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Research Paper

Exploration of body perception and body dissatisfaction in young adults with intellectual disability



Kate Eden, Cathy Randle-Phillips*

University of Bath, Claverton Down, Bath, North East Somerset, BA2 7AY, United Kingdom

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ABSTRACT

Background: People with intellectual disability (ID) are more likely to be overweight or obese. Research has shown that body dissatisfaction is a key factor in influencing unhealthy eating behaviour. More evidence is needed relating to how people with ID perceive their bodies in order to provide effectively targeted weight management programmes.

Aims: This study aimed to investigate whether people with ID have concepts for underweight, overweight and healthyweight, and whether they can apply these concepts to themselves. It also aimed to explore body perception bias through comparison of perceived self to independent figure ratings, and body dissatisfaction through perceived-ideal body discrepancy measurement and a series of open-ended questions.

Method: Mixed methodology was used to explore body perception and body dissatisfaction in 40 young adults with ID compared to 48 individuals without ID. The Stunkard Figure Rating Scale assessed how participants would like to look, and their concepts of weight categories.

Results: Young adults with ID tend to hold positive beliefs about their bodies. Females with ID were likely to underestimate their body size. Individuals with ID understood what is meant by 'overweight', 'healthy-weight' and 'underweight' although these concepts were different to those without ID. Individuals with ID were unable to accurately apply these body size categories to themselves.

Conclusion: These findings suggest that individuals with ID will first need support to understand how concepts of body size apply to themselves in order to facilitate weight management.

What this paper adds

This paper provides novel evidence of the way in which concepts of weight are understood by people with ID, and how they are applied to the self. Interventions aimed at weight loss or weight control in this client group need to take into account that many people may not perceive themselves as having a problem with their weight, despite having a general concept of what is considered a healthy size. Although this is a problem in the general population also, with figures suggesting that only 75% of those who are overweight self-identify as such (Wardle, 2008), this research suggests the figure to be much higher in the ID population, with significant clinical and practice implications. The results of this study raise this issue of to the need to sensitively deliver preparatory work for people with ID to help them to recognise that they may need support with weight management, whilst also recognising the positives of a healthy body image.

* Corresponding author.

E-mail addresses: K.Eden@bath.ac.uk (K. Eden), C.M.Randle-Phillips@bath.ac.uk (C. Randle-Phillips).

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1. Introduction

A growing literature documents the health inequalities experienced by people with Intellectual Disability (ID) compared to the general population (Allerton, Welch, & Emerson, 2011; Emerson, Baines, Allerton, & Welch, 2010). These disparities have been shown in both mortality and morbidity rates (Ouellette-Kuntz, 2005). One particular area of concern is the number of people with ID who are overweight or obese. Prevalence rates vary depending on country but range between 8.5% and 36%, which is consistently higher than rates reported in the general population for the same countries (Grondhuis & Aman, 2013; Rimmer, Yamaki, Lowry, Wang, & Vogel, 2010; Melville, Hamilton, Hankey, Miller, & Boyle, 2007; Stancliffe et al., 2011).

Higher rates of being overweight or obese in people with ID have been suggested to be caused by multiple factors. These include biological/genetic considerations such as a higher prevalence of low metabolic rate and hypothyroidism, particularly in people with Down's syndrome (Bhaumik, Watson, Thorp, & McGrother, 2008), increased likelihood of taking antipsychotic medication where weight gain might be a side-effect (Newcomer, 2005), and barriers to maintaining a healthy lifestyle such as lack of access to leisure facilities due to transport issues, staff shortages and limited income (Messent, Cooke, & Long, 1999). People with ID have also been found to be more likely to have poor dietary habits such as high consumption of sugary foods and low consumption of fruit, vegetables and fibre (Biswas, 2010).

Being overweight or obese not only reduces an individual's quality of life (Hughes, Farewell, Harris, & Reilly, 2006) but is also associated with a range of secondary health problems such as coronary heart disease, type 2 diabetes, breast and colon cancers, gall stones and sleep apnoea (Craig & Mindell, 2011). This demonstrates the huge clinical importance of understanding eating behaviour and weight management in people with ID.

Body dissatisfaction is a key factor in influencing an individual's eating behaviour (Ogden, 2012) and determining whether an individual is motivated to lose weight (Johnson & Wardle, 2005; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Stice, 2002; Stice & Shaw, 2002). Higher levels of body dissatisfaction are often associated with unhealthy eating patterns, including higher levels of restrained eating, emotional eating (Johnson & Wardle, 2005) dieting, and binge eating, as well as reduced fruit and vegetable intake (Neumark-Sztainer et al., 2006).

Body dissatisfaction is conceptualised in several different ways. Firstly, it can be thought of as a distorted body size estimation, where an individual perceives their body to be different from its actual size (body perception bias). This has been documented consistently in the literature relating to males and females without ID (Cohane & Pope, 2001; Gila, Castro, Toro, & Salamero, 1998) and is greater in individuals with an eating disorder (Gila et al., 1998). Secondly, body dissatisfaction refers to having negative feelings and thoughts about one's own body such as wishing to be thinner or wishing to have more muscles (Cohane & Pope, 2001; Gila et al., 1998). Thirdly, body dissatisfaction describes the discrepancy between how one perceives oneself and how one would ideally like to be (perceived-ideal discrepancy). Males often report a desire to be larger than they are and females report the wish to be thinner (Silberstein, Striegel-Moore, Timko, & Rodin, 1988). This perceived-ideal discrepancy is considered a key contributor to an individual's eating behaviour and motivation to change their weight.

To date there is very limited literature regarding body dissatisfaction in people with ID. Early studies suggest that it is possible to improve body image in people with ID (Franklin, 1979) and that self-concept may be linked to gender (with females demonstrating a more positive self-concept), and can be predicted by the way in which people pictorially represent themselves (Ottenbach, 1981). The latter study acknowledged however that conflicting outcomes had been reported in the literature regarding the influence of gender and that other variables relating to social and environmental context might act as confounds. A recent review of case studies relating to body image in people with disabilities and eating disorders identified 6 studies exploring anorexia nervosa in this population, and also suggested that both immediate social context and experiences, and the social identity of disability itself may contribute to negative body image and subsequent eating disorders (Cicmil and Eli, 2014). However, there continues to be a lack of literature specifically investigating relationships between body perceptions and biases in this population.

The Stunkard Figure Rating Scale (SFRS; Stunkard, Sørensen, & Schulsinger, 1983) can be used to assess body dissatisfaction. This scale depicts drawings of nine male and nine female bodies, ranging in size from underweight to obese. A perceived-ideal discrepancy can be determined by comparing the figure that a participant believes represents their body to the figure that represents how they would like to look. The SFRS has been shown to have strong psychometric properties when used with the general population, with good test-retest reliability and moderate correlation with other measures of body dissatisfaction. It has not, to our knowledge, been used with people with ID (Stunkard, 2000; Thompson and Altabe, 1991).

Based on the gaps in the literature identified above, the aims of this research were as follows;

1. Explore the psychometric properties of the SFRS when used with people with ID.
2. Investigate whether people with ID have a concept for what is underweight, overweight and a healthy-weight and whether they can accurately apply these concepts to themselves.
3. Investigate whether people with ID have a body perception bias and compare this to people without ID.
4. Investigate whether people with ID report a perceived-ideal body discrepancy and compare this to people without ID.
5. Explore the themes of body dissatisfaction in people with ID.

2. Material and methods

A mixed method design was used. Statistical Package for the Social Sciences (IBM SPSS Statistics, 22) was used for the quantitative analyses. All assumptions for parametric analyses were tested and non-parametric tests were used where appropriate. Content

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