

## Young People's Concerns about Body Image

Research suggests that children as young as 5 years old express concerns about their weight. Teasing about weight starts as early as pre-school.

*To lose confidence in one's body is to lose confidence in oneself.*

Simone de Beauvoir

**Y**oung people's concerns about body image are a constant throughout their development. Concerns relate to how they compare to peers and how they internalize messages about the relationship between health and body shape/size.

Individuals develop a perception of what is a good/ideal body image. Personal body dissatisfaction arises from how much that perception differs from the good-bad evaluation the individual makes of her/his body shape and size. Such evaluations consider both the absence of negative and the presence of positive features. Weight is a widespread concern -- both underweight and overweight. However, in many cultures concerns about overweight are most discussed because of a constant emphasis on the cosmetic appeal of weight loss and the cautions about the risks of obesity.

As stressed by Brown University's Health Promotion website  
[http://brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/nutrition\\_&\\_eating\\_concerns/body\\_image.php](http://brown.edu/Student_Services/Health_Services/Health_Education/nutrition_&_eating_concerns/body_image.php)

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."

A variety of cultural, social, interpersonal, and biological factors have received attention as potential causal factors for developing negative body image. With respect to culture, for example, 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 and thinness is highly valued, they are at risk of developing a negative attitude toward their bodies. Moreover, in a culture where control, hard work, and delay of gratification is valued, having a "good" body is seen as a signal to the outside world that the individual is in control, ambitious, and able to overcome impulses. In contrast, individuals who are overweight or inactive 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.

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Beyond broad cultural considerations, considerable attention has been paid to such factors as internalization of media ideals, commercials emphasizing appearance, public health campaigns focusing on obesity, negative verbal feedback from others, early physical maturation, low self-esteem, elevated appearance comparison tendencies, and traumatic experiences such as abuse and discrimination. In this information resource, we mainly highlight the role of the family and peers and the way in which schools can strategically address the matter.

### **Influential Assumptions about Body Appearance**

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.

### **Family Influences**

Concerns about eating practices are commonplace in families. Often the focus is on weight and appearance with an emphasis on regulating what and how much is eaten. Research indicates that families' often express attitudes toward food and body appearance, including negative comments and teasing. Findings suggest that this behavior may exacerbate children's difficulties with weight.

Family members also may influence a youngster's negative body image and associated maladaptive eating attitudes and behaviors through modeling dissatisfaction with their own bodies. For example, research suggests that children who perceived their mother as frequently trying to lose weight were more likely to become highly concerned about their own weight.

Research also suggests that parenting styles play a role. Associations have been found between parents who use authoritarian practices (e.g., demanding/controlling) and such child behaviors as eating in the absence of hunger and eating more sweets and savory snacks when not directly under parent supervision. (It is hypothesized that children who experience authoritarian practices have less ownership over their behavior and therefore do not develop strong capacity for self-regulation.) Responsive/nurturance rearing practices, such as providing a rationale for food rules, are associated with greater vegetable intake, and more permissive approaches are associated with greater engagement in physical activities. Uninvolved parenting styles, characterized by lack of structure are associated with the poorest eating patterns and likelihood of a child being overweight or obese.

And, it is no surprise that all facets of child abuse and discrimination are associated with body image problems.

Families clearly play an important role with respect to promoting positive and minimizing negative body image. Professionals in the field emphasize modeling healthful behaviors, focusing less on weight and more on health and related behaviors, providing a healthy and supportive environment, fostering self-regulation, avoiding authoritarian, and minimizing negative encounters.

### **Should Parents Limit Certain Types of Food?**

Teaching children a sensible approach to food is tricky. Essential is having healthy options available at home so children are not limited to high calorie, low nutrition “snacks.” At the same time, research cautions that complete restriction of certain foods leads children to crave what is forbidden. Allowing moderate access to treats helps children learn to consume such foods in moderation. Other examples of how to structure appropriate eating patterns include role modeling, controlling what is served, encouraging a child’s self-determination within sound limits, and having routines for accessing “junk” foods.

### **Peer Influences**

Peers play a significant role in defining one's social expectations, establishing identity, and evaluating self. Students want to feel accepted and supported by peers. One of the mechanisms underlying peer influence is social comparison. This includes comparing one's attitudes, behavior, accomplishments, status, and appearance with significant others. Negative comparisons contribute to negative body image.

Comparisons often are communicated through peer conversations and criticisms about appearance. Such conversations establish a daily context for attending to, constructing standards, and interpreting information about what constitutes the right appearance. One form of criticism is teasing. Teasing is reported as a consistent predictor of negative body image and eating disturbance. For example, a study sampling adolescence girls who diet found that they had been teased about their body shape and weight, had friends who are overly preoccupied with their appearance, and had been influenced by peers to diet and lose weight.

### **Personality Traits**

Researchers who study personality report links to dissatisfaction with appearance. For example, findings are reported suggesting that individuals who are more outgoing and positive in their affect (i.e., extroverts) evaluate their appearance more positively than those who are shy (i.e., introverted). Individuals who exhibit perfectionism are described as having a fear about making mistakes and not meeting cultural appearance expectations. Such individuals want to avoid criticism and need a great deal of approval. For them, criticism and lack of approval may increase the risk of developing a negative body image and adopting disordered eating behaviors.

### **How Can Schools Help?**

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. A particular focus is needed on addressing barriers to learning and teaching and re-engaging disconnected students.

That is, for schools to play a potent role, they first need to rework how they address student and school factors contributing to so many students not doing well. Then, after identifying critical gaps in the student and learning support system, they can outreach to a wide range of community and home stakeholders to weave in available external sources of economic and social capital.

For all this to happen requires fundamental systemic changes. Such changes will not occur on a large scale without expanding school improvement policy and practices from a two- to a three-component framework and strategic development of a sophisticated operational infrastructure for school, home, and community collaboration (see <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf> and <http://smhp.psych.ucla.edu/newinitiative.html>). These essential changes will enable schools to transform their student and learning supports into a unified, comprehensive, and equitable system that fully embeds plans for addressing the rights and well-being of all students. Special attention is needed to minimize all forms of harassment, discrimination, and exclusion at school. School policy must explicitly protect and support all students; curricula must represent and positively portray all subgroups in society; social and emotional learning must emphasize a sense of community and respect for all.

With this as context, concerns for promoting positive body image and minimizing factors that contribute and exacerbate negative body image are best embedded naturally 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. 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. Whole child development is reflected in favorable opinions and acceptance of one's body, and maintaining healthy development includes ongoing engagement in healthy behaviors and supports that nurture, guide, and protect.

### **A Note about Obesity and the Role of Schools**

In western culture, children are considered obese when their weight is at least 10 percent higher than recommended for their age and height. Obese children between the ages of 10 and 13 have an 80 percent chance of being obese adults.

Legitimate concerns have been raised about the relationship between health (physical and mental) and obesity. Some overweight students are stigmatized and stereotyped (characterized as lazy, weak willed, sloppy, and even defective). In media, overweight characters often are the subject of joke and ridicule. Thus, it is not surprising that young children tend to endorse the stereotype that fat is synonymous with stupid.

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 public health strategies to lower or prevent the prevalence of overweight and obesity. For example, there are 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 activity is seen as potentially amplifying youngsters' self-consciousness and embarrassment about their body size, increasing harassment by peers, 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.

**The American Academy of Child and Adolescent Psychiatry offers the following advice to families. There are obvious implications for schools.\***

- Help children understand that being overweight can undermine physical and mental health and is more than an appearance issue;
- Talk to children about why they overeat and how they feel about themselves. Identify feelings and situations that cause them to overeat, and discuss coping strategies;
- Criticizing an obese child or trying to humiliate them into losing weight will increase the child's emotional difficulties. The child may become lonelier, more depressed, and less likely to make changes that might help;
- Praise your child's strengths and accomplishments;
- Help children gain control over their weight by discussing and encouraging healthy food choices and exercising regularly with them. Individualize food and exercise plans according to the child's interests and your commitment level;
- Set an example - make healthy eating and exercise a family affair;
- Encourage children to make smart choices and understand the benefits of feeling better and being healthier. Explain the long-term medical impacts of a healthy lifestyle;
- Limit access to high-calorie, high-fat and sugary foods, including soda and juices--especially at home;
- Limit sedentary activities including television and computer time; and
- Do not use food to reward or punish children. Establish a system to reward weight goals and help the child get back on track when they fall off."

Online at – [http://www.psych.org/news\\_room/press\\_releases/childrenobesity92903.pdf](http://www.psych.org/news_room/press_releases/childrenobesity92903.pdf)

\*While the focus here is on obesity, much of it applies to all concerns about negative body image.

## Concluding Comments

Schools have a role to play in 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](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/>