New possibilities in the prevention of eating disorders: The introduction of positive body image measures

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Abstract

Delineating positive psychological processes in inhabiting the body, as well as quantitative measures to assess them, can facilitate progress in the field of prevention of eating disorders by expanding outcome evaluation of prevention interventions, identifying novel mediators of change, and increasing highly needed research into protective factors. Moreover, enhancing positive ways of inhabiting the body may contribute toward the maintenance of gains in prevention interventions. Integrated social etiological models to eating disorders that focus on gender and other social variables, such as the Developmental Theory of Embodiment (Piran & Teall, 2012a), can contribute to positive body image intervention development and research within the prevention field. Using the Developmental Theory of Embodiment as a lens, this article explores whether existing prevention programs (i.e., Cognitive Dissonance and Media Smart) may already work to promote positive body image, and whether prevention programs need to be expanded toward this goal.

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Introduction

The article aims to discuss the possible impact of the introduction of positive psychological processes of inhabiting the body, as well as corresponding positive body image measures, on the practice of prevention. The article starts by describing the current state of prevention research. It then describes different measures developed to assess positive ways of inhabiting the body, highlighting shared dimensions across these measures. The following section examines the way in which positive body image measures may enhance research into protective factors to the development of eating disorders. The Developmental Theory of Embodiment is discussed next, exemplifying the way in which using a positive measure of inhabiting the body as a yardstick of well-being has led to the emergence in research of three domains of protective factors: physical freedom, mental freedom, and social power. The article ends with a discussion of the ways in which two currently practiced prevention programs, the Cognitive Dissonance and the Media Smart programs, may enhance positive body image. This concluding section also suggests that the introduction of positive body image measures will likely further shape the practice of prevention.

A Brief Review of the Field of Prevention of Eating Disorders

Prevention work in the area of eating disorders started in the 1980s, yielding an accumulating body of research and leading to important progress in the practice of prevention. A meta-analysis conducted in 2007 of 66 controlled outcome studies found small but significant effect sizes to prevention interventions (the mean correlation coefficient, or mean \( r \), was selected as the index of effect size; Stice, Shaw, & Marti, 2007). For example, the average effect size for reduction in the internalization of the thin ideal \( r = .11 \) in children and early adolescents and mean \( r = .23 \) in late adolescents and young adults, and the average effect size for reduction in body dissatisfaction was mean \( r = .08 \) and mean \( r = .18 \), for younger and older participants, respectively. This meta-analysis also highlighted approaches and target groups where prevention work has been more successful, specifically: the use of interactive paradigms and repeated sessions administered by professionals with participants older than 15 years of age and who reported higher levels of body dissatisfaction and weight concerns. Several selective prevention programs for older adolescents or young adults at high risk for developing disordered eating patterns have been repeatedly studied and found to yield larger effect sizes and maintenance of gains at follow up such as the Cognitive Dissonance approach (Becker, Bull, and others, 1980).

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Schaumberg, Caulle, & Fanco, 2008; Stice, Marti, Spoor, Presnell, & Shaw, 2008) and the Student Bodies multimedia psychoeducational program (Taylor et al., 2006). However, other approaches, such as a weight maintenance program (Stice et al., 2008) and a body acceptance program (Kaminski & McNamara, 1996) also showed larger effect sizes, leading to the conclusion that the mediators of change in these programs may differ and need to be clarified in further research.

Overall, prevention work with youth up to late adolescence and the implementation of universal approaches to prevention have led to smaller effect sizes, around mean r = .10, on measures of body dissatisfaction or drive for thinness, and to low maintenance of gains at follow up (Stice et al., 2007). Though there is consensus that successful universal prevention programs could be important to the well-being of youth (Neumark-Sztainer et al., 2006), the pattern of results to date has led to ongoing questions regarding the advisability of implementing universal prevention programs. Yet, there are several promising trends (Piran, McVey, & Levine, 2014). In particular, several studies revealed that a media literacy approach was associated with favorable changes on measures of shape and body concerns, internalization of the thin ideal, and body dissatisfaction (Neumark-Sztainer, Sherwood, Celler, & Hannan, 2000; Wilksch et al., in press; Wilksch & Wade, 2009). Further, there is some indication that systemic interventions with peers, teachers, and whole school approaches may lead to positive outcomes as well (Elliot et al., 2006; Haines, Neumark-Sztainer, Perry, Hannan, & Levine, 2006; McVey, Tweed, & Blackmore, 2007; Piran, 1999a, 1999b, 2010). However, more research is needed in the domain of universal prevention with youth (Piran, 2010; Piran et al., 2014).

Public health approaches to the prevention of eating disorders aim to “alter some of society’s norms of behavior” so as to “shift the whole distribution of exposure” to a relevant risk factor in a favorable direction (Rose, 1985, p. 37). Such an approach could involve, for example, legislation prohibiting dissemination of thin and airbrushed model images in the media, or providing tax incentives to companies promoting healthier ideals for girls and women (McLaren & Piran, 2012). However, such initiatives need to be rigorously assessed. For example, a series of studies suggests that adding a disclaimer regarding computer alterations of thin media images actually leads to extended gaze at the altered images by viewers, with associated higher body dissatisfaction (Bury, Tiggemann, & Slater, 2014; Tiggemann, Slater, Bury, Hawkins, & Firth, 2013).

Clearly, the field of prevention requires further advances that include: improving the efficacy and effectiveness of prevention programs, especially of universal prevention programs with children; expanding the assessment of outcomes of systemic interventions at all levels of the social environment; and expanding the research of risk and protective factors to the development of disordered eating patterns as well as of mediators and moderators of prevention outcome (Piran et al., 2014). Articulating positive processes of inhabiting the body and corresponding measures of positive body image will likely contribute toward these goals through enhancing the understanding of individuals’ experiences of inhabiting their bodies, guiding new studies of protective and risk factors, enriching theories of body image development, and informing the practice of prevention programs.

Ways of Inhabiting the Body: Positive Body Image Measures Delineate Health-Promoting Psychological Processes

Processes and related psychometric measures that address ways in which people live in their bodies can shape developments in the field of prevention of eating disorders. This can be exemplified by examining the relationships between the processes of “negative body image” and “internalization of the thin ideal” and prevention interventions. Within the field of eating disorders, negative body image, assessed most often via the cognitive evaluation and investment in one’s body parts and the associated affective reactions, has been accorded a central role in the diagnosis and treatment of eating disorders. A well-established risk factor to the development of disordered eating patterns, negative body image became a target of change for prevention programs. However, negative body image may be the outcome of varied psychological processes, such as an experienced gap between one’s weight and one’s internalized idealized weight as shaped by the media (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004), unfavorable body appearance comparisons to one’s peers (Schutz, Paxton, & Wertheim, 2002), and/or peer teasing (Bucchianeri, Eisenberg, Wall, Piran, & Neumark-Sztainer, 2014), to name a few. Accordingly, since the 1980s, prevention programs have aimed to reduce negative body image by engaging participants in varied tasks and different foci in relation to hypothesized mediators of change. Such mediators of change include educating youth about the unrealistic norms of thinness and about natural body weights (Kater, Rohwer, & Londre, 2002), teaching media literacy (Irving & Berel, 2001), encouraging activism and empowerment in relation to the media (Levine, Piran, & Stoddard, 1999), enhancing self-esteem (O’Dea & Abraham, 2000), and conducting critical dialogs in groups about social pressures and setting new peer norms about body issues (Piran, 1999a, 1999b).

However, following the introduction of the internalization of the thin ideal and its measurement (see Thompson & Stice, 2001), specific approaches were developed by two research groups to counter thin-ideal internalization. The cognitive dissonance approach for individuals at high risk to develop eating disorders (Stice et al., 2008), and the related universal program for female students in sororities (Becker, Bull, et al., 2008), have aimed to specifically counter internalization of the thin ideal and are important additions to the practice of prevention. Further, identifying the psychological process of thin-ideal internalization has informed newer media literacy programs (Wilksch et al., in press; Wilksch & Wade, 2009) as well as other studies examining the relationship between exposure to the media and disordered eating patterns (Levine & Harrison, 2009). This pattern of results reflects the strong ties between identifying psychological processes associated with inhabiting the body and the practice of prevention.

Since its inception, the more recent field of positive body image diverged from overall evaluative measures of body parts (Avalos, Tylka, & Wood-Barcalow, 2005). Instead, it has aimed to highlight specific psychological processes inherent to positive experiences of inhabiting the body. Examining together the range of proposed theoretical constructs and measures that represent these positive processes reveals that, in addition to being inversely related to negative body image and disordered eating patterns, they share important key dimensions. The original and revised Body Appreciation Scales (Avalos et al., 2005; Tylka & Wood-Barcalow, 2015) evaluate favorable ways of assessing the body, acceptance of the body and its “imperfections” or unique characteristics, rejection of media ideals, and attending to body needs. The body image flexibility construct and the related Body Image-Acceptance and Action Questionnaire (Sandoz, Wilson, Merwin, & Kellum, 2013; Webb, Butler-Ajibade, & Robinson, 2014) aim to capture the ability to respond effectively, even in the presence of disturbing thoughts and feelings about the body. As Webb et al. (2014) indicate, this ability relates to affect regulation in combination with specific cognitive processes (e.g., perceived body image-related threats). The Body Responsiveness Scale (Daubenmier, 2005), found to be associated with lower self-objectification, greater body satisfaction, and fewer disordered eating attitudes, measures responsiveness to bodily needs. Cook-Cottone (2006) has similarly emphasized self-attunement and mindful self-care in understanding eating