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Keeping Your Eye on the Process: Body Image, Older Women, and Countertransference

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Research on body image and older women has grown in the past decade. However, there is a gap in the literature regarding body image, older women, and countertransference. This article provides 7 case examples of racially and ethnically diverse women over 60, drawn from MSW student and agency staff supervision, and participant feedback from a national conference on aging workshop. Themes related to loss and grief, adult daughter and aging mother issues, incest, anger, disability, personality disorders, phobic reactions, and shame are discussed. Recommendations and implications for social work practice, education and research are provided.

KEYWORDS *Body image, older women, countertransference*

INTRODUCTION

Countertransference issues related to body image are rarely addressed, particularly as they affect older women. Whether social worker or client, most women are affected by societal standards and conceptualizations of attractiveness. The inordinate concern with appearance may intensify with age due to persistent stereotypes that equate aging and older adults with weakness, sickness, frailty, unattractiveness and asexuality. However, for

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the most part, these concerns are not directly raised by older female clients, and not listened for by social workers interacting with them.

Older women who are clients at agencies and organizations serving older adults bring these unspoken values and concerns with them, along with such concrete requests for transportation, financial, and housing resources, which are comparatively less emotionally charged presenting problems. The profession of social work is geared toward developing the ability to integrate clients' presenting problems and underlying concerns. Unfortunately, the latter often takes a back seat to the former, sometimes due to time constraints, sometimes due to the worker's inexperience, and sometimes due to countertransference.

The purpose of this article is threefold. First, it reports on themes and countertransference reactions to seven case examples of racially and ethnically diverse women 60 years and older, drawn from the authors' experiences with MSW student and agency staff supervision, and participant feedback from a national conference on aging workshop. Second, it discusses the meaning of the countertransference reactions to the body image concerns of women in the seven case examples. Third, the article offers recommendations and implications for social work practice, education and research regarding body image, older women, and countertransference.

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REVIEW OF THE LITERATURE

Historically, the majority of body image research, sometimes synonymously referred to as *body esteem research*, primarily focused on the attitudes and behaviors of adolescent and young adult women. However, since the 1990's, there has been an increase in the number of studies regarding body image issues and older women. For example, body dissatisfaction and drive for thinness have been demonstrated in groups of older women (Gupta, 1995). Findings about older women and body image document the pressure from messages to be thin and stay young from mainstream US culture. Findings also demonstrate that many older women retain those pressures over time and continue to shape their behavior according to societal images and definitions of what is attractive. In addition, it has been shown that these messages have reached ethnically diverse women (Keel & Klump, 2003). Stokes and Frederick-Recascino (2003) report findings on the correlation between women's body image and happiness among college-aged, middle-aged and older women. The sample consisted of 144 women, ranging in age from 18 to 87 years old, with a mean age of 40 years. The first group, of college-aged women, consisted of undergraduates at the University of Central Florida. The second group, of middle-aged women, consisted of members of the University of Central Florida's Alumni Association. The third group, of older women, consisted of members of local Daytona Beach

retirement and church communities. Results indicate a significant, positive correlation between happiness and three parts of body esteem: sexual attractiveness, weight concern, and physical condition. They also discuss body image, self-perception and identity, body esteem, and body shame related to societal standards. Franzoi and Koehler (1998) studied age and gender differences in body attitudes in a sample of 132 young adults (M = 19 years) and 142 elderly adults (M = 74 years). Compared to younger adults, they found that older adults have less positive attitudes toward different aspects of their own bodies. For example, older adults reported negative views of the body associated with body function (e.g., physical coordination, agility, sex drive, and health). They also reported negative attitudes toward facial attractiveness with regard to the lips, appearance of eyes, and cheek bones, areas that are believed by respondents to become particularly unattractive with age. These attitudes reflect a cultural standard of age and beauty. However, one area where these age differences were reversed was in women's attitudes toward weight-related body items: Older women expressed greater satisfaction than young women toward their appetite, thighs, and weight.

Lewis and Cachelin (2001) focused on body image, dissatisfaction, and eating attitudes among 125 women between the ages of 50 and 65 (middle-aged group), and 125 women 66 years old and older (elderly group). They found a positive relationship between fear of aging and disordered eating. Hurd's (2001) older female participants report being dissatisfied with their bodies and self-conscious about their appearance. They also made a distinction between their bodies and their sense of identity or self. They identified an "inside" self and an "outside" self, with the "outside" self described as "a mask or physical container of the 'inside' self, which is hidden . . . within the aging body" (p. 453). These studies suggest that weight and body size are concerns of both older and younger women.

Cash and Pruzinsky (1990) pointed out that body image is a multidimensional concept that refers to self-attitude toward the size, shape, and aesthetics of one's body. They defined the physical component of body image as a given bodily feature or characteristic such as buttocks, nose, mouth, or physical strength. Van Der Velde (1985) discussed psychological meaning as a second component of body image. This refers to what one thinks or feels about given bodily features such as one's buttocks, nose, mouth or physical strength. He asserted that both components—physical component and psychological meaning—work together. In other words, if the physical component of a body is perceived in a negative manner, then the psychological meaning will also be negative, and vice versa.

Van der Velde (1985, p. 527) also introduced the term "extraneous body image," i.e., one's mental representation of others' appearance and behavior. The formation of one's own and extraneous body images play a role in the development of self-concept, concept of others, interpersonal relationships,

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and mind–body interactions. Thus, not only do people see themselves in relation to their self-formed body image, but people also form body images for others. As societal pressures result in women placing a disproportionate amount of importance on body image, women often find themselves caught between comparing their own body image with the body image of others. As Stokes and Frederick-Recascino (2003) stated, "Thus, begins the contest within ourselves to not only fit in, but also to comply with our society's ideal of perfection in order to be happy" (p. 18).

The relevance of body image concerns, eating disorders, weight, size, and body shame and esteem tends to vary according to race, culture, and ethnicity. It has been shown that body image development occurs within a cultural context that defines the cultural standards of attractiveness, body weight, and body shape. In other words, different cultural groups might have different standards of appearance with obesity being differentially stigmatized across groups (Thompson, Heinberg, Altabe, and Tantleff-Dunn, 1999).

Thus, an older woman may experience body shame or body acceptance and self-perception that reflects attitudes and/or perceptions that she brings with her into older years. These expectations may be linked to such factors as family of origin influences, cultural expectations, trauma, societal messages and critical comments. Sontag's (1972) seminal essay illustrated the double standard of aging whereby physical signs of aging are judged more harshly in women than in men, and socially women are considered *old* and less desirable at earlier ages. The developing literature on body image and older women suggests that such cultural standards of age and beauty have been internalized by women over the life course.

Both older and middle-aged women have concerns that are stereotypically associated with the aging process, and those concerns contribute to negative self-perception among older women who cite changing posture, wrinkles, sagging skin, age spots, and graying and thinning hair among their concerns (Beck, Casper, & Andersen, 1996; Hurd, 2000). In contrast, a growing body of feminist gerontological research challenges the perception that older women's bodies and faces are unattractive, undesirable, and should be avoided and changed (Calasanti, 2007; Holstein, 2001-02).

COUNTERTRANSFERENCE ISSUES

Absent from this discussion are clinicians' views concerning body image and older women. Clinicians are not immune to the viewpoints, attitudes, beliefs, and perceptions reflected in research concerning older women and body image. Clinicians are also vulnerable to incorporating the same attitudes discussed by Sontag (1972), as well as the attitudes discussed by Hurd's (2000, 2001; Hurd et al., 2007) participants. Clinical social workers may

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experience body shame or body acceptance and self-perception that reflects attitudes and/or perceptions linked to such factors as family of origin influences, cultural expectations, trauma, societal messages, and critical comments. Along with feminist gerontological research that identifies the potential meaning and impact of antiaging movement efforts on older women, research on implicit ageism (Levy, 2001; Levy, Hausdorff, Hencke, & Wei, 2000; Levy, Ashman, & Dror, 1999) identifies the process and broad effects of unconsciously incorporating negative and positive stereotypes associated with old age. Without awareness, practitioners may, at best, be blind to the impact that antiaging messages have on themselves and their older female clients; at worst, they may be judgmental.

The importance of detecting and understanding countertransference reactions when working with older clients has been credibly established (Altschuler & Katz, 1999; Genevay & Katz, 1990; Knight, 2004). This becomes even more crucial when a worker is simultaneously faced with a population group (older women) and a social issue (body image) that are typically avoided by clinicians.

Countertransference refers to unconscious feelings that may surface to consciousness in the clinician. Typically, there is some manifest quality or characteristic that precipitates this response; for example, the client's age, physical appearance, health status, or tone of voice. In contrast, although workers have conscious attitudes related to aging that may affect how they react to a client in a clinical setting, these do not constitute a countertransference reaction. It behooves clinicians to be mindful of such countertransference signals as intense overidentification, excessive advice (Poggi & Berland, 1985), a compulsive tendency to *hammer away* at certain points, impatience, sleepiness, boredom, inability to concentrate, interruption and redirection of client's conversation, being late for appointments, and engaging in professional gossip concerning a client.

Although being aware of countertransference reactions is a prerequisite for behavioral change, one does not necessarily lead to the other. If countertransference reactions are not identified and worked through in such ways as supervision, self-scrutiny, or therapy, they are likely to be repeatedly played out with clients (Malamud, 1996). Basch (1980) pointed out that, although it is unrealistic for practitioners to remain unaffected by what they hear or see, it is important to heed Freud's (1915/1957) admonition not to act out or act upon one's countertransference feelings. A practitioner with undetected countertransference related to body image inadvertently risks viewing their older female clients as less diverse in their thoughts, experiences, and lives.

Social workers with countertransference related to body image might be inadvertently guided by their unconscious attitudes and beliefs and make various clinical choices that are detrimental to the therapeutic process. For example, a worker might bring up the topic when a client hasn't voiced any

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interest or concern. A worker might also ignore a client's nonverbal cues and comments if they have their own unresolved or conflicted feelings regarding body shame, body esteem, or body image. Workers who are turned off by severe obesity might automatically refer out to another clinical practitioner, without being aware of their countertransference. A worker might make false assumptions (shame, sorrow, depression) about older female clients based solely on their appearance (weight and/or physical signs popularly associated with aging). Ultimately, this may result in inappropriate evaluation, assessment, and treatment.

Social workers need to consider that their older female clients might have body image concerns. They have a responsibility to examine their personal body image beliefs and attitudes and countertransference limitations, all of which may result in clinical errors. Otherwise, the worker's ability to be receptive and responsive to older female clients who want to explore their body image concerns is hindered.

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CASE EXAMPLES

The following seven case examples of racially and ethnically diverse women 60 years and older are drawn from MSW student and agency staff supervision, for which weserved as supervisors. We organized the seven case examples according to themes that emerged from two sources: (a) case supervision on these seven cases; and (b) questions, reactions, and comments from social workers who attended a workshop on older women and body image that we facilitated at a national conference on aging. All significant identifying information has been changed to protect confidentiality.

Loss and Grief

An 87-year-old White female client had become increasingly withdrawn but did not present with depressive symptoms. The worker described this client as "beautiful," and stated that her apartment was well cared for and that there were pictures of her from her career as a dancer throughout the apartment. The worker reported that she put on make-up and got dressed every day, but never left her apartment. She ordered food, medicine, clothing, and other essentials, and received all her social support on-line. The worker could not convince her to get involved in any outside activities or leave her apartment to do anything in which she currently expressed interest.

The worker felt stuck and presented the case in supervision. When asked if the client's self-esteem was strongly connected to her former identity as a dancer, the worker exclaimed, "How stupid of me! It's so obvious; I never put it together." The worker was athletic in her youth and had a strong muscular body, but multiple pregnancies, parenthood, and work had

left her with little opportunity to maintain athletic activity. In this case, the worker had similar feelings of loss and grief about her body and did not make a connection between the client's withdrawal and loss and grief concerning her own body.

Adult Daughter/Aging Mother

An 82-year-old widowed Chinese woman recently suffered a stroke that left her with a pronounced limp, facial paralysis, and right-sided weakness. Prior to that time, she was living independently around the corner from her oldest daughter and family. She was actively involved in the community, walked daily with friends, grew her own vegetables and flowers, cooked meals for her relatives, and performed all activities of daily living.

Her American-born daughter, who was working full time, called requesting a home health aide to assist her mother during the hours when the daughter was at work. During the conversation, the daughter revealed that she had become frustrated with her mother, who was refusing to get dressed, change her clothes, fix her hair, and go to physical therapy. She described her mother as taking a lot of pride in her appearance prior to the stroke. Her daughter reported feeling guilty and stated, "I have trouble looking at my mother. She was always so beautiful and active. What if that happens to me?" A worker, who had not processed personal feelings about aging, dependency, and change of appearance due to illness, might not address the daughter's similar issues. Instead the worker might focus on ways in which the aide could help the mother dress and look more "presentable" and not on the daughter's fears about that happening to her.

Incest/Sexual Abuse

A 63-year-old obese African American woman signed up for a 6-week counseling and stress reduction program targeting caregivers. She was caring for her 89-year-old mother and it was becoming increasingly more difficult, as she had to provide hands-on-care. During the initial intake, she revealed that she coped by overeating, that she "hated" her body, and that she felt guilty about not liking her mother. She attributed the inability to have a successful, intimate relationship to the time demands and stress of caregiving. During one of the counseling sessions, she revealed that her stepfather had abused her from the time she was 3 years old, and her mother "did nothing" to protect her. Before starting to care for her mother, she considered herself an "attractive big woman." Now she described herself as "fat" and "unattractive." The worker attributed the overeating and weight gain to caregiver stress, not the incest.

The introspection and recollection of these incest memories elicited some very painful feelings in the client. When the worker has an array of

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rich material from which to choose, countertransference may inadvertently guide the direction of therapy. A worker who has not worked through feelings about incest and older women may incorrectly attribute the client's overeating to the caregiver stress—anything but the incestuous memories. In fact, although the client had previously revealed this information to a psychiatrist who she saw for several years, "She seemed more interested in my caregiving situation and never asked me any questions about the incest." An aware worker would ask about the incest. For example, "This may be hard to talk about, but I want you to know that if you would like to talk about what happened with your step-father; this is a safe place to do that."

Anger

An aging movie star sought help from her longstanding therapist after being turned down for a part that "was made for me." In therapy, she vented her anger about the way women are considered old in their 30's by "the industry." Intellectually, she knew she was one of "the lucky ones" in that she had been a working actress for all of her adult life.

The therapist encouraged the client's venting toward the movie industry's unrealistic and discriminatory standards about women's body size, shape, age and overall appearance. However, this approach did not provide relief for the client. "I've gotten out all this anger, but I still don't like what happened and I don't feel much better." The therapist replied, "It's really positive that you've expressed so much anger today, but the reality is that you work in a profession that devalues women and their changing physical appearance over time."

Instead of addressing the part of the client that buys into the profession's standards about appearance, the therapist joined the client's anger against the social realities of the movie industry. The therapist inadvertently ignored the client's unconscious acceptance about the profession's standards about women's appearance.

Although the realities of women's early social aging (Sontag, 1972) may provoke legitimate anger in both clients and therapists, workers need to be aware of their own personal anger regarding existing cultural ideals of physical beauty for women. In this case example, the therapist's own anger was mirrored by the client's expressed anger. The therapist's identification with the client's anger caused the therapist not to examine the full meaning of the anger. In this case, it was not just anger at the movie industry and societal standards, but the client's own acceptance of these cultural values.

Disability

A 76-year-old married woman, of Eastern European descent, with three children was referred to an outpatient social worker by her physician

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because she wasn't complying with his request to use an assistive device to walk. The referral form indicated that he wanted her to use the walker for posture improvement and safety. When she met with the social worker, she was adamant about not using a walker. "Using a walker would make people notice me and think I'm old and unattractive. Call me vain, but I don't like it and I will not use it." This was ironic, because she walked bent over from the waist, her torso almost parallel to the ground.

An inexperienced worker might experience anxiety when faced with dependency issues associated with an older disabled client. Afraid of being unkind or harsh, the worker might be reluctant to discuss the facts of an illness with an older female client who is also avoiding the topic. Compounding such reactions might be unresolved issues of a worker who has grown up with an inordinately harsh and critical parent, particularly around issues of posture, size, shape, and/or overall appearance. That worker may enter into a conspiracy of silence with clients who do not want to discuss their physical disability.

In this case, the worker accepted at face value the client's stance without any exploration and reported back to the physician that the client had valid reasons for her refusal of the walker.

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Personality Disorders

Women who are diagnosed with a narcissistic personality disorder may demonstrate exacerbated concern over their appearance with increasing age. Physical changes that are stereotypically associated with normal aging often increase the level of anxiety and self-obsession found in someone with this diagnosis.

A 60-year-old female client, 5' 2" and 108 pounds, was diagnosed with a narcissistic personality disorder. Family and friends described her as "trim, well put together and concerned about staying young." She has been chronically dissatisfied with her appearance and was always searching for the most recent antiaging approach. The client was recently diagnosed with a uterine tumor; however, she had limited income and no health insurance. Her doctor strongly recommended surgery to remove the tumor, to avoid further medical problems. She had to decide whether she was going to spend her limited discretionary money on the recommended surgery or on the liposuction procedure she had already scheduled.

The worker got caught up in pointing out the importance of uterine surgery and comparative lack of importance of elective cosmetic surgery when her physical health was at risk. Ultimately, the client decided to spend her money on liposuction. In supervision, the worker brought up how upset she was with her client's decision, "She hardly has any money and she chose to do this! . . . Her body looks just fine, she doesn't need any cosmetic surgery." The worker had fallen into the position of trying to persuade her client by

speaking logically to her about the doctor's recommendation, and their last two sessions had taken on a somewhat adversarial tone.

The supervisor pointed out that she sounded angry, frustrated, and disappointed, and asked if she was aware of what might be causing that reaction. After some reflection, the worker, who was younger than her client, acknowledged that she had never been overly concerned about her own appearance and that significant women in her own life were comfortable with physical imperfections and extra weight. In this case, her countertransference amounted to frustration and negative judgment of her client. This countertransference reaction had come up before in supervision, and the worker thought her reactions were under control. But, the client's choice between elective and necessary surgery resulted in the worker ignoring her countertransference reactions and focusing, instead, on content. In this case, the worker's countertransference led her to ignore the meaning of body image issues and narcissistic blows, which would help facilitate a decision-making process based on the client's exploration of her own body image concerns.

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Phobic Reactions and Shame

A 78-year-old African American woman was becoming increasingly agoraphobic and depressed due to a recent 30 pound weight gain and multiple somatic complaints that were medically unsubstantiated. She came to therapy because she had stopped going to church, stopped going out with friends and only left the house to shop for food and other essentials. When asked what she wanted to gain from therapy, she said, "I used to be really active in my church and Bible-study classes, and loved meeting my friends for meals. I want to lose weight so I can fit in my beautiful clothes and start going to church again."

The client was expressing signs of shame and embarrassment about the recent weight gain; however, a worker with feelings of shame about his or her body might not make a connection between the client's not leaving the house and shame. The worker might approach the problem with a traditional cognitive behavioral therapy approach, encouraging the client to engage in tasks that would lead her to return to church instead of exploring the feelings of shame about her body. In contrast, the worker who is not struggling with this issue might explore the meaning of the change in body size, thus giving the client permission to reveal her feelings of shame.

DISCUSSION AND IMPLICATIONS

It is important to increase knowledge and awareness of body image concerns of older women among supervisors in the field of gerontological

social work, and among mental health practitioners, social work educators, and researchers. Equally important is the need for workers to be aware of potential countertransference reactions that may inhibit older women from fully discussing their concerns, and to learn about the client's cultural values about physical appearance and age from her point of view.

Practice

Older female clients may disclose feelings, thoughts, and attitudes about body appearance and age to a worker; however, they are unlikely to question the therapeutic direction of a worker who shares similar negative attitudes about body appearance and age. This can result in older female clients maintaining low self-esteem or loss of dignity because the client's buying into a combination of ageist and sexist judgments about older women has not been raised. Without self-awareness, social work practitioners and clients may collude in such perceived negative feelings as shame, anger, disgust, guilt, sadness, and frustration. Social work practitioners who are aware of such potential countertransference reactions create an environment in which older female clients have permission to reveal their concerns and feelings about body image issues.

In addition to self-awareness, it is critical to heed the social work profession's view of the client as expert using a strengths perspective (Saleeby, 2006). Working with older women from a strengths perspective may help diminish the negative judgments of a worker and may assist the older female client in building self-esteem.

Seeley (2004) proposed a useful approach for allowing workers to conceptualize and explore the psychological and cultural worlds of clients whose cultural backgrounds are different from their own. She addressed the gap between short-term approaches that have become the norm in most agency settings, and the unlikelihood of workers being proficient across all possible racial, ethnic, and cultural identities. She accomplished this by applying an ethnographic lens to direct practice with clients. Ethnographic inquiry allows the social worker to learn about the client's culture from her own unique experiences (Seeley, 2004). It also empowers clients because the power differential between worker and client is decreased as the social worker is in the position of learning from the client (Seeley, 2004). Applied to older women and body image concerns, this approach offers a promising method to avoid countertransference problems that may result from a mismatch of personal, societal, and/or cultural values between worker and client.

Trying to identify socio-cultural factors that play a role in older female body image issues can be a challenge in social work practice. The best approach is to let clients provide guidance by asking them about ethnic and cultural attitudes in their families and in their communities about weight, size, and body image. Applying effective interviewing principles (Murphy &

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Dillon, 2007; Rastogi & Wieling, 2004) to the context of culturally diverse older female clients and body image will ensure that workers remain conscious of and acknowledge (a) any cultural factors that might be relevant to the interview, e.g., impact of historical events on mistrust of mental health system; (b) any cultural values related to acceptability (or not) in asking for help or showing need; (c) any stereotypes the clients have related to the group population (e.g., ethnicity, race, gender, social class, age, health, sexual orientation, religion) that the client represents; and (d) any stereotypic generalizations by taking a *not knowing* stance with the client.

Education

Factual information and research about body image and older women can be gleaned from journal articles, books, and workshops. Although information is necessary to remain current on the topic, it is generally not sufficient as a means to uncover countertransference reactions. Social work educators need to incorporate knowledge about this area of countertransference into such courses as: beginning and advanced social work practice, women's issues, women and aging, and gerontological social work practice. It is important for educators to impart to students the value of recognizing and seeing beyond internalized cultural standards of female beauty and age. Awareness of such internalized standards can help students be mindful of older women's potential dissatisfaction with body image and its potential negative consequences for their mental health and well-being. To that end, it may be useful to encourage cross-cultural exchange, discussion, and dialogue about this area in classroom settings that are fortunate enough to have a diverse student population. Furthermore, it is important for educators and students to be aware that personal perspectives and values about older women and body image may not be shared within or across race, ethnicity, culture, and religion.

Gerontological social work faculty and social work agency supervisors who educate and train social work students should encourage students to examine their attitudes toward older women. Negative attitudes cloud respectful and empathic concern for an older woman's well-being and sensitivity to potential social and psychological stressors related to women and aging (Calasanti, Slevin, & King, 2006). Negative attitudes and feelings must be explored, and education regarding the multifaceted condition of older women and body image must be included in social work and aging curricula.

Research

Research is needed to explore older women's experiences with mental health providers as it relates to body image concerns. This is particularly

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important because social workers provide the majority of mental health services in the United States (National Association of Social Workers, 2009). Such research might facilitate understanding of older women's perspective(s) and ensure that mental health care is delivered in a manner that is respectful and meaningful to older women.

Given that studies (Halliwell & Dittmar, 2003; Hurd, Repta, & Griffin, 2007, Laz, 2003) have found that women (a) regard the body as a significant object of display throughout their lives, (b) view aging negatively because it reduces attractiveness, (c) report that societal demands for attractiveness decrease with age, and (d) perceive decreased societal demands for attractiveness in older years as associated with their growing invisibility in society, research is needed that examines protective factors that buffer some women from developing negative body image, particularly as it relates to negative messages about aging and attractiveness. Certainly, these issues should be considered when crafting a research study in the area of body image and older women.

Finally, we are unaware of research addressing the intersection of body image and countertransference as they affect older women. Such research might illuminate how this process affects women's mental health and the aging process.

CONCLUSION

These cases illustrate countertransference issues and common themes that may occur when working with older women. It refocuses the attention of gerontological social workers, supervisors, researchers, and educators from content to process.

To avoid making generalizations and assumptions about how older women evaluate their bodies, it is important to keep several points in mind: (a) Older women are not a monolithic group; (b) beauty and weight norms may vary over the course of an individual's life, depending upon such factors as degree of acculturation, social class, and physical and mental health conditions, just to name a few; and (c) although race, ethnicity, and culture shape attitudes about weight, food, activity, and health, beauty norms and weight norms may vary between or among women within the same racial, ethnic, and cultural group, depending on previously mentioned factors.

Finally, it is important to be aware of body image among older women as a potential topic for social work practice, education, and research. Until practitioners, educators, and researchers begin to address the intersection of body image concerns of older woman and countertransference, the potential mental health concerns of older women and body image may be stereotypically addressed, considered insignificant, or overlooked.

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