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Deconstructing the Mirror's Reflection: Narrative Therapy Groups for Women Dissatisfied With Their Body

Jill D. Duba, Aaron Kindsvatter, and Constance J. Priddy

Women facing middle age and beyond are pressured by a cultural ideal of slowness. The authors review literature pertaining to the factors affecting the societal perceptions of body image and address relevant counseling interventions, specifically, group therapy based on narrative theory, that are aimed at this population.

Over time, there has been a “shift in society to a preference for thin-figured women” (Lin & Kulik, 2002, p. 115). One need not look far to find a media flooded with messages placing importance on youthful, ultrathin appearance, especially for women. Such thin, idealized women can be found portrayed on the evening news, competing in beauty pageants, and in other forms of media or entertainment. In fact, Thompson and Heinberg (1999) reported that less than 10% of women appearing on television appear to be overweight. Even today's fashion and trends are marketed to women with extremely slender figures.

Many women, including those who do not appear on national television, have internalized the message that to be beautiful and attractive, one must also be youthful and slender—often to the point of emaciation. Thus, few women can meet the sometimes unhealthy and unnatural criteria for the “thin ideal” (Deeks & McCabe, 2001; Sussman, Truong, & Lim, 2007). This ideal, which has become increasingly smaller over time, is now at a height of 5' 7" tall and a weight of 110 pounds (Byrd-Bredbenner & Murray, 2003; Cusack, 2000; McKinley & Hyde, 1996). It is noteworthy that the average American woman is a bit shorter than this ideal height at 5' 3¾" and weighs quite a bit more at 152 pounds (Jones & Buckingham, 2005).

With such a gap between the idealized (and perhaps unnatural) model and the typical woman, it should be no surprise that most women today have reported being dissatisfied with their body, no matter how old they are (Liechty, Freeman, & Zabriskie, 2006; Van den Berg & Thompson, 2007; Webster & Tiggemann, 2003). In fact, Hurd (2000) conducted a study with women ages

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61 to 92 years and found that 77% of women reported negative attitudes about their weight. In another study, middle-aged women were found to associate their body image, including sexual attractiveness, weight, and physical condition, with their overall happiness (Stokes & Frederick-Recascino, 2003). Sometimes this dissatisfaction becomes more than a state of unhappiness; serious mental disorders including depression, anxiety, and other psychological symptomatology may also occur. Eating disorders such as anorexia nervosa and bulimia nervosa, which affect both young women and middle-aged women, are also frequently associated with unnatural societal expectations for women's bodies (Forman & Davis, 2005).

Body image dissatisfaction among middle-aged women may have its roots in several domains. For example, Tiggemann and Lynch (2001) suggested that dissatisfaction with body image is associated with aging, partly because of the increasing gap between realistic body appearance and the thin and slenderized ideal of beauty. Women facing middle age and beyond are pressured not only by this cultural ideal of slimness but also by a society that does not necessarily view the bodies of older women with high esteem (Deeks & McCabe, 2001; Mangweth-Matzek et al., 2006). This is problematic because natural landmarks across a women's life span, such as childbirth, menopause, and stressors related to divorce or family death, increase the likelihood that women may gain weight as they age, thus contributing to body image dissatisfaction.

Despite the statistics indicating that middle-aged women struggle with body image dissatisfaction and weight concerns, studies about how these women are influenced by environmental and sociocultural demands are mostly absent from the literature. Most research has focused on adolescents or young adult women (Forman & Davis, 2005; Lewis & Cachelin, 2001). Even less available is literature addressing how to work in a therapeutic context with women who are coping with this societal and cultural stressor.

In this article, we explore the existing literature pertaining to body image. More specifically, we define the meaning of body image and body esteem and also review environmental, cultural, and societal factors influencing body image perception among middle-aged women. In addition, we propose a group therapy intervention based on narrative theory as a useful means of working with and empowering women who struggle with body image dissatisfaction.

BODY IMAGE

Body image, or *body esteem*, has been defined as a multidimensional self-evaluation and attitude toward the size, shape, and aesthetics of one's body (Gurari, Hetts, & Strube, 2006; Jones & Buckingham, 2005; Reboussin et al., 2000). A woman's body image is constructed through the comparisons she makes between her body image and the body image of others or between her body image and the idealized body image embedded in sociocultural norms

(Byrd-Bredbenner & Murray, 2003; Notman, 2003). Body image develops from one's personal evaluations of self that are correlated to the "investment in appearance as a domain for self-evaluation" (Cash, Ancis, & Strachan, 1997, p. 433). In other words, the importance placed on appearance will have a direct impact on body image.

There are several factors influencing middle-aged women struggling with body image dissatisfaction. Personal experiences and personality traits have been linked to a woman's perception about her body and her attractiveness. In addition, many women have internalized the previously mentioned ideal of slenderness based on unnatural expectations that has been embedded in American history, culture, and societal standards (Deeks & McCabe, 2001; Mangweth-Matzek et al., 2006).

BODY IMAGE PERCEPTION: AN INDIVIDUAL AND SOCIOCULTURAL EXPERIENCE

Early Formative Years

Body image perception among women in middle-age may vary because of numerous factors, one of which is related to experiences during youth and adolescence. McLaren, Kuh, Hardy, and Gauvin (2004) suggested that women who received negative comments about their body while growing up will tend to view their body more negatively than women who were not teased in this way as children. Taking this one step further, Saucier (2004) suggested that women who have grown up consistently unable to meet the idealized standard regarding the body are likely to perceive this as failure, which consequently may affect their body image perception and their overall sense of self-esteem.

McLaren et al. (2004) found that regardless of body size, women who received negative comments about their body while growing up and negative body-related comments from their spouse had poorer body esteem than did women who received positive body-related comments from their spouse.

History, Culture, and Society

The standards for female beauty have changed over time. A brief look at American history illustrates the attention to the standards of beauty, both past and current. In the 19th century and early into the 1900s, women were concerned about being too thin (Byrd-Bredbenner & Murray, 2003). Voluptuous women were found performing in the theaters and posing in various newspaper clips and magazine photographs.

Beginning in the 1950s, the trend toward slenderness ensued, albeit slowly, because during this time, both the large and the slender frames were perceived as ideals of beauty. One would find both voluptuous and slender models posing for calendar pin-ups and magazines. However, by the 1970s, the slenderness trend became the only path to achieve idealized beauty. The trend was sym-

bolized by women who were taller, had narrower hips, and were leaner than the average woman (Byrd-Bredbenner & Murray, 2003). Since the 1970s, the slenderness trend has continued, with the idealized body size dropping farther and farther below the American clothing size 8 of the average woman (Padulo & Rees, 2006). In fact, in 1998, Wolszon found that 95% of women do not meet the unnatural idealized standards of physical attractiveness.

Just as the standards for female beauty have developed throughout American history, so has the social value of women evolved (Hurd, 2000; Saucier, 2004). Interestingly enough, the literature has suggested that a link exists between a women's attractiveness and her social value. That is, a woman's beauty has been found to influence her ability to relate to and interact with others, thus increasing her value in society and her potential for acquired resources and relationships (Brown & Jasper, 1993; Kaminski & Hayslip, 2006). Essentially, women learned that placing great importance on developing the beauty and attractiveness of their body could assure them a certain stature in society. That is, physical and sexual attractiveness opened doors to success and social valuation, especially in a culture wherein the standard for a woman's appearance is linked to a man's appreciation of beauty and his willingness to relinquish some control over power and resources.

The present-day media also generates pressure on women, especially aging women, regarding their body (Cash, 2005). In fact, this "powerful and pervasive communication of socio-cultural standard" (Thompson & Heinberg, 1999, p. 340) continues to promote the desirability of idealistic, yet unrealistically slender figures of young women. With progressive technology, pictures of women can now be artificially enhanced to create very unnatural examples of beauty. Furthermore, Thompson and Heinberg (1999) suggested that such technology in print and media imagery allows the blurring of "boundaries between a fictionalized ideal and reality" (p. 340).

Consider the great influence of the entertainment business where the desirability of unrealistically thin women is portrayed more often than not. Saucier (2004) referred to the "silver ceiling" (p. 421), namely, the point at which women actresses reach a certain age at which they are no longer playing sexual and attractive characters. Middle-aged and older male actors, on the other hand, are depicted as love interests of younger female costars. They are considered to be distinguished as they age (Kaminski & Hayslip, 2006).

The literature suggests that body dissatisfaction remains in midlife and might even increase from its levels at earlier ages (Hurd, 2000; Lewis & Cachelin, 2001; Mangweth-Matzek et al., 2006). For example, Zerbe and Domnitei (2004) suggested that body dissatisfaction among middle-aged women has been on the rise since 1972, when it was a concern among 25% of women. At the time of their study, 67% of women over the age of 30 were dissatisfied with their body. Liechty et al. (2006) have also suggested that body size dissatisfaction has become a typical struggle in the life of the average woman.

To defend against the body's normal aging process, women may attempt to overcompensate through excessive amounts of dieting, exercising, cosmetic surgeries, and self-starvation. Drastic consequences of these strategies have been noted, including depression, anxiety, and life-threatening conditions such as nutritional deficiencies and eating disorders (Cahill & Mussap, 2007; Grogan, 2006). Such alarming statistics coupled with awareness of the slenderness trend that is invading the lives of women should prompt mental health professionals to consider the implications of working with middle-aged female clients.

NARRATIVE GROUP COUNSELING AS AN APPROACH TO ADDRESSING BODY IMAGE DISSATISFACTION

As discussed, the research indicates the existence of a set of culturally established values, ideals, and traditions that dictate unrealistic and even unnatural expectations related to women's bodies that have a direct impact on the physical and mental health of women. Often, women present for counseling for problems associated with unnatural expectations about their body that are imposed by societal norms and values. Narrative theory is a useful model to help counselors conceptualize ways of assisting women with problems associated with these unnatural expectations.

Narrative therapy is based in part on the ideas of the French philosopher Michel Foucault (see White & Epston, 1990). Foucault wrote extensively about the link between *truth* and *power*. According to Foucault, certain constructed values, ideas, and traditions, as they are persistently used, discussed, and portrayed in society, are accorded a status of truth. As a consequence of their truth status, these values and ideas become powerful and normalizing constructs. That is, they create powerful cultural parameters for both privileged and marginalized ways of living and being within a given society. In a sense, these truths contribute to narrow realities that govern people's perceptions of how they and others should be, should look, and should live.

UNDERSTANDING BODY DISSATISFACTION THROUGH A NARRATIVE LENS

The literature pertaining to the sociology of body image clearly portrays how the cultural parameters for women's bodies have become more unnatural over time (Lin & Kulik, 2002). Women who fall outside of the parameters of these truths (or who perceive themselves to be outside of these parameters) are subject to a normalizing judgment based on the degree to which they conform to culturally established ideals and expectations.

Although the values, ideas, and traditions that support unnatural expectations for women's bodies may be very subtle (and may indeed often go unscrutinized), the effects of these expectations are not. The impact of normalizing judgment is unremitting and intense. It gives women who are subject to its power the

perception of always being on the floor of an arena, always in the spotlight of the scrutiny of the values and ideas that are consistent with unnatural expectations for their bodies imposed by society. As a result, many women may find that they are frequently comparing themselves, and being compared by others, with an unnatural ideal.

Consider an experience of one of the authors who once worked with a woman who provided an account of the omnipresent power of the unnatural expectations for women. The client reported that she felt the weight of these expectations very keenly during her weekly grocery shopping. She indicated that if she had planned to buy some fattening food (such as a bag of potato chips) she would also purchase numerous (and unwanted) healthy items such as lettuce, spinach, and tomatoes. She said that she did so to avoid the possibility of being perceived by those around her in the grocery store as “a pig.” Even with the healthy items, she reported feeling extremely self-conscious when going through the checkout or when passing by other shoppers.

THE NARRATIVE GROUP APPROACH

Little research has been conducted aimed at examining the effectiveness of using narrative therapy in a group context. However, both the narrative therapy approach and group treatment interventions have been supported as valuable means of treating women who are struggling with body-image challenges and eating disorders (Weber, Davis, & McPhie, 2006). With the assumption that a combination of narrative therapy and group counseling would enhance the effectiveness of both, we have constructed the following narrative group counseling approach designed for middle-aged women who are dissatisfied with their body.

Prescreening and Beginning Sessions

Decades of counseling outcome research indicate that theory and technique are beneficial in counseling in that they provide a novel and structured way to approach seemingly unsolvable situations (Hubble, Duncan, & Miller, 1999). Put another way, counseling theories help counselors to take therapeutic conversations into new realms of their clients' experiences, thus engendering clients' discovery and creation of previously unrevealed or perhaps forgotten hopes and possibilities. The novelty of *narrative conversations* allow an examination of societal and cultural contributors to problems as well as the considerations of problems as externalized entities with their own needs, desires, and agendas (White & Epston, 1990).

It is helpful to familiarize group members with some of the ideas of narrative theory during the prescreening process because this preparation will enable individual members to better participate in the group (Glaser, Webster, & Horne, 1992). For example during the prescreening process, group leaders might assign participants a pregroup task to prepare them to discuss the problem of body image in externalized terms. These tasks might consist of asking participants to bring to

the first group meeting a name they have created for the problem of body image that does not place blame for this problem on them. Other tasks might involve asking group members to collect media images that they feel portray women in an unrealistic way. Group members might also be asked to list individuals in society who might prefer women to be unnaturally slim and would advocate that women take extreme measures (such as surgery) to remain thin.

Setting and Maintaining Group Norms

The previously suggested exercises not only prepare women to view body image concerns from a narrative perspective, they also provide rich artifacts that can be used in introductory group exercises that are designed to help facilitate an atmosphere of sharing and participation. Thus, these pregroup exercises form a sturdy foundation on which further group work can be based. For example, early group exercises might focus on asking group members to portray with art supplies (e.g., construction paper, glue, scissors, and crayons) what parts of a woman's body might be targeted for alteration. Women might also be asked to create figures that portray both normal and idealized middle-aged figures. Following these tasks, participants could be asked to juxtapose the two figures and describe what changes would have to be made to the normal figure to meet the requirements of the idealized image, and what surgical or diet techniques would be required to achieve this.

Society prepares people to think of problems as internalized phenomena, thus disqualifying cultural norms from consideration for intervention (Hare-Mustin & Marecek, 1997). It may come as no surprise then that group members may tend to gravitate back to the theme of "what is wrong with me?" It behooves group leaders to be mindful that narrative theory is helpful in that it creates an environment of empowerment through the questioning of societal norms and the consideration of healthier and more natural ways of living that may fall outside of those norms. In other words, group leaders may have to be vigilant initially to keep conversations focused on the cultural norms and values that support unnatural slenderness as opposed to, for example, new diet plans that may help members to conform to unnatural expectations.

The societal norms that support unnatural slenderness are intangible, although they are widespread and influential. Group leaders should consider the use of many activities that help to bring real substance to the intangible norms that support unnatural slenderness. Activities that provide concrete illustrations of unnatural expectations will help group members to consider and question these abstract contributions to body image issues.

The Group Therapy Process

We suggest a group therapy process that progresses in particular phases and implements specific narrative techniques for deconstructing a problem and then constructing, or developing, an alternative story.

Deconstruction. Deconstruction of the problem generally consists of two tasks: (a) externalizing the problem and (b) mapping the relative influence of the problem over time. Thus, this process includes the separation of the identity of the problem and the identity of the person. That is, the problem (in this case the problem might be thought of as unnatural expectations) is presumed to have its own identity, its own needs, and its own agenda that are separate from those of the person concerned. Incidentally, this way of viewing problems is in stark contrast to the more common internalized/medicalized explanations and etiologies associated with body image issues that often presume the existence of illness in clients rather than the presence of harmful expectations in society.

When women come to a group to address body image issues, it is quite possible that many of them will have internalized explanations for the troubles they are experiencing. It is interesting that this assumption is often apparent in the language used. People often identify themselves not simply as *having* a problem, but as *being* a problem. For example, women coming to a body image group may report problems in the following internalized terms: “I am depressed” or “I am worthless.” Even in the event that the language used by participants is not so obviously internalized, it is rare that the societal values and ideas that support a problem will be fully recognized. It is for this reason that narrative counseling generally starts with the deconstruction of the problem.

After prescreening is completed and group norms have been established, the initial goal of the group can be to begin externalizing the problem to allow consideration of the problem apart from the person. This process “opens space” for participants to strategically evaluate the problem’s needs and tactics and to respond in such a way that the problem begins to be “starved” or otherwise denied influence over the person. One early step in the process of externalization is to name the problem, which facilitates discussion and conceptualization of the problem as a separate entity. This may strike some participants as a very unusual concept because society persistently sends the message that we are our own problems. Thus, at first, some participants may be unable to name a problem or to think of the problem as something outside of themselves (Padulo & Rees, 2006). However, in a group setting, the ability to deconstruct a problem may occur more quickly than it would for an individual.

This unique point of view has the beneficial impact of opening space (i.e., allowing for clients to reflect on previously unconsidered ideas) to consider alternative strategies for working toward a more preferred way of living. For example, the group leader should open the space for discussion among members while listening carefully to their internalized messages. After such a discussion has occurred, the counselor points out the internalized messages that group members have adopted while opening space for a new discussion related to what it is outside of each group member that feeds the problem. Group members should be encouraged to consider the specific values, attitudes, and traditions required for the problem

to exist. This allows members to uncover, question, and scrutinize the underlying (yet elusive) ideas and values that perpetuate the problem.

Group facilitators can ease participants into the process of externalization by discussing the problem in externalized terms from the beginning of the group process. For example, a facilitator might begin a group session by asking participants to describe *the* problem (as opposed to *your* problem) until a point when members are able to put a name to the problem. Facilitators might consider some of the following creative activities to help participants move into a reflective frame of mind to consider the externalization of body image issues.

1. Supply the participants with art supplies such as crayons or paint. Ask each member to design a newspaper headline, or a T-shirt that has the name of the problem on it. Then ask members to share their projects and their ideas.
2. Ask the participants to create a drawing or to complete a sand tray showing the problem in action. The drawing or sand tray should depict what the problem does to the participant. Ask the participants to then share their drawings or sand trays and facilitate a discussion based on the projects.
3. Ask the participants to create a collage (perhaps out of assorted magazines) that depicts the ideals that support the problem and who profits, benefits from, or agrees with these ideals. Then facilitate a discussion among the participants pertaining to their agreement or disagreement with the persons who would support the problem or the problem's tactics.

Once a problem has been externalized and its requirements for existence evaluated, individuals can begin to consider its relative influence in their life over time. As the variability of the influence of the problem is evaluated, they can begin to question those times when they have stood up to the influence of the problem. For example, group members will be directed to consider and dialogue about when they have made a conscious effort to overcome the effects of the problem and to live in a manner more in line with their natural and healthy values and preferences rather than the values and the preferences of the problem.

Those times at which persons resist the influence of problems was described by White and Epston (1990) as "a rich and fertile source for the generation, or re-generation, of alternative stories" (p. 15). In other words, in discovering times when group members have resisted the influence of unnatural expectations, an opportunity is created for them to begin to find intentional pathways for living in a more harmonious and healthy manner. Furthermore the support of members can contribute to each individual's ability to stand up to the problem if it should resurface during the days between group sessions.

When people present for counseling, they may perceive their problems to be overwhelming and omnipresent. That is, it may be difficult, initially, for participants to think about a time when they had some influence over the problem.

This perception tends to increase the influence of the problem. However, close scrutiny of problems generally reveals that the influence of problems tends to be defined by fluctuation rather than consistency. In other words, there are times when problems have more influence and times when people are better able to resist the influence of problems in their lives. Narrative theorists are interested in mapping the fluctuation of problems over time. This has two purposes. First, recognizing the fluctuation of the influence of the problem over time calls into question the power of the problem itself. Second, those times when the problem has less influence in people's lives are important. These times might be considered "exceptions" (Walter & Peller, 1992, p. 88) to the problems and are indicative of a time when people have used their strengths and resources to live in a preferred manner despite the presence of the problem. The following are some techniques that facilitators might use to help participants think about the relative influence of the problem.

1. Ask the participants to draw on a piece of paper 10 scales ranging from 1 to 10, with the low end of the continuum representing the absence of the problem in their life and with 10 indicating the most influential the problem has ever been. Each scale represents a moment in time. The participants should put an *X* on the scale for the influence of the problem at that particular time. Repeat this exercise for all 10 scales moving gradually backward through time. For example, a facilitator might ask participants to rate the influence of the problem an hour ago, this morning, yesterday, last week, 2 weeks ago, last month, and so on. When all of the scales are completed, a discussion can be facilitated about the relative influence of the problem across time. Ask participants what factors might contribute to the problem having more or less influence in their life.
2. Ask the participants to creatively display (e.g., via puppet show, or artistic project) the tactics of the problem, and what is required of the participants (i.e., what beliefs, attitudes, or behaviors) to become vulnerable to the problem's influence.

Constructing the alternative story. The deconstruction techniques previously discussed call into question the power and persistence of problems. In addition, these techniques reveal the political power structures that support and perpetuate problems and open space for persons to reflect on the requirements for the continued survival of the problem. These methods of questioning will likely inspire useful conversations. Yet, these conversations may be taken further. Helpful discussions may be related to the existence of a new domain, namely living a life equipped to starve the unnatural expectations out of one's life while developing and living up to new expectations.

Counselors might encourage group members to ask what contributes to a problem having less influence at a given time? What skills, abilities, or resources

did the persons in question bring to bear on the problem to lessen its influence? How might these skills, abilities, and resources be capitalized on? How might their use and influence be encouraged? What does the existence of exceptions to the unnatural expectations say about participants' abilities and desire to live in another way? The presence of the answers to these questions suggests the presence of an *alternative story*, that is, an account over time of a person's resistance to the influence of the problem.

These accounts can be elicited and strengthened in such a way that persons can live in a more preferred manner. Narrative theorists have referred to this process as the *thickening* of the alternative story. In essence, what this thickening accomplishes is to clearly portray the skills, abilities, preferences, and desires of persons to live in a preferred manner that contradicts the ends to which problems lead. In a sense, this thickening creates, or brings forth, a clear pathway to change and to helps individuals enhance or remember their personal abilities to change.

The construction of alternative stories begins with the identification of unique outcomes. *Unique outcomes* are those times when a person has lived in a more preferred manner despite the presence of the problem. These can consist of behaviors, thoughts, wishes, feelings, decisions, or any other event that contradicts, or undermines, the influence of the problem. Often these unique outcomes begin to be revealed during the deconstruction exercises. During the constructions of the alternative story, it is the group facilitator's role to assist participants to elaborate on these outcomes and to help participants link these unique outcomes in such a way that they provide participants with a coherent story of resistance to the influence of the problem. The following are some group activities that are designed to help members identify and make meaning out of periods of time when they have been able to resist the influence of the problem.

1. Ask the participants to revisit Exercise 1 (on p. 112 in this article). Ask participants to specify exactly what they were thinking, feeling, and doing during those periods when the problem had less influence in their life. Ask the participants to discuss with one another how they could create situations in which they could continue to resist the influence of the problem.
2. Just as the naming of the problem can help one to be intentional about reflecting on its effects, the naming of the alternative story can help one to intentionally engage in practices that are consistent with the plot of the alternative story. Once the group members have had the opportunity to reflect on what they did to contribute to unique outcomes and how they might intentionally recreate those ways of living and being, the facilitator might ask the participants to name this alternative story. For example, the facilitator might ask the participants to complete an art project (which they would then name) that shows them living outside of the influence of the

problem. Alternatively, participants could (as they did with the externalization activities) create a newspaper headline or design a T-shirt that describes their freedom from the problem's influence.

The previous exercises clarify an alternative way of living that is more in line with natural expectations for a body image and thus with women's physical and psychological health. An additional benefit of this process is that participants will have formed their own subsociety in which healthy and harmonious ideals are privileged over the unnatural expectations imposed by the unhelpful ideals of society in general. The alternative story of each individual group member can be further strengthened by the supportive conversations within the group. That is, the group may find it interesting (and helpful to each individual member in her endeavor) to "speak back" to unnatural expectations. Two activities that may assist with this are *spreading the word* and *speaking back*.

Additional Activities

Spreading the word exercise. All members can contribute to a wisdom journal project. Each member can share essays or art projects that depict what they learned about unnatural expectations and how these expectations encroached on their health and well-being. Members can also share tricks and tactics they have successfully used to speak back to unnatural expectations. These essays and projects would then be compiled into a *wisdom manual* that each member would receive for future reference. With permission from each member (and with appropriate steps taken to maintain confidentiality), these journals could be distributed to the wider public so that others could benefit from the acquired wisdom. For example, the contents of the journal could be posted on the Internet or could be distributed by individual members at church functions or similar gatherings.

Speaking back exercise. Another political activity that the group might initiate is to "speak back" to those who perpetuate unnatural expectations. For example, the group might write a collective letter to the editor of a magazine that promotes unnatural depictions of women. Such a letter might explain the impact of unnatural expectations on the lives of the group members and of women in general. Perhaps the group could send the editor some of the information from the wisdom journal and urge that the information be published in the relevant magazine for readers.

CONCLUSION

The purpose of this article was to review the phenomenon of body image dissatisfaction among middle-aged American women. In addition, we attempted to address the gap in the literature by offering a potential counseling intervention, namely, a group therapy intervention based on narrative theory. Unnatural expectations for women's bodies are perpetuated and maintained by abstract, yet influential, and often concealed societal values and ideals. For this reason,

narrative theory is a useful lens through which problems associated with body image can be viewed. According to White and Epston (1990), narrative counseling can be thought of as a political activity, not one that espouses an ideology, but rather one that challenges the norms, ideals, and expectations that subordinate persons to a dominant, unfair, or harmful ideology.

The application of narrative theory involves the careful consideration, or “unpacking,” of the values, assumptions, and ideals from which problems derive their power and the bolstering of values and ideals that may support a more preferred and healthy way of living, but are perhaps minimized or forgotten under the power of unnatural expectations. A narrative group approach to addressing the problem of unnatural expectations for body image is advantageous in that it facilitates the formation of a united community (i.e., the group members working together with the support of each other and the group facilitator) that can identify and question the subtle but influential values and ideals that exist within the dominant culture that support this problem. The efficacy of the formation of reflective communities (i.e., members in a therapy group setting) is supported by literature that suggests that body image problems can be effectively addressed using a group approach (Forman & Davis, 2005; Russell & Arthur, 2000).

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