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Deconstructing the Reflection in the Mirror:

Narrative Therapy Groups for Middle-aged Women Dissatisfied with Their Bodies

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Abstract

Women facing middle age and beyond are pressured by a cultural ideal of slimness. Literature pertaining to the factors affecting the societal perceptions of body image will be reviewed. Authors also will address relevant counseling interventions aimed at this population, specifically group therapy based in Narrative theory.

Deconstructing the Reflection in the Mirror:

Narrative Therapy Groups for Middle-aged Women Dissatisfied with Their Bodies

Time has begotten 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 ultra-thin 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. 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 of extremely slender figures.

Many women, including those whom 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 can meet the sometimes unhealthy and unnatural criteria for the "thin ideal" (Deeks & McCabe, 2001; Sussman, Truong, & Lim, 2007). This ideal, which has dropped consistently across history, is now below the weight of the average woman and stands at 5'7" tall with an average weight of 110 pounds (Byrd-Bredbenner & Murray, 2003; Cusack, 2000; McKinley & Hyde, 1996). It is noteworthy that the average American woman stands a bit shorter 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 female, 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 aged 61 to 92, 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 symptomology may also occur. Eating disorders such as anorexia neverosa and bulimia nervousa, which affect both young women and middle-aged women, 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 ageing due in part to the increasing gap between realistic body appearance and the thin and slenderized ideal of beauty. Women facing middle age and beyond not only are pressured by this cultural ideal of slimness, but also by a society that does not necessarily view the bodies of older women in high esteem (Deeks & McCabe, 2001; Mangweth-Matzek et al., 2006). This is problematic because natural landmarks across a women's lifespan such as childbirth, menopause, and stressors related to divorce or family death may increase the likelihood that women may gain weight as they age, thus contributing to body image dissatisfaction.

Despite the statistics which suggest that middle-aged women struggle with body image dissatisfaction and weight concerns, studies about how these women are influenced by the environmental and socio-cultural demands are for the most part 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 with women coping with this societal and cultural stressor in a therapeutic context.

The authors will explore the existing literature pertaining to body image. More specifically, the meaning of body image and body esteem will be defined, while reviewing environmental, cultural, and societal factors impacting body image perception among middle-aged women. In addition, a group therapy intervention based in Narrative Theory will be proposed as a useful means of working and empowering women who struggled with body image dissatisfaction.

Body Image

Body image or body esteem has been defined as a multidimensional self-evaluation and attitude towards size, shape, and aesthetics of one's body (Gurari, Hetts, & Strube, 2006; Jones & Buckingham, 2005; Reboussin et al., 2000). Body image is constructed through the comparisons one makes between her body image and the body image of others, or between her body image and the idealized body embedded within socio-cultural norms (Byrd-Bredbenner & Murray, 2003; Notman, 2003). Body image develops from one's personal evaluations of self which are correlated to the "investment in appearance as a domain for self-evaluation" (Cash, Ancis, & Strachan, 1997, p. 433). In other words, the importance one places on her appearance will directly impact body image.

There are several factors impending on 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 attractiveness. In addition, many women have internalized this "slenderization trend," comprised of unnatural expectations, that has been embedded in American history, culture, and societal standards.

Body Image Perception: An Individual and Socio-cultural Experience

Early Formative Years

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

McLaren, Kuh, Hardy, and Gauvin (2004) found that women who received negative comments about their bodies while growing up, as well as negative body-related comments by their spouses had poorer body esteem then those persons receiving positive body-related comments from their spouses regardless of body size.

History, Culture, and Society

The standards for female beauty have changed across time. A brief look at American history illustrates the attention to the standards of beauty, as well as where we have come from and where we are today. 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 theatres and posing in various newspaper clips and magazine photographs.

Beginning in the 1950s the trend towards slenderization ensued, albeit slowly. As during this time, both the larger and 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 slenderization trend became the only wayward towards idealized beauty. The trend

was symbolized by women who were taller, hipless, and leaner (Byrd-Bredbenner & Murray, 2003). Since the 1970s, the slenderization trend has continued with the idealized body size dropping farther and farther below the eight of the average women (Padulo & Rees, 2006). In fact, in 1998, Wolszon found that 95% of women do not meet the unnatural idealized standards of physical attractiveness.

Not only have the standards for female beauty developed throughout American history; so has the social value of women (Hurd, 2000; Saucier, 2004). Interestingly enough, the literature suggests that a link existed between a women's attractiveness and her social value. That is, a woman's beauty has been found to impact her ability to relate to and interact with others, thus increasing her value in society and potential for acquired resources and relationships (Brown & Jasper, 1993; Kaminski & Hayslip, 2006). Essentially, women learned that placing a great importance on their bodies 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 where the standard of a woman's appearance is linked to a man's appreciation of beauty and his relinquishing of some control over power and resources.

Our present-day media also generates pressure on women, especially ageing women, about their bodies (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, youthful women. With progressive technology, pictures of women can now be artificially enhanced to create very unnatural examples of beauty. Further, Thompson and Heinberg (1999) suggested that such technology in printing and media imagery allow for the blurring of "boundaries between a fictionalized ideal and reality" (p. 340).

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

The literature suggests that body dissatisfaction remains in midlife and might even increase from earlier ages (Hurd, 2000; Lewis & Cachelin, 2001; Mangweth-Matzek et al., 2006). For example, Zerbe and Domnitei (2004) suggest that body dissatisfaction among middle-aged women has been on the rise since 1972 when it was a concern among 25% of women, whereas most recently, at 67% of females over the age of 30 being dissatisfied with their bodies. In fact, Liechty et al. (2006) suggest that body size dissatisfaction also has become a typical struggle in the life of the common woman.

In order to defend against the bodies' normal aging process, women may attempt to over compensate through excessive amounts of dieting, exercising, cosmetic surgeries, and self-starvation. The consequences have been noted as drastic and include depression, anxiety, and life-threatening conditions such as nutritional deficiencies and eating disorders (Cahill & Mussap, 2007; Grogan, 2006). Awareness of such alarming statistics, as well as a simple notice of the slenderization trend invading the lives of women should behoove mental health professionals to consider the implications of working with middle-aged women clients.

Narrative Group Counseling as an Approach to Addressing Body Dissatisfaction

The research indicates that there exists a set of culturally established values, ideals, and traditions that dictate unrealistic, and even unnatural, expectations for women's bodies that

directly impact the physical and mental health of women. Often women present for counseling for problems associated with, or coming from, un-natural body expectations imposed through societal norms and values. Narrative theory is a useful model to help counselors think about assisting women with problems associated with these unnatural expectations.

Narrative therapy is based in part on the ideas of the French philosopher Michel Foucault (White & Epston, 1990). Foucault wrote extensively about the link between "truth" and power. According to Foucault (1980) certain constructed values, ideas, and traditions, as they are persistently used, discussed, and portrayed in society, get 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 perceptions of how people perceive that they and others should be, should look, and should live.

Understanding Body Dissatisfaction with 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.) Those 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.

While 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 those 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 themselves 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 omni-present 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 strategize to purchase numerous (and unwanted) healthy items such as lettuce, spinach, and tomatoes. She said that she did so in order to avoid the possibility 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 the combination of Narrative Therapy in a group context. However, both the Narrative Therapy approach, as well as group treatment interventions has been supported as valuable means of treating women whom are struggling with body image challenges and eating disorders (Weber, Davis, & McPhie, 2006). Based on the assumption that a combination of Narrative Therapy and group counseling would be equally effective, the authors have constructed the following Narrative Group Counseling approach designed for middle-aged women whom are dissatisfied with their bodies.

Pre-Screening and Beginning Sessions

Decades of counseling outcome research indicates 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 conversations into new realms of clients' experiences, thus engendering the discovery and the creation of previously unrevealed or perhaps forgotten hopes and possibilities. The novelty of narrative conversations is that they engender reflection of societal and cultural contributors to problems as well as considerations of problems as externalized entities with their own needs, desires, and agendas (White & Epston, 1990).

It is helpful to socialize group members to some of the ideas of narrative during the pre-screening process as this preparation will enable members to better participate in the group (Glaser, Webster, & Horne, 1992). For example during the pre-screening process group leaders might assign participants a pre-group task to prepare them to discuss the problem in externalized terms. These tasks might consist of asking participants to create a name for the problem that does not place blame for the problem on the participant to bring to the first group meeting. Other tasks might involve asking group members to collect media images that they feel portray women in an unrealistic way. Further, group members might be asked to list who in society that might prefer women to be unnaturally slim and would advocate for women to take extreme measures (such as surgery) in order to remain thin.

Setting and maintaining group norms. The above exercises not only prepare women to view body image concerns from a narrative perspective, they also provide rich artifacts which can be used in introductory group exercises that are designed to help facilitate an atmosphere of sharing and participation. Thus these pre-group exercises form a sturdy foundation on which

further work can be based. For example early group exercises might focus on asking group members to portray with art supplies (such as construction paper, glue, scissors, and crayons) what parts of a women's body might be targeted for alteration. Further women might be asked to create figures that portray "normal" middle aged figures, and idealized middle aged figures. Following this participants could be asked to juxtapose the two figures, and what changes would have to be made to the "normal" figure in order to meet the idealized image, and what surgical of diet techniques would be required to achieve this.

Society prepares people to think of problems as internalized phenomenon, 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 towards the theme of "what is wrong with me?" It behooves group leaders be to mindful that narrative theory is helpful by virtue of the creation of an environment of empowerment through the questioning of societal norms, the consideration of more healthy and natural ways of living that may fall outside of those norms. In other words, group leaders may have to initially be vigilant to in keeping conversations focused on the cultural norms and values that *support* slenderization as opposed to, for example, new diet plans that may help members to conform to unnatural expectations.

The societal norms that support slenderization are intangible, and in a sense invisible, though they are vastly prevalent and impactful. Group leaders should consider the use of many activities that help to bring real substance to the intangible norms that support slenderization. Activities that provide concrete illustrations of unnatural expectations will help group members to consider and question these abstract contributions body image issues.

The Group Process

We suggest a group therapy process that occurs over particular phases, or through the use of implementing specific narrative techniques including: deconstruction and construction, or developing an alternative story.

Deconstruction. Deconstruction of the problem generally consists of two tasks: the externalization of the problem, and the mapping of 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 we might think of the problem as unnatural expectations) is presumed to have its own identity, its own needs, and its own agenda, 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 body image issues that often presume the existence of illness *in clients* rather than the presence of harmful expectations within society.

When women come to a group to address body image issues, it is quite possible that many members will have internalized explanations for the troubles they are experiencing. Interestingly, 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 pre-screening and group norms have been established, the initial goal of the group can be to begin externalizing the problem. This allows for the problems to be considered apart form the person. This process "opens space" for participants to begin 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 the naming of the problem, which facilitates discussion and conceptualization of the problem as a separate entity. This may strike some participants as a very unusual concept as societal ideas persistently send the message that we are our own problems; thus some participants may be unable to name a problem at first, or to think of the problem as something outside of themselves (Padulo & Rees, 2006). However, in a group setting, the ability to deconstruct problem may occur quicker than on one's own.

This unique point of view has the beneficial impact of the "opening of space" (i.e., allowing for client's to reflect on previously unconsidered ideas) for considering alternative strategies for working towards a more preferred way of living. So for example, the group leader should "open the space" for discussion among members while listening carefully to internalized messages. After such a discussion has occurred, the counselor will point out the internalized messages that group members have adopted while opening space for a new discussion related to what outside of each group member feeds the problem. Group members should be encouraged to consider what values, attitudes, and traditions are required in order for the problem to exist. This allows for the uncovering, questioning, and scrutiny of the underlying (yet elusive) ideas and values that perpetuate the problem.

Group facilitators can ease participants into the process of externalization by beginning to discuss the problem in externalized terms from the beginning of the group process. For example

a facilitator might begin a group by asking participants to describe “the problem” (as opposed to *your* problem) up until a point when members are able to put a name to the problem. Facilitators might consider some of the following creative activities in order 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 tee-shirt that has the name of the problem on it. Then ask each member 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 problems tactics.

Once a problem has been externalized, and its requirements for existence evaluated, one can begin to consider its relative influence in a person's life over time. As the variability of the influence of the problem is evaluated, one can begin to question those times when a person has “stood up” to the influence of the problem. So 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 creep up during the days between group sessions.

When people present for counseling they may perceive their problems to be overwhelming, and omni-present. That is, it may be difficult for participants to initially 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 reveal 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, the fluctuation of the influence of the problem over time calls into question the power of the problem itself. Secondly, those times when the problem has less influence in a person's life are important. These times might be considered "exceptions" (Freedman & Combs, 1996) to the problems and are indicative of a time when a person has used her strengths and resources to live in a preferred manner despite the presence of the problem. Below 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 lives,

and with 10 indicating the most influential the problem has ever been. Each scale represents a moment in time (i.e., today, yesterday morning, a week ago, 1 month ago, 3 years ago, etc.). 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 two 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 of less influence in their lives.

2. Ask the participants to creatively display (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 discussed above serve to call into question the power and perseverance of problems. Additionally, they reveal the political power structures that support and perpetuate problems, and "open space" for persons to reflect on the requirements of the continued "survival" of the problem. These methods of questioning will likely yield 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 un-natural expectations out of one's life while developing and living up to new expectations.

What, we might ask, 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 in order 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 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 brought forth and strengthened in such a way that persons can live in a more preferred manner. Narrative theorists have referred to this as the "thickening" of the alternative plot. In essence, what this "thickening" accomplishes it to clearly portray the skills, abilities, preferences, and desires or 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, as well as helping 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 the reveal themselves during the deconstruction exercises. During the constructions of the alternative plot, it is the group facilitator's role to assist participants in elaborating on these outcomes and on helping participants to link these unique outcomes together in such a way that they provide participants with a coherent story of resistance to the influence of the problem. Below 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 4 from above. Ask participants to specify what exactly they were thinking, feeling, and doing during those periods when the problem had less influence in their lives. Ask the participants to discuss with each other 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 intentionally engage in practices that are consistent with the "plot" of the alternative story. Thus a facilitator might ask the group members to extend their thinking from the above exercise. Once the group members have had the opportunity to reflect on what they did to contribute to unique outcomes, and how they might intentionally re-create those ways of living and being, the facilitator might ask the participants to name this alternative plot. 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 above) create a newspaper headline or design a tee-shirt that describes their freedom from the problem's influence.

The above exercises clarify an alternative way of living that is more in line with the natural expectations, and thus women's physical and psychological health. An additional benefit of this process is that participants will have formed a "sub-society" 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 continual political activities of the group. The group may find it interesting (and helpful to each individual member in her endeavor to "speak back" to unnatural

expectations) to move from a "therapeutic" stance to a "political" stance. Two activities that may assist with this politicalization might be termed "spreading the word" and "speaking out."

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. Additionally members could share what tricks and tactics they have successfully used to "speak back" to unnatural expectations. These essays and projects would then be complied into a "wisdom manual" which each member would receive a copy of 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, for example, church functions.

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 idolizes 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.

Concluding Thoughts

This purpose of this article was to review the phenomena of body image dissatisfaction among middle-aged American women. In addition, an attempt was made address the gap in literature by offering a potential counseling intervention, namely, a group therapy intervention

based in Narrative theory. Unnatural expectations for women's bodies are perpetuated and maintained by abstract (yet impactful) 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 subjugate 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 that were perhaps minimized or forgotten under the power of unnatural expectations. A narrative group approach to addressing the problem of unnatural expectations 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) from within which the subtle but influential values and ideals that exist within dominant culture that support unnatural expectations for body image can be brought forth and questioned. 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 utilizing a group approach (Forman & Davis, 2005; Russell & Arthur, 2000).

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