Positive Body Image

Edited by Justin Healey

ISSUES IN SOCIETY
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THE SPINNEY PRESS

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Positive Body Image is Volume 372 in the 'Issues in Society' series of educational resource books. The aim of this series is to offer current, diverse information about important issues in our world, from an Australian perspective.

KEY ISSUES IN THIS TOPIC

Body image describes the perception that a person has of his or her physical appearance. Body image can be influenced by a complex interaction of factors ranging between a person’s individual thoughts, beliefs, feelings and behaviours regarding their own body, and their perception of what counts as the ideal body within their own social and cultural environment, and in the media. Disordered eating, body dysmorphic disorder, over-exercise and cosmetic surgery can all be manifestations of unhealthy body image.

This book explains body dissatisfaction and eating issues, including eating disorders. The book also focuses on developing ways of improving body image, particularly in children and young people.

SOURCES OF INFORMATION

Titles in the ‘Issues in Society’ series are individual resource books which provide an overview on a specific subject comprised of facts and opinions.

The information in this resource book is not from any single author, publication or organisation. The unique value of the ‘Issues in Society’ series lies in its diversity of content and perspectives.

The content comes from a wide variety of sources and includes:

- Newspaper reports and opinion pieces
- Website fact sheets
- Magazine and journal articles
- Statistics and surveys
- Government reports
- Literature from special interest groups

CRITICAL EVALUATION

As the information reproduced in this book is from a number of different sources, readers should always be aware of the origin of the text and whether or not the source is likely to be expressing a particular bias or agenda.

It is hoped that, as you read about the many aspects of the issues explored in this book, you will critically evaluate the information presented. In some cases, it is important that you decide whether you are being presented with facts or opinions. Does the writer give a biased or an unbiased report? If an opinion is being expressed, do you agree with the writer?

EXPLORING ISSUES

The ‘Exploring issues’ section at the back of this book features a range of ready-to-use worksheets relating to the articles and issues raised in this book. The activities and exercises in these worksheets are suitable for use by students at middle secondary school level and beyond.

FURTHER RESEARCH

This title offers a useful starting point for those who need convenient access to information about the issues involved. However, it is only a starting point. The ‘Web links’ section at the back of this book contains a list of useful websites which you can access for more reading on the topic.
Chapter 1

Body image and eating issues

WHAT IS BODY IMAGE?

A fact sheet overview from the National Eating Disorders Collaboration

Body image is the perception that a person has of their physical self, but more importantly the thoughts and feelings the person experiences as a result of that perception. It is important to understand that these feelings can be positive, negative or a combination of both and are influenced by individual and environmental factors.

THE FOUR ASPECTS OF BODY IMAGE

1. The way you see yourself (perceptual)
   The way you see your body is not always a correct representation of what you actually look like. For example, a person may perceive themselves to be fat when in reality they are underweight. How a person sees themselves is their perceptual body image.

2. The way you feel about the way you look (affective)
   There are things a person may like or dislike about the way they look. Your feelings about your body, especially the amount of satisfaction or dissatisfaction you experience in relation to your appearance, weight, shape and body parts is your affective body image.

3. The thoughts and beliefs you have about your body (cognitive)
   Some people may think that parts of their body are 'too big' and wish they were thinner and others believe they will look better if they develop more muscle. You may think your body looks good the way it is and like what it can do for example, run and dance. The way you think about your body is your cognitive body image.

4. The things you do in relation to the way you look (behavioural)
   When a person is dissatisfied with the way they look, they may employ destructive behaviours such as excessive exercising or disordered eating as a means to change appearance. Some people may isolate themselves because they feel bad about the way they look. Behaviours in which you engage as a result of your body image encompasses your behavioural body image.

WHY IS POSITIVE BODY IMAGE IMPORTANT?

People with positive body image will generally have a higher level of physical and psychological health, and better personal development. A positive body image will effect:

Self-esteem levels
Self-esteem dictates how a person feels about themselves and this can infiltrate every aspect of that person's life. The higher your self-esteem, the easier you will find it to stay on top of daily life, the more sociable you will be, leading to higher levels of happiness and wellbeing.

Self-acceptance
The more positive a person's body image, the more likely that person is to feel comfortable and happy with the way they look. A person with positive body image is less likely to feel impacted by unrealistic images in the media and societal pressures to look a certain way.

Healthy outlook and behaviours
When you are in tune with, and respond to the needs of your body, your physical and psychological wellbeing improves. A positive body image will lead to a balanced lifestyle with healthier attitudes and practices with food and exercise.

WHAT CAUSES BODY DISSATISFACTION?

When a person has negative thoughts and feelings about his or her own body, body dissatisfaction can develop.

Environmental influences play a large role in how people perceive and feel about their body. A person's family, friends, acquaintances, teachers and the media all have an impact on how that person sees and feels about themselves and their appearance. In particular, when an individual is in an appearance-oriented environment or receives negative feedback about their appearance, for example, by being teased, they are at an increased risk of body dissatisfaction.

People of all ages are bombarded with images through media such as TV, magazines, internet and advertising. These images are often unrealistic, unobtainable and highly stylised, promoting beauty and appearance ideals for males and females in our society. They send strong messages which reaffirm that in our culture thin is beautiful for females and lean/muscular is the ideal body shape for males and that when these body shapes are achieved that happiness, success and love will result. The ideal demonstrated in these images has been fabricated by stylists, art teams and digital manipulation and cannot
be created or achieved in real life. If a person feels that they don’t measure up in comparison to these images, feelings of body dissatisfaction can intensify and have a damaging impact on that person’s psychological and physical wellbeing.

Some people are more likely to develop a negative body image than others. This can be as result of the following factors:
- **Age** – body image problems can affect people from childhood across the lifespan and are as prevalent in midlife as young adulthood in women. However, beliefs about body image are frequently shaped during late childhood and adolescence so this is a particularly crucial time.
- **Gender** – adolescent girls are more prone to body image dissatisfaction than adolescent boys; however the rates of body dissatisfaction in males is rapidly approaching that of females.
- **People who experience low self-esteem and/or have depression**
- **Personality traits** – people with perfectionist tendencies (e.g. people who feel a need for everything in their lives to be perfect), high achievers and people

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**What is an eating disorder?**

Eating disorders are serious mental illnesses; they are not a lifestyle choice or a diet gone ‘too far.’ Eating disorders occur in both men and women, young and old, rich and poor, and from all cultural backgrounds. About one in 20 Australians has an eating disorder and the rate in the Australian population is increasing.

People of all ages are bombarded with images through media such as TV, magazines, internet and advertising. These images are often highly stylised unrealistic and unobtainable.

If a person feels that they don’t measure up, body dissatisfaction can intensify and impact psychological wellbeing.

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**Getting help**

If you feel dissatisfied with your body or if you feel like you are developing unhealthy eating or exercise habits, it is important to get professional help.

Professional support can help guide you to change negative beliefs and behaviours.

Visit our website to find help in your area.

nedc.com.au
who cognitively are more ‘black and white’ in their thinking, those who internalise and value beauty ideals, and people who tend to compare themselves to others, are at higher risk of developing body dissatisfaction.

- **Appearance teasing** – people who are teased for their appearance, especially weight, regardless of actual appearance or weight, are at a greater risk of developing body dissatisfaction than those who are not.
- **Having friends and family who diet for weight loss and express high body image concerns** – when a person is in an environment in which central people express body image concerns and model weight loss behaviours, they are more likely to develop body dissatisfaction themselves regardless of actual appearance or weight.
- **Larger body size** – in our weight conscious society, larger body size increases risk of body dissatisfaction.
- **Sexual orientation in males** – research shows that homosexual men are more vulnerable to eating disorders than heterosexual men.

In western society, dissatisfaction with the body has become a cultural norm.

**HOW CAN YOU IMPROVE YOUR BODY IMAGE?**

People with negative body image can become fixated on trying to change their actual body shape. This can lead to people engaging in unhealthy practices with food and exercise with the hope that the change in body shape will alleviate negative feelings. These practices do not usually achieve the desired outcome (physically or emotionally) and can result in more intense negative feelings of disappointment, shame and guilt, as well as place a person at greater risk of developing an eating disorder.

It is important to remember that you cannot change some aspects of your appearance. Your height, muscle composition and bone structure are determined by your genes; this is the way you are born. A person can change some things but is important to understand and believe that there is no right or wrong when it comes to body shape or appearance. This can be hard to accept if a person has negative body image; however, challenging beauty ideals and learning to accept your body shape is a crucial step towards feeling positively about your weight, shape, size and appearance.

While changing your actual appearance may be difficult and complicated, changing your body image is an achievable goal. We have the power to change the way we see, feel and think about our bodies.

Here are some tips to get started:

- **Focus on your positive qualities, skills and talents** – this can help you learn to accept and appreciate your whole self. A person is much more than just a physical being.
- **Say positive things to yourself every day** – when you say something often enough you start to believe it.
- **Avoid self talk that is berating or negative**
- **Focus on what your body can do and has done** – the body is amazing; appreciating and respecting all the things it can do will help you to feel more positively about it.
- **Set positive, health-related focused goals rather than weight loss related ones** – engaging in practices with food and exercise that promote health over weight loss/management is more positive for your overall wellbeing. Remember many people who are normal or underweight are unfit and many physically fit people (think about rugby players) are higher than average in body weight.
- **Avoid making body comparisons to others** – everyone is unique and differences are what makes a person special. Admiring the beauty in others can be positive for your own body confidence but it is important that you appreciate the beauty and accept yourself as a whole in order to feel more comfortable in your skin.
- **Make a conscious decision about what to read and look at** – remember that the majority of images presented in the media are unrealistic and represent a minority of the population. Many of the images in magazines have been digitally altered and do not represent what real people look like.

**GETTING HELP**

If you feel dissatisfied with your body or if you feel like you are developing unhealthy eating or exercise habits, professional help is a good idea. There are counsellors and psychologists who have specialised knowledge in the areas of body image. Professional support can help guide you to change negative beliefs and behaviours.

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Your body image is the way you think and feel about your body. It can be positive or negative.

Most young women and girls are worried about their body – in fact it’s their number one concern.

Of Australian high school girls:

- 76% wish they were thinner
- 50% have tried to lose weight
- 16% are happy with their body weight

Poor body image can be associated with depression, anxiety, alcohol and other drug abuse and eating disorders.

Guys have body image issues too. One third of males want to be thinner and one third want to be bulkier.

More than 1 in 5 young men say body image is their number one concern.

Some warning signs that you or someone you know might have body image issues:

- Distorted eating habits
- Obsession with weight and exercise
- Being continually self-critical
- Constantly comparing body size

Tips for better body image:

- Focus on yourself as a person, not just how you look
- Aim to get healthier rather than lose weight
- Focus on the things you like about your body
- Stop being critical about others’ appearance
- Remember real bodies aren’t perfect, and perfect bodies are almost always airbrushed

headspace.org.au/bodyimage

National Youth Mental Health Foundation
BODY IMAGE AND HEALTH
A position statement from the Australian Medical Association

UNHEALTHY BODY IMAGE

Body image describes how an individual conceptualises his or her physical appearance. The body image a person has results from the interaction between the person's thoughts, beliefs, feelings and behaviours regarding their own body, and their perception of what counts as the ideal body within their own social and cultural setting. Unhealthy body image can affect men and women, children and the elderly from all backgrounds.

While there is no single or standard definition, ‘unhealthy’ body image can be taken to involve a dissatisfaction with one's physical appearance leading to unhealthy responses which can include poor eating behaviours, changing levels of physical activity, substance abuse or reduced social interactions. This description emphasises that, from a health and medical point of view, the important difference between healthy and unhealthy body image is the nature of the behavioural and health-related consequences of the body image a person has.

There is potential for body image issues to arise at an early age. Evidence suggests that self-awareness starts to emerge around the age of eighteen months, though this remains an area of research and debate. The age or stage of development when a child begins to evaluate their body for acceptability is still being investigated.

The onset of puberty is a period of both substantial physical change and altered peer-relationships. It can be a period of major transition in a person's body image. Body image satisfaction has been identified as the greatest single predictor of self-esteem for adolescents. Mission Australia’s National Survey of Young Australians has identified body image as one of the leading issues of concern to young Australians of both genders. Children and young people with physical and developmental disabilities can also experience body image concerns.

Unhealthy body image affects lifestyle choices and negatively affects mental and physical health, and social functioning. It can lead to unhealthy dieting, eating disorders, excessive exercise or under-exercise, substance use, and the desire for unnecessary surgical intervention. Once established, an unhealthy body image can continue through adult life.

EATING DISORDERS

Eating disorders can result from unhealthy body image. Such disorders include anorexia nervosa and bulimia nervosa. The former is characterised by self-imposed starvation coupled with an intense fear of weight gain (despite continued weight loss). The latter involves episodes of binge eating followed by purging (such as self-induced vomiting, laxative or diuretic misuse and excessive exercise). The health consequences of the food restriction and starvation associated with anorexia and bulimia include impairment of bone mineral acquisition leading to osteoporosis, fertility problems, kidney dysfunction, reduced metabolic rate, cardiac irregularities, muscle wasting, oedema, anaemia, stunting of height/growth and hypoglycaemia and reduced mental functioning.

Eating disorders are serious psychiatric illnesses. The prevalence of eating disorders among children and adolescents is rising. While it is difficult to assess exactly how common eating disorders are (as many cases may go undiagnosed) it is estimated that one in 100 adolescent girls develop anorexia nervosa, and that it is the third most common chronic illness in girls, after obesity and asthma. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) states that eating disorders have the highest mortality rate of any psychiatric illness, with a death rate higher than that of major depression.

Cognitive Behavioural Therapy – a form of psychotherapy designed to change problematic thinking habits, feelings and behaviours – has been shown to be an effective treatment for bulimia nervosa in the Australian primary care setting. Long-term follow-up studies indicate that many patients with bulimia nervosa have good outcomes, with up to 50% being free of symptoms at five years or more after treatment. Unfortunately there is no evidence for a similarly effective treatment for anorexia nervosa. A major contributor to the poor prognosis for this illness is the high rate of relapse following initial treatment. This has promoted interest in interventions aimed at preventing deterioration and relapse, which may in turn lead to more effective treatments in the future.

THE INFLUENCE OF THE POPULAR MEDIA

Research is continuing into the range of individual and social factors that might contribute to the development of unhealthy body image and eating disorders. It is generally recognised that the popular media is a significant social and cultural factor that influences the development of people's self-perception and body image. Young people especially, are susceptible to social pressures to conform to ideal stereotypes. The public is constantly presented in the popular print
and electronic media with images of attractive, thin women and athletic, handsome men. These idealised images do not truly reflect the bodies of most people in the community, and can contribute to unrealistic perceptions about appropriate physical appearance which may lead to body dissatisfaction and eating disorders. Repeated exposure to these images could have a cumulative impact on vulnerable individuals. There is no national system of regulation relating to the portrayal of body image in the print and electronic media, nor the use of digital manipulation techniques such as airbrushing. This is despite growing community concern and debate around issues such as the use in advertising of very young and/or extremely underweight fashion models. The development of national industry standards may be an effective step along the way to responsible body image portrayal in the media.

**THE ROLE OF MEDICAL PRACTITIONERS**

According to the World Health Organisation Collaborating Centre for Mental Health and Substance Abuse, medical practitioners have an important role in fostering healthy beliefs about body weight and shape by challenging unrealistic thoughts, beliefs and values, providing education and providing referral for therapy. Medical practitioners play an important role in the early detection and management of individuals at risk of developing unhealthy body image or eating disorders. Doctors can identify symptoms of eating disorders or body image problems which would otherwise appear unrelated. Early intervention may lead to a more complete recovery, and reduce the risk of an eating disorder becoming chronic. Doctors have opportunities to educate patients on the benefits of healthy eating and appropriate physical activity, and to advise parents about healthy eating and healthy weight for children and adolescents. Doctors are aware of the complex processes of behaviour change needed to establish and maintain a healthy weight, and can advise those with body image concerns about the risks and likely successes of various weight control ‘diets’.

For those individuals who have an established eating disorder, general practitioners are often responsible for coordinating referral to, and care by, consulting tertiary services and local dietetic and psychological services. In the management of eating disorders, doctors recognise the potentially long-term nature of the illness and the need for continuity of care and coordinated multi-disciplinary management. Because there are often long-term care relationships between doctors and patients, doctors will be aware of the adverse impacts of eating disorders on families, friends and colleagues, and will often be a source of important support for patients and their families during a very disruptive and psychologically disturbing time.

In some cases, people turn to medical procedures or cosmetic surgery to achieve their ideal body. Advertising and other promotions which appeal to youth can encourage cosmetic surgery as an easy solution to personal issues, including body image dissatisfaction. Doctors can provide impartial advice to people on cosmetic procedures, including whether they are medically indicated, and the potential health risks that may be involved. This also applies to drugs and other substances that individuals may use to enhance or change physical appearance. Evidence-based medical counselling can help individuals develop realistic views about their need for cosmetic procedures, and what can be achieved by them.

**THE AMA POSITION**

The AMA believes that the following measures and proposals will contribute to reducing the impacts of unhealthy body image and eating disorders.

**A national approach**

- The AMA believes that a nationally coordinated approach is necessary in order to develop effective and consistent practices in preventing and addressing the incidence of unhealthy body image and eating disorders. To achieve this, a peak national network of researchers, educators, policy-makers and industry stakeholders should be established to coordinate this national approach to body image and eating disorders.

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Positive Body Image

Issues in Society | Volume 372
Media portrayals of body image

- While acknowledging the impact of other social pressures to conform to idealised body types, the AMA recommends that the ‘media industry’ (i.e. publishers, programmers and advertisers) depicts a more realistic range of body images and role models. This should happen at a national and industry-wide level, through conformity with appropriate standards that are developed by industry in conjunction with experts and stakeholders in the area of body image issues. If the Australian media industry can neither develop nor abide by such standards, then the AMA believes that government regulation should be considered.
- The advertising and media industry should not portray normal bodily changes, such as those associated with ageing, as abnormal or problematic.
- Direct to consumer advertising of pharmaceutical products designed to play on body image and weight concerns is an unacceptable practice.

Schooling and public education

- The school system can play a very important role in helping children and young adults build and maintain a healthy body image. There is a need for increased understanding of how school curricula and other aspects of school life can impact positively and negatively on the development of body image and eating disorders. In particular, schools should:
  - Incorporate issues around development of healthy body image into its health curriculum programs (including recognition of the impacts that bullying may have on body image)
  - Develop programs in media literacy, and integrate media literacy skills into other curriculum areas so that young people can critically evaluate media content and messages pertaining to ideals about body type, and develop realistic views of self and society
  - Develop and monitor their physical activity programs to be aware of the risk of unhealthy body image developing, and associated excessive exercise. An emphasis on team based sports can be an effective vehicle to promote healthy lifestyles and to deter disordered eating and athletic enhancing behaviours
- There is a need for increased government commitment to appropriately targeted public education on the association between diet, physical activity and health, and the health risks associated with eating disorders.

Cosmetic and restorative surgery

- Medical procedures to modify or enhance physical appearance should not be provided to young people under 18 years of age, unless those procedures are in a person’s medical and/or psychological interests.
- The AMA discourages the marketing and advertising of cosmetic surgery as an easy solution to individuals’ personal or social problems.
- The AMA supports the need for measures to ensure safety and quality of practice in cosmetic surgery, and that the interests of the patient are always paramount. It is essential for people considering cosmetic surgery to discuss the risks and potential benefits with their doctor.
- The AMA recognises the importance of restorative surgery in cases where accident, injury or surgery has a significant impact on body image satisfaction.

Treatment services

- Services for eating disorder patients vary widely in their accessibility, availability and the type of care provided to patients and their carers. This variability is most pronounced for those living in rural and regional areas. A greater focus is needed on ensuring appropriate access to early intervention and treatment services for young people in rural and remote locations.
- A ‘one size fits all’ approach to the treatment of eating disorders does not adequately cater for the needs of all those who have eating disorders or body image problems. Mechanisms need to be in place to allow health and medical professionals to readily access recent information about best-practice for the identification, diagnosis and treatment of body image and eating disorder problems.

Fitness and health

- The AMA advises against the use of fad or crash ‘diets’ which make claims of dramatic weight loss, weight gain, or performance enhancement.
- The AMA recommends that individuals engage in healthy eating habits and an active lifestyle in accordance with evidence-based dietary guidelines and physical activity recommendations.
- Safe and supportive environments should be available to facilitate access, increase participation, and a willingness to engage in a range of healthy physical activities by people with body image concerns. Having an unhealthy body image can also limit physical activity, as those who feel self-conscious...
about their body may be less likely to participate for fear of exposing their body.

- The AMA encourages the fitness industry to actively promote participation in physical activity as a preventative health strategy rather than to achieve the ‘ideal’ body.

**Research**

- Adequate funding should be provided for further research into:
  - The impact of media on body image, particularly among children and adolescents
  - The risk factors for developing eating disorders
  - The protective factors that may reduce the incidence of eating disorders
  - The health impacts of unhealthy body image and eating disorders across all population groups, and the effective interventions and treatments for them, particularly regarding anorexia nervosa.

**REFERENCES**

11. The Bronte Centre.
13. For example, the 2008 Senate Standing Committee Inquiry into the Sexualisation of Children in the Contemporary Media Environment.
17. Dieting is so prevalent in our society that Australians spend about $1 million a day on weight loss attempts. Unfortunately, nine out of ten weight-loss diets are unsuccessful or may actually be harmful or eventually increase weight gain. Vic Health. Parliamentary Inquiry into issues relating to the development of body image among young people and associated effects on their health and wellbeing. 2004 Vic Health Response.

What is body dysmorphic disorder?

ReachOut.com explains the causes and characteristics of body dysmorphic disorder, and what to do if you are experiencing extreme self-consciousness about your body.

Everyone has times when they feel self-conscious about their body, but when it starts impacting on everyday life it can be classed as body dysmorphic disorder. There are a number of characteristics of body dysmorphic disorder as well as numerous causes. If you think you might be experiencing body dysmorphic disorder, there are heaps of things you can do which can help you feel better.

This might be a problem if you...

- Hate a certain part of your body
- Wish you could look different
- Avoid going out because you don’t like the way you look
- Try to disguise parts of your body
- Think life would be better if you looked a certain way.

Let's face it – at one time or another you've wished a part of your body looked a little different to what it does. It might be that you think your thighs are too big, your skin's not perfect, or your nose has that little bump in the middle that everyone can see.

This kind of thinking is pretty common and relatively normal, whether it's true or not. However, this kind of thinking becomes a problem when it starts to rule your life. You become totally preoccupied with the part of your body that you think is not okay and these beliefs severely interfere with the quality of your life. This kind of obsessing over a part of your body is known as body dysmorphic disorder (or BDD).

Characteristics of body dysmorphic disorder

There are many different types of behaviours and symptoms that you might experience if you have BDD, however not everyone experiences every one.

- Frequently checking out how you look in mirrors
- Constantly making sure you look clean and well-groomed
- Frequently touching the part of your body that you don't like
- Trying to hide or disguise the body part or yourself
- Avoiding going out or being with others because you feel so self-conscious about your appearance
- Trying to ‘fix’ the body part – through exercise, medication, surgery, and other sorts of treatment.

If you are concerned that these behaviours sound familiar it is important that you speak to a doctor or psychologist to find out more.

What causes body dysmorphic disorder?

BDD does not have a single cause. It is often due to a variety of different physical and mental health issues.

Some of the factors that may contribute to having BDD include...

- Having low self-esteem and negative beliefs about yourself
- Negative self-talk – for example, thinking that life would be so much better if you could ‘fix’ a certain part of your body
- Media emphasis and fixation on the ideal body
- Feeling a lack of control in your life
- Stress or coping styles
- Relationships with family and peers
- Genetics and chemistry
- Sexual abuse or trauma.

What to do if this sounds like you

If you think you might be dealing with body dysmorphic disorder, there are a number of things that might be able to help.

- Chat online or by email to a counsellor from headspace, www.eheadspace.org.au
- Talk to a GP and find out more about treatment options
- Find out more about cognitive behavioural therapy
- Try online tools like MoodGym to train your brain and thoughts, www.moodgym.anu.edu.au

If you feel like you might be experiencing something different, like an eating disorder, have a look at some of our fact sheets about eating disorders and where to seek help.

What can I do now?

- Avoid conversations about body size if they make you feel bad about yourself.
- Check out MoodGym and work on training your brain and thoughts.
- Find out about eating disorders and their symptoms.

Body dysmorphic disorder puts ugly in the brain of the beholder

Body dysmorphic disorder is less well known than anorexia, but has around five times the prevalence, reports Ben Buchanan

When people think of mental problems related to body image, often the first thing that comes to mind is the thin figure associated with anorexia. Body dysmorphic disorder is less well known, but has around five times the prevalence of anorexia (about 2% of the population), and a high level of psychological impairment.

It’s a mental disorder where the main symptom is excessive fear of looking ugly or disfigured. Central to the diagnosis is the fact that the person actually looks normal.

NEITHER VANITY NOR DISSATISFACTION ALONE

People with body dysmorphic disorder think there’s a particular feature of their face (such as nose, lips or ears) or another body part (such as arms, legs or buttocks) that’s unbearably ugly. Many seek unnecessary cosmetic surgery or skin treatments – but sadly only a few receive appropriate psychological support.

In general, people with the disorder are very shy and some choose to stay home out of fear of being judged or laughed at because of the way they look.

Many people with the disorder spend hours every day looking at themselves in the mirror. Others have unusual grooming habits to try and cover up their perceived flaw.

These people have significant difficulties with their social lives and experience high levels of anxiety and depression. Body dysmorphic disorder is clearly a serious problem and should never be dismissed as body dissatisfaction or vanity.

But distinguishing between these can be difficult, so the following questions are often used as a guide:

- Do you think about a certain part of your body for more than two hours a day?
- Does it upset you so much that it regularly stops you from doing things?
- Has your worry about your body part affected your relationships with family or friends?

If someone answers yes to these questions, further professional evaluation is needed. A full assessment would entail a few sessions with a mental health clinician to talk about these worries and an assessment of grooming behaviours.

Body dysmorphic disorder is a mental disorder where the main symptom is excessive fear of looking ugly or disfigured.

BRAIN RESEARCH

My research using brain imaging has shown there are clear differences in the brains of people with body dysmorphic disorder that lead to changes in the way they process information. We found that people with the disorder had inefficient communication between different brain areas.

In particular, the connections between areas of the brain associated with detailed visual analysis and a holistic representation of an image were weak. This could explain the fixation on just one aspect of appearance.

There was also a weak connection between the amygdala (the brain’s emotion centre) and the orbitofrontal cortex, the ‘rational’ part of the brain that helps regulate and calm down emotional arousal.

Once they become emotionally distressed, it can be difficult for someone with body dysmorphic disorder to wind down because the ‘emotional’ and ‘rational’ parts of the brain simply aren’t communicating effectively.

People usually develop body dysmorphic disorder during their teenage years, which happens to be an important time for brain development. They also often report childhood teasing about their looks, which may act as a trigger that rewires the brain to focus attention on physical appearance.
COSMETIC PROCEDURES

Many people with body dysmorphic disorder seek cosmetic procedures such as nose jobs, breast implants or botox injections. The problem is that the vast majority (83% in some research) experience either no improvement or a worsening of symptoms after it. And most are dissatisfied with the procedure.

This differs from people without body dysmorphic disorder who are generally satisfied with cosmetic procedures and even report psychological benefits on follow-up.

Researchers estimate about 14% of people who receive cosmetic treatments have diagnosable body dysmorphic disorder.

Researchers estimate about 14% of people who receive cosmetic treatments have diagnosable body dysmorphic disorder, indicating that psychological screening practises are inadequate. Given the likelihood of causing psychological harm, it may be wise for cosmetic surgeons to assess all potential clients before operating.

PSYCHOLOGICAL TREATMENT

It can be difficult to persuade someone with the disorder to accept psychological help given the belief in their physical defect is likely to be very strong. But once someone receives psychological therapy, symptoms are likely to reduce.

The first-line of treatment is cognitive behavioural therapy (CBT), focusing on exposure and response prevention with the option of antidepressant medication. This helps patients modify unhelpful daily rituals and safety behaviours, such as mirror checking or camouflaging the perceived defect with make-up.

Body dysmorphic disorder is under-diagnosed because those with it persistently deny they have a psychological problem, preferring to opt for physical treatments instead. Evidence suggests that symptoms are underpinned by differences in the way the brain processes information and that psychological therapy can help people overcome the preoccupation with their appearance.

Ben Buchanan is a Psychology Doctoral Candidate at Monash University. He is involved in research and treatment of body dysmorphic disorder.

The brain research referenced in this article was funded by a Monash Strategic Grant. Ben conducts research at MAPrc (Monash Alfred Psychiatry Research Centre), School of Psychology and Psychiatry, Faculty of Medicine, Nursing and Health Sciences, Monash University and The Alfred Hospital, Melbourne, Australia.

Eating disorders are serious, potentially life-threatening mental and physical illnesses, however with appropriate treatment and a high level of personal commitment, recovery from an eating disorder is achievable.

Evidence shows that the sooner you start treatment for an eating disorder, the shorter the recovery process will be. Seeking help at the first warning sign is much more effective than waiting until the illness is in full swing. If you suspect that you or someone you know has an eating disorder it is important to seek help immediately.

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Eating disorders: key research and statistics
THE LATEST DATA ON EATING DISORDERS, FROM EATING DISORDERS VICTORIA

Overview of eating disorders today
- Between 1995 and 2005 the prevalence of disordered eating behaviours doubled among both males and females.¹
- Eating disorders are increasing in both younger and older age groups.²
- Eating disorders occur in both males and females before puberty, with the ratio of males to females approximately 1:10 during adolescence and decreasing to 1:20 during young adulthood.²
- At the end of 2012 it was estimated that eating disorders affected nearly 1 million Australians.³
- Prevalence of eating disorders is increasing amongst boys and men.⁴
- 90% of cases of anorexia nervosa (AN) and bulimia nervosa (BN) occur in females.⁵
- Approximately 15% of women experience an eating disorder at some point during their life.¹
- An estimated 20% of females have an undiagnosed eating disorder.³
- Younger adolescents tend to present with anorexia, while older adolescents may present with either bulimia or anorexia.⁴
- Eating disorders are the 3rd most common chronic illness in young females.³
- Risk of premature death from an eating disorder is 6-12 times higher than the general population.³
- Eating disorders are ranked 12th among the leading causes of hospitalisation costs due to mental health.³
- Eating disorders can be considered to exist within a spectrum, with 10-30% of patients crossing over between anorexic and bulimic tendencies during the course of their illness.³
- Depression is experienced by approximately 45% to 86% of individuals with an eating disorder.⁶
- Anxiety disorder is experienced by approximately 64% of individuals with an eating disorder.⁷
- Approximately 58% of individuals with eating disorders have a comorbid personality disorder.⁸
- Sufferers typically deny they have an eating disorder.⁹
- According to the National Eating Disorder Association, in the United States, eating disorders are more common than Alzheimer’s disease (5-10 million people have eating disorders compared to 4 million with Alzheimer’s disease).¹⁰
- In 1998, 38 months after television first came to Nadroga, Fiji, 15% of girls, aged 17 on the average, admitted to vomiting to control weight. 74% of girls reported feeling ‘too big and fat’ at least sometimes. Fiji has only one TV channel, which broadcasts mostly American, Australian, and British programs.¹¹

Anorexia
- Based on international data, the lifetime prevalence for females is between .3% and 1.5%, and between 0.1% and 0.5% in males.¹²
- Approximately one in 100 adolescent girls develops anorexia nervosa.¹³
- One in ten young adults and approximately 25% of children diagnosed with anorexia nervosa are male.¹⁴
- Anorexia has the highest mortality rate on any psychiatric disorder.¹
- 1 in 5 premature deaths of individuals with anorexia nervosa are caused by suicide.¹
- Among 15-24 year old females, AN has a standardised mortality rate that is 12 times the annual mortality rate from all causes.¹⁵

Bulimia
- The incidence of bulimia nervosa in the Australian population is 5 in 100. At least two studies have indicated that only about one tenth of the cases of bulimia in the community are detected.¹³
- True incidence estimated to be 1 in 5 amongst students and women (NEDC).¹
- Based on international data, the lifetime prevalence in females is between .9% and 2.1%, and <.1% to 1.1% in males.¹²
- The onset of bulimia nervosa usually occurs between 16 and 18 years of age.²⁴
- It is common for people suffering from bulimia to keep their disorder hidden for 8-10 years, at great cost to their physical and psychological health.²⁵
- 92% of people with bulimia said that seeking help was entirely their own choice whereas only 19% of

Between 1995 and 2005 the prevalence of disordered eating behaviours doubled among both males and females.

- The onsen of anorexia usually occurs during adolescents with a median age of 17.¹⁶
- The average duration is 7 years. Those who recover are unlikely to return to normal health.²⁷
- 40% of people with anorexia nervosa are at risk of developing bulimia nervosa.¹⁸
- Many sufferers develop chronic social problems, which can escalate to the extent experienced by schizophrenic patients.¹⁹
- Morbidity includes osteoporosis, anovulation, dysthymia, obsessive compulsive disorder, and social isolation.²⁰
- Although 70% of patients regain weight within 6 months of onset of treatment, 15-25% of these relapse, usually within 2 years.²¹
- More than half of anorexia sufferers have been sexually abused or experienced some other major trauma.²²

Positive Body Image
people with anorexia agreed.\textsuperscript{16}
- 83\% of bulimic patients vomit, 33\% abuse laxatives, and 10\% take diet pills.\textsuperscript{17}
- The mortality rate for bulimia nervosa is estimated to be up to 19\%.\textsuperscript{18}
- People with bulimia may have had one or several suicide attempts and there is a high incidence of depression amongst bulimia sufferers.\textsuperscript{19}
- 70\% of individuals who undertake treatment for bulimia nervosa report a significant improvement in their symptoms.\textsuperscript{20}
- Bulimia can become a means of coping with stressful situations, such as an unhappy relationship or a traumatic past event.\textsuperscript{21}
- Impulsivity and substance abuse is correlated with bulimia.\textsuperscript{22}

**Binge eating disorder**
- Binge eating disorder is characterised by recurrent binge eating without using compensatory measures such as vomiting, laxative abuse or excessive exercise to counter the binge.\textsuperscript{23}
- Based on international data, the lifetime prevalence in females is between 2.5\% and 4.5\%, and 1.0\% and 3.0\% in males.\textsuperscript{24}
- The prevalence of binge eating disorder in the general population is estimated to be 4\%.\textsuperscript{25}
- The incidence of binge eating disorder in males and females is almost equal.\textsuperscript{26}
- The disorder often develops in late adolescence and early 20's.\textsuperscript{27}
- People with binge eating disorder are at risk of developing a variety of different medical conditions including diabetes, high blood pressure and cholesterol levels, gallbladder disease, heart disease and certain types of cancers.\textsuperscript{28}
- Potential risk factors include obesity, being overweight as a child, strict dieting, and a history of depression, anxiety and low self-esteem.\textsuperscript{29}

**Eating disorders not otherwise specified (EDNOS)**
- The clinical diagnosis of eating disorder not otherwise specified (EDNOS) has been said to represent the most common diagnosis made in outpatient settings but the one most ignored by researchers because of its status as a ‘residual diagnosis’ in the DSM-IV, or a disorder of clinical severity where the diagnostic criteria of bulimia nervosa (BN) or anorexia nervosa (AN) are not met.\textsuperscript{30}
- Approximately 40-60\% of people seeking treatment for an eating disorder have EDNOS.\textsuperscript{31}

**Risk factors developing an eating disorder**
- Eating disorders may arise from a variety of different causes and while they sometimes begin with a preoccupation with food and weight they are often about much more than food.\textsuperscript{32}
- Adolescents with diabetes may be at 4-times the risk.\textsuperscript{33}
- Females with diabetes and anorexia nervosa are at 15.7 higher risk of mortality than females with diabetes alone.\textsuperscript{34}

**Weight loss dieting**
- Dieting is the single most important risk factor for developing an eating disorder. 68\% of 15 year old females are on a diet, of these, 8\% are severely dieting. Adolescent girls who diet only moderately, are five times more likely to develop an eating disorder than those who don’t diet, and those who diet severely are 18 times more likely to develop an eating disorder.\textsuperscript{35}
- Research has shown that the traditional dieting approach of restricting both calories and food types shows poor results in achieving long-term weight loss. Within five years, many dieters regain any weight they lose and often end up heavier than when they began. They also tend to develop very unhealthy attitudes towards food and to lose their natural ability to recognise when they are hungry or full.\textsuperscript{36}
- Young Australian women who start dieting before the age of 15 are more likely to experience depression, binge eating, purging, and physical symptoms such as tiredness, low iron levels and menstrual irregularities.\textsuperscript{37}
- Women who diet frequently (more than 5 times) are 75\% more likely to experience depression.\textsuperscript{38}
- A Victorian study of adolescents aged 12 to 17 years classified 38\% of girls and 12\% of boys as ‘intermediate’ to ‘extreme’ dieters (i.e. at risk of an eating disorder).\textsuperscript{39}
- A Sydney study of adolescents aged 11 to 15 reported that 16\% of the girls and 7\% of the boys had already employed at least one potentially dangerous method
of weight reduction, including starvation, vomiting and laxative abuse.46

- A sample of women from the general population aged 18 to 42 years found the point prevalence for the regular use of specific weight control methods was 4.9% for excessive exercise, 3.4% for extreme restrictive eating, 2.2% for diet pills, 1.4% for self-induced vomiting, 1.0% for laxative misuse, and 3% for diuretic misuse.47

- 31% of young women surveyed between 18 and 23 reported that at some time they had at least experimented with unhealthy eating behaviours including making themselves purge, deliberately abusing laxatives or diuretics, or fasting for at least 24 hours in order to lose weight.48

- Dieting to control weight in adolescence is not only ineffective, it may actually promote weight gain. A study of adolescents showed that after 3 years of follow-up, regular adolescent dieters gained more weight than non-dieters.49

- High frequency dieting and early onset of dieting are associated with poorer physical and mental health, more disordered eating, extreme body dissatisfaction, and more frequent general health problems.50

- Amongst 12 to 17 year olds, 90% of females and 68% of males have been on a diet of some kind.51

**Body image pressure on young people (a sociocultural risk factor)**

- In Australians aged 11-24, approximately 28% of males are dissatisfied with their appearance compared to 35% of females.52

- The *Australian National Survey of Mental Health and Wellbeing*, revealed that body image was identified as the number one concern of 29,000 males and females.53

- The *Longitudinal Study on Women’s Health*, found that only 22% of women within a normal healthy weight range reported being happy with their weight. Almost three quarters (74%) desired to weigh less, including 68% of healthy weight and 25% underweight women.54

- Low self-esteem increases the chance of developing disordered eating.55

- Poor body image is associated with an increased probability of engaging in dangerous dietary practices and weight control methods, excessive exercise, substance abuse and unnecessary surgery to alter appearance.56

- A recent survey of 600 Australian children found that increasingly, children are disturbed by the relentless pressure of marketing aimed at them. A large majority (88%) believed that companies tried to sell them things that they do not really need.57

- A large number (41%) of children are specifically worried about the way they look with 35% concerned about being overweight (44% of girls and 27% of boys) and 16% being too skinny.58

- A 2007 Sydney University study of nearly 9,000 adolescents showed one in five teenage girls starved themselves or vomit up their food to control their weight. Eight per cent of girls used smoking for weight control.59

- In a 2006 AC Nielsen survey conducted to judge if current models were too thin, 94% of people in Norway, 92% in New Zealand and Switzerland and 90% in Australia said the models could do with more flesh.60

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### Beyond Stereotypes

- Research on the genetic basis of eating disorders suggests that genes may account for 31%-76% of the variance in anorexia nervosa, between 28%-83% of the variance in bulimia nervosa, and 17%-39% of variance in binge eating disorder.61

- A twin study published in the *American Journal of Psychiatry* found that genetic factors have a significant influence on the development of anorexia nervosa, with an estimated hereditability of 58%.62

- Adolescents with anorexia are usually high achievers and are often involved in a number of extracurricular activities such as tutoring, volunteer work and community leadership, as the driven focus required to successfully maintain an eating disorder extends to other areas of their lives. They tend to be perfectionists, have internalising coping styles and obsessive behaviours, often with comorbid mood symptoms such as depression and obsessive compulsive disorder (OCD).63

- Patients with bulimia have been described as having difficulties with impulse regulation.64

### Protective factors

- Protective factors have been less studied in comparison to risk factors.65

- Individual protective factors include high self-esteem, emotional wellbeing, positive body image, assertiveness, problem-solving skills, media literacy, good social skills and successfully performing multiple social roles, academic achievement.66

- Social protective factors include belonging to a family environment that does not overemphasise weight and physical appearance, eating meals together on a regular basis.67

- A longitudinal study into the associations between

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*Dieting to control weight in adolescence is not only ineffective, it may actually promote weight gain.*
family meal frequency and disordered eating behaviours in adolescents found that regular family meals during adolescence play a protective role for extreme weight control behaviours in adolescent girls but not boys.64

• Socio-cultural protective factors include cultural acceptance of a diversity of body shapes and sizes, sporting contexts that value performance and not merely physical attractiveness and aesthetics, relationships with others that are not highly concerned with weight and shape, and social support.65

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**Binge eating disorder**


**Eating disorders not otherwise specified (EDNOS)**


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**Protective factors**

EXPLAINER: ANOREXIA AND BULIMIA

Peta Stapleton explains the two most widely known eating disorders in this article first published in The Conversation

Eating disorders are an increasing problem in children and adolescents. Recent Australian studies have indicated eating disorder behaviour has increased twofold in Australia in the last five years and 9% (men and women) will suffer from one at some point in their lives.

An analysis by the American Agency for Healthcare Research and Quality shows that hospitalisations for eating disorders increased most sharply (119%) for children aged 12 and younger between 1999 to 2006.

Eating disorders are not just a concern for girls but for boys as well. One in four sufferers of eating disorders are male.

Anorexia nervosa is the third-most common chronic adolescent problem and the psychiatric condition that causes the most number of deaths. While the incidence of bulimia nervosa is estimated to be as high as one in five in the student population.

The combined prevalence of eating disorders in the Australian community is estimated to be 7%. Dieting is the greatest risk factor for the development of an eating disorder and, disturbingly, it’s thought about 70% of 15-year-old girls are on a diet. Out of these, 8% are severely dieting.

Eating disorders are not just a concern for girls but for boys as well. One in four sufferers of eating disorders are male.

Adolescent girls who diet only moderately, are five times more likely to develop an eating disorder than those who don’t diet at all. And those who diet severely are 18 times more likely to develop an eating disorder.

ANOREXIA NERVOSA

Anorexia is a serious psychological eating disorder with ‘starvation symptoms’. Sufferers develop an intense fear of becoming overweight, even if they are severely underweight. Often, their perception of their body weight or shape is skewed, or they deny the implications of their low body weight. It’s not uncommon for women and girls suffering from anorexia to stop having their periods.

Globally about 1% of the population suffer from anorexia and, in Australia, 2% to 3% of adolescent and adult women satisfy the diagnostic criteria for anorexia or bulimia. Research suggests 8% of Australian women have suffered a serious eating disorder at some point in their lifetime, and 23% of young Australian women aged between 22 and 27 year have disordered eating in their recent past.

Anorexia is a very serious condition and the death rate is five times more for sufferers compared to others of the same age.

There’s no single cause for eating disorders although family and cultural pressures such as the media promoting an ‘ideal’ weight, as well as emotional and personality factors (such as being perfectionist, having very high standards, and suffering from anxiety), are thought to play a role.

BULIMIA NERVOSA

Bulimia is the more common eating disorder, and its sufferers are usually near average weight or even slightly overweight. Bulimics engage in periods of binge eating (more food than most people would eat in the same time), and purging (to rid their bodies of the food). Purging includes intense exercise, vomiting, fasting, and using laxatives.

About 5% of the population suffer from bulimia but the true incidence is estimated to be as high as one in five in the student population. The lifetime prevalence in Australia is 2.9%.

TREATMENT

Eating disorders can be linked to low self-esteem and psychological issues can result from the practise of an unhealthy relationship with...
food. Anorexia and bulimia are very serious illnesses, not merely fad diets gone wrong. They require specialised treatment for recovery.

There are three recommendations from the UK National Institute for Clinical Excellence (NICE) for the treatment of anorexia in sufferers who are not yet adults:

- For children and adolescents still living at home who’ve been anorexic for less than three years, a family-based treatment called the Maudsley Approach is suggested.
- Outpatient services for those going to see a psychiatrist or a psychologist for individual counselling.
- Inpatient service which combines re-feeding and counselling interventions.

Unfortunately, there’s insufficient evidence to make data-based recommendations regarding the treatment of adults with anorexia although new therapies such as acceptance and commitment therapy are showing promise.

When sufferers are empowered to believe in themselves, recovering from an eating disorder is possible.

For bulimia, the strongest evidence for successful treatment are the enhanced versions of cognitive behavioural therapy, which helps sufferers by showing them how to recognise negative thoughts and feelings and how to change them. There are also self-help books based on this type of therapy, which are considered effective. Antidepressant medication may also be useful for those suffering depressive symptoms.

There are also strategies for parents to help prevent the development of eating disorders in children and teenagers.

First, avoid talking negatively about your body because as it gives the message that it’s okay to dislike it. If you’re overweight and need to diet, let your child know you are trying to lose weight to improve your health rather than to be a certain weight or shape. If you must diet, do so by eating healthy, balanced meals, and avoid fad diets, skipping meals or diet pills. Finally, model good exercise habits. Moderate, regular exercise will help you stay healthy and help your child see an example of a balanced lifestyle.

**RECOVERY**

About 45% to 50% of anorexia and bulimia sufferers return to a healthy weight with appropriate treatment. Another 30% make a partial recovery.

Of those who remain chronically unwell, newer approaches, such as mindfulness and acceptance training, are being explored. Mindfulness meditation aims to focus attention on the present moment, helping people disengage from habitual, unsatisfying behaviours. Acceptance approaches aim to increase psychological flexibility in how people think.

When sufferers are empowered to believe in themselves, recovering from an eating disorder is possible.

Peta Stapleton is an Assistant Professor in Psychology at Bond University.

**THE CONVERSATION**

There is no single cause of eating disorders, however, there are a number of known contributing risk factors, explains the National Eating Disorders Collaboration.

WHAT CAUSES AN EATING DISORDER?

The factors that contribute to the onset of an eating disorder are complex. No single cause of eating disorders has been identified; however, known contributing risk factors include:

- Genetic vulnerability
- Psychological factors
- Socio-cultural influences.

Genetic vulnerability

There is some evidence that eating disorders have a genetic basis. This means that a person can inherit their likelihood to develop anorexia nervosa, bulimia nervosa or binge eating disorder.

The genes that are most implicated in passing on eating disorders are within biological systems that relate to food intake, appetite, metabolism, mood, and reward-pleasure responses. It has been shown that this genetic influence is not simply due to the inheritance of any one gene but results from a much more complicated interaction between many genes and quite possibly non-inherited genetic factors as well.

The biological causes of eating disorders are not well understood. This could be because the majority of studies are conducted during the acute or recovery phase of an eating disorder. At this time, there are physiological changes occurring in the person as a result of their eating disorder behaviours which can affect the findings of the studies. Studies conducted at the onset of an eating disorder could show different results.

Psychological factors

Research into anorexia nervosa and bulimia nervosa specifically, has identified a number of personality traits that may be present before, during, and after recovery from an eating disorder.

These include:
- Perfectionism
- Obsessive-compulsiveness
- Neuroticism
- Negative emotionality
- Harm avoidance
- Core low self-esteem
- Traits associated with avoidant personality disorder.

Specific additional personality traits may be associated with each type of eating disorder. It is also important to include that prolonged starvation induces change in cognition, behaviour, and interpersonal characteristics. It can therefore be difficult to discern the psychological causes from the psychological effects of eating disorders.

Socio-cultural influences

In year seven they weighed me and then put all our weights up on the board. That was when I started thinking about seriously losing weight. Suddenly I was comparing myself to others.

Evidence shows that socio-cultural influences play a role in the development of eating disorders, particularly among people who internalise the Western beauty ideal of thinness. Images communicated through mass media such as television, magazines and advertising are unrealistic, airbrushed and altered to achieve a culturally perceived image of ‘perfection’ that does not actually exist.

The most predominant images in our culture today suggest that beauty is equated with thinness for females and a lean, muscular body for males. People who internalise this ‘thin ideal’ have a greater risk of developing body dissatisfaction which can lead to eating disorder behaviours.

Like most other psychiatric illnesses and health conditions, a combination of several different factors may increase the likelihood that a person will experience an eating disorder at some point in their life.

MODIFIABLE RISK FACTORS

It is possible to change some socio-cultural, psychological and environmental risk factors.

The modifiable risk factors for eating disorders are identified as:
- Low self-esteem
- Body dissatisfaction

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• Internalisation of the thin socio-cultural ideal
• Extreme weight loss behaviours.

**Self-esteem**
Low self-esteem has been identified by many research studies as a general risk factor for the development of eating disorders. Strong self-esteem has been identified as essential for psychological wellbeing and for strengthening the ability to resist cultural pressures.

**Body dissatisfaction or negative body image**
Poor body image can contribute to impaired mental and physical health, lower social functionality and poor lifestyle choices. Body dissatisfaction, the experience of feelings of shame, sadness or anger associated with the body, can lead to extreme weight control behaviours and is a leading risk factor for the development of eating disorders.

Body dissatisfaction is also linked to depression and low self-esteem and has been found to be widespread in adolescent girls in Australia.

**Internalisation of the thin socio-cultural ideal**
People who internalise and adopt the Western beauty ideal of thinness as a personal standard have a higher risk of developing an eating disorder.

**Extreme weight loss behaviours**

*Disordered eating*
Disordered eating is the single most important indicator of onset of an eating disorder. Disordered eating is a disturbed pattern of eating that can include fasting and skipping meals, eliminating food groups, restrictive dieting accompanied by binge eating and excessive exercise. Disordered eating can also include purging behaviours such as laxative abuse and self-induced vomiting.

Disordered eating can result in significant mental, physical and social impairment and is associated with not only eating disorders but also health concerns such as depression, anxiety, nutritional and metabolic problems and weight gain.

*Diетing*
While moderate changes in diet and exercise have been shown to be safe, significant mental and physical consequences may occur with extreme or unhealthy dieting practices.

Diетing is associated with the development of eating disorders. It is also associated with other health concerns including depression, anxiety, nutritional and metabolic problems, and, contrary to expectation, with an increase in weight.

*Diетing and adolescents at risk*
Puberty is a time of great change biologically, physically and psychologically. Teenagers are often vulnerable to societal pressures and can often feel insecure and self conscious, factors that increase the risk of engaging in extreme dieting behaviour.

The act of starting any diet increases the risk of eating disorders in adolescent girls. Research shows that young people who engage in unhealthy dieting practices are almost three times as likely as their healthy-diетing peers to score high on measures assessing suicide risk.

Studies in Australia and New Zealand have found:
• Approximately half of adolescent girls have tried to lose weight and practise extreme weight loss behaviours such as fasting, self-induced vomiting and smoking
• As many as 75% of high school girls feel fat or want to lose weight
• Young people who diet moderately are six times more likely to develop an eating disorder; those who are severe dieters have an 18-fold risk
• Among girls who dieted, the risk of obesity is greater than for non-dieters.

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Eating disorders ‘nearly as bad for men’

The gap between women and men in relation to eating disorders prevalence is less than first thought, according to a new study. Following is an ABC News report from Anna Salleh

The impact of eating disorders on men’s health has been underestimated, say researchers. Deborah Mitchison at the University of Western Sydney and colleagues report their findings online ahead of print in the International Journal of Eating Disorders.

“Researchers have thought eating disorders are the domain of women so a lot of the research has been biased towards women and not really recruited men,” says Mitchison, a PhD candidate in the School of Medicine.

In the first study of its kind, Mitchison and colleagues surveyed a 3,000-strong representative sample of the population from South Australia on factors related to eating disorders.

Participants were asked about such things as regular binge eating or strict dieting and the degree to which their weight and shape affected their self-worth.

While the researchers found that more women were affected by these things, the number of men affected was also considerable.

Overall, 28 per cent of women were affected by factors related to eating disorders whereas 18.5 per cent of men were affected.

“That was surprising. It was thought that there was a bigger gap between men and women,” says Mitchison.

The researchers found that 23 per cent of women reported that their self-worth was ‘moderately’ or ‘extremely’ influenced by their body shape and weight, and 13.5 per cent of men.

“That percentage for men is quite high,” says Mitchison.

The study found 5.7 per cent of women reported binge eating large amounts of food with a loss of control at least once a week over the past three months. 4.1 per cent of men reported this behaviour.

The researchers also found that eating disorders resulted in a much lower quality of physical and mental health – for both men and women.

“Even though men may be less likely to experience eating disorder features than women, overall there is very little difference between men and women in the impact of these on their physical and mental health.”

Overall, 28 per cent of women were affected by factors related to eating disorders whereas 18.5 per cent of men were affected.

“Even though men may be less likely to experience eating disorder features than women, overall there is very little difference between men and women in the impact of these on their physical and mental health,” says Mitchison.

“We really need to focus on men as well as women in prevention and treatment of eating disorders.”

BODY IMAGE AND DIETS

Better Health Channel explains the links between dieting and body image dissatisfaction in this reproduced fact sheet.

Your body image is how you think and feel about your body. Body image involves your perception, imagination and emotions. It does not necessarily reflect what you see in the mirror or what other people see. Poor body image is often linked to dieting or eating disorders such as anorexia nervosa, bulimia and binge eating, and to other mental health issues such as depression or anxiety.

Many people try a lot of different diets that do not work. Some people diet because they have a poor body image, rather than because they want to be a healthy weight. While it's important to maintain healthy eating behaviours, constant dieting can lead to physical illness and depression, especially if your weight goes up and down after dieting.

Body image and weight issues
Some people think they are overweight when they are not. Here are some statistics:
- 45 per cent of women and 23 per cent of men in the healthy weight range think they are overweight.
- At least 20 per cent of women who are underweight think that they are overweight and are dieting to lose weight.
- Body image has some cultural links – for example, some research shows that Asian women, after moving to Australia, take on body image and diet habits that are not common in their own countries.

Weight loss from dieting does not last
Australians spend up to one million dollars a day on fad diets that have little effect on their weight. Even if you remain on a weight loss program, it is likely that you will regain:
- One to two thirds of your lost weight within one year
- Nearly all of your lost weight or more within five years.

Dieting affects your health and mental state
Women who diet frequently are more likely to:
- Binge eat
- Purge food (vomit)
- Restrict food intake too much and not get the nutrients they require for good health
- Over-exercise
- Have poor health
- Become depressed or anxious
- Develop an eating disorder.

The weight loss seesaw
Research has shown that nearly every young woman and nearly half of all middle-aged women have dieted to lose weight at least once. The ‘weight loss, weight gain’ seesaw may put you at risk of heart disease and other health problems. Some studies have shown that just one cycle of weight loss and weight gain is a risk factor for the development of heart disease later in life. People who diet frequently have a much higher risk of developing eating disorders.

If you are concerned about your own or your child’s weight, consult with your doctor, paediatrician or dietitian.

Women need fat on their hips and thighs
It is normal for women to have fat on their hips and thighs. Frequent dieting will not remove this fat. It is vital for:
- Fertility and breastfeeding
- Prevention of osteoporosis
- Healthy skin, eyes, hair and teeth.

Men also worry about their body image
Men are under increasing pressure to have an ideal body:
- 17 per cent of men are on some sort of fad diet
- An increasing number of men are undergoing cosmetic surgery
- More men are buying grooming products and cosmetics than ever before.

Where to get help
- Your doctor
- Maternal and child health nurse
- Dietitians Association of Australia Tel. 1800 812 942
- Paediatrician
- Psychologist or counsellor
- Eating Disorders Victoria Helpline Tel. (03) 9885 0318 or 1300 550 236

Things to remember
- Our body image may not be accurate. Many people think they are overweight or underweight when they are not
- If you diet, you will almost certainly gain any weight lost back again once you stop dieting
- Frequent dieting affects your health and can make you depressed.

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Cosmetic surgery aims to improve a person’s appearance. Techniques and procedures used include facelift, eyelift, body contouring, implants, dermabrasion or laser skin resurfacing, liposuction and injections of botulinum toxin Type A (often known as ‘Botox’) or soft tissue (dermal) fillers such as collagen or fat. Potential risks of cosmetic surgery include scarring and infection.

Cosmetic surgery is performed to reshape structures of the body and to improve a person’s appearance. Like any form of surgery, cosmetic procedures need recovery time, healing and proper care. Risks include problems related to anaesthesia and surgery, excessive bleeding, infection, scarring and failure to heal.

**Choose a qualified surgeon**

Choose a qualified and reputable plastic surgeon. Ask them about their specific training and experience in performing the procedure. You may want to ask your doctor for a referral to a suitable professional or hospital.

Ask questions about possible side effects and complications. Think carefully about your expectations – in some cases, the results are not what you might have anticipated.

**Expectations of cosmetic surgery**

Before you choose cosmetic surgery, it is important to think carefully about your expectations and get a full explanation of the anticipated results. Ask about possible side effects or complications and what you can expect after the procedure. The technique or procedure may improve your appearance and self-confidence, but it won’t necessarily deliver your ‘ideal’ body image or change your life.

Don’t be swayed by advertisements that promise amazing results – if they sound too good to be true, they probably are. Think about the impact on your financial situation, as cosmetic surgery does not usually qualify for rebates from Medicare or private health insurance companies. You should have a ‘cooling-off’ period after attending your first consultation. This will give you time to think about your decisions.

It’s natural to feel some anxiety, whether it’s excitement for your anticipated new look or stress about the operation. Don’t be shy about discussing these feelings with your plastic surgeon. If you don’t feel comfortable with the surgeon, seek a second opinion.

**Types of cosmetic surgery**

In cosmetic surgery, a variety of techniques and procedures are used, including facelift, eyelift, body contouring, dermabrasion, laser skin resurfacing, implants and liposuction. Injections of botulinum toxin Type A (available in Australia as Botox or Dysport) or soft tissue (dermal) fillers, such as collagen or fat, may also be used.

**Facelift (meloplasty)**

The skin is cut in the scalp and around the ear. It is then separated from the underlying tissue, pulled tighter and stitched. Leftover skin is cut away. The operation can be performed under local or general anaesthetic and may take anywhere from two to four hours. The face will be bruised and swollen for some weeks. Numbness or an uncomfortably tight sensation are common reactions and may continue for months after surgery.

**Eyelift (blepharoplasty)**

The eyelids are cut along their full length to the ‘crow’s feet’ wrinkles at the outer corners. Excess skin and fat are removed. Laser resurfacing may also be performed to treat remaining wrinkles. This operation may take one to two hours and can be performed under local or general anaesthetic. The eyes will be bruised and swollen for a few weeks. Side effects include blurred vision, overproduction of tears and changed shape of the eyes (usually only temporary).

**Chemical peel**

A chemical peel removes the surface layers of skin. A solution is wiped over the face, which may then be left uncovered or masked with lotion or tape. The chemicals burn the skin and the healing process promotes new growth. Deep burns remove the most wrinkles, but also increase the risk of complications such as scarring and infection.

**Dermabrasion**

A device similar to an electric sander is applied to the face under local or general anaesthetic. The rough surface of the rapidly rotating pad rubs off the skin surface. The healing process promotes new growth. Deep dermabrasion removes the most wrinkles, but also increases the risk of complications such as scarring and infection.

**Wrinkle reduction**

Wrinkles can be reduced using friction or they can be ‘plumped out’ with a variety of technologies. Laser skin resurfacing uses a laser beam to burn the skin. Injectable fillers can be used in small doses to paralyse the underlying muscles responsible for forming the skin wrinkles. This can be a safe and effective temporary treatment for fine facial lines and wrinkles.
Injections of fat or collagen can be piped along wrinkles to smooth them out. Botulinum toxin Type A (available in Australia under the brand names Botox or Dysport) is sometimes used to treat frown lines between the eyebrows.

**Ear correction (otoplasty)**

Ears that stick out from the head can be repositioned any time after the age of five or six years. The fold of skin behind the ear is cut and the excess cartilage is reduced or remodelled. The operation takes around one hour. Bandages need to be worn for a few weeks to help manage the bruising and swelling.

**Nose surgery (rhinoplasty)**

In most cases, the surgery is performed through incisions in the nostrils, leaving no visible scars. Bone and cartilage are trimmed and the nose reshaped. Nostril packs and splints may be required. This operation takes around two hours. Bruising and swelling may take three or four months to fully subside. Complications such as bleeding or infection are comparatively rare. Sometimes a chin implant is inserted at the same time to balance the profile.

**Facial implants**

Implants are used to fill out a receding chin or flat cheekbones. The implant is inserted through a small incision in a concealed place – for example, inside the mouth.

**Lip enhancement**

Thin lips can be fattened with a variety of procedures that offer short or long-term results. Injections of collagen or fat are both eventually reabsorbed by the body. A permanent implant similar to a small foam rod can be threaded through the lip.

**Liposuction**

Liposuction is a procedure that removes fat from the abdomen, thighs, buttocks, arms and throat. A narrow tube (cannula) is inserted through a skin incision and the fat is sucked out with a powerful suction pump. The operation can be performed under local or general anaesthetic. A pressure garment needs to be worn for some months to help the skin to contract and contour. The area will be bruised and swollen for weeks or months. Complications can include failure of the skin to contract, causing a corrugated look. A lipectomy is an operation that removes extra skin as well as fat.

**Tummy tuck (abdominoplasty)**

Excess skin and fat from the abdomen are removed and the underlying abdominal muscles tightened. Often, the navel will need to be relocated. Incisions are generally made along the ‘bikini line’ to minimise the visibility of scarring. This operation is performed using general anaesthetic. Numbness and sensations of uncomfortable tightness are common and may continue for some months after surgery. Complications include infection and the formation of fluid pockets.

**Breast enlargement (augmentation mammoplasty)**

Enlarging the breasts requires the insertion of saline or silicone implants. An incision is made under the breast or in the armpit and the implant is pushed through. It may be positioned either behind or in front of the chest pectoral muscle. There will be bruising and swelling for a few weeks. Complications include the formation of hard scar tissue around the implant, deflation of the implant, and implants that move out of position.

**Breast reduction (reduction mammoplasty)**

Incisions are made beneath each breast and around the areolae of the nipples. Excess skin and fat are removed. The remaining breast tissue is remodelled and the nipples repositioned and stitched in place. Scars can take up to one year to fade, but will remain visible for life. Complications include reduced nipple sensation.

**Where to get help**

- Your doctor
- Australian Society of Plastic Surgeons Tel. 1300 367 446

**Things to remember**

- Like any form of surgery, cosmetic surgery carries risks.
- It is vital to choose a fully qualified and trained plastic surgeon.
- Get a full explanation of the anticipated results and think carefully about your expectations.
- Consider a second opinion before proceeding.

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**Doctors seek a ban on cosmetic surgery for children**

In July 2013, the Cosmetic Physicians Society of Australasia proposed that stricter, government-controlled guidelines be put in place, so that no health practitioner can perform procedures such as liposuction or lip augmentation on people under 18 years of age, unless there are compelling medical or psychological reasons.

A national ban would bring all states in line with Queensland where physicians who operate on children without good reason can face two years’ imprisonment. Medical Council of NSW guidelines require minors who are considering cosmetic surgery to have a three-month cooling-off period, followed by a further consultation. They are encouraged to discuss it with their GP, and, if necessary, a clinical psychologist.

Body image worries plaguing young kids

When it comes to weight issues and health, it is the rise in obesity that has the focus of many of Australia’s health experts. The figures are concerning.

By ABC News medical reporter Sophie Scott

Obesity rates have doubled in the past 20 years and the rates of adult onset diabetes are growing as a result. But there is another weight-related health problem that has received less attention, and that is eating disorders. It is estimated eating disorders affect as many as one in 10 Australian women.

The latest research shows that levels of concern about body image are showing up in younger children.

Child psychiatrist Dr Sloane Madden suggests that half of all 10 and 11-year-old girls are unhappy with their body.

“Being overweight is seen as being lazy, even by younger children,” he said.

Eating disorders are the third most common chronic illness in young people, preceded by obesity and asthma.

“We estimate that one in 200 women have anorexia while as many as 20 per cent have disordered eating,” Dr Madden said.

“One-quarter of the cases are in children under 12.”

Eating disorders are the third most common chronic illness in young people, preceded by obesity and asthma.

The average duration of an eating disorder is six years, and less than half of the women diagnosed with an eating disorder will get better.

But the outcomes in children are better. Dr Madden says 70 per cent of children who receive family therapy will recover, and the earlier treatment is started the better.

The illness is showing up in more young boys who aspire to have more muscles rather than be thin.

Experts say many patients with eating disorders suffer other mental health problems. As many as 80 per cent suffer from depression and 75 per cent have signs of anxiety.

Patients suffer a range of physical complications, such as cognition, osteoporosis, infertility and growth delay in children.

Brains shrink

Dr Madden says the brains of patients with anorexia shrink.

“Patients who are starved have impaired attention, they think more slowly and their thinking becomes more concrete and rigid,” he said.

He says there are some early warning signs parents can look for.

Cutting food into small pieces or cutting out food they enjoy, avoiding sharing meal times and making excuses for missing meals, are all potential warning signs.
KIDS AND BODY IMAGE

- Put simply, body image is how you view your physical self and how you think others see you.
- As children become older and more aware of their appearance, body image takes on greater importance, as a normal part of development.
- Establishing an identity can often feel like a struggle for children; for some it can lead to stress when a child compares him/her self with others. This behaviour is linked to wanting to fit in and feel accepted by peers.
- Our culture judges people based on their looks; clothes and image play a key role in individual expression and fitting in to certain groups. The media is another big influence which can put pressure on all age groups.
- Many factors influence how people look – size, weight, build, skin, gender, fashion, religion and cultural identity.
- Constant exposure to popular media imagery (in films, television, internet, magazines) can influence people to form ideas about an ‘ideal look’ that they see as normal and desirable. Comparing yourself with these images may leave people feeling disappointed or inadequate.
- Most media images are unrealistic because they have been altered through lighting effects, camera techniques, make-up and computer software. These ‘touched up’ images of sporting heroes, fashion models, celebrities and pop stars become role models for how people want to look.
- Friends, peers and family can give messages about how you look. These messages can be positive or negative, depending on how a person feels about themselves or the relationship involved.

References
Better Health Channel www.betterhealth.vic.gov.au

Also having an increased interest in food preparation can also be a sign of an eating disorder.

By the time most children and teenagers with eating disorders get treatment, 60 per cent have life-threatening physical complications from their illness.

Dr Madden says by the time most children and teenagers with eating disorders get treatment, 60 per cent have life-threatening physical complications from their illness.

He says there is a lack of specialist services to treat children and young people, particularly in rural and regional areas.

The National Eating Disorders Collaboration is a Federal Government initiative aimed at developing a national approach to eating disorders.

This week [10 February 2012], the NEDC’s media advisory group held its first meeting.

It aims to develop media industry guidelines for reporting and depicting eating disorders, disordered eating and negative body image in the media.

BODY IMAGE AND YOUNG PEOPLE

During adolescence, it’s usual for young people to think a lot about how their bodies look. They also compare their bodies with others. A positive body image is an important part of healthy self-esteem, and you can help your child think and feel positively about his body, advises Raising Children Network

WHAT IS BODY IMAGE?

Your body image is how and what you think and feel about your body. It also includes the picture of your body that you have in your own mind, which might or might not match your body’s actual shape and size.

A positive or healthy body image is feeling happy and satisfied about your body, as well as being comfortable with and accepting the way you look.

A positive or healthy body image is feeling happy and satisfied about your body, as well as being comfortable with and accepting the way you look.

A negative or unhealthy body image is being unhappy with the way you look. It’s often associated with wanting to change your body size or shape.

Body image can change through your lifetime, and is strongly connected to your self-esteem and healthy lifestyle choices. When you feel good about your body, you’re more likely to have good self-esteem and mental health as well as a balanced attitude to eating and physical activity.

A healthy body image in childhood can lay the foundations for good physical and mental health later in life. Unfortunately, an unhealthy body image in childhood can have long-lasting consequences.

Boys, girls, men and women can all be affected by body image issues, but in different ways. For example, teenage girls who don’t like their bodies often want to lose weight and be thinner. Teenage boys want to lose weight, be taller or have more muscles.

YOUR CHILD’S BODY IMAGE

Your child’s body image is influenced by many factors, such as family environment, skin colour, ability or disability, attitudes of peers, the media and advertising, and the fashion industry. Cultural background is also a factor. Cultures have different views about ideal body shapes and sizes – some are more encouraging and realistic than others.

Children as young as five or six are more likely to have concerns about their body shape if they watch music videos or look at magazines targeting an older audience.

As your child reaches puberty, fitting in and looking the same as other people becomes even more important. At the same time, her body is going through lots of changes, inside and out. This can mean your child might feel even more pressure to look and act a certain way.

RISK FACTORS FOR NEGATIVE BODY IMAGE

Some children are more likely than others to feel unhappy about their bodies.

Children might be more at risk of developing an unhealthy body image if they:

• Feel pressure from family, peers or media to conform to a narrow social ideal of beauty and attractiveness
• Get teased about their appearance by family members or peers
• Take more notice of external standards of beauty and body image – for example, images in music videos and magazines – than other children
• Are perfectionists
• Look at themselves from the ‘outside’ and worry about how others see them

DID YOU KNOW?

• More children and adolescents than ever before are worried about their body size, shape and weight. In a sample of almost 48,000 Australians aged 11-24, 31% reported body image as their top concern.
• Over 50% of girls in Australian high schools have tried to lose weight.
• In one study of adolescent boys, about 33% wanted to be thinner and 39% wanted to be larger.

Children as young as five or six are more likely to have concerns about their body shape if they watch music videos or look at magazines targeting an older audience.

• Are adolescents – this age group is more likely to be affected by unhealthy body image issues than younger children
• Are female – adolescent girls are more likely to develop body image issues than boys, and are more likely to feel pressure to conform to ‘ideal’ body images (but many boys also feel this way)
• Are overweight – young people who are overweight are more unhappy with their bodies than peers of healthy weight
• Belong to a subculture, such
as a friendship, sport or dance group that emphasises a certain body type

- Have a physical disability.

**EFFECTS OF UNHEALTHY BODY IMAGE**

Unhealthy body image is directly related to low self-esteem, leading to negative moods and mood disturbances. Young people who are feeling down are more likely to focus on the negative messages around them and make negative comparisons between their body and what they see as an ‘ideal’ body.

Unhealthy body image is directly related to low self-esteem, leading to negative moods and mood disturbances.

Low self-esteem and poor body image are risk factors for the development of risky weight loss strategies, eating disorders and mental health disorders such as depression.

**SIGNS TO WATCH OUT FOR**

It's normal for your child to be conscious of his body and want to look great and lead a healthy lifestyle. But when children focus too much on their bodies, it can lead to lots of anxiety and stress.

If you think your child is experiencing any of the following signs, start by talking with her about your concerns. If things don’t change and you’re still worried, consider talking to a health professional.

Your child might be:

- Feeling inadequate about or criticising his body – he might say he's ugly
- Continually comparing her body with others
- Not wanting to leave the house because of the way he looks
- Not doing activities or trying new things because of the way she feels about her body
- Obsessing about losing weight, or about specific parts of his body, such as his face or legs
- Linking food with feelings of guilt, shame or blame.

**WHAT YOU CAN DO**

Talking about body image

Many young people feel confused or concerned about the physical changes that come with puberty. You can help by listening to how your child is feeling about her body and its changes – active listening skills can build openness and show your child that you’re really taking notice of what she’s saying.

If your child isn’t talking or opening up to you, he might like to talk with another trusted adult. He could also contact an anonymous service, such as Kids Helpline (1800 55 1800), or access Kids Helpline web counselling or Kids Helpline email counselling services.

It’s important to let everyone in your family know that teasing about appearance is not OK. Teasing or negative comments from family members can have a negative influence on body image. Teasing at home can often lead to children bullying peers at school.

If you’re positive about your own body, it’ll be easier for your child to be positive about her body.

Teasing about weight – including starting rumours, cyberbullying and sharing unflattering photos – has a negative effect on body image too. You could talk to your child’s school to see if they’ve included this kind of teasing in their anti-bullying policies.

Being a positive body role model

If you’re positive about your own body, it’ll be easier for your child to be positive about her body.

A positive attitude includes:

- Making healthy eating and physical activity part of your everyday family life, and avoiding fad diets – this will help your child find the right balance
- Appreciating your own body for what it can do, not just how it looks
- Being proud of things that aren’t related to appearance, such as having a sense of humour, trying hard, being caring or being helpful – you can point out these qualities in yourself and your child
- Accepting and valuing people no matter how they look, and not commenting on how people look.

Sometimes unhelpful body attitudes can show up in subtle comments and messages without us really being aware of it. For example, we might see a friend and say something like, ‘You look great – you’ve lost so much weight!’ It can be helpful to think about how

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comments like these add up over time and influence the way children feel about their bodies.

Watch out for dieting for weight loss. All crash diets are dangerous. They frequently lead to disordered eating patterns and have been shown to increase the likelihood of people becoming obese.

Watch out for dieting for weight loss. All crash diets are dangerous. They frequently lead to disordered eating patterns and have been shown to increase the likelihood of people becoming obese. If your child wants to make lifestyle changes, make sure it’s for healthy reasons. Let your child know that healthy eating and physical activity aren’t just for weight loss – they’re vital for physical health, now and in the future.

Spotting the airbrush
TV, billboards and magazines mean that we see images of ‘beautiful people’ hundreds of times a day – more often than we see members of our own families. The vast majority of these images have been airbrushed or digitally manipulated, so the people in them look better than they really are.

You can talk with your child about how airbrushing, lighting and camera angles can create unrealistic expectations. Young people of all ages need your help to sort through and understand messages about their bodies. They might also need some help recognising that many of the images they see in the media are just ‘pretty plastic’ – they look great, but they’re not real.

Focusing on what’s important
This is about praising your child for who he is and what he can do, not just for his appearance. In reality, everyone has a different body shape, and different cultures value people with different shapes.

You can also send your child positive messages about himself by focusing on his or her body’s abilities, rather than the way his body looks. The most important positives in your child’s life aren’t based on her size or shape, so you can let your child know how proud you are of things like his or her sense of humour, effort at school, helpfulness or other special skills.

Speak to a doctor or other health professional if you’re concerned about the way your child feels about his or her body.

The most important positives in your child’s life aren’t based on her size or shape, so you can let your child know how proud you are of things like her sense of humour, effort at school, helpfulness or other special skills.

**BODY IMAGE FOR YOUNG PEOPLE WITH SPECIAL NEEDS**

Young people need to be comfortable with the way they look to develop a healthy body image. For young people with special needs, this can be more difficult, especially if their body is physically disabled or causes them pain and difficulty. Your child might also feel excluded from discussions of body image because people with their particular body type aren’t often seen or discussed in the media.

Not everyone gets a ‘standard’ strong and healthy body. You can talk about healthy body image with your child and emphasise that it includes all types of bodies, even ones that don’t fit the popular mould.

**ACKNOWLEDGEMENT**

Centre for Adolescent Health, The Royal Children’s Hospital, Melbourne.

**WEB LINKS**

> Reach Out – Body image + blokes

REFERENCES

Teaching girls to prioritise function over form for better body image

Bree Abbott proposes that parents, coaches and teachers need to highlight the functional aspects of bodies when talking with girls and young women.

The body is a gateway to experiencing and exploring the world. It’s the first thing people see when they look at us and it’s the canvas on which we express who we are. But the relationship we have with our bodies, or our body image, can change over time and is influenced by the messages we receive from our peers, families, society and culture.

One of the most turbulent periods for body image is adolescence. Annual Mission Australia studies of over 45,000 young Australians aged 11 to 24, have consistently found body image to be among the top three concerns of Australian adolescents. Just over one third (34%) of Australian girls report that body image is one their greatest worries, with older adolescents consistently more concerned than their young peers.

If we’re serious about improving girls’ body image, we need to shift the focus from appearance to function and teach girls to value more than just looks.

Why do girls dislike their bodies?

Body dissatisfaction is more common among women than men but this gender discrepancy doesn’t usually become apparent until adolescence.

In childhood, both girls and boys focus on what their bodies can do: jump high, run fast, climb trees. But as bodies develop, girls tend to lose this relationship with their bodies, and their focus moves from function to form. It’s this focus on appearance that results in negative body evaluations.

To understand why girls begin to focus on appearance over functionality, we need only observe the body ideals of Western culture. Males’ ideal body is often associated with functional qualities or characteristics such as muscularity and strength. Females, however, tend to focus on the aesthetic qualities of the body, particularly appearance and weight.

In many Western societies, the female body is sexually objectified and is valued more for its aesthetic appeal. As girls mature physically and psychologically, they begin to internalise the objectified cultural ideals and view their bodies as an object to be evaluated and judged for its beauty and aesthetic appeal. The ‘female’ is viewed less as a person and more as a ‘body’.

Unfortunately, girls are striving towards an unrealistic and often unobtainable body ideal, leading them to feel dissatisfied with their actual, realistic bodies.

Function rather than form

Research has found that when girls view their bodies through a functional lens, they’re more likely to be satisfied with and appreciate their body. They also report feeling more empowered and physically capable.

If we’re serious about improving girls’ body image, we need to shift the focus from appearance to function and teach girls to value more than just looks.

The physical activity and sporting environments play an important role in redirecting girls’ focus back to body function. Girls who participate in sports and physical activity express higher value for the functional characteristics of the body and are also more satisfied with not just how their bodies look, but also how they function.

Enrolling girls into sports programs or simply encouraging them to be physically active (walking, hiking, rock climbing) is an effective way to re-introduce them to their functional capabilities and allow them to re-discover the amazing instrument they have within their bodies.

But as children go through adolescence, sports participation in sports activities decreases, with girls participating less than boys. This may be explained by the barriers adolescent girls themselves perceive towards sports participation. Girls report feeling self-conscious or uncomfortable about their bodies, a lack of confidence in...
their physical abilities and feeling unfeminine as reasons to resist participating in sports.

The sexualisation and overt display of the female body through uniform design can also impact girls’ inclination to participate in specific sports. Track and field, swimming, gymnastics are some examples.

Parents and coaches can play an important role to encourage girls’ participation in physical activity. First, the body needs to be taken off ‘display’ so that judgements aren’t being based upon appearance.

Second, dialogue needs to be directed toward physical competence, enhancing rather than ridiculing girls physical abilities.

Finally, participation does not always have to be structured – unstructured sports play can offer the same opportunities for skill development than structured environments.

**Promoting change**

The most effective way to combat body image concerns among adolescents is though open dialogue. This allows young people to share any concerns they have about their body and critically evaluate unrealistic messages they receive.

Current programs often focus on educating youth on realistic images of beauty, encouraging them to love their bodies as they are. But although these messages are important, they still put appearance into the spotlight and reinforce the message that appearance is what is most important. The addition of functional body education could have a powerful impact on adolescents’ body perceptions and should be included in such programs.

Unfortunately, girls are striving towards an unrealistic and often unobtainable body ideal, leading them to feel dissatisfied with their actual, realistic bodies.

Overall, parents, coaches and teachers need to acknowledge they have a big impact on how adolescents view their bodies. When discussing the body with young people, highlight the functional aspects rather than the aesthetic ones, and identify the body as a vehicle that has the capacity to offer them some remarkable experiences.

Bree Abbott is a researcher at the School of Psychology and Exercise Science at Murdoch University.

### Body image tips for girls

Did you know that body image is how you FEEL about the way you look? It’s actually NOT about what you look like. We can change some things about the way we look but not everything. Your height, bone structure and muscle composition are determined by your genes – this is the way you were born. No two people were born to look the same way and it’s important to celebrate difference.

Trying to change your actual appearance can be hard and exhausting but you have the power to change the way you see, feel and think about your body. Here are some tips on ways you can start to develop a more positive body image:

- **Don’t compare the way you look to anyone else.** This is being very unfair on yourself, especially if you compare yourself to airbrushed images of models, celebrities, and pop stars!
- **Treat your body well.** Eating nutritious foods, exercising MODERATELY and never going on dangerous diets will make you feel more alive and positive about yourself. You only get one body – treat it well!
- **Don’t try to be someone else.** You are beautiful just the way you are. Don’t put pressure on yourself to diet, dress or exercise your way into trying to look like someone else. You don’t need to change for anyone. If a certain girlfriend or group doesn’t like YOU for who YOU are – they are not worth hanging out with.
- **Focus on the parts of yourself you like.** Everyone likes some parts of their appearance. Try to focus on what you like and enhance it with clothes and accessories that bring out your personal style and confidence.
- **Remember that people on TV and in magazines don’t really look like that.** Photos of models, celebrities, pop stars, actors and sports stars who appear in the media are airbrushed, photoshopped and digitally enhanced. They all look the same and it isn’t realistic.
- **Be kind to yourself ... AND your friends!** You probably treat your friends well so what would it be like if you treated yourself with the same respect? Be kind to yourself and notice the difference. Support your girlfriends by never bullying, teasing or putting anyone down. Be proud of who you are and celebrate the differences between you and your friends.
- **You are so much more than the way you look.** Have fun with the way that you look but don’t let it rule your life. You don’t need an expensive dress and lots of make up to feel amazing. Putting energy into the things you are good at, things you love doing and people you love being around will make your life fun and meaningful!

If you feel down or worry about the way you look, Butterfly can help you. Call the Support Line on 1800 ED HOPE (1800 33 4673) or email at support@thebutterflyfoundation.org.au

Boys aren’t immune to body image pressures – and never have been

The male body is becoming more exploited and commodified, giving rise to higher levels of body image concerns among young men, writes Lina Ricciardelli

Male beauty and body image receive far less attention in the media and academia than the female body. That’s despite buff, lean and muscular male bodies becoming an increasingly popular feature of blockbuster films, magazines and popular culture.

But just like the female body, the male body has been depicted, evaluated and scrutinised as an aesthetic product since ancient times.

So how have portrayals of the ideal male body changed over time?

The perceived attractiveness of muscular men has grown since around the 1950s, alongside the muscularity of male models. The body size of male Playgirl models gradually increased from the 1950s to the late 1990s with an increase in muscle and lean body mass rather than body fat. The same trend is also reflected in action figure heroes such as GI Joe, who have become more muscular, with physiques comparable to advanced bodybuilders.

The pursuit of muscularity is closely tied to Western cultural views of masculinity and the masculine gender role, which prescribe that men should be powerful, strong and get things done.

This preference for a muscular male body is present across men’s lifespan and appears to develop early, at around seven years of age. More than half of boys at this age already desire to be more muscular and may become preoccupied with exercise for the purpose of building muscles.

As boys in Western cultures grow into young men and are exposed to increasing media depictions of the muscular ideal, as many as nine out of ten wish they were more muscular.

Muscle Mania

The muscular ideal is not a modern notion. Muscularity has been admired throughout history, particularly in ancient Greece and Rome, and this is evident from the art and literature of the time. Well-proportioned males were idealised for their defined muscles and low body fat. Think of the great historical and mythical heroes of the time – Achilles, Odysseus, Alexander the Great, and Julius Caesar. All were described as both muscular and powerful.

Muscularity was also highly valued during the Renaissance when there was a return to classical ideals. This is most clearly seen in Michelangelo’s representation of David, who is youthful, strong, symmetrical, and muscular but lean.

Leanness

Modern men don’t just have to be muscular – the ideal man should also be lean. Studies show women perceive men with body mass indices toward the lower end of the normal weight range as more attractive.

Similarly, researchers who have used Figure Rating Scales to assess men’s ideal body fat have found that men generally select figures that represent low to moderately-low body fat (figures four to five on a nine-point scale).

One of the main reasons for a greater focus on leanness in recent years is the rising prevalence of obesity. This has increased our awareness of the risks associated with excess weight and has also promoted a culture which values leanness for both health and aesthetic reasons.

As a result of these cultural shifts, studies show that more than 30% of adolescent and young adult men are concerned about their weight and try to shed excess kilos through purging, the use of laxatives or less extreme strategies, such as skipping meals and increased exercise.

Metrosexuals

The modern metrosexual is a prime example of the image-conscious man for whom leanness and youthfulness have become important standards of male beauty.

The metrosexual man spends considerable resources and time on appearance and lifestyle. He is considered the fashionable man who is highly focused on the sanitised body which should, according to him, be free of hair, sweat and odour.

As with women, the media are guilty of promoting these images. But men who are persuaded to adopt these ideals are also guilty of perpetuating the metrosexual stereotype. And so it becomes a vicious cycle with more and more men drawn in to the fray.

In an attempt to improve their attractiveness and perception of cleanliness, almost two thirds of young adult men from the United States and Australia have removed their body hair (below the neck) at least once.

But the metrosexual is not a modern invention. Early Egyptian men were also metrosexual, and they valued both leanness and youthfulness. Egyptian men (and women) regularly used oils and creams to keep their skin soft and supple, and to prevent cracked dry skin. These cosmetics were so highly valued they were often accepted by workers as part of their wages.

Egyptian men and women carefully watched their weight and tended to eat more fruits and vegetables than meats. On the whole, men tended to be relatively thin and even frail-looking.

Interestingly, they also valued hairlessness. Men usually had a thin moustache or goatee, and they...
preferred their faces, chests and even leg hairs to be shaven, as they considered an abundance of hair a sign of impurity and uncleanness.

MODERN PRESSURES

The pursuit of muscularity, leanness and youthfulness are clearly not new aspirations for men. But what has emerged in the past two decades is an ever increasing range of media (magazines, films, television, and the internet) that promote a profoundly image-conscious society.

With increasingly sophisticated technologies and marketing strategies, the male body is becoming more exploited and commodified, and this is giving rise to higher levels of body image and appearance concerns among young men.

Men should be discouraged from adopting or internalising these unrealistic standards as the ‘yardstick’ by which their own body image should be measured.

Lina Ricciardelli is Associate Professor of Psychology at Deakin University.

THE CONVERSATION


Body image tips for boys

Did you know that body image is how you FEEL about the way you look? It’s actually NOT about what you look like. We can change some things about the way we look but not everything. Your height, bone structure and muscle composition are determined by your genes — this is the way you were born. No two people were born to look the same way and it’s important to celebrate difference.

Trying to change your actual appearance can be hard and exhausting but you have the power to change the way you see, feel and think about your body. Here are some tips on ways you can start to develop a more positive body image:

Don’t compare the way you look to anyone else. This is being very unfair on yourself, especially if you compare yourself to airbrushed images of sporting stars, actors and bodybuilders!

Treat your body well. Exercising MODERATELY, eating nutritious foods and never going on dangerous diets will make you feel more alive and positive about yourself. You only get one body – treat it well!

Don’t try to be someone else. You are perfect just the way you are. Don’t put pressure on yourself to build, sculpt, pump or exercise your way into trying to look like someone else. You don’t need to change for anyone. If a certain mate or group doesn’t like YOU for who YOU are — they are not worth hanging out with.

Focus on the parts of yourself you like. Everyone likes some parts of their appearance. Try to focus on those and enhance them with styles or clothes you like.

Remember that people on TV and in magazines don’t really look like that. Photos of celebrities, musicians, actors and sports stars who appear in the media are airbrushed, photoshopped and digitally enhanced. They all look the same and it isn’t realistic.

Go easy on yourself … AND your mates! You probably treat your friends well so what would it be like if you treated yourself with the same respect? Go easy on yourself and notice the difference. Support your mates by never bullying, teasing or putting anyone down. Be proud of who you are and appreciate the differences between you and your friends.

You are much more than the way you look. Have fun with the way that you look but don’t let it rule your life. Putting energy into the things you are good at, things you love doing and people you love being around will make your life fun and meaningful!

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There have been some interesting discussions occurring on the BIM Facebook page regarding children and body image, as well as a query regarding how much a parent can ‘pass on’ an eating disorder to a child.

Now to address the question of passing on poor body image or possible eating disorders to our children, we need to look at both nature and nurture.

From a genetic standpoint, there has been much research done in an attempt to isolate a gene for eating disorders. As yet, no single gene has been isolated as causing eating disorders, however research has shown that anorexia nervosa and bulimia nervosa do have a hereditary component (Scherag, Hebebrand & Hinney, 2010). This may be mediated by depression, as depression has also been shown to be hereditary and a major risk factor for eating disorders (Slane, Burt & Klump, 2011). However, despite the probable genetic influence in disordered eating, and body image dissatisfaction, this will always only be a small part of the picture.

Let’s look at environmental factors in eating disorders and disordered body image in children. It has been suggested that the level to which a child internalises societal ideals of beauty and thinness is associated with a greater level of negative discrepancy between how a child perceives their own body in relation to the images they see in the media. If a child or adolescent negatively compares themselves with the idea of thinness and beauty as portrayed in the media, then they are more likely to experience body image dissatisfaction. Thus if the media portrayal of beauty ideals and thin ideals are seen by a child as being the ‘truth’ or real, then they are more likely to compare themselves negatively to these beauty ideals, and therefore perceive themselves as not being good enough or beautiful enough.

Low self-esteem and depression are also significant risk factors in being more vulnerable to body image disturbances and possible subsequent eating disorders.

Interestingly, research has also indicated that early onset puberty in girls is correlated with greater levels of body dissatisfaction and a greater likelihood of developing an eating disorder. This may be because early puberty is often associated with a higher BMI, thus girls with early onset puberty may see themselves as being further from the beauty ideal. It has also been shown that pubescent girls experience something that has been called ‘negative urgency’ (Combs, Pearson & Smith, 2011). ‘Negative urgency’ is the tendency to act rashly when feeling emotionally distressed. Thus it is more likely that a pubescent girl with poor body image will develop behaviours associated with eating disorders, such as binging and purging, as she is less able to contain these urges when emotionally distressed. This highlights the importance of trying to ensure that girls enter puberty with a healthy and positive body image.

Peer influences are also very important for children in terms of body image. Clearly if the group of friends of your child are very focused on looking at thin ideal models and talk a lot about weight, dieting and being thin, then this can have a profound effect on body image satisfaction.

Let’s talk about the influence of the family. It has been shown in research that young children are influenced by their parents’ levels of body preoccupation and disordered eating.
Children do learn a great deal from their parents, and if they are exposed to an environment where looking good is a priority, or with a mum or dad who is self-critical (e.g. looks in the mirror and expresses dissatisfaction) then that child will clearly believe that the way we look is very important and we should feel unhappy if we don’t look a certain way. Additionally, research has also shown that an uncommunicative, unloving, or abusive family environment increases vulnerability to depression and body image dissatisfaction.

It is important to educate children about healthy behaviours, the lack of reality in media ideals and educate kids in stress management and positive coping.

So there are a large number of factors that can increase a child’s vulnerability to being depressed, having a poor body image, or developing an eating disorder. How do we assist in protecting our children from this? Well, firstly having a positive family environment and positive relationships within the family is very important. This means that as a parent it is important to give our children our time, to be friendly, to build trust and rapport, to provide support and to demonstrate positive ways to cope with stress and disappointment. If appropriate behaviour to manage stress and positive coping strategies are modelled to children, then they will be less likely to turn to disordered eating when a teenager. Positive parenting has been shown to enhance self-esteem in children, providing a stable identity. It is also important to be aware of the messages our own behaviour might be communicating to our children – even if we aren’t aware of being overtly self-critical, do we still communicate unhelpful body dissatisfaction to our children, perhaps in non-verbal ways?

Additionally it is important to educate children about healthy behaviours, the lack of reality in media ideals and educate kids in stress management and positive coping.

So overall, whilst there is a genetic component to disordered eating in children, as well as depression and negative body image, what is more important to focus on are the environmental influences our children are exposed to and the messages we would like our children to see and hear.

Remember, from a very young age our children are watching us to assist them in learning about the world. If they learn that how we look is more important than who we are, this will be a message that will be very hard to shift in the future.

BODY IMAGE TIPS FOR PARENTS
PARENTS CAN HAVE A VERY POSITIVE IMPACT ON THE WAY A CHILD FEELS ABOUT THEIR BODY IMAGE, OFFERS THE BUTTERFLY FOUNDATION

Children are very sensitive to messages about body image and appearance from their parents. Often you may not even be aware of the messages your child is hearing from you. Parents can have a very positive impact on the way a child feels about the way they look and their self-esteem.

Here are some tips on ways you can be a good body image role model for your child:

**Love and accept your own body**
This may not be easy but being aware of your attitude towards your own body will help you be conscious of the messages you send to your kids. Try to avoid looking in the mirror and making negative comments about the way you look. If your child sees that you feel comfortable and happy with your body, this can help them feel comfortable in their own skin.

**Don’t talk about diets**
Dieting is the biggest risk factor for an eating disorder. Try to avoid talking about diets, your ‘naughty’ eating habits, or your weight and size. This can give kids the impression that weight and size are highly valued by you and they might feel pressure to look a certain way or be a certain size. Celebrate diversity and emphasise how loved and valued your child is no matter what their weight, shape or size.

**Talk to your child about the way they feel about the way they look**
Encourage your child to talk with you about their feelings. Create space to talk about things on a daily basis including what is happening with their friends. If your child feels safe to talk to you, then they are likely to share feelings about their bodies with you.

Even with the best of intentions, sometimes life throws us a curve ball. It’s important to recognise the warning signs of body dissatisfaction and low self-esteem as early as possible. There are certain cues you can pick up on in your child once you know what to look for.

Here are some warning signs to keep an eye on in your child:

- Withdrawal from social events and activities that they used to enjoy.
- A focus on diets, calories, health and particular foods. They might talk about wanting to be healthier or fitter and become obsessive about checking the nutritional content of what they are eating.
- They might become irritable or anxious around dinner time. They may refuse to eat certain foods or whole food groups.
- Complaints about the way they look, e.g. “I’m ugly” or “I’m fat”, or negative comments about their abilities, e.g. “I’m hopeless”.
- Frequent weight changes or rapid weight loss.
- Change in clothing style such as wearing baggy or oversized clothing.

If you notice any of these signs in your child it is important to seek help as early as possible.

If you want to talk to an experienced counsellor about your own body image issues Butterfly can support you.

Call the Support Line on 1800 ED HOPE (1800 33 4673) or email at support@thebutterflyfoundation.org.au

Preventing bad body image in kids

Parents can help children to develop a healthy attitude to food and exercise, advises Eating Disorders Victoria in this article reproduced from Essential Kids website

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hen you have children, most people are generally not looking ahead to the teenage years, but it is important that the foundations for developing a healthy body image start early. While eating disorders can occur in people at any age, evidence shows that adolescents are increasingly at risk. Instilling your child early with the necessary skills to cope with the pressures they can be faced with from the media and their peers will act as protection against developing negative attitudes and behaviours towards food and exercise.

For many people, eating disorders represent the extreme case scenario. Many still assume eating disorders only affect spoilt teenage girls who spend too much time trying to emulate the latest Hollywood reality star. Most people also assume an eating disorder will never happen to them or one of their kids. But eating disorders specialists see people from all walks of life, from different socio-economic backgrounds and males as well as females.

Most young people with an eating disorder that use Eating Disorders Victoria’s services come from loving families, have good educations and their parents and families don’t know why their loved one is affected by this devastating illness.

Whilst there is no magic bullet in preventing your child from developing an eating disorder, there are a number of things you can do as a parent to help develop protective factors and boost your child’s self-esteem and body image. A person’s family, friends, acquaintances, teachers and the media all have an impact on how that person sees and feels about themselves and their appearance.

Avoid making disparaging comments about your own appearance in front of your children. Being self-critical in front of your kids normalises this type of behaviour and can see kids adopt the same attitudes. Even if you feel like an outfit clings in all of the wrong places and you decide to change, use comments like “the colour clashed” or “I think I would be more comfortable in something else”, instead of saying “I looked really fat” or “it made my butt look huge”. Belonging to a family that does not overemphasise weight and physical attractiveness is known to be a protective factor against developing an eating disorder.

Refrain from using extreme weight loss practices. Once again it is about teaching a healthy and relaxed attitude to food from a young age. Disordered eating, of which dieting is the most common form, is the greatest risk factor in the development of an eating disorder. Even if your child never develops an eating disorder, one of the best things you can do for your child is to not normalise yo-yo or fad weight loss dieting. Weight loss and ‘fad’ diets do not take individual requirements into consideration and can result in a person feeling hungry, experiencing low moods, lacking in energy levels and developing poor health.

Remind your children that people come in different shapes and sizes and the way that young people develop is hugely influenced by genetics, regardless of lifestyle factors. Teach your children to accept body shape diversity amongst their peers and themselves, and to not try and compare their own bodies with others. It is important to help your child to understand that everyone’s body is different and will develop at different rates.

Eat regular meals as a family. Studies have indicated that family meal time is a protective factor against the development of an eating disorder as it encourages open communication and provides kids with a structured meal time. In order to create a pleasant space where
children feel comfortable, avoid discussing family issues or eating habits at the table; don’t insist everything on the plate must be eaten but to at least taste it all; and teach your child to eat all foods slowly and appreciatively in a relaxed and guilt-free manner.

Avoid categorising foods as ‘good’ or ‘bad’ and rather as ‘sometimes’ and ‘everyday’ foods. By adopting an overall healthy and relaxed attitude to eating, it can help avoid the guilt associated with having the odd ‘sometimes food’. It can also help reduce the likelihood of engaging in excessive weight loss dieting or binge eating.

Adopt a healthy and relaxed attitude to exercise and treat it as an enjoyable activity as opposed to compensate for calories eaten or to purge fat from your body. Exercise with your kids and adopt it as a fun family pastime. Children who come from families that enjoy healthy doses of exercise will be more likely to exercise in a positive way themselves.

The role of the media

Children are often unable to distinguish advertising tricks such as digital manipulation from reality. This can result in the development of unrealistic body image ideals and the use of dieting and other means to obtain the look for themselves. Media literacy is an invaluable skill for both children and adults as it provides people with the ability to analyse and evaluate the messages they receive from the media.

Media messages about dieting, exercise, fat and weight loss shows send many unhelpful and unhealthy messages that many argue are inappropriate for younger children (or in general). Rather than instilling our children with a fear of fat, aim to send healthier messages about balance and moderation.

Adopting a healthy, relaxed approach to eating and exercise is a positive start to ensuring your child develops the skills to cope with societal pressures as well as having a positive relationship with food and physical activity.

If you are concerned that your child is at risk of developing an eating disorder, contact the Eating Disorders Helpline 1300 550 236 or visit www.eatingdisorders.org.au

VOLUNTARY INDUSTRY CODE OF CONDUCT ON BODY IMAGE

The fashion, media and advertising industries play a significant role in shaping the cultural ideals of society. Messages about beauty portrayed in popular media can contribute to body image pressures on young people in particular, according to these Australian Government guidelines.

The National Advisory Group on Body Image, appointed by the Australian Government in 2009, developed the Voluntary Industry Code of Conduct to provide national guidance on this important issue. The Code aims to build on and further encourage the positive steps that are being taken within the fashion, media and advertising industries to bring about long-term cultural change.

The Code outlines Principles to guide industries to adopt more body image-friendly practices. It encourages more diversity in the selection of models, a wider range of clothing sizes in retail fashion, the use of realistic and natural images of people, and disclosure when images have been digitally manipulated.

It is an important call to action – asking industry professionals to move beyond a ‘business as usual’ approach and to be open and innovative in considering how the Code’s principles can be applied in their work. Some Principles may be of more relevance for particular industries than others or in certain contexts.

For further details regarding the National Advisory Group on Body Image and Australian Government initiatives on body image please visit www.youth.gov.au/bodyimage.html

VOLUNTARY INDUSTRY CODE OF CONDUCT

1. Positive content and messaging
   Use positive content and messaging to support the development of a positive body image and realistic and healthy physical goals and aspirations among consumers.

2. Diversity
   Use a diverse range of people that are appropriate to their target audience. When considering diversity, particular focus should be given to including a range of body shapes, sizes and ethnicities.

3. Fair placement
   Use advertising that supports positive and healthy body image behaviour. Advertising that contradicts positive body image messages will not be used.

4. Realistic and natural images of people
   Do not use digital technology in a way that alters images of people so that their body shape and features are unrealistic or unattainable through healthy practices. Make consumers aware of the extent to which images of people have been manipulated.

5. Healthy weight models
   Use models that are clearly of a healthy weight.

6. Appropriate modelling age
   Only use people aged 16 years or older to model adult clothes or to work or model in fashion shows targeting an adult audience.

7. Fashion retailers supporting positive body image
   Stock a wide variety of sizes that reflects demand from customers.

GUIDANCE FOR GOOD PRACTICE PRINCIPLES
This section provides guidance for organisations wishing to apply the Good Practice Principles of the Voluntary Industry Code of Conduct.

Principle: Positive content and messaging
The use of healthy models and positive body image messages more broadly, can result in people feeling less pressure to attain unrealistic cultural ideals of beauty, and instead help them to develop positive body image and realistic and healthy physical goals and aspirations.

When seeking to demonstrate good practice in positive content and messaging, organisations are encouraged to:

− Show a diverse range of body images that represent a diverse view of beauty.
− Communicate the importance of being healthy above body shape.
− Communicate the holistic value of people, above physical characteristics.

Principle: Diversity
Broadening our cultural ideals of beauty by using a more diverse range of people within the fashion, advertising and media industries will allow more people to identify with popular images of beauty and help them view their own bodies more positively.

When seeking to demonstrate good practice in diversity, organisations are encouraged to use a wide range of body shapes, sizes and ethnicities that are appropriate to the audience that a message or product is targeting.

Principle: Healthy weight models
Modelling implicitly seeks to set an example towards which others might aspire and, in choosing a model, organisations can be seen to put that person, including their body shape, forward as an aspirational ideal. In this way the use of models who are very thin (or male models who are excessively muscular) contributes to a beauty ideal within popular culture that can play a causal role in the development of negative body image for some people.

When seeking to demonstrate good practice in their choice of models, organisations are encouraged to use models who are a healthy weight and shape.
For further guidance on what is considered a healthy weight, organisations are encouraged to refer to health information available at websites such as www.healthyactive.gov.au/healthyweight and www.nhmrc.gov.au and to consult with expert health practitioners.

All organisations are encouraged to consider the health and wellbeing of models. Where there is concern about the healthy weight of a model, organisations are encouraged to take steps to satisfy themselves the model is healthy before employing them.

**Principle: Fashion retailers supporting positive body image**

As distributors of fashion products directly to the public, fashion retailers have a unique opportunity to promote positive body image messages in a way that responds to the immediate needs of consumers.

Retail organisations that wish to support positive body image are encouraged to stock clothing in a wide variety of sizes that reflect the demand from customers.

**Principle: Fair placement**

People who are most vulnerable to negative body image messages are likely to be drawn to editorial content that discusses body image issues.

Fair placement encourages organisations to ensure the messages in advertising do not contradict the positive body image messages that may be presented in editorial content. Organisations are encouraged to follow body image editorial content with advertising that uses consistently positive messaging.

More specifically, organisations that support good practice in fair placement are encouraged to refrain from following body image editorial content with advertising for products or messages that are concerned with:
- Rapid weight loss.
- Cosmetic surgery that is not medically necessary.
- Excessive exercise.
- Promoting negative body image or are in direct conflict with positive body image messages.

**Principle: Appropriate modelling age**

Fashion shows, particularly the backstage of catwalks, are often an adult environment and it is possible that children who are in these environments will be exposed to situations that are inappropriate and for which they are ill-equipped.

The growing tendency to use young models whose bodies conform to thin ideals that are often impossible for adult models to attain through healthy behaviours is of concern. This practice is seen as contributing to unhealthy ideals and can encourage unhealthy weight management practices, including by other models.

Organisations that seek to support good practice in the principle of modelling age are encouraged to only:
- Employ people aged 16 years or older to work or model in adult catwalk shows.
- Use models aged 16 years or older to model adult clothes.

**Principle: Realistic and natural images of people**

The use of digitally-enhanced images is widespread across many aspects of the fashion, media and advertising industries and is a vehicle for visual expression.

However, this type of technology can also be used to alter images of people so that their body shape and features are no longer realistic or attainable through healthy practices.

When using technology to digitally alter images of people, organisations that support good practice in the use of realistic and natural images of people are encouraged to:
- Refrain from enhancing images in a way that changes a person’s body shape, for example by lengthening a person’s legs, tightening their waist or changing his or her body size.
- Refrain from removing moles, freckles and other permanent distinguishing marks.
- Ensure skin tones remain natural and refrain from smoothing over creases and lines.
- Ensure that where alterations are made to an image of a person (for example to enhance hair or eye colours) it results in the image remaining as close to natural as possible and not resulting in a significant change to the image (except where the intent is to produce an image that is not realistic).
- Disclose images that have been retouched.

Digital enhancement also provides opportunities to make consumers aware of the unrealistic nature of some images of people. Where organisations wish to further demonstrate good practice in this area they are encouraged to develop the media literacy of their consumers by making them aware of the extent to which images have been manipulated within a publication and work that goes into taking professional photographs of models.

Body image may be the western world’s ugliest export. Images of thin, toned women and hyper-muscular men are conveyed via television, magazines, movies and the internet to the global market. The ideal dictated by the mass media is virtually impossible for people to achieve without excessive dieting, excessive exercise, or both. As a result, cultures that used to regard bulk as a sign of wealth and success now have a growing prevalence of eating disorders.

Back home, body image dissatisfaction is increasingly recognised as an important target for public health action. Research evidence links body dissatisfaction to physical and mental health concerns for both men and women – and exposure to the media has been shown to play a significant role.

So how can we rein in advertisers? The United Kingdom’s Advertising Standards Agency has commenced banning ads that appear unrealistic – is it time for Australia to do the same?

AUSTRALIANS’ BODY IMAGE

Among Australian women, body dissatisfaction mainly manifests with concerns about weight, even in those who are underweight or a healthy weight. This is reflected in unhealthy weight-loss practices (crash dieting, fasting, laxative misuse, vomiting) across all weight ranges.

For men, body image dissatisfaction is more likely to constitute a desire to be larger and more muscular in addition to being thinner.

Among Australian high school girls, research has found that approximately 75% chose an ideal figure thinner than their own.

Among adolescent boys, a third wished to be thinner, while more than a third desired to be larger than their current size.

In a community sample of Australian adults, 47% and 24% of healthy weight women and men respectively believed themselves to be overweight.

IMPACTING BOTH GENDERS

While extensive research has explored the body image of women, studies on the media’s influence of male body satisfaction have been somewhat ignored. This is despite evidence that there is a growing use of idealised male body stereotypes by the media. This has also been reflected in the increase in sales of male grooming products and continued growth of the men’s health and fitness movement.

Similar to women’s magazines, men’s publications are now filled with articles that concentrate on their readers’ worries and inadequacies. As images of men became more prevalent in the media, a new sociocultural standard of beauty for men seems to have emerged: a hyper-masculine, muscled, powerfully-shaped body. The question is whether this standard will punish men as much as the super-thin standard has punished women.
Women perceive their figures as heavier than their ideals and as heavier than men’s preferences. The reverse is also true for men. Research has found that across Austria, France and the US, the ideal body for men was 13 kg more muscular than themselves and they estimated women preferred a male body about 14 kg more muscular than themselves.

Younger audiences are more susceptible to body-image disturbance than older audiences. People from a higher socioeconomic status are also more likely to suffer from body-image disturbance than those from lower socioeconomic status.

While physical attractiveness may remain more important to women than to men, some men may place their health at risk, as some women do, in order to attain the cultural ideal. Recently, the pressures on men to obtain and maintain a certain body type have been increasing.

Body dissatisfaction experienced through exposure to idealised images of men in the media is only the beginning of possible outcomes such as anabolic steroid use, eating disorders, and muscle dysmorphia.

**SO WHERE TO FROM HERE?**

The Australian Government’s National Body Image Advisory Group made recommendations in 2010 about the way forward in making young people more resilient to appearance pressure. As a result, the government set up a voluntary code of conduct for the media, advertising and fashion industry. This initiative also included a new set of awards which rewarded the efforts of those in industry that promoted positive body image.

Two years on, magazines aimed at young women such as *Dolly* and *Girlfriend* seem to be making some progress in this area, but by and large, this ‘voluntary code’ has failed to have an impact on how the industry operates.

In fact, we’re at a point where Victoria’s Secret models who are portrayed as the ultimate perfection are claiming they ‘need’ to be airbrushed to look better.

And so deeply ingrained are these perceptions of ultimate beauty that when we do see a model who doesn’t fit into that industry stereotype such as Australian plus size model Robyn Lawley, it makes global news.

It appears that despite growing acknowledgement that body image is a great concern for both men and women, we are unlikely to see any great change with a voluntary code of conduct. Perhaps the only way to finally start making changes is to enforce mandatory laws regulating advertisers’ use of unrealistic body images.

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THE CONVERSATION

Body image problems and eating disorders sit on a continuum which ranges from healthy body image and eating patterns through disordered eating and eating behaviours, and ultimately to more severe diagnosable clinical eating disorders. In our culture, body image problems (or body dissatisfaction) are associated with concerns about shape and weight, although they may also relate to concerns about other physical features or body parts.

Disordered eating refers to eating behaviours that are associated with psychological distress and physical ill-health but are not of a severity to warrant a clinical eating diagnosis. These include use of extreme weight loss behaviours (e.g. crash dieting, excessive exercise and self-induced vomiting) and binge eating.

Clinically diagnosable eating disorders include: anorexia nervosa, in which relentless dieting leads to a starvation state; bulimia nervosa, in which there is regular binge eating and use of compensatory behaviours; and eating disorders not otherwise specified (EDNOS), in which eating symptoms are clinically significant but do not fit criteria for anorexia or bulimia nervosa. The most frequently occurring EDNOS is binge eating disorder in which there is regular binge eating without compensatory behaviours. Although not currently recognised as an eating disorder in its own right in DSM-IV, it most likely will be in DSM-V.

It is important to note that although all these eating-related disturbances fall on a continuum, body image problems are not in all cases the major reason for development of an eating disorder, for example, food may have become an emotional comfort or be used as a means to gain a sense of control. However, judging one’s worth by one’s appearance and experiencing body dissatisfaction is very frequently a key issue underlying disturbed eating behaviour. The focus of this article is on examining body image and disordered eating problems to enhance our understanding of the psychology of eating disturbances.

Prevalence of body dissatisfaction and disordered eating

The extent of body dissatisfaction in our society is alarming. In Australia, more than 70 per cent of girls wish to be thinner and an equivalent number of boys want to be either thinner or bigger. Weight loss is widely believed to be the solution to body image problems and, indeed, to other sources of unhappiness in our lives. Consequently, many Australians resort to quick fix fad diet solutions and extreme weight loss behaviours that are detrimental to health, ineffective, and associated with the development of binge eating, bulimic disorders and obesity. In a representative Australian male and female sample of 15-24 year olds, 20.0 per cent reported strict dieting or fasting, 29.3 per cent reported binge eating, and 13.6 per cent...
Positive Body Image Issues in Society

Discrimination against larger people is a health issue rather than one of moral worth. This is a health issue rather than one of moral worth.

**Weight bias and discrimination**

To understand much of the distress associated with body image and eating, we first need to consider our society's rigid beauty ideals. Our society currently enthusiastically endorses a very thin beauty ideal for women and a lean and athletic ideal for men. These physical attributes are believed to be associated with attractiveness, success, happiness, control and moral virtue.

On the other hand, very negative attitudes about overweight and obesity prevail. Overweight and obesity are not eating behaviours or eating disorders although they are often considered as such. Rather, these terms describe the presence of high levels of adipose tissue that may occur for a multitude of genetic, environmental and behavioural reasons, only one of which is the amount a person eats. Although there is an increased risk of morbidity associated with high levels of adiposity, this is a health issue rather than one of moral worth.

Despite this obvious fact, psychological research confirms discrimination against larger people in employment, health care, education and social settings as a result of the negative stereotypes that overweight people are unattractive, lazy, incompetent and lacking in self-control (Puhl & Heuer, 2009). Discrimination and stigma also extend to larger children who are more likely to be teased and socially isolated than their thinner peers. Our recent research shows that, even in 3-5 year old children, positive qualities (e.g. good child) are associated with a thin body size, while negative qualities (e.g. mean child) are associated with larger body sizes. It is clear that these stereotypes are established early in life, creating a framework by which to judge not only others but also the self.

**Risk factors for body dissatisfaction and disordered eating**

Social stereotypes about body size are filtered to the individual through the media, families and peers. Not surprisingly, exposure to these judgemental attitudes contributes to a strong desire to conform to the social appearance ideals. When a person endorses these ideals but perceives that they do not meet them (whether this is true or not), body image problems are likely to arise.

Environmental, individual and physical factors increase risk for the development of body image and eating problems. Environmental factors that have been shown to be particularly important are perceived pressures from peers and the media. Australian research has shown that, in 5-8 year old girls, perceived peer desire for thinness and exposure to appearance on television inversely predict appearance satisfaction one year later (Dohnt & Tiggemann, 2006). In teenage years, peer appearance conversations, friend dieting and appearance teasing have also been observed to be risk factors for the development of body image concerns and disordered eating. Further, experimental research confirms that exposure to idealised media images typically reduces body satisfaction (Wertheim, Paxton & Blaney, 2009).

In both females and males, research identifies two important links between social appearance pressures and body dissatisfaction and disordered eating: (1) internalisation of the social or media ideal; and (2) body comparison. Internalisation of the social ideal denotes the extent to which a person endorses our society's appearance ideals. Body comparison refers to the extent to which a person compares his or her own body with the bodies of others. Social pressures increase internalisation of social ideals and body comparison tendencies, and both these attributes increase the likelihood of body dissatisfaction – especially weight and shape concerns – and disordered eating, independent of a person's actual size. Weight and shape concerns have been identified as the strongest predictors of clinical eating disorders (Jacobi & Fittig, 2011).

Other individual attributes also increase risk for these problems. In particular, low self-esteem, depressive symptoms and perfectionistic tendencies have been observed to increase risk for body dissatisfaction and disordered eating. Individuals of larger body size are also at risk, not...
because of being larger per se, but rather because they are more likely to be exposed to our society’s negative judgements, as described earlier.

**Interventions for body image and subclinical eating disorders**

There are now psychological therapies available that are quite effective for the majority of body image and eating disorder problems, and the outlook for individuals who engage in an evidence-based treatment is good (Paxton & McLean, 2009).

For body image and subclinical eating disorders, colleagues and I have developed and evaluated manualised group interventions, facilitated by a therapist, for girls and women in different life stages. These interventions are based on cognitive behavioural principles and address factors that contribute to and maintain these problems.

My Body, My Life is a six-session intervention for teenage girls who are experiencing body image and disordered eating. It provides skills for understanding and counteracting peer and other social pressures as well as ways to normalise eating patterns. The program has been evaluated using a very well received synchronous online delivery, but a face-to-face delivery approach could also be used in individual or group settings (Heinicke, Paxton, McLean, & Wertheim, 2007).

Set Your Body Free is an eight-session intervention specifically for young adults (Paxton et al., 2007). As well as developing healthy eating patterns, participants learn to question appearance ideals, reduce body comparison behaviours, and counteract avoidant behaviours associated with body dissatisfaction. Marked improvements in body dissatisfaction and disordered eating have been found using an internet delivery, but even greater improvements in these areas as well as in self-esteem and depressive symptoms were made when a group met face-to-face.

Most body image and disordered eating interventions specifically focus on the needs of young women. However, as indicated in data provided earlier, these problems continue into midlife during which the needs of women are somewhat different. In particular, lifestyles built around looking after and feeding families, as well as working, are not well suited to looking after one’s own self-care needs such as eating regular meals and having regular physical activity.

Consequently, we developed Set Your Body Free – Midlife which specifically addresses these issues, and again on evaluation clinically significant gains have been demonstrated (McLean, Paxton, & Wertheim, in press). These interventions are readily translated into a range of therapy settings and demonstrate the power of psychological interventions to make a real difference to the lives of women.

**Prevention programs for body dissatisfaction and eating disorders**

In light of the severity of body image and eating disorders, it would be ideal if effective prevention strategies could be identified. The major principle guiding recent prevention approaches is that if the development of influential risk factors for body image and eating disorders can be prevented or reduced, then movement along the continuum from health to disorder is less likely. Consequently, recent prevention interventions have sought to teach skills to manage social appearance pressures, and to reduce internalisation of appearance ideals, body comparison, body dissatisfaction and use of extreme weight loss behaviours.

In the mental health area, three kinds of prevention approaches are usually identified. Universal prevention is prevention provided to the general public or whole population without consideration of the presence of risk factors (e.g. billboard advertising or programs delivered to a whole school). Selective prevention targets at-risk population subgroups (e.g. teenage girls), but does not target participants on the basis of presence of individual risk factors. Indicated prevention is specifically for high risk individuals who are showing early symptoms of the problem (e.g. a program for girls with body image or eating concerns).

A universal prevention program for delivery in co-educational early high school classes that had particular promising outcomes is a media literacy program, MediaSmart (Wilksch & Wade, 2009). A universal approach is particularly useful in schools as it does not require the class to be divided and enables all students to be involved. MediaSmart aims to raise awareness of the unrealistic, manipulative nature of media images in an interactive way, and thereby reduce the risk factor internalisation of the media ideal.

A selective prevention program specifically for early high school girls that has positive outcomes is a peer risk factors focused program, Happy Being Me (Richardson & Paxton, 2010). The goal of this program is to help participants learn about the negative impact of appearance conversations and appearance teasing on internalisation of the thin ideal and self-esteem, and to learn ways to change these environmental risk factors.

Indicated prevention approaches have been shown to be especially helpful in later teen years. In these programs, young women with elevated body dissatisfaction and eating concerns are invited to participate. A cognitive dissonance approach – in which participants engage in exercises to argue against attitudes about the importance of thinness which they themselves hold – has been shown to be effective in reducing internalisation of the thin ideal, body dissatisfaction and eating disorder symptoms at a two year follow-up (Stice, et al., 2008).

**Public policy approaches to prevention**

Public policy refers to actions at local, state or federal levels of government. Avenues open to governments to bring about change include legislation, promotion of non-binding industry codes, social marketing, and providing financial
support for community and school-based initiatives.

In Australia, no legislative approaches have been used. However, the Victorian and Federal Governments have promoted voluntary media and industry codes of conduct. Media and fashion leaders have been asked to endorse a code to not digitally alter images and to promote diversity of body shapes within their industry. Although non-binding codes clearly don’t bring about rapid change and industry endorsement has been modest at best, they do serve an awareness raising role and popular teen magazines have altered the ways in which they present many images. One magazine has taken the initiative to identify unaltered images (of which there are a reason) - the initiative to identify unaltered images. One magazine has taken the ways in which they present many popular teen magazines have altered the media and fashion leaders have promoted voluntary media and industry codes of conduct. Although non-binding, initiatives have been asked to endorse a code to not digitally alter images and to promote diversity of body shapes within their industry. While extremely rigid weight and shape body image ideals prevail, a large proportion of the population will compare themselves with these ideals, find themselves wanting, engage in disordered eating, and develop subclinical and clinical eating disorders.

Looking ahead, we need to find ways to reduce pressure to conform to these ideals and ensure that the risks associated with extreme weight loss behaviours are well understood. We need to work to achieve a society that is accepting of diversity of body weights and shapes. In the meantime, psychologists can play very positive roles in guiding prevention and providing evidence-based interventions for body dissatisfaction and disordered eating.

**Conclusion**

While extremely rigid weight and shape body image ideals prevail, a large proportion of the population will compare themselves with these ideals, find themselves wanting, engage in disordered eating, and develop subclinical and clinical eating disorders.

Looking ahead, we need to find ways to reduce pressure to conform to these ideals and ensure that the risks associated with extreme weight loss behaviours are well understood. We need to work to achieve a society that is accepting of diversity of body weights and shapes. In the meantime, psychologists can play very positive roles in guiding prevention and providing evidence-based interventions for body dissatisfaction and disordered eating.

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**REFERENCES:**


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EXPLORING ISSUES

WORKSHEETS AND ACTIVITIES

The Exploring Issues section comprises a range of ready-to-use worksheets featuring activities which relate to facts and views raised in this book.

The exercises presented in these worksheets are suitable for use by students at middle secondary school level and beyond. Some of the activities may be explored either individually or as a group.

As the information in this book is compiled from a number of different sources, readers are prompted to consider the origin of the text and to critically evaluate the questions presented.

Is the information cited from a primary or secondary source? Are you being presented with facts or opinions?

Is there any evidence of a particular bias or agenda? What are your own views after having explored the issues?

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Brainstorm, individually or as a group, to find out what you know about positive body image.

1. **What is body image, and why is positive body image important?**

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

2. **What is body dysmorphic disorder, and what are some of its characteristics?**

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

3. **What is an eating disorder, and what are some examples?**

   ________________________________________________________________

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   ________________________________________________________________

   ________________________________________________________________

4. **What is cosmetic surgery, and what are some of the risks involved?**

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
Complete the following activities on a separate sheet of paper if more space is required.

Consider the following eating disorders and discuss the characteristics, risk factors, and treatments for each.

Anorexia:

Bulimia:

Binge eating disorder:

Eating disorders not otherwise specified (EDNOS):
Complete the following activity on a separate sheet of paper if more space is required.

People with negative body image can become fixated on trying to change their actual body shape. This can lead to people engaging in unhealthy practices with food and exercise with the hope that the change in body shape will alleviate negative feelings ... While changing your actual appearance may be difficult and complicated, changing your body image is an achievable goal. (Source: National Eating Disorders Collaboration)

Considering the above statement, research ways to change your body image in a positive way. Explore the internet for articles, advertisements and blogs that promote, discuss and/or help achieve positive body image. Write a summary of your findings and cite your information sources, including web links. Discuss your own thoughts on this research. Was it all positive? Was it easy to find information? Consider information aimed at both males and females.
Complete the following activity on a separate sheet of paper if more space is required.

Using the image on the right as an example, work as a group to plan a design concept for an information sheet exploring the issue of airbrushing and the use of computer software to digitally manipulate photographs in the media and advertising, and the impact this can have on body image (both positive and negative).

**Include the following aspects in your plan:**

a. What digital retouching and photo manipulation means.
b. The potential impact 'photoshopped' and airbrushed images can have on body image.
c. Ways the media uses altered photographs, and why.
d. How to identify altered images.
e. Potential ideas which could be used to ensure people are aware that images have been altered.
The fashion, media and advertising industries play a significant role in shaping the cultural ideals of society. The National Advisory Group on Body Image developed a Voluntary Industry Code of Conduct on Body Image to build on, and further encourage the positive steps that are being taken within these industries to bring about long-term cultural changes.

Form small groups and find an advertisement – from a magazine, newspaper or online – which features one or more models. Make notes with which to discuss the advertisement in relation to the following points from the Voluntary Industry Code of Conduct.

For further information on the Code go to www.youth.gov.au/sites/Youth/bodyImage/codeofconduct

1. Positive content and messaging

2. Diversity

3. Fair placement

4. Realistic and natural images of people

5. Healthy weight models

6. Appropriate modelling age
Complete the following multiple choice questionnaire by circling or matching your preferred responses. The answers are at the end of the next page.

1. **Body image** is the perception that a person has of their physical self, including the thoughts and feelings the person experiences as a result of that perception. Which of the following are considered to be aspects of your body image?
   a. Affective – the way you feel about the way you look
   b. Behavioural – the things you do in relation to the way you look
   c. Cognitive – the thoughts and beliefs you have about your body
   d. Perceptual – the way you see yourself
   e. All of the above

2. What is recommended as the appropriate modelling age for advertising adult clothes under the Voluntary Industry Code of Conduct on Body Image?
   a. 14 year or older
   b. 16 years or older
   c. 18 years or older
   d. 21 year or older
   e. Any age, there is no recommendation

3. What do the letters BMI refer to in relation to body measurement?
   a. Body mass information
   b. Big muscle indicator
   c. Body muscle index
   d. Body mass index
   e. Bulk muscle information

4. Which of the following factors may contribute to body dysmorphic disorder? (select all that apply)
   a. Low self-esteem
   b. Healthy eating
   c. Negative self-talk
   d. Fixation on the ideal body
   e. Physical activity
   f. Genetics and chemistry
   g. Sexual abuse

5. What is botulinum toxin type A also known as?
   a. Chemical peel
   b. Botulism
   c. Botox
   d. Dietary supplement
   e. Steroids
   f. None of the above
6. Match the following cosmetic surgery terms to their correct procedure descriptions:

1. **Blepharoplasty**
   a. When the skin is cut in the scalp and around the ear. It is then separated from the underlying tissue, pulled tighter and stitched. Leftover skin is cut away. The operation can be performed under local or general anaesthetic and may take anywhere from two to four hours.

2. **Liposuction**
   b. When the surface layers of skin are removed. A solution is wiped over the face, which may then be left uncovered or masked with lotion or tape. The chemicals burn the skin and the healing process promotes new growth.

3. **Abdominoplasty**
   c. When the eyelids are cut along their full length to the 'crow's feet' wrinkles at the outer corners. Excess skin and fat are removed. Laser resurfacing may also be performed to treat remaining wrinkles.

4. **Augmentation mammoplasty**
   d. When a device similar to an electric sander is applied to the face under local or general anaesthetic. The rough surface of the rapidly rotating pad rubs off the skin surface. The healing process promotes new growth.

5. **Meloplasty**
   e. A procedure that removes fat from the abdomen, thighs, buttocks, arms and throat. A narrow tube (cannula) is inserted through a skin incision and the fat is sucked out with a powerful suction pump.

6. **Dermabrasion**
   f. When a saline or silicone implant is inserted. An incision is made under the breast or in the armpit and the implant is pushed through. It may be positioned either behind or in front of the chest pectoral muscle.

7. **Chemical peel**
   g. When excess skin and fat from the abdomen are removed and the underlying abdominal muscles tightened. Often, the navel will need to be relocated. Incisions are generally made along the 'bikini line' to minimise the visibility of scarring.

8. **Rhinoplasty**
   h. When bone and cartilage are trimmed and the nose reshaped. The surgery is performed through incisions in the nostrils, leaving no visible scars.

9. **Otoplasty**
   i. When the fold of skin behind the ear is cut and the excess cartilage is reduced or remodelled.

**MULTIPLE CHOICE ANSWERS**

1. Blepharoplasty  
2. Liposuction  
3. Abdominoplasty  
4. Augmentation mammoplasty  
5. Meloplasty  
6. Dermabrasion  
7. Chemical peel  
8. Rhinoplasty  
9. Otoplasty

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Eating disorders are not just a concern for girls but for boys as well. 1 in 4 sufferers of eating disorders are male (Stapleton, P, 2012). (p.18)

Research suggests 8% of Australian women have suffered a serious eating disorder at some point in their lifetime, and 23% of young Australian women aged between 22 and 27 have disordered eating in their recent past (Stapleton, P, 2012). (p.18)

About 45% to 50% of anorexia and bulimia sufferers return to a healthy weight with appropriate treatment. Another 30% make a partial recovery (Stapleton, P, 2012). (p.19)

Strong self-esteem has been identified as essential for psychological wellbeing and for strengthening the ability to resist cultural pressures. (p.21)

23% of women reported that their self worth was ‘moderately’ or ‘extremely’ influenced by their body shape and weight, and 13.5% of men (Salleh, A, 2013). (p.22)

Australians spend up to 1 million dollars a day on fad diets that have little effect on their weight (BHC, Body image and diets). (p.23)

Cosmetic surgery risks include problems related to anaesthesia and surgery, excessive bleeding, infection, scarring and failure to heal. (p.24)

Obesity rates have doubled in the past 20 years and the rates of adult onset diabetes are growing as a result. (p.26)

By the time most children and teenagers with eating disorders get treatment, 60% have life-threatening physical complications from their illness. (p.27)

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By the time most children and teenagers with eating disorders get treatment, 60% have life-threatening physical complications from their illness. (p.27)

Annual Mission Australia studies of over 45,000 young Australians aged 11 to 24, have consistently found body image to be among the top 3 concerns of Australian adolescents. (p.32)

The perceived attractiveness of muscular men has grown since around the 1950s, alongside the masculinity of male models. (p.34)

In a community sample of Australian adults, 47% and 24% of healthy weight women and men respectively believed themselves to be overweight (Zubcevic-Basic, N, 2012). (p.43)

Research has found that across Austria, France and the US, the ideal body for men was 13 kg more muscular than themselves and they estimated women preferred a male body about 14 kg more muscular than themselves (Zubcevic-Basic, N, 2012). (p.44)

In Australia, more than 70% of girls wish to be thinner and an equivalent number of boys want to be either thinner or bigger (Ricciardelli & McCabe, 2001). (p.45)

Psychological research confirms discrimination against larger people in employment, health care, education and social settings as a result of the negative stereotypes that overweight people are unattractive, lazy, incompetent and lacking in self-control (Puhl & Heuer, 2009). (p.46)
Positive Body Image

Body image

Body image is how you view your physical self and how you feel about your physical appearance – good or bad. Body image can be influenced and affected by media images and comments made by other people.

Body Mass Index

BMI is the abbreviation for body mass index. BMI is used to determine whether an individual's weight is in proportion to their height. If a person's BMI is below 18.5, they are usually seen as being underweight (note: this is only an estimate and body type should also be taken into consideration).

Bulimia nervosa

Bulimia is an eating disorder where a person overeats and then tries to compensate, for example by restricting food intake or making themselves vomit, misusing laxatives or doing excessive exercise. These overeating binges are usually triggered by feeling down or anxious and result in the sufferer feeling intense guilt about bingeing.

Cosmetic surgery

A medical procedure which changes a person's appearance. Also known as plastic surgery, it involves procedures such as breast implants, bum lifts, botox injections and lip fillers as well as changing bone structure. Although it may be seen as vanity surgery and 'just for looks', there can also be medical reasons for having such procedures.

Eating disorders

Eating disorders are a group of mental health disorders that interfere with normal eating habits. They can lead to serious health problems and, in the case of both bulimia nervosa and anorexia nervosa, even death. Individuals suffering from an eating disorder often have a distorted body image.

Eating disorder not otherwise specified (EDNOS)

Individuals with disordered eating patterns who do not meet some of the essential diagnostic criteria for specific disorders like anorexia and bulimia may be diagnosed with EDNOS.

Metrosexual

An image-conscious man for whom leanness and youthfulness is an important standard of male beauty.

Muscle dysmorphia

Also known as 'bigorexia'. A disorder where a person becomes obsessed with their appearance and the idea that they are not muscular enough. Some people resort to using anabolic steroids and supplements to try to reach their goals.

Obesity

Obesity is a condition which occurs when, due to the accumulation of excess body fat, an individual becomes severely overweight and their BMI exceeds 30. Obesity can cause serious health problems and increases the risk of developing diseases such as heart disease, diabetes and some types of cancer.

Orthorexia nervosa

Orthorexia is a recently-recognised psychological condition characterised by an obsession with healthy eating.

Overweight

A person is considered overweight if their BMI is between 25 and 30.

Photoshopping

Term referring to photographs which are edited using software, such as Photoshop. Airbrushing is one technique which may be used when 'photoshopping' an image.

Pro-eating disorder websites

'Pro-ana' (pro-anorexia) and 'pro-mia' (pro-bulimia) websites are online communities which those suffering from an eating disorder may visit for friendship and support. However, such sites can be harmful as sufferers may share information on how to lose weight or tips on maintaining and hiding eating disorders.

Self-esteem

A term referring to how an individual feels about themselves (which can include how they feel about their body). Relating to self-confidence, if a person has low self-esteem they may feel unhappy with the way they are and how they look. Alternatively, if a person has good/high self-esteem then they may feel particularly confident about themselves and their appearance.
Websites with further information on the topic

About Face  www.about-face.org
ANRED – Anorexia Nervosa and Related Eating Disorders  www.anred.com
ANZAED – Australian and New Zealand Academy for Eating Disorders  www.anzaed.org.au
Better Health Channel  www.betterhealth.vic.gov.au
Child and Youth Health  www.cyh.com.au
Mirror Mirror – Eating Disorders  www.mirror-mirror.org
Eating Disorders Anonymous  www.eatingdisordersanonymous.org
Eating Disorders Association Inc  http://eda.org.au
Eating Disorders Online  www.eatingdisordersonline.com
Eating Disorders Victoria  www.eatingdisorders.org.au
ISIS: The Eating Issues Centre Inc  www.isis.org.au
Kids Helpline  www.kidshelp.com.au
National Association of Anorexia Nervosa and Associated Disorders  www.anad.org
National Eating Disorders Collaboration  www.nedc.com.au
See Me  www.seeme.org.au
Somazone  www.somazone.com.au
The Butterfly Foundation  http://thebutterflyfoundation.org.au

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