

## **Body Image and Health : Contemporary Perspectives**

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# Body Image and Health

## Contemporary Perspectives

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**DEDICATION.** This Special Issue is dedicated to the memory of Precilla Choi. Precilla made an important contribution to the study of body image. She will be missed, both as a friend and as a valued colleague.

**COMPETING INTERESTS:** None declared.

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### Abstract

There has been a significant increase in research into body image in men, women and children in the last 20 years. This editorial reviews definitions of the concept of body image, and considers potential health consequences of lowered body satisfaction and increased body concern. The articles that form this Special Issue are contextualized within contemporary research literature around relevant themes. These include sociocultural influences, gender, effects of weight and appearance and perceptual factors. Implications of findings for health psychologists involved in designing health promotion interventions are discussed.

### Keywords

- *gender*
- *size perception*
- *sociocultural influences*
- *weight*

THERE HAS been a noticeable increase in body image research in the last 20 years. This is evidenced in a significant increase in citations relating to body image and body (dis)satisfaction on PsychINFO and PubMed between 1980 and 2000 (Cash, 2004), the development of a dedicated journal, *Body Image: An International Journal of Research* in 2004, a steady increase in the numbers of symposia relating to body image and health at international health psychology conferences and the setting up and development of research centres, such as the Centre for Appearance Research at University of West of England in the UK, focusing on body image and appearance research related to health. This Special Issue continues this trend. After a brief review of definitions and health implications, the articles that comprise this volume are contextualized below within four themes that underlie research in body image: sociocultural factors, gender, weight and appearance, and perceptual factors.

### What is body image?

Body image relates to a person's perceptions, feelings and thoughts about his or her body, and is usually conceptualized as incorporating body size estimation, evaluation of body attractiveness and emotions associated with body shape and size (Grogan, 1999; Muth & Cash, 1997). Although body image is generally conceptualized as a broad, multifaceted construct, most research in this area has focused on the much narrower construct of dissatisfaction with weight, particularly desire to be thinner (Grogan, 1999), and although recent work is focusing more on boys and men, most body image research in the last 30 years has been conducted with young women (Tiggemann, 2004). This bias in definition and population is largely because body image research has its roots in clinical psychology and psychiatric work focusing on eating disorders in young women (Orbach, 1993). Unfortunately, this has reinforced the idea that the psychology of body image is only relevant to young women, and that the construct mainly encompasses weight and shape concern (Cash, 2004). Clearly body image and its consequences are of relevance to men

and boys (see Grogan & Richards, 2002; McCreary, Saucier, & Courtenay, 2005; Pope, Phillips, & Olivardia, 2000), as well as to older women (Tiggemann, 2004), and the concept incorporates more than just concern about shape and weight (Thompson, 2004).

Body image is operationally defined in different ways depending on the specific areas of interest and aims of particular researchers, and there has been an exponential increase in the number of new and revised measures that have been developed to assess dimensions of body image in the last 10 years (Stewart & Williamson, 2004). Body image has been operationally defined by some authors in terms of perceptual, and by others of attitudinal factors; and those researchers working within an attitudinal paradigm have further distinguished between evaluative-affective and cognitive-behavioural dimensions (Cash, 2002). Measures designed to tap the evaluative-affective dimension (for instance, the well-validated and popular Multidimensional Body-Self Relations Questionnaire (MBSRQ) Appearance Evaluation sub-scale; Brown, Cash, & Milulka, 1990) assess satisfaction with the appearance of the body. Those designed to assess the cognitive-behavioural dimension (for instance the Appearance Orientation sub-scale of the MBSRQ) measure investment in, or concern with, appearance. Scores on these two sub-scales tend to be independent of each other (Thompson, 2004). Satisfaction measures cluster into those designed to measure satisfaction with specific body areas, and those designed to evaluate satisfaction with appearance in general (see Grogan, 1999; Stewart & Williamson, 2004; Thompson, 2004 for reviews).

This issue incorporates qualitative and quantitative work covering the full range of definitions of body image, including perceptual (Mussap & Salton) and attitudinal factors (Shroff & Thompson; Slater & Tiggemann; Himelein & Thatcher; O'Dea; McCabe et al.); and presents work with men and boys (Hargreaves & Tiggemann and Ricciardelli et al.; McCabe et al.; Mussap & Salton) as well as work with women and girls, to enable a comprehensive understanding of some of the fascinating contemporary work in this area.

## Health behaviours and body image

Body image is implicated in a number of unhealthy behaviours. For instance, body image can affect the likelihood that we will engage in, or avoid, exercise (Choi, 2000; Grogan, Evans, Wright, & Hunter 2004). Although being dissatisfied with the way that we look and 'feeling fat' can in some cases motivate us to exercise (Grogan et al., 2004), it may also prevent us from engaging in organized sports activities such as joining a gym or exercising at a sports centre due to concern about revealing our body to others in sports clothes (Liggett, Grogan, & Burwitz, 2003) and whether we have the right kind of body to fit in with a sports culture that promotes a very slender ideal (Choi, 2000). Body dissatisfaction and size underestimation in men may also lead to use of anabolic steroids and other drugs to try to increase muscularity (Wright, Grogan, & Hunter, 2000), with associated risks of blood-borne diseases if these are injected, as well as liver, kidney and other health problems associated with use (Pope et al., 2000).

Body-image factors may also influence whether we eat healthily and whether we restrain our eating (Cooley & Toray, 2001; Stice, 2002). Body dissatisfaction and excessive investment in the body have been linked with the full range of unhealthy eating behaviours, including binge eating, restrictive dieting and self-induced vomiting (Levine & Piran, 2004). Body dissatisfaction and excessive body concern can affect our decision to quit smoking if we fear that we will gain weight as a result (King, Matacin, White, & Marcus, 2005). Body concern and dissatisfaction can also lead us to undertake unnecessary cosmetic surgery, putting our health at risk (Davis, 1995).

Clearly body dissatisfaction and body concern are linked with many key health behaviours, so are of importance to anyone with an interest in promoting health. Body image factors need to be taken into account when designing interventions relating to any aspect of appearance, including exercise, healthy eating, weight management and quitting smoking, and an understanding of the impact of antecedents of body image will help to ensure that factors such as sociocultural influences, gender, weight and perceptual factors are taken into account when

planning targeted programmes. Articles in this issue cover body image in men, women and children, and are directly relevant to health promotion in children and adults.

## Social factors: peer influence, media and sports participation

The first key theme underlying work in this volume is the importance of sociocultural factors on body image. There is growing evidence that body image is subjective, and open to change through social influence (Groetz, Levine, & Murnen, 2002). Models of antecedents of body image have implicated social factors in causation of body dissatisfaction, weight concern and discrepancy between current and ideal body shape and size (Bordo, 1993; Grogan, 1999; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Sociocultural models of risk factors have tended to emphasize the importance of media, family and peer influences on body satisfaction (see Thompson et al., 1999), with an overall prevalence of focus on effects of media images on body image. Media imagery may be important in producing changes in the ways that the body is perceived and evaluated, depending on the viewer's perception of the importance of those cues (Groetz et al., 2002). Childhood experiences are clearly crucial to an understanding of social influences on body satisfaction and investment in the body. Work reported in this issue develops existing research, to look more closely at effects of peer influences on body image and eating (Shroff & Thompson) and at effects of childhood media exposure and sports participation on later body image development (Slater & Tiggemann).

Hemal Shroff and J. Kevin Thompson (this issue) present results suggesting that peer influence variables such as having friends who are preoccupied with dieting, and assigning importance to friends' beliefs about weight and appearance, may be risk factors for high body dissatisfaction, drive for thinness, bulimia and lower self-esteem in adolescent girls. Amy Slater and Marika Tiggemann (this issue) found that women who had watched more television and read more fashion magazines, and who had

engaged in a larger number of sporting activities in childhood had higher levels of body concern in adulthood, supporting work implicating media influence on body image (Groetz et al., 2002), but contrary to suggestions that sports participation has a generally positive impact on body image (Frederickson & Roberts, 1997). Clearly these relationships are complex, and these findings need to be borne in mind by those of us designing body-image interventions, to ensure that body concern and dissatisfaction are not increased through these interventions. Peer support is clearly crucial for effective body-image interventions, and future work needs to investigate why early sports participation may lead to increased body concern, especially in the light of the fact that it was not just 'lean' sport participation (see Petrie, 1996) that predicted increased body concern in adulthood.

### **Gender and body image**

The second key theme underlying work in this issue is the impact of gender on body image. Various authors, working within feminist and broader socio-cultural paradigms, have suggested that socio-cultural pressure on women in western societies to attain an unrealistically slender ideal leads to dissatisfaction (Bordo, 1993; Groetz et al., 2002; Thompson et al., 1999), and to negative health behaviours such as dietary restraint (Keery, van der Berg, & Thompson, 2004), eating disorders (Benveniste, LeCouteur, & Hepworth, 1999; Levine & Piran, 2004), smoking (King et al., 2005) and cosmetic surgery (Davis, 1995; Sarwer & Crerand, 2004). There is a less robust literature on body image in girls although body concern has been reported in girls from age five upwards (e.g. Williamson & Delin, 2001), and many authors have argued that women's body dissatisfaction remains remarkably stable across the lifespan (Tiggemann, 2004).

Work on body image in men has a more recent history. Authors such as Pope et al. (2000) have suggested recently that men in western societies are under increasing pressure to attain and maintain a slender but muscular body, and other authors have linked men's body dissatisfaction with problems such as low self-esteem, depression and eating disorders (Cafri et al., 2005), and the use of anabolic steroids (Wright

et al., 2000) and other body-building drugs such as human growth hormone (Pope et al., 2000). However, there has been a general lack of research looking at body dissatisfaction in boys, and factors that may be important in predicting satisfaction in males. Social pressure on men is quantitatively and qualitatively different from pressure on women (Grogan, 1999; Pope et al., 2000). Men and boys are, on average, most likely to want to become more muscular (Grogan & Richards, 2002; McCreary et al., 2005), whereas women and girls are likely to want to be thinner (Grogan & Wainwright, 1996; Tiggemann, 2004). Data derived from women and girls can therefore not be generalized to men, and it is important to investigate boys' and men's experience of body satisfaction.

Lina Ricciardelli and colleagues (this issue), and Duane Hargreaves and Marika Tiggemann (this issue) attempt to develop our understanding of factors influencing body image in adolescent boys. Hargreaves and Tiggemann, in their focus groups with 14–16-year-old boys, found these young men were resistant to talking about body image as it was considered not to be gender appropriate to do so. Their apparent low level of investment in their bodies was belied by their behaviour, and the authors suggest that quantitative studies on body-image investment may underestimate boys' concern. This is supported by Ricciardelli et al., who found that talking about sport provided adolescent men with a socially acceptable context for discussing openly what they liked and what they did not like about their bodies. A particular concern was desire for muscularity, which links with negative health behaviours such as over-exercise and steroid use (Cafri et al., 2005). Health-promotion work with men and boys, whether directly addressing body dissatisfaction or addressing body-image-related behaviours such as exercise, healthy eating and drug use needs to take into account boys' reluctance to talk about the look of their bodies, and to find ways to work with boys in gender-appropriate ways.

One of the key challenges for researchers involved in body-image work is the quest for effective interventions to improve body image in girls and boys (Cash, 2004). In the article by Marita McCabe and colleagues (this issue), a direct attempt was made to improve body satisfaction in boys and girls aged 8–12 years.

Although the programme itself was of limited effectiveness, results are useful in delineating areas to target for future interventions for use with children in this age group. Results are also interesting in that they showed that body image was clearly gendered in children as early as 8 years of age. Girls were significantly less satisfied with their weight than boys, and weight was significantly more important to girls in the older age group. Boys placed more importance on, and were less satisfied with, their muscles. Heavier children were significantly less satisfied with their weight. These results support and develop previous work (Grogan & Richards, 2002; Grogan & Wainwright, 1996; Ricciardelli & McCabe, 2001) in showing that body concerns are evident in eight-year-olds, and in reinforcing suggestions that boys and girls have very different body-image concerns as early as eight years of age. Exercise and healthy eating interventions may need to be targeted slightly differently for boys and girls to take account of these gender differences.

### **Impact of weight and appearance**

The third theme in this issue is the impact of weight and appearance on body image. There is a growing literature on the effects of body size and weight on body image. Although objective body size and shape does not necessarily have a straightforward relationship with body image, there is some evidence that women and girls who are objectively heavier tend to be less satisfied with their bodies, and also have lower global self-esteem than thinner women (O'Dea, this issue; Schwartz & Brownell, 2004). Overweight is stigmatized in western cultures, which may lead to lowered mood, self-esteem and body dissatisfaction in people who are considered overweight (Grogan, 1999). Lowered self-concept may result in increased eating in overweight people, and to other unhealthy outcomes (Schwartz & Brownell, 2004).

Jenny O'Dea (this issue) investigates the development of self-concept in adolescence relating to body weight. Adolescent overweight has been associated with numerous health risks such as diabetes, high blood pressure and abnormal blood lipids (Freedman, Dietz, Srinivasan, & Berenson, 1999), as well as body-image

concerns and low self-esteem (Carlson, 2004). However, until O'Dea's study, there had been very few longitudinal studies investigating the development of self-concept in overweight adolescents. O'Dea's work shows that all self-concept domains were significantly poorer in girls with higher Body Mass Index (BMI), including those not directly related to physical appearance and social acceptance, such as scholastic competence and intelligence, and job competence, and that self-concept deteriorated over the observation period. Clearly, interventions designed to help overweight adolescent girls to manage their weight need to be handled sensitively to avoid further weight concern, as these girls are already likely to have appearance concerns and lowered self-concept. Focusing on improving self-concept (O'Dea, this issue) in addition to sensible and well-timed weight management advice (Chadwick & Croker, 2005) may be most likely to lead to improved weight control and more positive body image.

Unwanted physical changes to our bodies due to illness, accident and ageing can affect our body image, resulting in reduced quality of life and self-esteem (Anderson, 2000; Gannon, 2000; Rumsey & Harcourt, 2004; Thomas-McClean, 2000). Women with endocrine disorders such as polycystic ovary syndrome (PCOS) may also be faced with particular challenges in relation to maintaining a positive body image. PCOS often leads to obesity and hirsutism, both of which take women further away from the western cultural ideal of the slender, body-hair-free woman (Grogan et al., 2004). Melissa Himelein and Samuel Thatcher found that women with PCOS scored higher on depression and body dissatisfaction than those in control groups, and body image was associated with depression, even after controlling body mass and demographic variables. The authors suggest that the psychological effects of obesity need to be considered when health care professionals are working with these groups of women. Any focus on dieting and weight loss must be supported by work to improve body image in order to be effective.

### **Perceptual factors and body malleability**

Although physical characteristics may affect body image (see O'Dea, and Himelein &

Thatcher, this issue), there is not a straightforward relationship between a person's subjective perceptual experience of their body and what is perceived by the outside observer. Although most work in the body-image literature focuses on body satisfaction rather than perception of the body, excessive exercise and anabolic steroid use in men (Pope et al., 2000) and unhealthy eating in women (Thompson & Tantleff, 1992) have been linked with subjective over- and under-estimation of body size. Clearly body perception needs to be considered when planning programmes to improve body image and to reduce unhealthy behaviours. Computer-imaging techniques are enabling more and more sophisticated measures of body size perception to be produced, and there has been a proliferation of excellent computer programs designed to measure over- and under-estimation in the last few years (see Stewart & Williamson, 2004).

In an interesting and original article in this issue, Alex Mussap and Nancy Salton argue that individual differences in apparent body malleability (as evidenced through a novel 'rubber-hand illusion' paradigm) predict unhealthy behaviour such as bingeing and purging behaviour in both men and women, and use of chemical supplements and exercise to increase muscularity in men. On the basis of their results they suggest that instability in the processes that maintain perceptual body image may predispose some individuals to engage in unhealthy body change behaviours. Future research will help us to understand the processes operating here.

### Concluding comments

This Special Issue presents a snapshot of contemporary international research on body image. In addition to being of interest to those health psychologists already involved in research into body image, this issue will hopefully interest readers who have no specific background in this area, and will enable body-image issues to be considered, where appropriate, when health-related interventions are designed.

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SARAH GROGAN is Professor of Health Psychology at Staffordshire University where she heads the Centre for Health Psychology and the MSc in Health Psychology. She has been involved in research into body image in men, women and children for the last 15 years. She is currently involved in projects investigating motivations for body piercing, tattooing, anabolic steroid use and cosmetic surgery. She is also engaged in work investigating the impact of body image on initiation and quitting smoking in adolescents. She is currently preparing a second edition of her book *Body image: Understanding body dissatisfaction in men, women, and children* (Taylor & Francis) due for publication in 2007.

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