

BODY IMAGE DISTORTIONS IN PRE-ADOLESCENTS
AND PREVENTATIVE PROGRAMS:
A LITERATURE REVIEW

by

Beth Hitchcock

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the Master
Of Education Degree With a Major in
Guidance and School Counseling; K-12

Approved: 2 Semester Credits

Investigation Advisor

The Graduate School
University of Wisconsin-Stout
December, 2002

The Graduate School
University of Wisconsin-Stout
Menomonie, WI 54751

ABSTRACT

Hitchcock	Beth	M.
(Writer)	(Last Name)	(First)
		(Initial)

Body Image Distortions in Pre-Adolescents and Preventative Programs: A
(Title)

Literature Review

Guidance and School Counseling; K-12	Denise Zirkle	12/02	45
(Graduate Major)	(Research Advisor)	(Month/Year)	(No. Of Pages)

American Psychological Association (APA) Publication Manual
(Name of Style Manual Used in this Study)

The purpose of this study was to determine whether elementary students are experiencing poor body images and also to see if preventative services related to this area have been reported as being effective.

Childhood body image was discussed in detail. A history of the literature regarding childhood body image uncovered countless studies that reported adolescent and pre-adolescent children experiencing body image distortions. These studies noted that body image problems could begin as early as seven years of age.

Potential causes for these body image distortions were examined. Media was addressed as being a major influence regarding students' self-perception. This media tends to focus on idealized beauty and thinness. Parental and peer influences were also noted as being significant. Parents who make comments about their child's weight can initiate dangerous beliefs and behaviors related to body image. Also, peers who tease students, particularly girls, have been thought to have similar effects on body perceptions. Child abuse has also been reported as having influence over body image dissatisfaction. These causal factors have been identified in order to attempt to provide meaningful ways for prevention to take place.

Preventative programs were analyzed, subsequently. Several prevention programs were addressed based on effectiveness or ineffectiveness of the interventions. Although some programs were noted as having ineffective or even harmful results, the majority of studies were discussed as reporting that body image prevention programs are beneficial in the schools.

Finally, the research was analyzed and discussed. A summary of findings was presented and conclusions were made. A discussion of possible recommendations and future research in this area was made available.

ACKNOWLEDGEMENTS

This paper is dedicated to all of the children who face daily reminders that our society holds high expectations. As adults, I hope we can help to give them the courage, strength, and knowledge to beat the odds that are against them. Developing a poor self-image is a common occurrence in our society. We must remember where these issues start.

I would like to thank all those who have aided in the completion of this project. Thanks to Denise Zirkle who, despite being very busy, has been both a leader and guide. I would also like to thank my fiancé Jeff, who has been my support and strength. He has always been there to hold my hand through the difficult times. Finally, thanks to my family and friends who have been supporting me through all of the upcoming transitions.

TABLE OF CONTENTS

Title Page.....	i
Abstract.....	ii
Acknowledgements.....	iv
Chapter I – Introduction	
Introduction.....	1
Statement of the Problem.....	5
Definition of Terms.....	5
Assumptions.....	6
Chapter II – Review of the Literature	
Introduction.....	7
History of preadolescent Body Image.....	7
Causal Factors.....	12
Media.....	12
Parent and peer influence.....	15
Sexual Abuse.....	17
Prevention of body image dissatisfaction.....	19
Effective programs.....	22
Ineffective programs.....	24
Marginally significant programs.....	26
Important factors related to programs.....	28
Chapter III – Critical Analysis	
Introduction.....	31
Summary of findings.....	31
Conclusions.....	33
Recommendations.....	34
Reference.....	36

CHAPTER 1

Introduction

In becoming a school counselor, one must be prepared to address many student issues. Students today are facing more and more personal and social challenges. Issues such as peer pressure, drug and alcohol abuse, and sexual activity can alter a student's life if not addressed. A major concern in today's society is one related to body image. Studies have addressed body image, self esteem, and eating disorder issues for several decades. Foshay (1996) describes school curriculum as "...out of balance..." when it comes to teaching students about their physical self (n.p.). He defines body image as "...awareness of one's appearance to others" (n.p.). Body image has also been defined as the awareness of one's appearance to oneself. Foshay (1996) notes that it is as important for students to learn about the physical self as it is to learn the rest of the curriculum.

The body image dilemma has been researched and studied in depth concerning adults, such as college age females. A study completed by Abrahams and Billingham (1998) tested college women's body perceptions of themselves and of other college students. Subjects came from either divorced or intact families. The study revealed that women who came from divorced families had poorer body perception and higher body discontent than women from intact families. Research such as this study is important in determining some of the possible factors contributing to body dissatisfaction. These studies also give us a

better understanding of the population at risk for body image problems and potential eating disorders.

Possible causes leading to body image discontentedness is another extremely important and prevalent area of research. Several studies have reported findings that people who have experienced childhood sexual abuse are more likely to report dissatisfaction with their body image. One such study by Crosby, Demuth, Haseltine, Mitchell, Roberts, Thompson, and Wonderlich (2000) supported these findings by comparing abused children and non-abused children. It was reported that abused children had higher occurrences of weight dissatisfaction and eating disturbances. Other studies investigating the causes of body dissatisfaction implicate media and society's expectations. Barbie dolls have been a large part of young girl's lives since 1959 ("Laws Of Physiques," 1996). This unrealistic portrayal of beauty has been viewed as a major problem in the healthy development of girls. In *Discover* magazine, "Laws Of Physiques" (1996) calculated what Barbie would look like in real life. It was noted that an average woman "...would have to gain nearly a foot in height, add four inches to her chest, and lose five inches from her waist..." (n.p.). Let's not forget about boys and action figures such as G.I. Joe. In *Time* magazine, "Measuring Up" (2000) notes that a typical male would have "...27-inch biceps..." and other proportions only made possible through the use of steroids (n.p.). The identification of potential causes for body dissatisfaction seems to dominate the literature. This being the case, the age of onset of body dissatisfaction also becomes an important issue.

In order to work toward the prevention of body image problems, it seems necessary to review a combination of causal factors and age of onset. Recent studies have encouraged the use of younger subjects as a population for research. Although studies with younger subjects are not yet as prevalent as research with college students, it is becoming a growing trend to include adolescents in studies. Abraham and O'Dea (1999) conducted a study to better identify the onset of disordered eating attitudes in children. This study looked at the interaction of pubertal status, gender, weight, and age. Findings revealed that eating disturbances were the greatest threat for females who were high achieving, anxious, and postmenarcheal. The study concluded that the interplay of gender and pubertal status are important dynamics to consider when developing interventions for eating disturbances. The finding that adolescents are at risk is an essential addition to the literature.

As previously stated, studies including adolescents are relatively new to body image research. Even fewer studies, however, incorporate children. Children were often excluded from the research because it was thought that they were not afflicted with concerns about body image. However, recent research has proven otherwise. Gullone and Kostanski (1999) note that previous studies have found that children as young as 8 to 9 years old are developing harmful views of body perception. In their study, Gullone and Kostanski reported that children as young as 7 years old were unhappy with the way they look. Friedman, Gardner, and Jackson (1999) investigated cultural differences among White and Hispanic children. No ethnic differences were reported among this

group. Their study reported that girls desired to be thinner than what they perceived their body size to be. These studies relating children to the body image research are extremely important to our concept of preventing such problems. In fact, many of these studies address the fact that prevention programs are essential.

With a better understanding of childhood body image problems, investigating prevention programs within schools is an important next step. Maloney and O'Dea (2000) focus on this significant idea that body image distortion is prevalent in the schools. The authors address the idea of Health Promoting Schools. This is based on the concept that education and health are inter-related. This means that without health, it becomes difficult to successfully learn. On the other hand, it also means that learning is an essential factor for one to be healthy. The Health Promoting Schools concept supports the improvement of health not only in children, but also in school staff, families, and in the community. This concept promotes focusing on dieting prevention and health issues across all subject areas. Training of school staff may be needed for the better understanding of body image and eating problems. The authors strongly support prevention programs in the schools for both children's health and education.

Abraham and O'Dea (2000) support the previously discussed article's preventative focus. In their study, Abraham and O'Dea observed the outcome of a school self-esteem program's effects on body satisfaction and attitudes about eating in adolescents. The study concluded that this program considerably

improved body image and self-esteem in boys and girls. This research also noted that one year after the program; the changes in students' body images were still prevailing. This intervention program was also noted as being liked by students.

Another study with a preventative approach looked at effects of a stress management program in the classroom. It was reported that the program had several beneficial effects, including the fact that students reported an increase in self-esteem (Jackson & Owens, 1999). As these studies suggest, preventative programs can have extremely advantageous effects for students in relation to body image and self-esteem. Therefore, this study intends to examine the body image of elementary and adolescent students in relation to the availability and usefulness of preventative programs in elementary schools.

Statement of the Problem

The purpose of this article was to review the literature to determine whether elementary students are experiencing dissatisfaction with their body images. Also, the paper reviewed literature to see if preventative services related to body image dissatisfaction have been reported as being effective. After reviewing the literature, a foundation of recommendations was presented for present and future research in this field of study.

Definition of Terms

Body Image – Perceptions, thoughts, and feelings a person has about his or her physical appearance (“Focusing On Body,” 1999)

Preventative programs – Programs used in the prevention of body image and eating disturbances.

Assumptions

It is assumed that the following literature will clearly show that elementary students are dissatisfied with their bodies, and therefore need preventative services in that area. In addition, potential causes related to body image dissatisfaction are likely to help determine a need for preventative sources. Finally, preventative programs will be proven to contribute to a healthy body image and a decrease in eating disordered behaviors.

CHAPTER TWO

A Literature Review

Introduction

This chapter reviews the literature related to body image; primarily, elementary students' body image satisfaction will be reviewed. Potential causes of body image dissatisfaction in adolescence and pre-adolescence and the need for prevention programs will be addressed. Finally, prevention program effectiveness on body image and eating disordered behavior will be evaluated.

History of Preadolescent Body Image Findings

Body satisfaction in our society today is difficult to acquire. It is very common to see and hear people discuss their bodies in a discontented manner. Studies have been presented in the area of body image satisfaction, particularly with adults. However, body image in pre-adolescence has long been forgotten in the literature until recently. Some recent studies have indicated that body image dissatisfaction happens at an early age. In *Women's Health Weekly*, "Girls Can Internalize" (2001) reports that it is common to witness girls as young as 10 years old dieting. The article suggests that more studies need to be conducted with pre-adolescent participants.

Many studies on child body image have proven that pre-adolescent participants are concerned about their body image. Several of these studies obtain these results by having children estimate their own body size. A common method used to do this is by having children look at figure line drawings or silhouettes of children's bodies (Friedman, et al., 1999). One of the first studies

to ever employ this method with preadolescent children was conducted by Daniels, Maloney, McGuire, and Specker (1989). Their study involved 318 children between 7 and 13 years of age. They revealed that 45% of these participants desired a thinner body, and 37% had used dieting in an attempt to lose weight. They also revealed that 6.9% of participants were proven to be in the range of anorexia when scoring on the Children's version of the Eating Attitudes Test (ChEAT) (Daniels, Maloney, and McGuire, 1988). This study revealed that preoccupation with weight, which was found to be very prevalent in adolescence, might actually begin prior to that, in preadolescence. This revelation was a turning point in the literature. Eventually, several studies would follow, using a very similar method.

A comparable trend has been found in research over the past decade. These studies tend to confirm that body dissatisfaction develops in preadolescence. Gullone and Kostanski (1999) reported a study conducted by Kunhert, Lawrence, Powell, and Thelen (1992). In this study Kunhert, et al. evaluated eating and body image problems with children in Grades 2, 4, and 6. This study demonstrated that weight concern in young girls begins between second and fourth grades. Fourth and sixth grade girls were more preoccupied with weight gain than were second grade girls and wanted to be thinner than they were at the time of the study. This study helped to illustrate that students feel pressured at a very young age to be thin.

Farnill, Griffiths, and Rolland (1997) supported previous findings that children were displeased with their body images. Participants ranged from 8 to

12 years of age. In their study, they concluded that both boys and girls were unhappy with their current body size. Participants also reported trying to lose weight (40% girls and 24% of boys). Using the Children's version of the Eating Attitudes Test, it was discovered that students in third grade reported much higher scores than did students in fourth- through sixth-grades. This study, again, implied that body image dissatisfaction and eating problems occur at a much younger age than once thought.

Using the figure line drawing procedure in their study with 189 children between 7 and 13 years of age, Friedman et al. (1999) established several important findings. Girls thought of themselves as having smaller bodies than boys. However, girls ideally wanted to be even smaller than they perceived themselves to be. This is evident because girls showed a difference between perceived and ideal size. Hence, girls show higher levels of body image frustration than boys. Being that eating disorders may stem from body dissatisfaction, this is a disturbing result. This study also revealed that when girls compare themselves to other girls, they chose a smaller ideal body size for themselves and a larger size for other girls. This exposes the fact that young girls are already setting impractical goals for their own body images (Friedman et al., 1999). This study makes a valid point that girls, more than boys, are already striving to reach their own, impractical aspirations, at a very young age. As noted, this not only has implications leading to decreased body satisfaction, but it also implies that future eating disordered behavior may result.

Body image dissatisfaction in children has been noted in several studies. This dissatisfaction causes concern for children's nutritional status and future psychopathology. Gullone and Kostanski (1999) have replicated previous finding that body image in pre-adolescents is a cause for concern. In their study, they investigated the relationship between body image dissatisfaction, restrictive eating behaviors, and knowledge of dieting. They sampled 431 students in grades 2, 3, and 4. A sentence completion, figure rating scale, and Children's version of the Eating Attitudes Test (CHEAT) (Daniels et al., 1989) were used to complete their findings.

Results from their study revealed that child participants were aware of dieting and knew well what the term involved. Also, 7 year old children were unhappy with the way their bodies looked. In addition, results showed that 7 year old children and 10 year old children were equally as discontented with their body image (Gullone and Kostanski, 1999).

These results are an important addition to the body image literature. Awareness that second grade students are equally as dissatisfied with their bodies as fourth grade students is a contrary finding to many other hypotheses. Previously, studies suggested that notable body dissatisfaction is not suspected until 8 or 9 years of age. Another key finding that this study lends is the correlation between dieting and body image. This information helps us to recognize the need for awareness of students' current and future nutritional health.

Recent studies have been working toward the development of a pictorial scale that is a more accurate measure of body image in young children. As noted earlier, previous studies have used the figure line drawings or silhouettes to characterize children's bodies in different sizes. Paxton and Truby (2002) conducted a study with the objective to develop a scale that was appropriate across genders and more realistic looking to help with the accuracy of results. Participants ranged from 7 to 12 years of age. Children were asked to look at the Children's Body Image Scale (CBIS) (Paxton and Truby, 2002) that was developed for the study. Participants were then asked to find the figure that they thought looked most like themselves. Next they were asked to pick the shape that they desired to look like. Their study concluded that the CBIS was a reliable instrument for children of both genders. None of the participants chose an ideal body size that was larger. Girls generally picked a size that was smaller than their perceived size. Boys also did but they still picked a size higher than did the girls. In this case, the results support prior findings that body image dissatisfaction is occurring in children, especially girls.

This study helps to address an important concept in the child body image literature. This is the concept of a reliable pictorial scale. Without a reliable scale, results may be tainted. These results have offered the CBIS as another tool in the use of future body image studies. Conclusions have also given support to previous research by reporting that body image dissatisfaction is extremely prevalent in preadolescent students.

In conclusion, the literature supporting body image dissatisfaction in preadolescence is becoming more established. Body image dissatisfaction is a significant concern for all ages and it is essential that we do not leave preadolescence behind in the literature. In order to determine ways to prevent this problem we must first address the age of onset, which has widely been noted as being preadolescence. We must also determine causal factors associated with it.

Causal Factors of Body Image Dissatisfaction in Preadolescence

Uncovering contributing factors leading to body image dissatisfaction adds further support to the literature. Many studies have speculated about the possible reasons that a child may become unhappy with his or her body. Preadolescence is a time in which children receive enormous pressures. The time in life just before adolescence until womanhood is a "...period when girls begin to revise their self-images based on information that the culture dictates as the norm" (Lanoux and O'Hara, 1999, n.p.). Notably, influencing factors can make or break a child's self image.

Media Influences

Media is one of the leading sources of pressures on our society to be thin. Increasingly, there has become a thin ideal by which people are expected to live. According to McCarthy (1999) television and paper ads are offering to help people achieve the ideal body. These ads are offering ways to enhance one's body in order to "find fulfillment and self-esteem..." (n.p.). In actuality, McCarthy states that the ads are leading us into the "...Barbie Doll culture..." (n.p.). We

are offering unfair and misleading choices to both boys and girls. We are giving children messages that in order to feel good, they must look good. According to McCarthy, this is a very dangerous and confusing way for both boys and girls to grow up.

Cultural ideals are changing drastically and media influences are often seen as responsible. According to Lanoux and O'Hara (1999), during the 1950s, the average model weighed 140 pounds and was five feet and four inches tall. In 1999, the average model was five feet and ten inches tall and weighed 110 pounds. Our society and the media use beauty and ideal thinness as a method to sell products. This media exposure is teaching children that they should acquire certain characteristics by the time they are adults. Cultural role models are now being based on looks alone over any other single characteristic. The Barbie Doll, for instance, is unrealistically ideal, especially her body shape. Lanoux and O'Hara note that we can only hope children unlearn the things that this doll teaches them.

Studies have proven that media is a defining factor when it comes to the issue of body image. In *Women's Health Weekly*, "Girls Can Internalize" (2001) reports findings of Neumark-Sztainer and Sherwood (2001). In their study, they surveyed Girl Scouts who were about 10 years old. This study wanted to determine whether girls felt that magazines and media pressure influences their desire to be thin. It was concluded that participants conveyed overall "...dissatisfaction with their stomach, thighs, and body weight..." (n.p., as seen in "Girls Can Internalize", 2001). When asked if they thought the media influences

people's thoughts and behaviors, 75% of the girls stated they agreed. In reporting these findings, "Girls Can Internalize" (2001) is supporting the idea that media can have dangerous control over children's attitudes about their bodies.

Research has generally supported findings that television viewing can be harmful to a person's body image. In the event that more research has proven eating disturbances and body dissatisfaction in grade school children, it has become important to pinpoint an age when watching television influences a child's body perceptions (Harrison, 2000).

In her study, Harrison (2000) surveyed 303 first- through third-grade children. She was testing to determine whether exposure to television correlates with children's choice of a lean body image, fat stereotyping, and disordered eating. She also was testing to find out whether a child's interpersonal attraction to a thin television character would be related to the three variables stated above (choice of lean body image, fat stereotyping, and disordered eating). Harrison tested the amount of television each child watched per day. She then found out which characters the children were interpersonally attracted to, participant's body image ideals, fat stereotyping, and symptoms of disordered eating.

In this study, Harrison (2000) found "...five broad patterns in [her] data..." (Harrison, 2000, n.p.). First, she found that the amount of television a child viewed was a positive predictor of disordered eating. However, it did not predict that children would favor a thin body shape. According to Harrison, this implies that boys and girls may begin practicing the behaviors they see on television before they develop the belief that a thin body is ideal. Next, she found that with

increased television viewing, boys tended to notice a fat girl and disapprovingly label her. This suggests that before children believe a thin body to be ideal, they are learning that the television negatively portrays fat bodies. Third, girls who believed their current size to be healthy tended to have a high attraction to average-weight female television stars. This could mean that these types of role models are healthy for girls to have. Fourth, interpersonal attraction to characters of the opposite sex was a predictor that girls would take personally what male character did on the television show, when boys did not do this. Finally, Harrison (2000) found that her analysis, contrary to previous studies, "...produced some gender differences..." (Harrison, 2000, n.p.).

Studies such as those above are facilitating in the battle against child body dissatisfaction. The research findings help to uncover areas in the media that may be detrimental to a child's physical and mental health. In most cases, these studies offer statements about prevention and intervention programs. Harrison (2000) states that it is "only through an increased understanding of how children...may develop damaging body standards through early-life media exposure can we increase our understanding of how interventions...maybe adapted to a child audience..." (n.p.).

Parental and Peer Influences

As of late, more studies have been addressing the fact that parents may contribute to children's body dissatisfaction and eating problems. This can occur when parents create a home atmosphere that tends to stress thinness as an ideal. Also, parents making direct comments about their children's body or

weight may shape concerns or disturbed eating (Levine, Schermer, and Smolak, 1999).

Levine et al. (1999) conducted a study that examined the role mothers and fathers play in their children's body esteem, weight concerns, and weight loss attempts. Parents of fourth- and fifth-grade girls and boys were surveyed. This survey required statements about their personal dieting, weight dissatisfaction, and criticisms about their bodies. Parents were also asked to report the incidence of comments that they made with regards to their child about child's weight and shape. Children of these participants were also surveyed about their body esteem and dieting attempts.

Results revealed that comments made by parents to their children were a stronger influence over child shape concern than did parent modeling. This was particularly true with comments coming from the mother. However, parent modeling dieting and body image behaviors had an impact on children's thoughts and actions. Overall, results proved to be greater for girls than boys.

Studies related to parental involvement in their children's body shape and weight concern have proven results that may be influential in the development of intervention programs for child body image dissatisfaction. Levine et al. (1999) discuss that because parents have a large influence over their children's body related attitudes, this "such parental behavior may be an appropriate target in prevention programs" (p. 263).

The literature has also noted that peer influence may play a role in child body perception. Teasing and joking can be hurtful in any situation, especially

when dealing with body image. In their study on children's perceived and ideal body image, Friedman et al. (1999) report findings that may seem contradictory to this. However, they note in their study that teasing by peers has been proven in past studies as a predictor for body image problems. In one survey, boys were asked whether they thought girls needed to be thinner. Boys reported that girls did not need to look thinner and girls looked okay the way they were at the time of the study. Girls had a much different view of their individual ideal size. They felt that they needed to look thinner and were dissatisfied with their current size. In this event, it seemed that girls were putting pressure on themselves to meet their own personal aspirations and they were not feeling affected by what boys thought. However, Friedman et al. conclude that, because boys did not express a need for girls to look thinner, it would be interesting to observe whether teasing is received from boys or if it is coming from other girls. This study may further benefit from inquiring into this possible trend of other girls effecting girl's body image.

Sexual Abuse

A growing trend in the literature has recently linked children with a history of sexual abuse as being at risk for eating disturbances and body dissatisfaction. These results have been supported with adult participants. However, it is noted that conducting studies with children may be more reliable because the accounts of abuse are more recent and the studies rely less on long term memory of events following the abuse (Crosby, et al., 2000).

A study by Crosby et al. (2000) was conducted to test whether sexual abuse during childhood increases the occurrence of disturbed eating in children. This study was done, in part, to see whether girls who were sexually abused would report more body dissatisfaction than girls who were not abused. Furthermore, the study was looking to determine whether sexual abuse with the interaction of other forms of abuse would create greater levels of disturbance in children's body image and eating disturbance as compared to sexual abuse on its own.

Participants completed several surveys. A childhood trauma questionnaire was used to allow children to self-report their experiences with abuse. A body rating scales was also given to determine perceived body image satisfaction. The risk factors for the development of eating problems were recognized through the use of the McKnight Risk Factor Survey (MRFS-III) (Donnelly, Iacono, and Sherman, 1995). Finally, participants were asked to fill out a Kids' Eating Disorders Survey (KEDS) (Brewerton, Childress, and Jarrell, 1993). This survey is used to identify and prevent eating disorders. Results proved that abused participants had higher extremes of weight dissatisfaction and disordered eating patterns than non-abused participants. In addition, abused children were more likely to restrict their eating when they felt stressed and were also more likely to yearn for a thinner body image than their current shape. These results are a significant addition to the literature determining child abuse as a factor leading to body image dissatisfaction and eating disturbances.

As more studies are developed that support these findings, more programs can be developed that address these issues.

Prevention of Body Image Dissatisfaction in Children

An overwhelming amount of literature has addressed the prevention of body image problems in pre-adolescents. Kater, Londre, and Rohwer (2002) state that because our society focuses on a “slim ideal...Prevention is the only pragmatic and humane solution” (n.p.). Furthermore, “Girls Can Internalize” (2001) notes that prevention programs must be available to help girls evaluate messages they are receiving from the media.

Caywood (1998) discussed the importance of changing girls’ attitudes toward their bodies. The article suggested that we should screen the images that young females see and hear related to body image, including damaging media messages, pornography, and peer pressure. Some suggest that librarians can restrict the content of material that young girls are viewing. These librarians can then help project student’s interest in areas that help females discover themselves in a healthy way. However, Caywood also discussed the importance of having adult role models who are there for these girls. Students need someone who is willing to “...listen, care about them, and stay present in their lives” (n.p.). Planning activities that involve family members and bringing students together with their parents are noted as being equally as important.

Jackson and Owens (1999) argued the importance for using stress management tools with students. They discussed the fact that children have enormous amounts of stress in their lives. By helping children identify the stress

factors in their lives and helping them to employ stress management techniques, it will serve not only the students, but the teachers as well. Jackson and Owens also suggested having children keep a daily stress log, using imagery exercises, and using statements and suggestions to help children handle stress. The authors noted that one benefit that may result when children employ these strategies is that their self-esteem will increase. Some of these activities, in turn, can improve body image and health.

This is an effective strategy that begins with a very important factor, stress, which might lead to body image dissatisfaction. Earlier, it was noted that parental and peer pressures can add stress into a child's life (Levine, et al., 1999; & Friedman et al., 1999). By helping them to deal with this stress, students may benefit in several areas of their lives.

Programs for self-image improvement can be extremely beneficial. Maynard (1998) suggested that using certain steps can help people to learn to accept themselves and their bodies while also improving self-esteem. The author stated that a person must become aware of his or her positives in order to build self-esteem. To facilitate building body-esteem, a person should accept that his or her body is changing, decide what societal pressure is making you feel badly about yourself, exercise, accentuate your positive qualities, make friends with your mirror image, question advertisements, get rid of dieting and the scale, and be an example to others. Maynard (1998) stated, "...accepting yourself is the starting point" (n.p.). This article included several ideas that can be used to

improve not only body image but also self-esteem. These concepts taken together can assist in a person's personal, emotional, and physical development.

As noted by O'Dea (2001), the World Health Organization (WHO) developed the Health Promoting Schools Framework in 1998. This framework promotes the support of all activities that advance health not only in the schools, but also in the community. This incorporates all persons involved in the students lives, including teachers, school staff, other students, local community members, and parents. This is done in a manner that makes schools and communities healthier, in turn, making students healthier and happier. O'Dea recognizes some successful strategies that schools have used. These include anti-teasing programs, peer support, community referral programs, customized sports uniforms, teaching positive features of growth and development, an inspection of teacher attitudes with relation to their own weight and body image, positive focus on food, encouraging physical activity that is both fun and healthy, and eating without guilt. O'Dea discussed that an affective approach can be to focus on gaining positive approaches rather than on the reduction of negative approaches.

In addition to the above activities, it is stressed that self-esteem approaches have been shown to improve body image. Building up general self-esteem has recently been considered one of the most effective ways to approach body image and eating disturbances (O'Dea, 2001). Using these activities has proven effective with children. An overall approach of working with self-esteem while using the Health Promoting Schools Framework can address a number of factors that may be responsible for body image dissatisfaction in children.

Obviously, there are several different approaches that can be taken when dealing with the prevention of body dissatisfaction. Determining which program to use can be difficult. Prevention programs have been evaluated to determine their effectiveness. Also, issues regarding prevention programs' ability to help versus harm children have been addressed in the literature. It is essential to consider these concepts when implementing an intervention program.

Effective Prevention Programs

Research determining the effectiveness of prevention programs of body dissatisfaction is a required tool when determining whether or not to implement such a program. However, one thing is for certain, we face many challenges when attempting to prepare children to resist societal pressures related to an ideal body image. A study by Kater et al. (2002) determined the effectiveness of the 11-lesson curriculum "Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!" This curriculum was offered to upper elementary school children. Students received pre-tests and post-tests regarding the following issues: self concept and body image; understanding of the biology of size, shape, and dieting; body size discrimination; awareness of media; self-image; and lifestyle behavior. Two groups were involved with the study: one was exposed to the curriculum and the other was not.

Significant results were revealed. Overall, sizable changes were shown for children receiving the curriculum over those who had not received the curriculum. Knowledge about size, shape, and dieting improved for students getting the lessons. Also, boys' prejudiced attitudes about body size were

decreased. Boys and girls capacity to think about media messages regarding body image increased. There was no change in body image for participants, but authors note that this result was not expected. Student's body image was not a concern before the study took place. They stated that the purpose of prevention programs is to address body image before a problem arises. Their study was attempting to change attitudes and build healthy beliefs, which it did, in most cases.

Prevention programs have been used in the middle and high school levels, in addition to elementary schools. Studies have been completed in these upper age levels to test for effectiveness. Nathanson, Nelson, Phelps, and Sapia (2000) conducted such a study using middle school, high school, and college females. The purpose of their study was to increase resiliency in students while explaining risk factors that are involved in disordered eating. Using a six-session eating disorder prevention program they attempted to reduce social pressures to be thin, increase self-esteem, build personal competence, reduce body dissatisfaction, explore appropriate weight control methods, and answer questions students may have on the topic. The program proved to be effective on all levels. Particularly effective were the higher levels of high school and college females.

Importantly, studies have been attempting to prove long-term effects of body dissatisfaction prevention programs. Results proving long-term effects add to the validity of other studies completed in this field. Abraham and O'Dea (2000) studied not only the effectiveness of a school based self-esteem program, but

they also tested for these programs' long-term influences. They aimed to build body image by improving overall self-esteem. The program included six lessons: dealing with stress, building a positive sense of self, stereotypes in our society, positive self-evaluation, involving significant others, relationship skills, and communication skills.

This program was reported to have significant effects. Body image satisfaction and self-esteem were improved. This study also proved long-term effects. Body image and attitude improvements were still present one year after the study was conducted. The authors report that this intervention was rated highly by student participants. It was also proven to be a safe and effective way to address body image concerns that are present in the schools. Authors noted that this intervention was especially effective if it was supported by teachers and parents (Abraham and O'Dea, 2000).

Several programs have been reported as being effective. However, long-term effects are not always proven. This is a missing piece in the literature. However, proven effectiveness is a movement toward positive change.

Ineffective Prevention Programs

Not all studies evaluating body dissatisfaction prevention programs concluded to be successful. Several programs demonstrated that interventions have strong short-term effects. However, long-term effects are often failed to be evident. Moreover, some research studies have proven harmful effects to be the result of an intervention.

Carter, Dunn, Fairburn, and Stewart (1997) tested a school intervention that was created to decrease dieting. Fifty school-girls participated in the program. The prevention program was comprised of eight sessions. Participants were asked to keep self-monitoring records of their eating habits for a 2-week period. Self-report questionnaires were filled out before and after the intervention program took place.

Immediately following the 8-week prevention program, there was an increase in knowledge about disordered eating and body image dissatisfaction. Also, there was a decrease in the behaviors and attitudes that the intervention was targeting. Although these two positive effects seem impressive, the authors report that long-term effects were very different. The effects initially measured disappeared 6 months after the intervention. Furthermore, not only had the significant findings diminished after 6 months, there was also an increase in dieting. Authors discussed that this conclusion leaves implications that prevention programs used in the schools may be more harmful than they are valuable. This suggests a real danger. However, the authors argued that, in the event that this study was only a pilot study, solid conclusions could not be made at this stage and future research was suggested (Carter et al., 1997).

Similarly, O'Dea (2001) suggested that harmful effects were possible from prevention programs. This is often the case because the intervention may draw student's attention to imperfections in their bodies that they were not previously aware of. Also, students learn and hear about unhealthy eating practices and consequently may decide to implement them as their own.

Carter, Drinkwater, Fairburn, Hainsworth, and Stewart (2001) conducted a study that found related results. The goal of their study was to evaluate a 6-week, school prevention program that was designed to reduce dieting and concern about weight and body shape. Four hundred and seventy-four girls were included in the study. Surveys regarding weight concern, disordered eating practices, and knowledge of eating disorders were filled out directly before and after the intervention. Also, a 6-month follow-up required participants to fill out the surveys again.

Their study suggest that directly after the intervention there was a change in attitudes about body shape and also a reduction in restrained eating habits. However, these results were minimal. At the 6-month follow-up, the reduction was not sustained. In fact, they found that there was an increase in restrained eating and that eating disorder symptoms had worsened. This, again, addresses the fact that intervention programs may have negative effects in the long-term.

This study provides evidence that the prevention program produced changes. However, the authors make it clear that these changes were small, especially at the 6-month follow-up that concrete conclusions were difficult to make. They advise that it may be more beneficial to design a program to work with a group of children that are high-risk dieters (Carter et al., 2001).

Marginally Significant Results

Often, as stated earlier, studies concluded that the intervention program held significant results. However, in many cases, only marginal significance can be obtained. In this event, these results are frequently presented in a manner

that opposes the use of preventative programs. One such study was developed to evaluate the success of two interventions (Baranowski and Hetherington, 2001). The aim of these interventions was to improve self-esteem and eating behavior in preadolescents. The programs lasted 5 weeks and were administered during the school day to two groups of female children. A 6-month follow-up was used.

Following the study, restrained eating habits were found to decrease in both groups of preadolescent females. Self-esteem improved, but only slightly. Baranowski and Hetherington (2001) point out that, although self esteem was only somewhat improved, this slight improvement is an important tendency to notice. This was advised because self-esteem has been recognized as a risk factor for disordered eating and body image dissatisfaction. Being that there was no statistical significance, the study was presented as having an unfavorable sentiment toward prevention programs.

Another study providing minimally statistic results was an evaluation of two one-shot prevention programs (Bazzini and Martz, 1999). Two studies were conducted; the second was completed in an attempt to strengthen the first studies' results. Study one used scales and questionnaires to determine current dieting, recognition and acceptance of current appearance, body satisfaction, weight, and demographic information. Results, although statistically significant, revealed only small effects. The dieting was lowered in the experimental group as compared to the control group. Also, the experimental group reported greater body esteem after the intervention as compared to controls. These results were

regarded as only being provisional due to the small amount of support for significance (Bazzini and Martz, 1999).

Bazzini and Martz conducted study 2 in an attempt to increase the validity of Study 1. Despite some alterations, the procedures were the same. This new and improved intervention did not affect participants in a different manner. In fact, results showed that experimental participants participated in less dieting but also reported less body esteem after the intervention. These results were initially contradictory. In an attempt to explain these results, the authors stated that the intervention may have increased participant's awareness of their own bodies, therefore lowering their overall esteem. Another possible explanation given was that it is possible that while dieting, participants tended to feel better about their bodies in an attempt to lose weight (Bazzini and Martz, 1999).

The results supporting the ineffectiveness of specific prevention programs for body dissatisfaction are vital to the literature. It is necessary to understand the effects of an intervention before implementing it. It is important to keep in mind that much of this literature does, in fact, prove significance. Although very small results are proven, statistical significance is plainly the result.

Important Factors Related to Prevention Programs

Using Interventions relating to body image dissatisfaction can be a very sensitive process. As noted above, the effectiveness of such programs can be misleading. There can be several concerns involved in the use of prevention programs. Addressing these concerns before employing a program is crucial.

Using group processes as interventions can create delicate situations that must be acknowledged in advance. DeLucia-Waack (1999) discussed that it is possible for students involved in a body image or eating disorder group to over identify with one another. This over-identification may then lead to counter transference and group facilitators must be aware and observant.

The article suggests that group facilitators must be aware of the possibility that they might identify with students involved in the group. This is true, especially if the supervisor has or has dealt with body image and eating related problems. This can create a challenge for the facilitator and could interfere with the group process (DeLucia-Waack, 1999).

Counter transference was addressed in this article by stating that the supervisor of the group must be aware of the affects the group may have on themselves. It has been noted that facilitators have been influenced by hearing about the body image dissatisfaction and eating problems. This, in turn, may lead to the development of his or her own issues (DeLucia-Waack, 1999).

Maloney and O'Dea (2000) have also identified possible concerns involved with implementing a prevention program. They noted that a major problem that has been identified is the fact that such an intervention may have opposite effects as hoped for. These programs may glamorize the ideas behind body image. In other words, students may put into practice what the program is advocating for them not to do. The intervention may give them new ideas and may teach them things that they were unaware of previously. For example, if the

intervention discusses certain dieting behaviors that are unhealthy, the student may learn a new dieting technique to put into use.

In addition, teachers or counselors who are supervising the prevention program must be aware of their own feelings and ideas on the topic. It is suggested that the supervisor examine his or her internal beliefs about body image, food, and weight prior to delivering the program. If a counselor or teacher is unaware of his or her beliefs on this issue, he or she may be unintentionally transferring them onto the students. This can lead to a potentially dangerous and unethical situation (Maloney and O'Dea, 2000).

The hazards issued when developing a prevention program can be intimidating. This literature only furthers the concept that one must use caution when implementing an intervention. The warning signs given can further our knowledge of what to expect in these situations and can also help to continue to prepare us.

CHAPTER 3

Critical Analysis

Introduction

In performing a detailed and complete review on the topic of childhood body image, this chapter will evaluate the information briefly. A summary of the literature will be given, discussing the main points and important findings. An evaluation of these findings will be made. Finally, recommendations for further research in the area of childhood body image will be expanded.

Summary of Findings

The history of childhood body image research has proceeded for over a decade. Consistently, researchers have proven that body image distortions begin at a very young age. Studies have noted children as young as 7 years of age being plagued by unhappiness with their bodies.

Several causal factors have been related to childhood body image deficits. These include, but are not limited to, media influences, parent and peer influences, and sexual abuse. It has been proven time and time again that the media can have a negative effect on body image. Children are known to watch television. Advertisements, television shows, and movies have been pinpointed as dangerous for children's body satisfaction. Society has placed a standard on ideal beauty. That ideal beauty is portrayed through the media. Studies report that children who watch television often feel affected by the idealized beauty and thinness that is portrayed.

Parent pressures have also been suggested as problem factors. Parents who make comments to their children about their weight or model dieting behaviors in front of their children can hurt a child's self esteem. If a child is repeatedly being told to lose weight, or consistently sees a parent unhappy with his or her own weight, this child will eventually learn and adapt this behavior.

Sexual abuse is yet another factor that may contribute to low body satisfaction. Studies have shown that children coming from abused backgrounds feel more unsatisfied with their bodies when compared to children who were not abused. Also, abused children tend to report more eating restrictive behaviors when they are feeling sad.

Preventative programs were another large focus in the literature review. Such programs were evaluated as being effective, non-significant, and ineffective. Several studies reported that interventions related to body image are important and useful. Increasing a child's self-esteem has been shown to improve healthy body images. Also, stress reduction programs have been reported to improve self-image. Including all influencing factors in a student's life has been suggested as being extremely beneficial. For instance, including parents, teachers, peers, and community can benefit much more than solely concentrating on body image at school.

Various studies have found prevention programs to be ineffective and even harmful. Those studies having only slightly significant results tended to oppose intervention programs. Some studies proving ineffectiveness were proven to have short-term but no long-term effects. Others were proven to have

damaging effects in the long-term. It was reported that some interventions actually increased the rate of eating disturbances and body image dissatisfaction 6 months after the intervention took place. Studies warned that care must be taken when implementing such a program. One must be prepared for countertransference, glamorization of the topic, and over-identification. These issues can harm both a student involved in the program and the supervisor facilitating the program.

Conclusions

Many studies related to body image have focused on adult and adolescent body perceptions. An overwhelming amount of research has suggested that elementary age children are suffering from distorted body images. These studies have added a valuable component to body image literature. In adding child perceptions into this literature, research has further called for the importance of the prevention of body image dissatisfaction. However, establishing a set age and causal factors for which these preventative programs should focus on has not clearly been established. The research addressing the possible factors leading to body image distortions has been extremely beneficial.

Along these lines, research focusing on causal factors leading to body dissatisfaction or eating disturbances is extremely prevalent. These studies reveal factors such as peer teasing, parental comments and modeling, history of abuse, and media influence that are detrimental to a child's self-image. In particular, the media was noted to promote an ideal standard of thinness and

beauty that all Americans should abide by. Our children see these standards and often surrender to them.

Developing a healthy body image seems almost impossible when we consider all of the hurdles one must overcome. However, literature has a wealth of information related to prevention programs. These interventions can help a student to build healthy and realistic perceptions about themselves and their bodies. Research has proven three main facts about prevention programs related to body image: prevention programs are effective, prevention programs are ineffective, and prevention programs are harmful. Although the literature is somewhat confused, the concept that one can implement a successful intervention if using caution seems to be the bottom line. In doing nothing, we are doing a great disservice to our students.

Recommendations

Several recommendations about child body image and body image prevention programs have resulted from compiling this literature review. The literature has recommended that schools take seriously the risk our students of all ages may encounter with regards to body image problems. One recommendation is to restrict the various media that children are introduced to. Next, there is a need for more prevention programs that are specifically designed for addressing elementary students' body image. It is advised that caution be used in implementing prevention programs, at every age level. Finally, there is a need for further study on the topic of child body image prevention. A proposal for a possible future study in this field has been created.

This study should focus on at least two separate populations for the research. The first population could be third-grade elementary students who receive the intervention and the second population could be third-grade elementary students who do not receive the intervention. A preventative lesson could be taught to one of the third-grade classrooms. The other class would receive a different lesson, unrelated to body image. A week later, the researcher could enter both classrooms again to administer a questionnaire regarding perceived and ideal body image.

It is important to be conscious of the limitations that this potential study involves. Being that the study suggests only taking a sample from one elementary school; the findings may not generalize well into the population of all third-grade students. Also, since the recommended study only requires one preventative lesson to be taught, results may be inaccurate.

REFERENCE

- Abrahams, T., & Billingham, R. (1998). Parental divorce, body dissatisfaction and physical attractiveness ratings of self and others among college women. *College Student Journal, 32*, 148-152.
- Abraham, S., & O'Dea, J. (1999). Onset of disordered eating attitudes and behaviors in early adolescence: interplay of pubertal status, gender, weight, and age. *Adolescence, 34*, 671-679. Retrieved August 20, 2002 from Wilson Web Database Collection.
- Abraham, S., & O'Dea, J. (2000). Improving the body image, eating attitudes, and behaviors of young male and female adolescents: a new educational approach that focuses on self-esteem. *International Journal of Eating Disorders, 28*, 43-57.
- Baranowski, M., & Hetherington, M. (2001). Testing the efficacy of an eating disorder prevention program. *International Journal of Eating Disorders, 29*, 119-124.
- Bazzini, D., & Martz, D. (1999). Eating disorders prevention programming may be failing: evaluation of 2 one-shot programs. *Journal of College Student Development, 40*, 32-42.
- Brewerton, T., Childress, A., & Jarrell, M. (1993). The Kids' Eating Disorder Survey (KEDS): internal consistency, component analysis, and reliability. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 843-850.

- Carter, J., Drinkwater, J., Fairburn, C., Hainsworth, J., & Stewart, A. (2001). Modification of eating attitudes and behavior in adolescent girls: a controlled study. *International Journal of Eating Disorders, 29*, 107-118.
- Carter, J., Dunn, V., Fairburn, C., & Stewart, A. (1997). Primary prevention of eating disorders: might it do more harm than good? *International Journal of Eating Disorders, 22*, 167-172.
- Caywood, C. (1998). Perfect princesses. *School Library Journal, 44*, 63.
Retrieved October 26, 2002 from Wilson Web Database Collection.
- Crosby, R., Demuth, G., Haseltine, B., Mitchell, J., Roberts, J., Thompson, K., et al. (2000). Relationship of childhood sexual abuse and eating disturbance in children. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 1277-1283. Retrieved July 14, 2002 from Wilson Web Database Collection.
- Daniels, S., Maloney, M., & McGuire, J. (1988). Reliability testing of a children's version of the Eating attitude test. *Journal of the American Academy of Child and Adolescent Psychiatry, 27*, 541-543.
- Daniels, S., Maloney, M., McGuire, J., & Specker, B. (1989). Dieting behavior and eating attitudes in children. *Pediatrics, 84*, 482-487.
- DeLucia-Waack, J. (1999). Supervision for counselors working with eating disorder groups: counter transference issues related to body image, food, and weight. *Journal of Counseling and Development, 77*, 379-388.

- Donnelly, J., Iacono, W., and Sherman D. (1995). Development and validation of body rating scales for adolescent females. *International Journal of Eating Disorders*, 18, 327-333.
- Farnill, D., Griffiths, R., & Rolland, K. (1997). Body figure perceptions and eating attitudes among Australian schoolchildren aged 8 to 12 years. *International Journal of Eating Disorders*, 21, 273-278.
- Focusing on body image dissatisfaction (1999, February). *USA Today*, 127, 3-4. Retrieved October 26, 2002 from Wilson Web Database Collection.
- Foshay, A. (1996). The physical self and literature. *Journal of Curriculum and Supervision*, 11, 341-350. Retrieved July 14, 2002 from Wilson Web Database Collection.
- Friedman, B., Gardner, R., & Jackson, N. (1999). Hispanic and White children's judgments of perceived and ideal body size in self and others. *The Psychological Record*, 49, 555-564.
- Girls can internalize negative body images even as pre-adolescents. (2001, March 22). *Women's Health Weekly*, p. 13. Retrieved March 10, 2002 from Wilson Web Database Collection.
- Gullone, E., & Kostanski, M. (1999). Dieting and body image in the child's world: conceptualization and behavior. *The Journal of Genetic Psychology*, 160, 488-499. Retrieved October 26, 2002 from Wilson Web Database Collection.

- Harrison, K. (2000). Television viewing, fat stereotyping, body shape standards, and eating disorder symptomology in grade school children. *Communication Research, 27*, 617-640. Retrieved March 10, 2002 from Wilson Web Database Collection.
- Jackson, J., & Owens, J. (1999). A stress management classroom tool for teachers of children with BD. *Interventions in School and Clinic, 35*, 74-78.
- Kater, K., Londre, K., & Rohwer, J. (2002). Evaluation of an upper elementary school program to prevent body image, eating, and weight concerns. *The Journal of School Health, 72*, 199-204. Retrieved August 20, 2002 from Wilson Web Database Collection.
- Kunhert, M., Lawrence, C., Powell, A., & Thelen, M. (1992). Eating and body image concerns among children. *Journal of Clinical Child Psychology, 21*, 41-46.
- Lanoux, C. & O'Hara, E. (1999). Deconstructing Barbie: using creative drama as a tool for image making in pre-adolescent girls. *Stage of the Art, 10*, 8-13. Retrieved October 26, 2002 from Wilson Web Database Collection.
- Laws of physiques. (1996, April). *Discover, 17*, 22. Retrieved October 26, 2002 from Wilson Web Database Collection.
- Levine, M., Schermer, F., & Smolak, L., (1999). Parental input and weight concerns among elementary school children. *International Journal of Eating Disorders, 25*, 263-271.

- Maloney, D., & O'Dea, J. (2000). Preventing eating and body image problems in children and adolescents using the health promoting schools framework. *Journal of School Health, 70*, 18-21.
- Maynard, C. (1998). How to make peace with your body. *Current Health, 2* 25, 6-11. Retrieved October 26, 2002 from Wilson Web Database Collection.
- McCarthy, T. (1999, October 16). Layers of make-up and confusion. *America, 181*, 6. Retrieved October 26, 2002 from Wilson Web Database Collection.
- Measuring up. (2000, November 20). *Time, 156*, 154. Retrieved July 14, 2002 from Wilson Web Database Collection.
- Nathanson, D., Nelson, L., Phelps, L., & Sapia, J. (2000). An empirically supported eating disorder prevention program. *Psychology in the Schools, 37*, 443-452.
- O'Dea, J. (2001). Activities to improve body image and prevent eating problems in children - - a self esteem approach. *Primary Educator, 7*, 3-6.
- Paxton, S., & Truby, H. (2002). Development of the children's body image scale. *British Journal of Clinical Psychology, 41*, 185-203.