (e.g. media, comments by others). Although these women recognized an overarching societal ideal, some of them succumbed to the negative comments of others, changing generally positive feelings of liberation to feelings of anxiety regarding their physiques. A panoptic gaze, whether internal or external, leaves women feeling like mere objects that do not – and can not – compare to contemporary ideals of beauty. An interesting aside is that at least one interview participant noted that she did not like the 'ideal body' terminology. For her, looking at height, size and shape were too narrow and represented being objectified or placed in a box, which ties into the crux of Objectification Theory and the concept of panoptic gaze. In addition, Altabe (1998) has emphasized that body image for women of color may be more tied to skin complexion, hair texture and facial features than strictly bodily characteristics. The continued exploration of this culturally-defined ideal for women should be examined in future studies.

A limitation of this study is that the experiences of these women tended to be middle to upper socioeconomic class with a few exceptions. Although the participants reflected a broad array of occupations, able participants needed to have the leisure time available to volunteer for study participation. Future studies should also broaden the race analysis by including other race/ethnic groups and would benefit from the examination of other social categories (e.g. heterosexuality, religion) on body image.

Conclusion

Women engage in body molding regimes to improve how they present themselves in an attempt to control how they are perceived by others. The theoretical constructs of social physique anxiety, objectification, and self-presentation were all expressed by both African-American and Caucasian women of all ages. Therefore, the most salient conclusion of this study is women, regardless of the color of their skin or their age, responded to societal expectations of beauty and femininity. This appears to contradict some research findings in earlier studies.

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