

**Parliamentary Inquiry into issues relating to the  
development of body image among young people and  
associated effects on their health and wellbeing**

**VicHealth Response  
September 2004**



## Executive Summary

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VicHealth is concerned about the growing discrepancy between the popularised “thin ideal” and increasing levels of overweight and obesity in Victoria. As such, this written submission focuses on the broader social determinants of body image development and raises issues relating to the prevention of body image dissatisfaction rather than to service provision. VicHealth acknowledges its expertise in health promotion and recognises the need for key authorities on body image to provide their expert opinion to this Inquiry.

It is our understanding that body image dissatisfaction occurs more commonly in young females, than males, and is most severe between the ages 15-22 years. Whilst it can manifest in extreme dieting and eating disorders in 2-4% of the population, VicHealth is particularly concerned with the sub-clinical presentations of poor body image, as it affects a greater proportion of young people.

These include:

- Restrictive dieting behaviours and disordered eating patterns
- Weight cycling
- Inadvertent weight gain
- Lower participation in physical activity
- Low self esteem and feelings of worthlessness
- Anxiety and Depression

As described in the literature (1-25) we identify the predictors of body image development as being:

- Peer influence & consumerism
- Mainstream media, the model Industry, and fashion retailers
- Family characteristics
- Individual personality traits
- Body weight and stigmatisation
- Health professionals and health messages

This paper identifies areas of good practice in body image promotion programs and highlights that further body image investment should be two-fold, to

- address the broader socio-cultural determinants of body image development, such as developing more size-accepting cultures in the media, fashion and retail arenas.
- use schools as a setting, targeting young peoples’ values, beliefs and attitudes; and promoting individual resilience and self-worth.

There are few broad level prevention programs that have measured changes in body image satisfaction. Evaluation of body image strategies will be an important requirement of any future work.

The body image agenda should be framed within an obesity prevention strategy. Size acceptance issues can be infused into health messages about healthy weight, if relevant policy makers are sensitised to body image concerns. A policy mainstreaming approach reduces fragmentation and potential message conflicts.

## 1.0 Extent of the Problem

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Body image discontent has become almost a cultural norm for women in Western societies. The age of onset of poor body image appears to be getting younger. It is estimated that approximately 40% of Australian girls aged between 8-12 years are dissatisfied with their body shape (Blowers, et al 2000). Body image dissatisfaction is linked with physical and mental health concerns. According to Garner (1996), body image concerns are not restricted to women. It has been estimated that approximately one-third of men are dissatisfied with their body size or shape, and that men experience binge eating disorder more commonly than they do anorexia nervosa. The true prevalence of body image problems in men is more difficult to ascertain due to likely under-reporting (Paxton, 1998).

## 2.0 Factors contributing to the development of body image among young people

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There are several independent factors that have been shown to negatively affect body image. These include peer factors and consumerism, family characteristics, media portrayal of the thin ideal, individual personality traits (Vander Wal and Thelen, 2000), body weight, stigmatisation and health messages (Paquette and Raine, 2004). The extent to which these factors interact with each other and contribute to body image development, vary according to age, gender and key developmental milestones. A person's body image is dynamic; fluctuating as new life experiences are encountered (Paquette and Raine, 2004).

### 2.1 Peer Influence and Consumerism

The role of peers cannot be discounted when looking at body image determinants (Paxton 2002). Individuals are influenced by peers who value the ideal weight, appearance and image. Studies have shown that self-reported conversations about size, shape and comparison of one's body with peers, is a significant predictor of a desire for thinness in girls as young as eight or nine (Oliver and Thelen (1996) in Vander Wal and Thelen 2000). Peers also play an important role in the development of an individual's image and sense of identity.

White and Wyn (2004) identify the thin line that young people tread in expressing their 'individuality' through conformity to a particular group. The visual display of identity has been linked with the rise of consumption and the linking of material goods with selfhood. While consumption offers young people a way of showing their 'belonging' to a particular group, it can also become a form of social pressure, competition and social exclusion. Increasing options for consumption have created the possibility of being able to 'purchase' an identity (including choices about clothing, body shaping, colouring and piercing). As White and Wyn (2004) point out, the body has become somehow separated from the person and become a project: something to be shaped and constructed to fit in with particular ideals

Exercising control over the body offers a sense of mastery in an uncertain and unpredictable world. The body becomes an imperfect object, over which the young person struggles to maintain control. Ironically, taking up particular 'styles' may be experienced as pressure by young people, and research in the UK shows that failing to conform can lead to anxiety, guilt and a sense of exclusion (Frost, 2003). Frost's study of young men in the UK shows the damage that is done through the creation of standards of appearance and style that few can attain. She points out that while markets create the impression of choice; this is far from the reality. Her interviews with young people reveal that they saw appearance as being highly competitive, judgemental and involving potential rejection.

## **2.2 Mainstream Media, the Model Industry, and Fashion Retailers**

Young girls are more likely to be influenced by the media portrayal of the thin ideal, than they are by family or peer pressure attitudes (Vander Wal and Thelen, 2000). Middle-adolescent girls (aged 15-16) have been shown to internalise idealised female figures in media images more than younger girls (12-13 years) do. It has been suggested that younger girls are still at an age where they are learning what the societal expectations are; whereas the middle-adolescent aged girls are more likely to evaluate their “successful/failed” bodies against the idealized shape (Durkin and Paxton, 2002).

Popular portrayal of the thin female ideal and the masculine male ideal occurs through the music-television industry, lifestyle magazines, and advertisements. Much of this sought-after identity is dictated by the fashion industry; and perpetuated by the media. If buying clothes is restricted because of size and shape, and a desired image is not achieved, feelings of exclusion, body dissatisfaction and increased pressure to conform to the “ideal” weight, will often result (Germov and Williams, 1999). At a time when young people are struggling to come to grips with their identity, their bodies are developing at different rates: further compounding the pressure to conform.

## **2.3 Family Characteristics**

Parental influence and modelling of dieting behaviours may be associated with body image dissatisfaction, but this remains relatively unclear. Further studies need to explore the association between mothers’ body image satisfaction and girls’ body image development (Vander Wal and Thelen, 2000).

## **2.4 Individual Personality Traits**

The degree to which individual personality traits such as: how a person socially compares themselves, internalises the “Thin Ideal” or is socially anxious, has been shown to be a strong determinant in body image development. Research highlights the fact that girls who frequently compare their appearance to others, especially to those who are deemed more attractive than themselves are more likely to be dissatisfied with their body image (Vander Wal and Thelen, 2000). Those individuals who internalise the thin ideal are consistently more likely to develop body image dissatisfaction and disturbed eating patterns (Blowers et al, 2000). Individual variation in response to media images is an important consideration when planning prevention strategies (Durkin and Paxton, 2002).

## **2.5 Body Weight and Stigmatisation**

Being overweight as a young child consistently predicts body dissatisfaction and disordered eating behaviour (Vander Wal and Thelen 2000).

Obesity stigmatisation reinforces society’s notion of weight acceptability. Prejudice, labelling, stigmatisation and discrimination based on weight are widespread in contemporary societies like Australia; where the thin ideal is held up as the cultural “norm”. Interestingly, obesity stigmatisation remains an issue, despite the increasing prevalence of obesity. Stigmatising occurs at interpersonal levels, in social encounters, school or work situations and even in the public domain. Whilst in recent years, social norms have greatly reduced the stigmatisation of racial, religious, sexual or gender groups, it is still considered socially acceptable to “jokingly” remark on a person’s physical shape or size (Sobal 1999). A study by Myers and Rosen (1999) highlights that obesity stigmatisation is a common experience and can lead to greater psychological distress, further body image dissatisfaction, more attempts to cope (including use of food) and even more severe obesity.

## **2.6 Health Professionals and Health Messages**

Well meaning health professionals can add to feelings of poor self confidence, and body image dissatisfaction in young people who are overweight; through inferences of poor will-power, self-discipline and control. Biomedical approaches to obesity can be portrayed as judgemental to the individual and in some-cases: “victim-blaming” or even discriminatory (Paquette and Raine, 2004).

### 3.0 Associated physical and psychological health impacts of eating disorders, steroid use, poor body image

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Body image dissatisfaction drives the desire to diet. Australians spend about \$1 million a day on weight loss attempts with little success. Nine out of ten weight-loss diets are unsuccessful. This locks individuals into the cycle of guilt and failure, feelings of poor self-worth and even depression (Body Image and Health Inc, 1999). At the same time, body image dissatisfaction can also limit physical activity participation. Studies have shown that teenagers who feel self-conscious about their body are less likely to participate in physical activity for fear of exposing their body (Owen and Bauman, 1992) and if they do participate, they are more likely to drop out (Shaw and Kemeny, 1989).

Dieting is the greatest risk factor for the development of an eating disorder. 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 (Patton et al 1999). Sixty-eight per cent (68%) of 15 year old females are on a diet, of these, 8% are severely dieting. A study involving 341 female and 221 male high school students in Victoria, found that 48% of girls and 26% of boys **occasionally** used at least one extreme weight loss measure (such as vomiting, using laxatives or over-exercising) and 13.2% of girls and 8.8% of boys used such a measure **weekly** (Paxton et al, 1991).

There has been a dramatic increase in the incidence of bulimia in recent years, which correlates not only to the thin ideal messages, but also to the rising obesity levels witnessed over the past few decades. This trend is estimated to escalate with predictions of further increases in obesity rates. Studies suggest that bulimic type syndromes (*Eating Disorder Not Otherwise Specified according to DSM IV criteria*) outnumber bulimia nervosa by a factor of 2:1. Whilst the prevalence of binge eating disorder in the general population is approximately 4%, in young women the rates are significantly higher. A study of 15,000 18-22 year old Australian women found that 20% had symptoms of Binge Eating Disorder (Wilfley et al (1993) in Howell, P. 1999 and The Australian Longitudinal Study on Women's Health 2001).

People with bulimia may have had one or several suicide attempts and there is a high incidence of depression amongst bulimia sufferers (Edelstein, Haskew, & Kramer, 1989). Women who diet frequently (more than 5 times) are 75% more likely to experience depression (Kenardy, Brown, & Vogt, 2001). 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 (Women's Health Queensland Wide Inc, 1997).

The physical health implications for anorexia nervosa are usually more profound than in bulimia nervosa, but occur less frequently than bulimia-related syndromes. It is generally estimated that in Australia 2-3% of adolescent and adult females satisfy the DSM IV diagnostic criteria for Anorexia Nervosa (Clayer et al, 1995). The overall mortality rate for anorexia is five times that of the same aged population in general, with death from natural causes being four times greater (i.e. cardiac arrhythmia, infection etc) and deaths from unnatural causes 11 times greater. The risk of suicide is high being, 32 times that expected of the comparison-aged population (Beaumont, 2000).

#### **4.0 Identify good practice in the promotion of positive body image and how risk factors can be combated**

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Paxton (2002) has undertaken an extensive review of Body Image programmes which highlights good practice. The committee is referred to the recommendations in her paper. In particular, targeted interventions using school settings and efforts which challenge notions of the thin ideal in younger primary aged individuals have the potential for genuine prevention of body image dissatisfaction (Paxton, 2002).

More broadly, VicHealth believes that the efforts pioneered by Body Image and Health Inc exemplified good practice in this field. With VicHealth funding, they operated a centre of expertise on body image. It had a state-wide remit encouraging the Victorian community to adopt a healthy and positive attitude towards body image and health. It undertook a broad programme of research and advocacy: developing excellent links with the media, fitness and fashion industries, as well as educating health professionals and the general public. They achieved substantial gains with the media and fashion industry; seeing cultural shifts in some retailers and magazines towards a size-accepting paradigm.

To achieve sustainability of these efforts, VicHealth funded Body Image and Health Inc to investigate the ways that body image work could be integrated into other health promotion activity by mainstreaming it in other government policies and programs. Policy mainstreaming has been adopted by DHS to some extent; however, Body Image and Health Inc, while continuing to provide expertise in the field of body image no longer have capacity to work in the socio-cultural arena to tackle media, fashion, and retail issues.

In addition, work undertaken by the Centre for Adolescent Health in “The Gatehouse Project” (1998-2001), demonstrates some of the positive behaviour changes that can be brought about by concerted efforts to promote resilience and emotional well-being in young people. It developed strategies to improve students’ connectedness, self-esteem, coping skills and knowledge (Centre for Adolescent Health, 2001). Whilst this work hasn’t measured changes in body image satisfaction, there is potential for witnessing body image improvements; given the link between peer pressure, social comparisons and personality traits; with body image disturbances (Vander Wal and Thelen, 2000).

## **5.0 Identify possible improvements to health promotion campaigns aimed at young people that promote positive body image**

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Care needs to be taken with current public health obesity prevention messages. Health planners and policy makers need to be sensitised to body image issues so that future prevention campaigns promoting healthy weight in children and young people give consideration to size-acceptance messages. An emphasis on the non-weight attributes of healthy eating and physical activity will more likely promote body image satisfaction, than one that infers weight loss benefits.

An excellent resource has been developed for health planners: *Shapes: Body Image Program Planning Guide* which provides a practical guide to implementing body image prevention programs at an operational level (Dept of Human Services, 2002). Consideration should be given to the extent to which these programs can be implemented at an operational level, given current capacity constraints.

Positive body image prevention programs need to be multi-level using broad approaches and targeted interventions concurrently (Dept of Human Services, 2002). The evidence presented here reinforces a need for tackling broader socio-cultural pressures (eg tackling media and fashion) whilst simultaneously providing young people with the skills to recognise body image determinants (eg school-based educations). Whilst many programs have targeted individual beliefs and attitudes, few have attempted to change the broader socio-cultural pressures. In line with this evidence, Body Image and Health Inc undertook these strategies concurrently. It however, didn't have the necessary investment over time to allow for its impact to be measured. There is a need for large scale investment in evaluation (eg longitudinal cohorts or multi-site research) for future work tackling these broader socio-cultural issues.

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