



How do you define body image? Exploring conceptual gaps in understandings of body image at an exercise facility



K. Alyse Bailey^{b,c,*}, Kimberley L. Gammage^{a,c}, Cathy van Ingen^a

^a Department of Kinesiology, Brock University, Canada

^b Faculty of Applied Health Sciences, Brock University, Canada

^c Brock-Niagara Centre for Health and Well-Being, Brock University, Canada

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ABSTRACT

The definition of body image has evolved within research; however, less is known about the layperson's understanding of the construct. This study explored how members and student trainees of an exercise facility (designed for older adults, people with physical disability, and those with cardiac complications) defined body image. Nineteen participants completed a one-on-one interview, and seven of those participants took part in six additional focus group meetings. The following main themes were found: stereotypical assumptions about body image (e.g., it is solely a person's weight or merely a woman's issue), body image continua for positive and negative body image, degree of complexity of body image dimensions, broad considerations of body image (e.g., it is self-esteem), and limited knowledge about body image. These findings suggest a need for knowledge translation between researchers and the general public which informs future body image program design.

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1. Introduction

Body image research has a complex and evolving history which has shaped the way the construct has been conceptually defined. Nearly a century ago, German neuropsychologist Paul Schilder (1935/1950) defined body image as “the picture of our own body which we form in our mind that is to say, the way in which the body appears to ourselves” (p. 3). Shontz (1969) subsequently integrated theory and data about cognitive and perceptual (e.g., body size estimation) aspects of body experience from various areas of experimental psychology; he also applied scientific findings to understanding physical disability and health psychology – being the first to regard the body experience as multidimensional. More recently, Cash defined body image as a multifaceted psychological experience of embodiment, especially but not exclusively physical appearance, even using the term “body images” (Cash & Pruzinsky, 1990, p. xi), since the construct is far from a single entity. Rather, it encompasses body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviours. In 2002, the original edition of *Body Image: A Handbook of Theory, Research, and Clinical Practice*, called for researchers to

conceptualize embodiment as complex, moving beyond body appearance and dissatisfaction to include body functionality and positive body image (Cash & Pruzinsky, 2002).

Interestingly, even within the body image research community the definition of body image fluctuates depending on the aim of the particular researcher (Blood, 2005; Grogan, 2008). For instance, Thompson, Heinberg, Altabe, and Tantleff-Dunn (1999), noted the challenge in defining body image and listed 16 “definitions” of body image including, for example, weight satisfaction, size perception accuracy, and body satisfaction. Body image is a complex phenomenon, including many components with gender, ethnic, and sociocultural influences, which has led to some terminological confusion among researchers (Cash & Pruzinsky, 2002; Cash & Smolak, 2011).

Understanding body image and how it is defined in diverse populations, including older adults and those with disabilities, has been identified as a need in the field (Cash & Smolak, 2011). Research on body image in these samples has been equivocal. For example, in people with spinal cord injury, negative changes (e.g., decreases in sexual self-esteem and overall functionality, poorer sexual satisfaction and overall body image) have been reported (Burns, Hough, Boyd, & Hill, 2010; Moin, Duvdevany, & Mazor, 2009; Potgieter & Khan, 2005). On the contrary, other research with individuals with physical disability has found almost no difference in body image compared to general populations (e.g., Bassett & Martin Ginis, 2009) and even evidence of positive body image with acceptance

* Corresponding author at: Faculty of Applied Health Sciences, Brock University, 1812 Sir Isaac Brock Way, St. Catharines, ON L2S 3A1, Canada.
E-mail address: aly.bailey@brocku.ca (K.A. Bailey).

of the disability (e.g., Bailey, Gammage, van Ingen, & Ditor, 2015; Taleporos & McCabe, 2002). This finding is consistent with research in individuals with multiple sclerosis (MS); one study found almost no difference in body image between college men and men with MS (Samonds & Cammermeyer, 1989). By contrast, Pfaffenberger et al. (2011) found individuals with MS scored significantly lower on self-ratings of attractiveness and self-confidence than those without MS. Research with older adults has demonstrated both similarities and differences in body image experiences to younger samples (Roy & Payette, 2012). For example, body dissatisfaction remains stable across the lifespan; however, older adults place relatively less importance on physical appearance of the body and more on physical competence (Roy & Payette, 2012; Tiggemann, 2004; Tiggemann & McCourt, 2013).

Alongside the expansion of body image research in older adults and those with disabilities has been research on positive body image, including a special series in 2015 on this topic published in *Body Image* (e.g., Halliwell, 2015; Tiggemann, 2015; Tylka & Wood-Barcalow, 2015a). This research has led to a still-evolving, working definition of positive body image as a distinct construct from negative body image, with facets that include appreciating and accepting the body for both its appearance and functionality, engaging in adaptive appearance investment, conceptualizing beauty broadly, and reflecting inner positivity (Tylka & Wood-Barcalow, 2015a). We also understand that positive body image is holistic in its expression and influence, stable but still responsive to contextual and individual variables, protective of psychological well-being, linked to unconditional body acceptance by others, and molded by social identities. Undoubtedly, the explosion of research on positive body image has transformed the way researchers currently understand and conceptualize body image.

With the increase in scholarly research on body image came public attention on body image (Blood, 2005). For example, body image research has been disseminated via popular journals and magazines such as *Psychology Today*, which defined body image as “a complex and puzzling topic, one that has fascinated psychologists and neurologists for many years. It is a term that almost everyone seems to grasp but even experts do not really understand” (Garner, 1996, para. 4). Furthermore, advertisements by Dove® and Kellogg® have utilized body image messages as marketing strategies. Body image messages in the media usually focus on appearance (e.g., body size and weight) to encourage customers to buy their products to ‘feel better’ about their bodies. Even recent advertisements by Dove® that attempt to portray positive body image messages emphasize body size, weight, and overall appearance, which may have significant impact on lay peoples’ understanding of the construct. Therefore, it is very likely that the general public’s understanding of body image and weight is greatly influenced by popular media, which are more accessible than scholarly peer-reviewed sources (Blood, 2005).

As body image research has expanded to include more populations (e.g., disability, age, geographical regions) and positive body image from a qualitative approach, the definition has been further challenged. Some qualitative studies have asked participants to explicitly define body image (e.g., Bailey, Cline, & Gammage, 2016; Bailey et al., 2015; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). These studies have demonstrated some variation in how participants understand the concept. For example, Wood-Barcalow et al. (2010) found women with positive body image and experts in body image were able to articulate consistently the definition of a positive body image. On the contrary, Bailey et al.’s studies of participants with spinal cord injury (2015) and older adult women (2016) who expressed negative and positive body images actually showed a great deal of variation in their understanding of the construct. These findings have important practical implications. When designing programs intended to improve body image,

congruence in the understanding of body image among researchers, and between researchers and participants, may be paramount to the program’s success. If program participants understand body image differently than researchers, then they may not effectively absorb and retain information intended to improve their body image. Further, participants’ expectations about the program outcomes may be different based on their understanding of body image, and if their expectations do not align with program content, they may not be receptive to the information, compromising treatment gains. We propose that participants and researchers have to “speak the same language” to ensure optimal program success. To date, researchers have seldom attempted to understand participants’ own understanding of body image within body image program pursuits.

Body image programs have been designed mostly to reduce or prevent negative body image or eating disorders (e.g., Kater, Rohwer, & Londre, 2002; Stice & Shaw, 2004; Yager & O’Dea, 2008). Overall, effect sizes are typically small in magnitude with little evidence of long term changes (Yager & O’Dea, 2008). A recent review that included programs that made efforts to promote positive body image reported that psychoeducational approaches, such as teaching participants about the concept of body image and its causes, influences, and outcomes and how it is expressed behaviourally, was associated with improved body image (Alleva, Sheeran, Webb, Martijn, & Miles, 2015). These authors acknowledged that psychoeducation is associated with smaller effect sizes in interventions targeting issues beyond body image (e.g., eating disorder prevention, healthy eating and exercise); however in their review, psychoeducation about body image specifically (rather than about healthy eating or eating pathology) was associated with improved body image. Therefore, psychoeducation about body image specifically may be important in program design to reduce the discrepancy in understanding of this construct between researchers and the public and improve body image in body image programs specifically.

Limited research has explored explicitly how participants understand the construct of body image. Some studies have explored participants’ perceptions of their bodies and the ideal and how they perceive that others feel about their bodies, finding that participants tend to focus on appearance, muscularity, or weight in their implicit definitions of body image (Grogan & Richards, 2002; Ridgeway & Tylka, 2005; Rodgers, Paxton, McLean, & Damiano, 2016). Further exploration of how diverse individuals define the construct of body image will help inform future body image program design. More specifically, society is comprised of individuals who vary in age, background, ability, and health status, and therefore to understand the lay person’s conceptualization of the construct body image, it is important to explore definitions from individuals who hold diverse social identities (Tiggemann, 2015).

Therefore, in the present study, we used a qualitative design to explore the definition of body image with a heterogeneous sample for two reasons. First, according to Liamputtong (2013a) a heterogeneous group composition in qualitative research can be favourable (Hennink, 2007; Litosseliti, 2003), particularly if researchers want to maximize the ability to explore subjects from different perspectives. Morgan (1997) stated that the selection of a heterogeneous or homogeneous sample in qualitative research should be based on the research question(s). Since we wanted to explore how body image could be defined among individuals of an exercise facility designed for older adults, people with physical disabilities, and chronic health conditions, we recruited our sample to ensure we obtained these different perspectives. Second, this study was the first step of a larger research agenda that was geared toward developing and implementing a positive body image program across individuals at this facility who varied in age, gender, ability, and health status—as such, it was imperative

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