

Body Image Development Across the Lifespan:
A Literature Review as it Applies to Developmental Psychology

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Abstract

A person's body image is influenced by genetics, external physical traits, socio-economic factors, and the phase of life they are in. A poor body image can result in disorders or diseases in some and depression or inactivity in others. A positive body image can result in higher self-esteem. This paper will discuss the changes that occur throughout the lifespan with regard to how body image is viewed and internalized. This will include the journey through childhood, adolescence, and adulthood to include perspectives on body image with a more specific focus on the implications to females born in the United States. This paper will focus on normative development but will include some common body-image associated disorders.

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Human beings, with perhaps the exceptions of multiples, develop physically in unique and different ways. The influence of environmental factors, genetic codes, and internal personality traits all mold how the physical body transforms. The external world views individual's physical characteristics and makes judgments that are positive, negative, or neutral. Individuals look at their images in a reflection or a mirror and they make judgments that are positive, negative, or neutral about themselves. Some females feel comfortable with their real body image and others feel awkward about their body which can result in emotional and biomedical changes, both positive and negative. However, a woman's perception of her body image is not free from personal bias nor is it a static perception. There are many influences on body image perception. The research question is how these perceptions change as a person experiences physical and emotional development across the lifespan.

Lifespan development, also referred to as developmental psychology, is a major branch of psychological research. The American Psychological Association (2006) defines the lifespan as a lifelong process with specific theories surrounding the developmental process. Additionally there are many theories associated with this study such as nature/ nurture, biological implications, physical and cognitive development, and socioemotional developments. Based upon literature reviews from PsychArticles, EBSO databases, Questia databases, and World Wide Web searches there is an abundance of information available regarding dysfunctions such as anorexia or bulimia associated with dysfunctional body images that teenage girls have. However, there is not a great deal of

readily available information on how women's view of body image changes across their lifespan. Using Erikson's eight stages of development, physical, social, and psychological changes are reviewed as they apply to females' body images perception.

Erikson's Psychosocial Theory

Erik Erikson, by building upon Freud's developmental models, created eight stages of development that are experienced throughout the lifespan (Erikson, 1950). Erikson's eight stages span across infancy, early, middle and late childhood, adolescence, and early, middle and late adulthood. Erikson (1950) did acknowledge that he built upon Freud's psychoanalytical theories when he created his eight stages, or eight ages as he originally called them, but he also left room in his model to account for the fact that individuals can not precisely fall within or out of his model completely. For example, Erikson asserts that his eight stages are a pathway of life-span development, rather his matrix marks the critical periods of time that a person develops while acknowledging that there are a variety of factors that contribute to the response of each individual to these critical points of lifespan development (1950).

The first stage of Erikson's psychosocial theory is infancy and at this phase the child determines if experiences they receive from their caregivers are that of trust and happiness or a less than trustful situation. The second stage of infancy, which is between the ages of one and three years old, the child begins to either develop autonomy or shame. This is a function of understanding that they are responsible for their own behavior; however if caregivers constantly punish the infant shameful emotions will develop. In preschool years, children begin to take the initiative to care for their bodies, toys, and belongings they feel are their own and they become aware of the feeling of guilt

when they act without regard for their behavior. The next phases are middle and late childhood which can be a physically challenging time for children as they grow from elementary students into pre-pubescence. In this phase they experience what Erikson refers to as industry versus inferiority as they become excited about learning, yet feel inferior if they find they have difficulties keeping up with others in their peer group.

Adolescence is perhaps the most commonly known phase of development and this can occur from age 10 through age 20. In this phase identity development, or identity confusion, is the most critical socioemotional development. Adolescence children are trying to understand who they are, how they fit in, and where they are going and this leads to the last three stages of Erikson's development model which are associated with adulthood. In a person's early adulthood, which spans through their twenties and thirties, they begin to focus outward on finding friendships and facilitating intimacy and if unsuccessful they often harbor feelings of isolation. In middle adulthood the focus now moves to understanding how a person can help to contribute to the next generation with individualized accomplishments and, if the person can not relate to this, he or she may become stagnant in their development. The last phase is late adulthood which spans from age 60 onward. In this phase the person is focused on health primarily and family secondarily and time is spent reviewing accomplishments and a life well spent (Erikson, 1950; Santrock, 2006). Each of these phases are related to biological, social, physical, and mental changes for both men and women.

Infancy and Early Childhood

Erikson's phases of life-span development have associations with body image development. Peterson and Tremblay (1999) expressed the importance of further

developing research surrounding children in these areas as they felt that the period of infancy and childhood could be helpful in preventing disorders in adolescence and adulthood in many biomedical areas. Although new born children are not aware of their body image their parents, nurses, and doctors are keenly aware. Many parents immediately ask the doctor if the child has all its body parts upon birth and the nurses immediately check the child's body color and physical appearance to measure the health of the child within the first few moments of life (Apgar, 2006). These conclusions and impressions are based upon the adult's perception of the appearance and their interpretation of the body image they place on the newborn. Children are all born with unique DNA, yet Plomin (2004) explained that genetics accounted for variance in half of the traits while the other half are due to environmental influences. That means that half of the developments of children's identities are molded by external factors.

The development of the sense of self occurs during infancy, usually around 15 months to two years (Herbert, 1986). This may be the first phase in which a child is aware of their body image. Children in the early development phase of their life-span are aware of their surroundings and children are very receptive to how their caregivers treat them as this fosters either a positive or negative sense of self within the young child. When communicating with a young child it is important to be receptive to their needs and work to create an environment that facilitates the best opportunity for a secure attachment to develop between the child and the caregiver. Rejecting a child's signals, showing anger, or withholding normal affection will result in emotional and perceptual dysfunctions that may be carried into adulthood (Frosch, Cox & Goldman, 2001). Even though being a caregiver comes with situations that test patience, it is vital to remember

how actions affect children. By showing consistent attention to a child and ensuring a secure relationship with them there will be a greater opportunity for the child to positively develop and focus their energy on intellectual learning processes which, in turn, will help create a foundation for positive self-image (Frosch, Cox & Goldman, 2001).

When it comes to creating a positive body image in children it takes more than just attention to mental and emotional development. As children grow they are constantly bombarded with visuals from television, magazines, toy advertisements, cereal and snack commercials, and other media that show thin, muscular, beautiful characters and this can make it very hard for a child to compare their physical appearance to the visuals they see (Snow, 2000). It is important during this phase for the child's caregiver to intervene and help them develop a positive body image and sense of self-worth. This helps to prevent physical and mental disorders such as obesity or depression that can begin to foster if the child consistently views themselves as physically different from what they are exposed to socially or through the media. One manner in which caregivers can interact is to start educating their children, both at home and working with the school system, about proper nutrition and what truly constitutes health. Snow (2000) suggests forming small girls' groups to discuss issues such as friendship and fitting in socially. To the observer, educating females of such a young age about nutrition, health, and socialization may seem premature; however it sets a positive foundation early on to combat the even more difficult challenges lying ahead with regard to female body image perception.

Middle and Late childhood

Children begin to develop an understanding of perception, emotions, and desires around the age of 2 to 3 and this allows them to realize that other adults and children are not always observing the same things they see (Flavell, 2006). However, children do not seem to be able, at ages 4 and 5, to have introspection about their own thoughts. Children do begin to master their native language and soon they are able to express their introspections and they begin to communicate their feelings about themselves and how they fit in with others. Many factors influence the social acceptance of children in Erikson's early and middle childhood phases such as expressing emotions in a socially appropriate manner and communicating with their peers (1950). Developing self-efficacy in tasks such as learning, playing sports, and managing social situations improves a child's self-esteem and mental vision of themselves. Besides a child's feeling of self-efficacy or lack thereof, there are social cognitive predictors for preschool children associated with the development of their body image perception. Some of the predictors of body image stereotypes found in children as young as three were the models and verbal messages about body image communicated to the preschooler by the parents, such as body comparisons between siblings and verbal criticism about the child's appearance (Gustitus, Hendy, & Leitzel-Schwalm, 2001). An interesting finding of this study was that preschoolers, unlike older children and adolescents, had an equality of negative stereotypical body images across both the male study population and the female study population.

In addition to immediate family there are other influences that can disturb a child's body image. Phares, Steinber, and Thompson (2004) conducted a study with

results reflecting that young children develop body image disturbances and poor self-esteem concurrently at the ages of six and seven. Their study demonstrated that girls are more likely than boys to have body dissatisfaction, girls were more likely to be on diets, and 40% of children as young as six have reported dissatisfaction with their bodies and have gone on significantly restrictive diets. With this data is one could hypothesize that there is not enough nutritional, health, and social education taking place, as suggested for early childhood development, or the manner in which children are educated on these topics does not have as much impact as the influence of external environmental factors. When confronted with numbers such as these caregivers need to realize that they play a critical role in developing their child's lifelong health and nutritional patterns. Parents and caregivers can be models for dysfunctional eating patterns, such as being obese or too thin, and comments about their children's weight in the form of teasing or criticizing can drastically impact a young child's body image (Phares, Steinber, and Thompson, 2004). Although caregivers can make personal changes in their behavior to modify their negative impact on their young child's body image, the influence and negative comments from a child's social circle are also just as important in molding a child's body image and harder to control. Phares, Steinber, and Thompson (2004) concluded that cases of depression and low self-worth in young female children was directly associated with dysfunctional body image perceptions and there is a high risk for this to become a lifelong dysfunction.

During late childhood, exercise should become a more significant part of a child's daily activities. The introduction of regular exercise, good nutrition, and the incorporation of sports and education about diet works as a preventative measure to

discourage poor body image in children (Smolak & Levine, 2001). Many children spend their spare time in front of the television playing video or computer games. Cadwell, Darling, and Smith have found that an after school program is much more beneficial than the option of staying at home alone as it presents a positive environment for children to focus on personal development, physical activities, and mental growth (2005). Leisurely activities that are managed by adults that are structured in format were also found to contribute to positive childhood development. These strategies help to balance activity with positive mental stimulation to combat statistics that state 28-55% of pre-adolescent females desire a thinner body and 9-14% of girls already have eating disorders (McCabe & Ricciardelli, 2003). There is not a great deal of empirical evidence surrounding pre-adolescent body-image changing strategies, but McCabe and Ricciardelli (2003) found that although self-esteem is associated with body image, it is not associated with strategies to improve physical appearance of the body. Therefore, they have suggested implementing intervention programs to increase body image perception and create plans to improve health and increase exercise. These findings seem to be consistent with the literature that has been reviewed for children during these phases of lifespan development.

There are legitimate instances during childhood in which poor body image is substantiated with severe health risks and the most common, in the United States, is that of childhood obesity. Adult onset of diabetes, or Type II Diabetes, is now becoming more prevalent in children and diseases that were traditionally only found in later-aged adults are now showing up with greater occurrence in children who are obese (Daniels, 2006). Cardiovascular disease, high blood pressure, atherosclerosis, metabolic disorders,

pulmonary complications, gastrointestinal disorders, and skeletal disorders such as osteoarthritis are all examples of the relationship between obesity and childhood health disorders that used to be exclusive to adults. These physical ailments, compounded with the psychological impact of poor body image, further increase the importance of implementing intervention programs for young children to create plans to improve health and increase exercise.

Adolescence

Adolescence might be the most well know life-span development phase associated with body image. The Center for Disease Control (2006) has found that healthy eating habits in adolescence is essential for preventing adult diseases, and that the percentage of overweight youth ages 12-19 has tripled from 5% to 17.4% in the past 20 years, and that 7-8% of adolescents suffer from anorexia. During this time females experience many physical changes that include the onset of menstruation, weight gain, and severe hormonal challenges as they begin to develop their mental and physical sexual identity. During this period females are more likely to experience a significant drop in their self-esteem and this is related to higher levels of body image dissatisfaction and increased dieting (Steese, Dollette, Phillips, Hossfield, Matthews, & Taormina, 2006). At this phase in lifespan development females are more susceptible to the influence of their peers on their perceived body image and these images often are very distorted. Body image in females is impacted based upon the rate in which they develop female features. Females who develop early tend to have a more positive body image in early adolescence, yet this evolves into dissatisfaction later with their body image as female maturation usually includes natural weight gain as breasts develop and hips widen

(Serdar, 2005). Adolescents develop a higher self-awareness during this time and they struggle to determine where they are going and who they are in life, both physically and mentally (Erikson, 1950).

It is very important that caregivers, school systems, and communities support adolescent females during this time of transition as negative body image has been correlated with depression, anxiety, juvenile delinquency, suicide, alcohol and drug abuse, and alienation (Steese et al., 2006). Adolescence is the most pivotal time for females and they should not be left alone to struggle through these challenges. Steese et al. (2006) further discussed how the influence, verbal cues, and opinions of close male and female friends as well as parents and the media have a stronger impact on self-esteem during this period of a female's development than any other time in her life.

An adolescent female with body image dissatisfaction issues is not breaking news to the general population. It is common knowledge that there are many females that struggle with these issues and, appropriately, there are many theories surrounding this problem such as women believe men only value their physical attributes, the media overly links beauty with success and social acceptance, beauty is all that is associated with female sexuality, and that female adolescents are too focused on physical appearance (Hoyt & Kogan, 2001). Research supports these theories as women who have been exposed to media depictions of the ideal female experience greater anxiety, body dissatisfaction, and depression than control groups (Hoyt & Kogan, 2001). Adolescent females spend more time discussing their appearance, feel negative about their body image if they believe an improvement would increase their social status, participate in social comparisons of themselves and their peers' physical appearance, and

express greater body dissatisfaction than females that are in the childhood life-span developmental phases (Jones, 2004). However, Hoyt and Kogan (2001) suggest that if a female can make it through the challenging time of adolescence they will enter an age group populated by women in which 84% state they feel satisfied with their overall body image. Although, this study still finds that women are dissatisfied with specific body parts such as their hips, abdomen, waist, and legs, suggesting that when it comes to late adolescent development the whole is greater than the sum of the parts from a body image perspective.

One of the best ways to change these negative images is to encourage adolescent females to participate in exercise and physical activities with the goal being overall health and positive attitude; the purpose of exercise should not be to lose weight or improve appearance. Strelan, Mehaffey, and Tiggemann (2003) note that adolescent women seem to objectify themselves as a result of media glorify the female body as a sexual object and therefore the majority of women in this age group exercise with the goal of obtaining physical appearances that may be unrealistic for their individual physique. An additional measure to help change negative body image is for caregivers to be aware of the friendship groups females associate with as they often share the same body image perception disorder, participate in similar eating and exercise patterns, and encourage each other to participate in bulimic or anorexic behaviors (Paxton, Schutz, Wertheim, & Muir, 1999). Engaging the peer group of adolescent females in positive physical activities and group discussions may be an intervention option given the influence female friendship groups have on the individual.

Early adulthood

Arnett (2004) studied adolescents and realized they now wait longer to assume the roles of adults and are marrying later in life in comparison to their parents and this delay has resulted in a new phase of development between being a *teenager* and becoming an adult. His research suggests that individuals experience some identity confusion during this phase as they do not feel like they have completely transitioned into an adult, yet they feel they have outgrown their teenage ways. During this time females between the ages of 20-24 typically gain 4-9 pounds and many feel negative about their body image. However, as they progress in age to their thirties and early forties women show an increase in independence and self-confidence which in turn slightly increases their perception of their body image (Altabe & Thompson, 1992).

During this lifespan phase female adults make important decisions such as whether or not to marry, become a parent, and determine what their adult role will be in society. Physically many changes are occurring in early adulthood such as the development of expression wrinkles, hair color changes, decreased energy, overall body shape transformation, and a realization of the fact that they are not immortal (Hayslip, Cooper, Dougherty, & Cook, 1997). As women age, they find it harder and harder to obtain or maintain the ideal body that they felt pressured to have as an adolescent. But overall, a woman's desire to become thinner does not increase or decrease throughout her lifespan (Tiggemann & Lynch, 2001). In fact, a woman's overall body dissatisfaction does not vary significantly either way throughout her lifespan but destructive behaviors such as developing obesity, anorexia, bulimia, or anxiety does decrease with age according to Tiggemann and Lynch (2001).

Middle adulthood

Adults entering their 40s and 50s have a different body image than they did when they were in their physical prime during their twenties and early thirties. They have exceeded their peak performance and now, with aging, there are signs of decline in physical and mental activities. Women experience the cessation of their menstrual cycle, enter a phase called menopause, and become psychologically aware that physically they are no longer able to reproduce. This period is casually referred to as *the change of life* jokingly by women, yet that quite literally is exactly what middle adulthood females experience. Historically menopause has had a negative connotation which unfortunately has negatively influenced female body image in the same manner that the media negatively influenced pre-adolescents' body images. Menopause has been viewed as an inability to continue to produce estrogen, a physical deficiency, a problem, and something unnatural (Dillaway, 2006; Hunt, 2006). Women should have an attitude that the transition into menopause is a natural and a positive experience that is a part of their life-span development. Physically women go through a variety of physical changes during this time including weight gain, irregular menstrual bleeding, hot flashes, and sexual concerns that effect how they view their body image (Dillaway, 2006). Dillaway reports that 92% of women perceive menopause to be a major physical change, 67% feel this change is negative and problematic, 59% reported weight gain, 15% reported changes in their breasts, and 54% reported changes in their skin's appearance. Given that women often fall into the self-objectification trap, changes such as these can be detrimental to their internal perception of their physical bodies. The association of menopause with aging, loss of sexuality, and feeling different from fertile women may

also result in a misperception of body image (Hunt, 2006). Another concern women in middle adulthood have retirement approaches is an increased fear of aging; however women who incorporate proper diet and exercise with leisure activities early on find that this fear diminishes as they find increased satisfaction as they enter late adulthood (Wynne, Groves, 1995).

Late Adulthood

In this last phase of life span development Robert Peck expanded upon Erikson's integrity versus despair stage by expressing that elderly adults experience the challenge of body transcendence versus body preoccupation (Nursing World, 2006). In this phase adults must learn to manage the fact that their bodies are deteriorating and move beyond the need to have their physical appearance being a priority to a lifestyle that embraces and focuses on friendships, spirituality, a true sense of self-worth, and accomplishments. Coping skills that may have been developed in adolescence now re-emerge and play an important role in how adults perceive satisfaction of their evolution into late adulthood (Wynne & Groves, 1995).

As Tiggermann and Lynch (2001) found that body image and the emphasis of weight remains constant throughout a female's lifespan, the importance of the body in the overall big picture of a woman's life actually decreases. Physically elderly adults experience many changes such as loss of hair, increased wrinkles, and age spots. There are often some changes the elderly experience that cause emotional responses such as shame or embarrassment. Smith and Grove (2005) noted that over half of adults over the age of 85 have hearing loss and they are often ashamed that they have to ask others to repeat themselves. Additionally the elderly find a decrease in peripheral vision, their skin

becomes very sensitive and bruises easily, and bones and muscles deteriorate rapidly causing elderly adults to have challenges with mobility which can be emotional as they feel a reduction in their independence (Smith & Grove, 2005). Yet, these changes do not impact their overall mental health satisfaction level as greatly as they would have affected a much younger woman.

Steinkamp and Kelly (1985) conducted a survey-designed study find how satisfied late-adulthood females were with their day to day activities. They found that females who did not participate in a great deal of mentally or physically challenging activities in their youth did not feel a loss or a need to have a busy lifestyle in late adulthood. However, females who historically had higher activity levels did need more interaction and challenging activities to maintain a positive mental outlook (Steinkamp & Kelly, 1985). These findings corroborate the belief that inactivity and poor nutrition are major contributors to disease and loss of independence for aging Americans that were previously active and, unfortunately, half of adults over age 65 do not participate in any form of physical activity (Grove, 2006). Exercise, with proper supervision and planning, can be safe and beneficial for individuals in late-adulthood as maintaining agility and flexibility decreases the potential for age related injuries (Rodts, 2006). One of the best ways to enable safe and healthy exercise for the elderly is to encourage participation in a gym located outside of their home. By leaving the primary place of residency the seniors will be able to interact with others participating in positive activities and this helps to keep their mind sharp while encouraging positive body image by reinforcing self-efficacy for maintaining strength and health (Rodts, 2004). Strength training and balancing are preferred exercise programs for females in late adulthood as they reduce hip fractures or

falls which, unfortunately, account for over 10,000 deaths per year for those aged 65-75 (Grove, 2006). Exercise needs to be supported with proper nutrition and unfortunately many older American females neglect to follow the basic nutritional guidelines that they followed when they were younger. Thomas and Morley (2002) found that only 1/3rd of the proper amount of calories were consumed by adults over the age of 70 and that the intake of minerals by this population was significantly less than recommended. Maintaining both coping skills, continued mental and physical health, and social interactions during this time frame results in increased satisfaction during this mature phase of lifespan development.

The human body throughout the lifespan is constantly changing and evolving and these developmental factors have a definitive impact on how one views their body image. Body image is a result of genetic, social, emotional, external, psychological, and physical components which all come together in either an appropriate or exaggerated manner and result in an increase or decrease in a person's self esteem and psychological well-being. Consistent recommendations found throughout lifespan development to increase or improve long term positive body image are early nutritional education and physical activity, teaching women not to self-objectify themselves because of the influence of the media or social cultures, and to see the process of aging as a natural part of the cycle of life. The role of parents, caregivers, and peer groups can not be underestimated in the role they play contributing to an individual's body image perception. The key takeaway from this research is that body image perception does not significantly change in conjunction with normal physical and mental lifespan related changes. Therefore, I recommend that additional research should be conducted in the

areas of body image disorder prevention and maintenance, the effectiveness of the outcomes of peer-group inclusive physical activities and nutritional education, and further empirical studies on the impact of negative perceptions surrounding menopause and aging on women's body image.

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