Body Image: What's the School's Role?

Concerns about body image permeate discussions of mental health. As with other mental health matters, questions arise: *What is the school's role in* (a) promoting a positive body image? (b) preventing the development of a negative body image? (c) helping students who have developed a negative body image?

Body Image as a Concept

Body image is a multi-faceted concept that refers to thoughts, feelings, attitudes, and beliefs about physical appearance (e.g., size, shape, appearance). This applies to how individuals perceive themselves, how they perceive others, and the attributions they make about how others perceive them. Considerable attention has been paid to how the concept relates to behavior and the factors that affect such perceptions and related actions.

Brown University's Health Promotion website stresses:

> Positive body image = a realistic perception and enjoyment of one's body as it is. It involves an understanding that bodies come in various shapes and sizes and that physical appearance says very little about a person's character or value and separates assessment of one's body from feelings of self-esteem. It ensures that an individual doesn't spend an unreasonable amount of time worrying about food, weight and calories.

> Negative body image = a distorted perception of size or shape accompanied by feelings of shame, awkwardness, and anxiety. "People with negative body image tend to feel that their size or shape is a sign of personal failure, and that it is a very important indicator of worth. Poor body image has been linked to diminished mental performance, low self-esteem, anxiety, depression, sexual dysfunction, dieting and eating disorders."

> Body Dysmorphic Disorder (BDD) = an intense form of negative body image. "People with BDD are so obsessed with perceived flaws in their appearance that it affects relationships with family and friends, as well as creating problems with work or school. BDD can result in anxiety, depression, and even thoughts about suicide."

> http://brown.edu/Student_Services/Health_Services/Health_Education/nutrition_&_eating_concerns/body_image.php

Personal body dissatisfaction arises from how much a person's perceptions differ from what s/he has come to view as a good-ideal body image. Such perceptions evaluate the absence of negative and the presence of positive features.

A variety of cultural, social, interpersonal, and biological factors have received attention as influencing the development of what is perceived as a good and bad body image. Media in general and advertisements in particular have been identified as prime influences. Peers and families, of course, play a major role, as do hormonal changes that accompany puberty.

In terms of negative body image, weight is a widespread concern. This includes both underweight and overweight. However, in many cultures concerns about overweight dominate discussion because of the constant cosmetic emphasis and the cautions about the health risks of obesity.

The importance of cultural context also is seen in discussions of weight. Some cultures celebrate a heavy body ideal. When youngsters from such an ethnic group live as a minority in a culture where obesity is denigrated, they may develop a negative attitude toward their bodies. Moreover, in a culture where control, hard work, and delay of gratification are valued, having a "good" body is seen as an indication that the individual is in control, ambitious, and able to overcome impulses. In contrast, those who are "overweight" may be perceived as indulgent, lazy, and lacking control. And any person who is extremely thin is likely to be viewed as having an eating disorder.

There is a belief that bodies are highly malleable, and with the right combination of exercise and diet, all individuals can successfully reach an ideal appearance. Another assumption is that considerable rewards await a person who has the "right" image. These assumptions downplay the reality that biological variables, particularly genetics, play a major role in regulation of shape and body. Although the body is malleable to some extent, there is a limit to how much a person's body can change. Schools must understand this and incorporate that understanding into their approach to addressing body image concerns.

The Role of the School

As with all health problems, there is the likelihood that negative body image can be a contributing barrier to learning and teaching at school. And it is evident that schools are seen as a key setting for addressing health problems.

However, body image is just one of multiple, interrelated concerns with which schools must deal. Just adding one more initiative and program to schools is not a solution. Indeed, such an approach is just a recipe for perpetuating the current marginalized and fragmented set of efforts that have been demonstrated to have only a limited impact. Dealing with the many interrelated concerns requires wide based collaboration. In particular, schools, homes, and communities need to work together strategically in pursuing shared goals related to the general well-being of the young and society.

From this perspective, concerns for promoting positive body image and minimizing factors that contribute and exacerbate negative body image are best embedded into both the instructional and learning supports components as part of the school's emphasis on health and physical education, social emotional learning, and addressing barriers to learning and teaching.

Promoting Positive Body Image and Preventing Image Problems

Remember: while it is important to understand and ameliorate negative body image, it is also essential to promote positive body image and whole child development. Interventions to reduce negative body image are insufficient. And, as with all intervention, it is essential to proceed in ways that minimize negative side effects.

With respect to whole child development, the intent related to body image is to ensure positive perceptions or at least positive acceptance of one's body. The focus is on optimizing understanding of how to, and engagement in actions that, maintain such a positive view. This includes fostering development of knowledge, skills, and attitudes that foster pursuit of physical and mental health and that enable effective coping with negative body image messages.

Besides the explicit focus on body image in curricula for health and physical education and social emotional learning, schools need to
- establish an environment that conveys a daily valuing of diversity – include students in making it happen
- work to end appearance-related teasing and bullying
- ensure that health campaigns and initiatives avoid stigmatizing (e.g., focus on fitness and nutrition rather than ending obesity)
- work with families to promote positive body image and overall well-being at home.

A set of four modules developed in Australia highlights the type of approach schools can embed into existing curricula. As can be seen in the following module descriptions, a focus on body image is part of any agenda for mental health in schools.

- Module 1: Celebrating you! Explores: difference and diversity; the importance of physical and mental health; friendship and compassion; self-esteem, strengths and confidence; and body image.
- Module 2: Media and You! Explores: media and advertising images and messages; dissatisfaction in oneself; unrealistic expectations; identifying influence; and redefining beauty.
- Module 3: Healthy you! Explores: definitions and determinants of health; why we aspire to have good health; body image and dieting; healthy habits and protective factors; and disordered eating.
- Module 4: Stress busting. Explores: ways to build resilience; supporting others; how to de-stress, process difficulties effectively and learn strategies for coping; and asking for help.
  See https://www.kidsmatter.edu.au/health-and-community/enewsletter/building-body-image-school

Helping Students Who Have Developed a Negative Body Image

The first step in working with students with problems always is engaging them in the process. With the student mobilized, the next step is to understand the nature and scope of their negative feelings about self.

Based on this understanding, the next steps are to establish and implement a problem-solving plan. Such a plan usually begins with filling in gaps in their previous learning. This involves personalizing and intensifying efforts to teach what the student has not assimilated related to the type of material cited above for promoting healthy social-emotional development. It also involves a personalized approach to addressing factors interfering with solving the problem (e.g., countering negative messages the student is subjected to at school and at home).

For students who have deeply assimilated negative views about themselves, consideration must be given to providing specialized psychosocial and physical interventions (e.g., special mentors, peer buddies, counseling, psychotherapy, physical improvements, medical treatments).

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A Note about Obsesity and the Role of Schools

Legitimate concerns have been raised about the relationship between health (physical and mental) and obesity. This has led to a variety of school efforts to address the problem. For example, there are ongoing calls for policies to promote physical activities (e.g., adding up to an hour of physical activity at school) and healthy eating (e.g., improving the nutritional quality of the calories students consume at schools which is estimated to be between 19 and 50 percent of their total daily intake). There have also been calls to measure students Body Mass Index and report the results to parents.

While acknowledging problems related to negative body image, concerns also have been raised about unintended negative effects of using schools and public health campaigns to focus on concerns about matters such as obesity. Such campaigns are seen as potentially amplifying youngsters' self-consciousness and embarrassment about their body size, increasing stigmatization, stereotyping, and harassment, heightening pressures to reach an "ideal" weight despite genetic predispositions, and contributing to eating disorders. Those expressing such concerns suggest the better alternative is to emphasize healthy lifestyle and physical fitness for all children and youth. Some argue for greater acceptability of those whose weight exceeds what a society's norms currently consider unattractive and unhealthy.

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Concluding Comments

Schools have a role to play is promoting positive and countering negative body image. This is best accomplished by naturally embedding a focus on the matter into both the instructional and learning supports components as part of the school's pre-K through 12 emphasis on health and physical education, social emotional learning, and addressing barriers to learning and teaching. And, continuous outreach to collaborate with a wide range of community and home stakeholders is indicated.

As with addressing all developmental and learning concerns, special attention must be given to potential stigmatization of individuals and other "side effects" of intervention practices. Ultimately, the aim is to enhance student well-being by supporting, guiding, and nurturing youngsters and buffering their inevitable encounters with harmful experiences.

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Links to Some Additional Resources

>The Center's Online Clearinghouse has a Quick Find on *Body Image/Eating Disorders/Obesity* that is a gateway to many other resources – see http://smhp.psych.ucla.edu/qf/p3006_01.htm

>*Body Image Program at Rhode Island Hospital* – A specialty program for Body Dysmorphic Disorder. The website offers an overview of BDD, current treatment options, and other resources for individuals dealing with this condition. http://www.rhodeislandhospital.org/rih/services/mentalhealth/bodyimage/

>*UCLA Student Nutrition and Body Image Awareness Campaign* –Provides an overview of the topic. http://www.snac.ucla.edu/BodyImage.html

>*Body Positive* – Focuses on "Boosting Body Image at Any Weight" with tools, articles, and resources for living well in one's body. http://www.bodypositive.com/whatisit.htm

>*National Eating Disorders Association* – Links to research, resources, conferences, and advocacy opportunities. http://www.nationaleatingdisorders.org/

>Health At Every Size (HAES) – A health promotion model that says you don't have to change your weight or size in order to improve your health. http://www.haescommunity.org/