

Best Bets: Body Image Programs Overview



What's the problem?¹

Many females and increasing numbers of males and children are unhappy with their bodies. Research links body image dissatisfaction to physical and mental health

concerns, especially, but not exclusively, in women. In Australia, body image concerns focus on issues about weight even in women and men who are underweight or who are healthy weights. Poor body image is linked to unhealthy weight loss practices (crash dieting, fasting, laxative misuse, vomiting etc) in people in all weight ranges. In males, dissatisfaction with one's body is less widespread, and is more likely to take the form of desiring to be larger and more muscular than to being thinner. Fear of fat is common to men and women.

Australian research has documented body dissatisfaction and weight loss behaviours in adolescent girls and boys. In high school girls, 70-76% choose an ideal figure thinner than their own, and over half have tried to lose weight, while only a relatively small proportion of girls are objectively overweight. In one study of adolescent boys, a third wished to be thinner while over a third desired to be larger than their current size.

A community sample of Australian adults recorded 47% and 24% of healthy weight women and men respectively believed they were overweight. Less than a quarter of young Australian women are satisfied with their weight.

The research: what do we know about programs?

A recent extensive international search identified and reviewed projects that were designed to promote positive body image.² It identified a small number of programs ranging in approach across the spectrum from controlled evaluated programs to those promising approaches that have not been formally evaluated. Most programs

attempted to change individual beliefs, attitudes and behaviour, with only a few attempting to change environmental factors. Taken together, body image programs have frequently had positive outcomes. However, the changes observed are usually modest and short-lived. There is a need for further research to identify more reliably effective and potent approaches. Some studies reviewed have not observed any impact on any body image satisfaction measure. The small number and small scope of the studies reviewed provides clues but not definitive answers to the question of the 'best' way to promote positive body image. Importantly, there is no reliable evidence that poor body image or disordered eating prevention programs have had any harmful effect. The following summary is a guide to the most promising areas of action for community and health program planners.

Although there have been no evaluated multi-faceted programs to prevent poor body image, promising results in other areas (e.g. skin cancer and AIDS prevention) suggest further research is warranted to test this approach.

Does poor body image matter?

Poor body image affects mental health

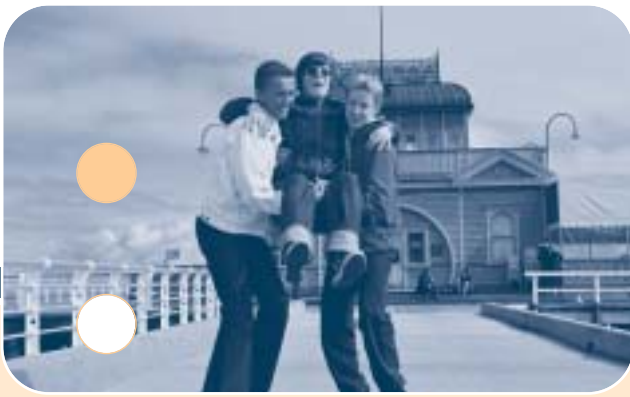
Body image dissatisfaction and extreme dieting is associated with depression in adolescents and adults. Poor body image is associated with low self-esteem in women and men of all ages and predicts the later development of depression, anxiety and low self-esteem.

Poor body image affects eating behaviour

Research suggests a strong causal link between body image dissatisfaction and disordered eating. Body image dissatisfaction predicts the development of disordered eating in adolescents. In addition, in adolescent girls, extreme dieters are 18 times more likely to develop symptoms of eating disorder than non-dieters.

¹ A referenced description of the relationship between body image and health is contained in the companion *Research Review of Body Image Programs*, completed in June 2002, part of the Department of Human Services series on evidence-based health promotion.

² *Research Review of Body Image Programs*.



Poor body image can limit physical activity levels

Body image dissatisfaction can make participation in enjoyable and sustainable physical activity difficult. Feeling self-conscious about one's body has also been shown to lead some teenage girls and boys to drop out of physical activity.

Poor body image affects weight management

Through its effects on eating behaviour and physical activity, body dissatisfaction can also contribute to the development of overweight. High body dissatisfaction and dieting predict binge eating. Binge eating, especially when combined with reduced physical activity, can lead to unhealthy weight gain.

What settings and approaches work best?

Schools & youth programs

Most of the evaluated programs have been a series of sessions run in classroom or group settings. The programs have usually used a broad, psycho-educational approach, including media literacy. A number of programs are available from research teams, though few are commercially available.

- Curriculum-based activities are valuable in increasing knowledge of body image issues and some have reduced body dissatisfaction over a short period.
- The more recent programs that include strongly interactive and participatory components appear to be more successful than the more didactic style programs.

A few school-based programs have also tried to encourage parental involvement but participation has been very low. Experience in other health promotion areas such as skin cancer prevention suggests that a multi-faceted approach may be more successful in

changing the culture around an issue. An unevaluated approach by Body Image and Health Inc included guidelines for schools. The Guidelines emphasised the need for an ecological approach (whole environment not just individual focus), including tackling issues such as teasing, modelling and parents' attitudes. Seminars for parents were piloted as a component of the overall strategy.

- Getting parents involved in primary prevention presents a challenge. A broad school/ community approach may provide new opportunities to involve children, school and parents.

University and community

Since there is a high prevalence of body dissatisfaction and related problems in university age women, mainly targeted interventions have been trialled. Young women have generally self-selected into the programs through responding to fliers advertising the intervention or volunteering to take a course that addressed body image and eating issues.

Programs for young women with body image problems aimed to reduce body image dissatisfaction, internalisation of the thin ideal and comparison with media images. They were most successful at reducing comparison with other women.

- It seems that young women need to work with ideas counteracting the wider social pressures to be thin in a very active manner in order to internalise new body image attitudes.

An Australian study evaluated a six-session program for chronic dieters with high body dissatisfaction, drawn from community volunteers, with a mean age of 44.4 years. Freedom from Dieting promoted a "natural" approach to eating. There were marked reductions in body shape concerns in the intervention group that were maintained over a one-year follow-up.

- This natural eating approach successfully reduced body shape concerns in chronic dieters with high body dissatisfaction. Giving up dieting was associated with weight stability.

An environmental approach in a ballet school (high risk setting) used ongoing group discussions to allow the women to express their own concerns and facilitate action to address identified problems, including language and conduct of teachers.

- In a high-risk setting such as the ballet school, a social action (feminist) approach may be particularly effective in challenging an unhealthy culture. Allowing individuals to express their own concerns and facilitate action to address identified problems can be empowering.

Few evaluated prevention programs have tried to alleviate body image concerns in the adult community in Australia or elsewhere. One particularly innovative approach was an ecological health promotion program conducted by Body Image and Health Inc that aimed to change the body culture at a fitness club to de-emphasise weight/fat loss and increase emphasis on health, well-being and enjoyment of physical activity. The program aimed to change all facets of the gymnasium to become “body neutral” as opposed to body negative demanding change at all costs. Staff were given training and support to encourage a focus on health, well-being and enjoyment of physical activity rather than a focus on weight loss and body change to fit current body image ideals. Changes were made to the gym environment including signage and instructors’ language, and the names and the range of programs on offer. The program is currently being expanded through the fitness industry. The organisational change approach improved retention of clients, and two thirds of those surveyed viewed the changes at the gym as positive.



- The fitness industry program provides support for using an ecological approach that address the environment as well as individual behaviour and attitudes. Broad-based programs like this depend on engaging stakeholders and working in partnerships to achieve agreed goals rather than delivering a carefully controlled research program to a target audience.

Who to focus on

Targetted or general programs

At university age or above it is appropriate to ask women to volunteer or self-select into a program. For the same reasons that targeted programs are beneficial in university-age or older women, they may be valuable in school-age girls who wish to participate. However, at present, there are reasons why targeted programs do not seem so appropriate in younger girls. Fear of teasing may prevent a girl from self-selecting, although some girls with established body image problems may prefer to address them in a formal program and be frustrated by their lack of access. Discretion in selection processes and location of program may help overcome potential problems.

- In school age children, the most practical programs will be suitable for both girls with no present body dissatisfaction and those who are dissatisfied with their body.
- Programs should be designed to provide referral options for a child with existing problems.

Programs for boys and girls

As body dissatisfaction is higher in girls than boys, the majority of prevention programs have had a focus on the needs of females. Clearly it is important that attitudinal change take place in boys as well as girls to support change in girls. A number of studies have included boys. Girls appear to be more affected by the programs than boys. This may be because the programs are generally more geared towards the problems of girls. However, since research indicates that boys do have body image concerns that may result in body dissatisfaction, steroid use and body dysmorphic disorder, future prevention programs should address boys' issues more directly.

- Interventions in which all adolescents can participate are likely to provide maximum opportunity for both prevention and early intervention for poor body image.
- Content specific to male body image should be considered.

What to focus on

Few programs dealing with related issues have measured whether they changed levels of body satisfaction. Of the two reviewed – one program for people with eating problems, and one school program on self esteem – both measured some changes in body image. These results are promising.

Further research is needed to establish whether an approach that addresses body image issues in a broader context, for example self-esteem, relationships and social pressures, is as successful as one primarily focussed on body image. Evaluation of relevant life skills programs should include body image measures to provide further understanding of this effect.

What next?

The *Research Review of Body Image Programs* describes the programs that have been run and evaluated, and what they contribute to knowledge about what works. The *Shapes: Body Image Program Planning Guide* provides detail of these and other promising but unevaluated programs, as well as describing theories and strategies to assist planning successful activities around body satisfaction. Both are available from the Department of Human Services and at the Internet address: <http://www.dhs.vic.gov.au/phd/ebhp/>

Getting started

Work with the community to identify the conditions that will promote success and minimise any negatives or risks.

Build on what is known; make sure programs are based on proven ideas.

Utilise existing tested resources and evaluation tools if possible.

Match program style to available resources, skills and knowledge.

Work toward developing approaches that include tackling the broader environment to support individual behaviour change activities.

Put resources into evaluating programs.

Spread the word: promote the results to colleagues and the community.