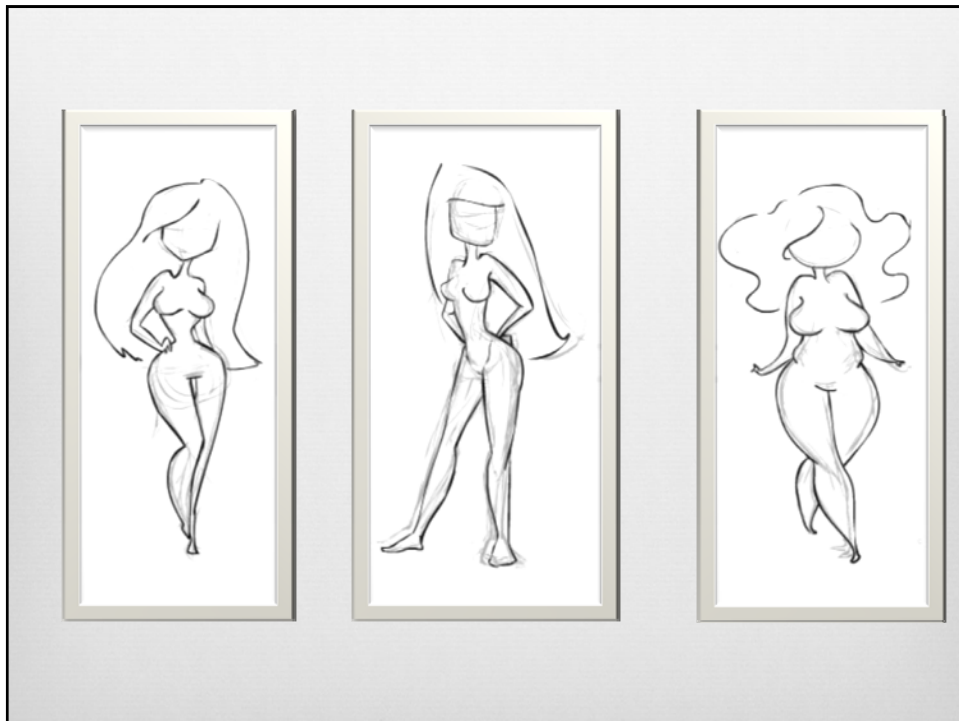
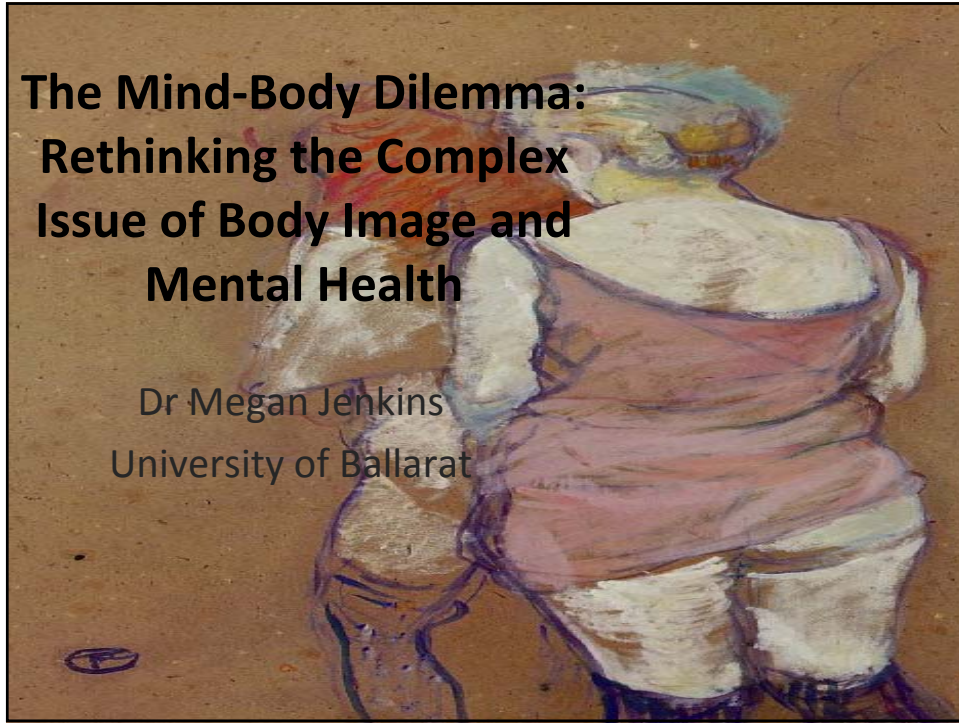


The Mind-Body Dilemma: Rethinking the Complex Issue of Body Image and Mental Health

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Body Image and Young Women



- ☞ Tendency to perceive themselves as heavier than they actually are and to report a desire to be thinner (Vartanian & Giant, 2001).
- ☞ **In a recent study of undergraduate women (Murphy & Jenkins, 2007), only half the sample indicated that they were satisfied or mostly satisfied with their overall appearance.**
- ☞ **Women indicated that they most liked their hair and least liked their lower torso (buttocks, hips, thighs, legs) and Mid torso (waist, stomach).**

What is the ideal body?



- ☞ **Still debateable, but the shift over time has been towards a thinner ideal**
 - **Twenty-five years ago, the average female model weighed 8% less than the average American woman. Currently, the average female model weighs 23% below her average weight. It is thought that the size and proportions seen in current fashion models are realistically obtainable for about 5% of the population.**

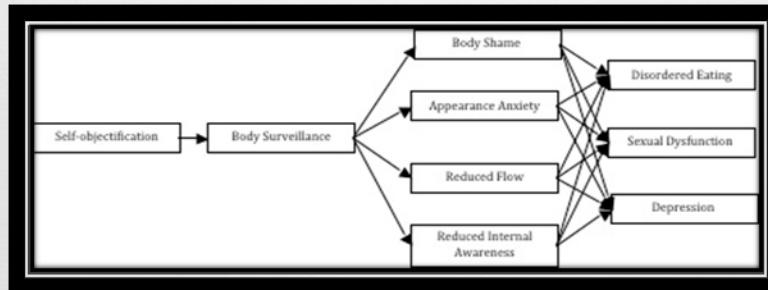
How does poor body image develop? Cognitive-Behavioural Perspectives on Body Image

- ☞ Cog/Behav models emphasises\ social learning processes and cognitive mediation of behaviours and emotions
- ☞ Historical Factors:
 - ☞ Past events, attributes, and experiences that predispose and influence how an individual thinks, feels, and acts in relation to their body
 - ☞ Eg:
 - ☞ Cultural socialisation (cultural and media based messages)
 - ☞ Interpersonal experiences
 - ☞ Physical characteristics
 - ☞ Personality factors (self esteem, perfectionism, need for social approval, public self-consciousness)
- ☞ Instills fundamental body image schemas and attitudes
- ☞ Proximal Factors:
 - ☞ Current life events which consist of precipitating and maintaining influences on body image experiences
 - ☞ Precipitating events:
 - eg: body exposure, mirror exposure, social scrutiny, social feedback, wearing certain clothing, weighing, exercising, mood states, changes in appearance
 - ☞ Results in internal dialogues (emotion loaded automatic thoughts, inferences, interpretations and conclusions about ones looks)

How does poor body image develop? Objectification Theory



- ☞ Objectification theory (Noll and Fredrickson) has been described as 'the way forward' in understanding the development of poor body image, disordered eating and the associated poor mental health outcomes.
- ☞ Essentially posits that women are socially conditioned to view themselves as 'objects' and as part of this process engage in body surveillance behaviours that predispose them to greater risk of body image disturbance and associated negative health outcomes.
- ☞ Fits well with cognitive models of body image disturbance



Depressive Symptoms



- ☞ Depression is one of the number one causes of burden of disease in Australia and like body image disturbance, is observed more frequently in women than men
- ☞ Depressive symptoms that do not meet criteria for diagnosis may still cause significant distress and impairment
- ☞ Compared to those with no depressive symptoms, women with depressive symptoms reported more:
 - ☞ Household strain
 - ☞ Social irritability
 - ☞ Financial strain
 - ☞ Limitations in physical or job functioning
 - ☞ Restricted activity days
 - ☞ Bed days
 - ☞ Poor health status (Judd, Paulus, Wells, Rapaport, 1996)
- ☞ Activity limitation at home, at work, and in other activities for those with DS greater than non-depressed counterparts (Beeslin et al., 2006)

Disordered Eating



- ☞ Subclinical disordered eating behaviors do not meet criteria for diagnosis of Anorexia Nervosa or Bulimia Nervosa, but still pose a significant health risk.
- ☞ Disordered Eating Includes:
 - ☞ Extreme food restriction/fasting (and/or rapid weight loss)
 - ☞ Purging (self-induced vomiting, misuse of laxatives or diuretics)
 - ☞ Extreme exercise
 - ☞ Binge eating / Compulsive overeating
- ☞ 60% - 70% college women report engaging in disordered eating behaviours (Mintz & Betz, 1988; Scarano, 1993)
- ☞ Skipping meals – 59%
- ☞ Restricting calories – 37%
- ☞ Fasting more than 24 hours – 26%
☞ (Tylka & Subich, 2002)

Disordered eating behaviours are also seen as a risk factor for developing a diagnosable eating disorder (Bell & Rushforth, 2008).

Could body image be more than just a silly women's problem?

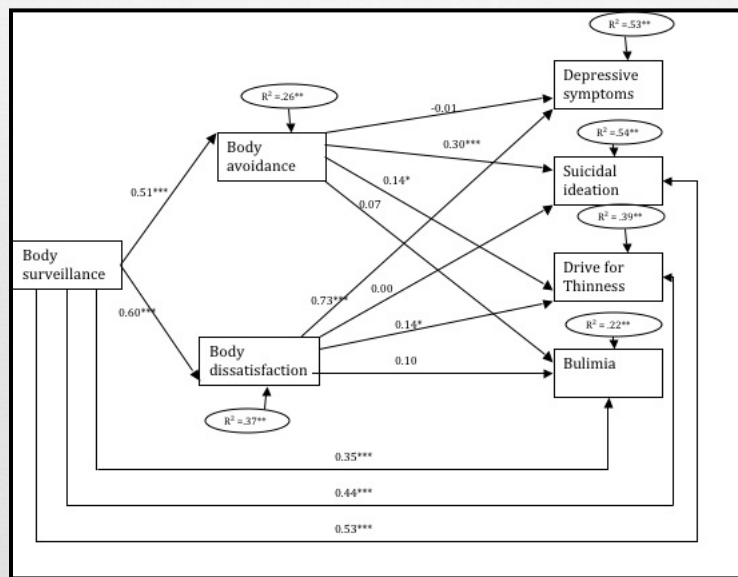


- ☞ More recently, it has been suggested that body image disturbance may be a key risk factor for the development of depression and suicidality and young women (Bell & Rushworth, 2008; Cash, 2002).
- ☞ There is a paucity of research regarding psychological outcomes for women with elevated levels of body image disturbance and disordered eating; however it is likely that the risk of depression and diagnosable eating disorders is increased in this population.

Findings to date



- ☞ Key findings:
- ☞ High levels of dissatisfaction, body image disturbance and self surveillance
- ☞ Body image is not static, it changes from day to day
- ☞ High levels of disordered eating – 41% of women above clinical cutoff for bulimic symptoms and 21% for drive for thinness. Bulimic symptoms more common the older the women were
- ☞ Both body dissatisfaction and disordered eating increase with age





- ☞ Body image is complex and not just about how a woman feels about her body, as in body dissatisfaction, but also how she responds and behaves to external social cues in regards to these feelings (body surveillance and body image avoidance).
- ☞ Important implications for how we understand and treat depression and suicidal ideation in women