

# Older Women, Power, and the Body

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Stereotypes about older people contain both positive (e.g., wise, sage, experienced) and negative (e.g., grumpy, lonely, senile) elements (Kite and Johnson 1988). The positive elements are more likely to be emphasized in collectivist cultures that recognize important roles for older people in society in general and in the family in particular (Calasanti and Slevin 2001). For example, powerful roles for women include grandmother and mother-in-law, and these roles are often especially powerful in cultures where younger women are treated with significantly less respect than men are. Women obtain some of the power associated with these roles through the body or in connection with others' bodies. Bearing children and raising them to adulthood, negotiating a good "match" so that one's children will produce children, reaching menopause, and sharing knowledge about recipes and herbs/medicines/treatments that keep the family healthy are all associated with wise and experienced older women who have proven themselves worthy of others' respect and admiration. Thus, the aging body can empower women.

Negative stereotypes of older people are more common than positive ones in individualistic, industrialized, Western cultures, which tend to be youth oriented. In these cultures, young adults and midlife men tend to occupy more powerful roles than midlife women and older people do. Older adults tend to be marginalized in both popular culture and in society in youth-oriented cultures (Lemish and Muhlbauer 2012; Robinson et al. 2009). Due to the double standard of aging (Zebrowitz and Montepare 2000), older women are generally portrayed more negatively than older men. This is because women's power in youth-oriented cultures depends to a large degree on the body, as attractiveness is a traditional source of power for women. Attractive women gain attention from powerful people, and beauty brings women into the orbit of the powerful (e.g., via relationships with wealthy and/or powerful partners, via well-paid careers that depend, at least in part, on women's self-presentation). The negative stereotypes of aging are often related to changes in the body that render it unattractive (e.g., wrinkled, grey-haired, ugly)

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or incompetent (e.g., weak, feeble, debilitated, disabled, dependent, ill). Thus aging bodies, especially women's bodies, can be disempowering.

Stereotypes of older people are not merely a matter of academic interest. They can have an important impact on older people's physical and mental health and well-being and on their social, physical, and cognitive competence. For example, in social psychology studies where older participants were primed (i.e., exposed to, usually in a surreptitious way) with words associated with either positive or negative stereotypes of elders, the negative priming led to worse handwriting (Levy 2000), stronger cardiovascular response (i.e., evidence of stress) when asked to solve verbal puzzles or do arithmetic (Levy et al. 2000), poorer performance on a math (Abrams et al. 2006) or a memory test (Desrichard and Kopetz 2005; Hess et al. 2003), lower willingness to take a risk, higher scores on a measure of loneliness, lower scores on a measure of perceived health, lower scores on a measure of extraversion, and more frequent requests for help (Coudin and Alexopoulos 2010). Participants who received the positive priming performed significantly better on all of the measures than those who received the negative priming. Thus, it seems that acceptance of the negative stereotypes (or the belief that others accept the stereotypes) that emphasize incompetence can be a self-fulfilling prophecy for older adults who come to embody those stereotypes, both literally and figuratively. The results of the studies suggest that negative stereotypes can actually contribute to dependency, weakness, and inability by disempowering older adults (Coudin and Alexopoulos 2010), and thereby reinforce those negative stereotypes.

In this chapter, we examine the ways that the body can empower and disempower older women. We consider ways that older women can see their bodies as potential sources of empowerment. Finally, given that most of the work on stereotype embodiment has been done in Western countries, we wonder how older women's self-perceptions and self-concepts might be different if they had regular access to positive stereotypes about their age mates.

## Empowerment and the Exercise of Social Influence

Social psychologists define power as influence, that is, the ability to persuade other people to do or not do something (e.g., Cartwright 1959). Three types of power have been described: power over, power from, and power to. *Power to* over is the prototypical form; it is the ability to get other people to do what one wants them to do. *Power from* is the ability to resist the influence attempts of others; it includes the ability to say "no." *Power to* is the ability to control one's own thoughts, emotions, and actions in the service of achieving one's own goals (Hollander and Offerman 1990; Yoder and Kahn 1992). Empowerment includes all three types of power, but feminist activists tend to focus on power to—the ability to make change in the service of social justice (i.e., to improve conditions of life for oneself and others). Empowered older women have greater self-confidence, a stronger sense of self-efficacy (i.e., the belief that one can do what one wants to do), and a considerable

amount of social capital (i.e., connections in one's social network) and relationality (i.e., the ability to work with others to get things done) (Denmark and Klara 2007). Disempowered women are lower in self-confidence, self-efficacy, and social capital, and they are able to exercise much less power of all three types. It is important to remember that power only exists in relation to others; it is not a characteristic of individuals. Power is also a dynamic and contextual process; therefore, an older woman may be powerful in some circumstances (e.g., in the family) but not in others (e.g., in the public sphere).

In a classic essay, Bert Raven (1965) described six bases or styles that people can use to exert influence successfully: reward, coercion, referent, legitimate, expert, and informational. Reward power is the ability to offer resources to others in order to persuade them to accept one's influence. Typical resources used by powerful people include money, promotions, awards, and positive publicity. However, other rewards are body-dependent, and do not require wealth or position. Many people can be influenced by a hug or kiss, a warm smile, a pat on the back, or sexual activity, and older women use some of these rewards successfully every day with family and friends. Coercion power is the ability to confer (or threaten to confer) punishment on others in order to persuade them to accept influence. Coercion can include directly delivered punishment (e.g., violence, imprisonment, disinheriting someone) or the withholding of rewards (e.g., no sex, no smiles, no talking until the influence is accepted). Lysistrata showed the power of withholding body-related rewards when she and her followers stopped a war in ancient Greece by refusing to have sex with their husbands until peace was declared. Referent power is based on long-standing or strong relational ties (e.g., "Do it for me," "Parents ought to agree"). Friends, lovers, and kin earn the right to influence each other over time. Older women often have considerable social capital, some of it directly related to the body (through sexuality, birthing, and caregiving), which allows them to influence others they know well.

Legitimate power is the right to influence others based on one's social role or position in a hierarchy (e.g., corporals influence sergeants, religious leaders influence congregations, teachers influence students). Parents have the right to influence their children and their children's children, a form of legitimate power derived from the body. This form of power is what makes grandmothers and mothers-in-law so influential. Beautiful women are also shown in popular culture to be very influential; others want to please them and be seen with them. They have the ability (and "the right") to "turn men's heads" and to draw others' attention away from whatever they were doing. Physically ill, dependent, and weak people also have a legitimate right to influence others to help them or to take care of them. This may not be the most empowering way to deploy the body as an agent of influence, but it usually works, and older women have often successfully used illness and weakness as a claim on others, especially family members.

Expert power is the ability to persuade others to accept one's influence because of the special expertise one has. For example, most people willingly accept influence from doctors, plumbers, stockbrokers, and mechanics because they have specialized training most of us do not have. Informational power is the ability to persuade

others based on a solid argument that is convincing or because the persuader has access to information (e.g., through gossip) that is not generally available. Older women can have considerable expertise based on their profession, specialized education, or practical experience gained over a lifetime. They may also be good at explaining patiently to others why a particular course of action is the right one, and their wisdom and experience can back up their advice. Their social networks, which are often more extensive than men's, provide them with the opportunity to "hear things" or learn from others' experiences that can add to their arguments. However, these power bases have less to do with the body than others do, so we will not say much more about them here.

## **Aging Bodies and Power**

There are three main ways that changes in the body that are related to aging can empower or disempower women. Those ways are changes in (1) beauty or physical attractiveness; (2) physical fitness; and (3) physical health and ability.

### **Physical Attractiveness**

Both women and men are rewarded when they engage in activities related to gender roles and gendered expectations (Burgess and Borgida 1999; Rudman and Phelan 2008). Sports and leadership are expected of men, and men with talents in those areas have high social status and ability to influence others. Physical attractiveness is a primary way that women gain social status and earn rewards (e.g., "You're beautiful," "You look so young for your age"). For example, there are many studies in social psychology that demonstrate a halo effect for attractive people of both genders (e.g., greater likelihood of being hired, promoted, accepted into college, rented a desirable apartment, and lesser likelihood of serving jail time for a criminal infraction; see Fikkan and Rothblum 2012, or Saltzberg and Chrisler 1995, for a review). The rewards of attractiveness are even more obvious for women than for men, as studies show that men rate "attractiveness" a more important quality in a romantic partner than women do (Miller et al. 2007), and some well-paying female-dominated jobs are actually advertised with the qualification "must have front-office appeal" or FOA (in other words, must be attractive to clients and customers). The pursuit of beauty has become a key component of what is perceived as feminine behavior, and most women spend a lot of time, money, and energy to look as attractive as they can (Saltzberg and Chrisler 1995). Those who do not wish to engage in these pursuits are considered to be unfeminine and/or to have "let themselves go."

The current beauty ideal in Western cultures includes a youthful, thin body, with medium to large breasts, small hips and waist, toned muscles, and European hair and facial features (Brown and Jasper 1993; Smith 2008). Most Western women

do not measure up to this ideal (Saucier 2004), and this realization has led to what some call “a normative discontent” (Rodin et al. 1984, p. 267) with the body; however attractive women are, they are never attractive enough. One result of globalization is that images of these ideal women are seen around the world with such high frequency that it can be difficult for women to avoid them, and this means that the body dissatisfaction so common in the West is spreading to other cultures that previously had different beauty ideals. For example, in some cultures, fat women have been considered more beautiful than thin ones (especially where weight is a proxy for health), and in others, dropping breasts, facial scarring, and deformed feet have been greatly admired (Saltzberg and Chrisler 1995; Smith 2008). We know that Western media have changed others’ beauty ideals because studies conducted in Eastern Europe (e.g., Forbes et al. 2004) after the fall of the Iron Curtain and in the South Pacific after the arrival of satellite television (Becker 2004) clearly show a rise in eating disorders as women have attempted to change their bodies to look more like the Western models and actresses they now admire.

The Western beauty ideal has become progressively more youthful in recent decades (Seid 1989), and many of the models who appear regularly in beauty magazines and fashion shows are adolescents. The slim, lean lines of “ideal” bodies are child-like, as is the smooth skin unblemished by any sign of lines or wrinkles, age spots, cellulite, or stretch marks. In addition to changes in the skin that signal aging, women tend to gain weight with each reproductive milestone (e.g., menarche, pregnancies, menopause); therefore, older women, on average, weigh more than younger women do (Rodin et al. 1984). Thus, no matter how near or far from the beauty ideal they started, women move farther away from it with age (Chrisler 2011). Because attractiveness (especially facial attractiveness) is an important component of social capital and interpersonal power (Hatfield and Sprecher 1986), bodily changes that move women farther away from the beauty ideal are disempowering, especially for women who were considered beautiful in their youth.

Although studies show that both female and male faces perceived as old are judged as less attractive than both female and male faces perceived as young (e.g., Kissler and Bäumi 2000; Wernick and Manaster 1984), older women are judged more harshly than older men (e.g., Foos and Clark 2011; Furnham et al. 2004; Harris 1994). In a particularly interesting study (Harris 1994) of 268 adult women and men (ages 18–80), women were significantly more likely than men to report that they use (or plan to use) products that conceal signs of aging (e.g., hair dye, antiwrinkle cream). The participants also read scenarios about midlife characters, who either did or did not use age concealment techniques. Even when the participants themselves favored age concealment, they judged the female characters who attempted to look younger more harshly than they did those who were content to look their age. That is, they described the age-concealing characters as foolish, vain, conceited, and pathetic. Thus, midlife and older women are damned if they do try to conceal their age, and they are damned if they do not.

The studies discussed above illustrate the double standard of aging (Sontag 1979). In the USA, men whose hair is beginning to grey are thought to look “distinguished,” whereas women whose hair is beginning to grey look “old.” Men with

lines on their faces are thought to look wise and experienced, but women, again, merely look “old.” The virtual disappearance of midlife and older actresses from American films and television, whereas male actors continue to work much longer, sometimes playing romantic lead roles well into their 70s, is an expression of the double standard (see Bazzini et al. 1997; Lauzen and Dozier 2005a, b). Although in recent years, there have been several high-profile films starring older actresses (e.g., *Calendar Girls*, *Something’s Gotta Give*, *The Mother*, *The Queen*), the positive roles those women played were white, higher-income, and attractive characters (Lemish and Muhlbauer 2012), who can hardly be said to represent the majority of older women. The typical older woman in film and television (rare as she is) is marginal to the plot and exhibits negative stereotypes of older people (e.g., lonely, irritable, senile; Robinson et al. 2009).

Although some studies have documented considerable body dissatisfaction among midlife and older women (e.g., McFarland 1999; McLaren and Kuh 2004; Platte et al. 2000; Wilcox 1996), others have found that older women seem to have a neutral, or even a positive, body image (e.g., Donaldson 1994; Deeks and McCabe 2001). The difference between these two groups of women might be how beautiful they were in their youth and/or whether they have internalized the Western beauty ideal as their standard. Older women who have internalized a youthful beauty ideal are at risk for body dissatisfaction, appearance anxiety, and lowered self-esteem as they are reminded of their aging bodies every time they look at a mirror (Hurd 2000; Saucier 2004). In interviews, older women have complained about grey hair, wrinkles, double chins, facial hair, loose skin on their arms and necks, sagging breasts, and weight gain (Clarke et al. 2009; Foerster 2001; McFarland 1999). Some women, who had previously felt empowered by their ability to turn heads, now feel sad that no one seems to notice them anymore, no matter how well-groomed and nicely attired they are (Chrisler 2007). Thus, women who were closer to the beauty ideal are likely to be disempowered by physical signs of aging, as they are no longer as easily able to exercise power over others and to use the legitimate and reward power bases. However, women who were farther away from the ideal may be empowered by signs of aging. They may be able to exercise power from—the ability to refuse to continue the pursuit of beauty, given that stereotypes of older women as frumpy and ugly are available. Some beautiful women may also feel a relief that could be seen as empowering, as they are freed from some constraints now that their aging bodies are no longer sexualized and objectified by others, and they may be glad to have the opportunity to feel more authentic. Women in cultures that value older women come into power as they embody the wisdom and experience of elders. Thus, signs of aging do not carry the same meaning for all women.

Rather than relaxing into old age by giving up the pursuit of beauty, some women turn to age concealment techniques and attempt to “pass” as younger than they are (Ostenson 2008). Women can do this through the strategic use of fashion accessories (e.g. scarves to hide their necks) and clothing choices (e.g., longer sleeves, looser blouses), through diet and exercise, through the use of cosmetics (including hair dye) and cosmeceuticals (i.e., cosmetic products with biologically active ingredients, which are purported to have medical benefits), and, for those who can afford



it, through cosmetic surgery (e.g., face lift, breast lift) and other medical procedures (e.g., Botox, dermabrasion) (Clarke and Griffin 2007, 2008; Clarke et al. 2009; Clarke and Korotchenko 2010). In interviews, women often express ambivalence about age concealment products and techniques and recognize them as inauthentic, ageist, sexist, and risky, yet many still choose to use them to enhance their self-esteem, relieve body dissatisfaction and anxiety about aging, reduce the risk of age discrimination at work, or because of perceived sociocultural pressures (Clarke et al. 2007; Muise and Desmarais 2010). Indeed, “antiaging” products and cosmetic surgeries are advertised so frequently in the media that their use has become normalized, almost mandated (Brooks 2010; Clarke and Griffin 2007), in the sense that those who can afford to use these techniques are expected to do so.

Recent studies in Australia (Slevic and Tiggemann 2010), Canada (Muise and Desmarais 2010), and the USA (Chrisler et al. 2012) show high interest among midlife women in cosmetic procedures and cosmeceuticals. One third of 57 American women surveyed by Chrisler et al. (2012) had had at least one cosmetic procedure, and 81 % said they would like to have one or more procedures if they could afford them. Although it is certainly true that cosmetic procedures skillfully done can permit women to pass as younger than they are, thus, re-empowering them and shoring up their self-confidence, these gains can be fleeting, as age catches up with the women in other ways or the need to repeat the procedures begins to feel oppressive (Dingman et al. 2012). We have seen women whose smooth faces do not match the loose skin on their arms or necks and women whose face-lifts left their skin so tight that they appear to be wearing plastic masks. These examples of age concealment gone wrong could be among the reasons that Harris’ (1994) participants described women who try to pass as “pathetic,” “vain,” and “foolish”; failed age-concealment techniques certainly do not help women to feel empowered.

Women who want to resist sociocultural pressures to try to erase signs of aging can try to reinterpret their bodies’ changes in ways that are empowering. Stretch marks, sagging breasts, and extra pounds are evidence of having birthed and nursed children. Grey hair and lines on the face are marks of experience and suggest wisdom well earned. If grey hair and lines are distinguished in men, why not in women, too? Many people think that photographs of the writer Susan Sontag, with her streak of grey hair, and the artist Georgia O’Keefe, with her deep wrinkles from years of painting outdoors under the desert sun, are beautiful and show Sontag’s and O’Keefe’s strong character and individualism. Sexiness derives as much from self-confidence and experience as it does from attractiveness, and sexiness is a way to exercise power over, as well as reward, coercion, and legitimate power. Age-peered romantic and sexual partners know that their own bodies are not what they were, and they do not expect the ideal from each other. Women who are concerned about men’s reactions to their aging bodies might be comforted by the results of two recent studies. In a study of attractiveness ratings of women’s faces (Foos and Clark 2011), it was younger men and women and older women who rated the older faces harshly. Older men rated both younger and older women’s faces as attractive. In a study of midlife married couples (Markey et al. 2004), wives thought that their husbands were dissatisfied with their bodies, but the husbands reported that they

found their wives attractive. Women might feel more comfortable with their aging bodies if they watched fewer films from Hollywood and more from other cultures where older women are still seen as sexy or are portrayed as playing powerful roles in society.

## Physical Fitness

The process of aging invariably involves changes in the body that can leave older women less physically fit than they once were, and this transition can be disempowering. During the aging process, cardiovascular and respiratory capacities tend to decrease, and muscle fiber count and bone density also diminish (Hamberg-van Reenen et al. 2009). Aging is associated with a decrease in skeletal muscle mass, which accelerates after menopause (Janssen et al. 2000). By age 65, a woman's muscle strength is, on average, 75–80% of her lifetime maximum muscle strength (Hamberg-van Reenen et al. 2009); how serious a problem this is depends, of course, on how much muscular strength she developed in her youth and maintained through midlife (e.g., through manual labor or athletics). A decrease in the elasticity of muscles and tendons can limit a woman's range of motion, and the natural changes in collagen tissue that come with aging leave many older women with decreased flexibility (Jorgic et al. 2013). In part due to these changes in flexibility, range of motion, and other changes in the musculoskeletal and sensory system, the ability to maintain balance significantly decreases over a woman's lifespan (Isles et al. 2004; Jorgic et al. 2013). These factors lead to an increased risk of falling, which is one of the most common, serious, and potentially incapacitating dangers for older adults (Zhang et al. 2006).

A number of negative stereotypes of aging (e.g., ineffective, dependent, less physically active, weak; Robinson et al. 2009) are related to physical ability and fitness. Although the age-related changes described above mean that older people slow down their physical activity with advanced age, there is considerable variability in how much energy, stamina, balance, and cardiovascular and muscular fitness people have at every age. Men's levels of physical activity tend to be greater than women's throughout the lifespan, but the gap is wider in older cohorts (Bassey 2000; Chen et al. 2012). In some cultures, girls and women are discouraged (or even forbidden) to engage in sports and exercise routines that take them out of the house, involve revealing or form-fitting clothing, or require them to compete with or against boys and men. In some cultures, women who live in rural areas may not engage in sports, but develop strength and fitness through manual labor, including long walks to markets or wells, heavy lifting, and aerobic activities (e.g., sweeping, hoeing). In the USA, where a "fitness boom" began in the 1970s, the women who are most involved in fitness activities are circumscribed by class, culture, and cohort (Chrisler and Lamont 2002). Demographic predictors of a sedentary lifestyle in US adults include being older, female, and African American and having less



education, more body weight, and a lower level of physical activity in childhood (Blair et al. 1993).

It is important to consider women's lower levels of activity from a power perspective. It is easier to control women and to keep them in "their proper sphere" if they are less physically fit and more aware of their lesser physical strength and underdeveloped physical abilities (Chrisler and Lamont 2002). Many older women were raised to believe that sports and exercise may be fine for children, but are not appropriate for adult women. The beliefs that it is unfeminine to develop muscles or to sweat are common among older women, as well as among some class and cultural groups, even in developed nations (Hayes 1999; Nelson 1998). Many girls have been discouraged from participating in team sports and told that individual sports that emphasize gracefulness (e.g., figure skating, gymnastics) or involve the use of "light" objects (e.g., racquets) are more feminine than those that require physical force or the use of "heavy" objects (e.g., weights, boats; Hall 2008). In the USA, prior to the enactment of Title IX in 1979, it was difficult for girls to find opportunities to participate in team sports, even if they wanted to do so, which means that older cohorts of women have less experience with physical activity as "fun" and a greater sense of it as an unpleasant "duty" that their physicians have recommended. Barriers to exercise among older cohorts of women include social anxiety (e.g., people will laugh at her because she is unfit or does not know how to use the machines in the gym), lack of free time (e.g., family, work, and volunteer roles keep her too busy to exercise), unsafe public spaces (e.g., too dangerous to walk in the streets or nearby parks), concern about physical appearance (e.g., if she sweats, she will ruin her hairdo), body shame (e.g., she is too fat or too old or too clumsy), gender role constraints (e.g., exercise is a masculine activity; if she takes time to exercise, people may see her as selfish, ambitious, or competitive), and fear of falling and breaking a bone (Chrisler and Lamont 2002; Marcus et al. 1995; Nelson 1998; Vertinsky 1998; Zhang et al. 2006).

Those barriers make it difficult to encourage older women to exercise. However, physical fitness is widely seen as crucial for healthy aging; the American College of Sports Medicine recommends that older adults engage in regular aerobic and strength training exercises (Lemos et al. 2009). Even minimal physical activity can have significant effects on the health and well-being of older adults. One study (Sundquist et al. 2004) showed that those who participated in occasional physical activity had a 28% lower mortality rate than those who were physically inactive; those who were physically active at least once a week had a 40% lower mortality rate. Older adults who were physically active in midlife, as well as in later life, tend to live longer and suffer from fewer disabilities than their sedentary peers (von Bonsdorff et al. 2011). Women in developed countries who perform blue-collar jobs that require manual labor do not have lower mortality rates than women who perform white-collar jobs, but they do have higher rates of disability, perhaps due to the combination of the increased physical and mental strain (e.g., sexual and gender harassment) and the decreased resources that blue-collar workers face (von Bonsdorff et al. 2011).

Physical activity can increase independence and functional capabilities, and it can reduce the risk of falling (Lemos et al. 2009). The ability to navigate through one's community independently is critical to maintaining a sense of independence and autonomy; thus, mobility can help women maintain a sense of empowerment over their own lives and a sense of self-efficacy. However, female sex and older age are both associated with decreased community mobility (O'Brien and Tan 2002). Moreover, older women are less likely than older men to exercise, and they tend to have poorer physical status than men their age (Chen et al. 2012), which results in more older women than older men with lower mobility and greater dependence on others. Although dependence provides older women with a way to exert the legitimate power associated with helplessness (e.g., she deserves help), it is a form of power that can breed resentment in helpers, and it can weaken self-confidence and self-efficacy in the long run. However, some women with disabilities find it empowering to voice their needs and name what they want from others (Julie Williams, personal communication). It is also empowering to focus on interdependence with others, rather than dependence on others, which is a way to gain or maintain connectedness (e.g., "You help me to walk or dress, and I help you to entertain the children or by giving advice"). Some women, who have worked hard all their lives and now are frail or disabled, may find "surrender" liberating; it may even feel good to "allow" others to help them (Williams, personal communication).

Physical activity has also been linked to a number of other psychological benefits for older women. Among frail older adults, exercise programs have been shown to improve global quality of life, including improved social and family relationships (Langlois et al. 2013). Other researchers have found similar results that suggest a causal relationship between physical activity and psychological well-being. A meta-analysis (Netz et al. 2005) of 36 experimental studies showed that physical activity leads to a decrease in anxiety and depression and an increase in self-efficacy and positive view of the self (e.g., self-worth, self-esteem, self-concept, body image, perceived physical fitness, sense of mastery, locus of control). Research indicates that these results hold constant regardless of the country in which the study took place or the nationality of the participants. For example, a study of Brazilian elders (Antunes et al. 2005) showed that, after a 6-month exercise regimen, participants in the experimental group demonstrated significantly lower scores on anxiety and depression and reported significantly better quality of life than did participants in the control group. A similar study of elders in Taiwan (Wang et al. 2011) showed that those who participated in a regular exercise program reported lower levels of depression than did those who exercised irregularly.

The positive psychological effects that exercise has on older women may be just as important as the physical effects in helping them to remain empowered. Both anxiety and depression are associated with decreased social interactions and reduced independence (Antunes et al. 2005), which is of special concern for women, given estimates that one in five women experience depression during their life (Mayo Clinic 2013). Risk factors for depression include stressful life events (e.g., bereavement), chronic medical conditions, lack of social support, and isolation—all of which occur at higher rates among older people (Fulbright 2010). Depression

Women and Aging

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