The role of body image in the prevention of eating disorders

Michael P. Levine [a,*], Niva Piran [b]

[a] *Department of Psychology, Kenyon College, Gambier, OH 43022-9623, USA*
[b] *Ontario Institute for Studies in Education, University of Toronto, Canada*

Abstract

This article reviews theory and research pertaining to prevention of negative body image and eating disorders. Research derived from the social cognitive model (SCM) and non-specific vulnerability-stressor (NSVS) model indicates that sustained prevention effects for attitudes and behaviors are possible, but not easy to achieve or explain. These limitations are considered in the context of promising research derived from a third model, critical social perspectives (CSP). We conclude that (1) research on practice should aim beyond the examination of efficacy in order to clarify the active ingredients contributing to prevention; and (2) research informed by each of the divergent perspectives can be used to enrich theory and practice in the field of eating disorders prevention.
© 2003 Elsevier B.V. All rights reserved.

Keywords: Body image; Eating disorders; Prevention models

The role of body image in the prevention of eating disorders

Negative body image is an important component of a variety of prevalent health problems in females such as depression, obesity, and the spectrum of disordered eating (Cash & Pruzinsky, 2002). This spectrum encompasses varying combinations and degrees of binge-eating and unhealthy forms of weight management such as restrictive dieting and self-induced vomiting. At the extreme end of the spectrum are the well-known syndromes of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Not only are the problems along this continuum widespread and serious, they are very difficult to treat effectively. Consequently, prevention of negative body image is a very desirable goal. Negative body image refers not only to body dissatisfaction but also to excessive cognitive and behavioral investment in one's physical appearance in defining one's sense of self (Cash, 2002a, 2002b). This article reviews theory and research pertaining to three prominent models of prevention and then offers specific recommendations for application of a critical social perspective in promoting positive body image in females. There is increasing concern about negative body image in boys and men (Pope, Phillips, & Olivardia, 2000), but this article concentrates on females because the link in boys between body image and disordered eating or unhealthy muscle-building strategies is not at all clear.

---

* Corresponding author. Tel.: +1-740-427-5371; fax: +1-740-427-5237.
E-mail address: levine@kenyon.edu (M.P. Levine).

Body image and disordered eating

Stice (2002) conducted a meta-analytic review of longitudinal studies examining the ability of body dissatisfaction ("negative body image") and other hypothesized risk factors to predict increases in eating pathology (see also the narrative review by Shisslak & Crago, 2001). In general, data from these studies confirm that negative body image is an independent predictor of disordered eating. Overall, Stice's (2002) review supports a model linking pressures to be thin from family, friends, and media to internalization of the slender beauty ideal and to overvaluation of appearance as a feature of self-concept. These components set the stage for negative body image, which in turn increases the probability of three interlocking components of eating pathology: dietary restraint, binge-eating, and negative affect. In summary, this research suggests that if negative body image could be prevented, the incidence of eating pathology would be reduced.

Prevention

"Prevention" refers to policies and programs designed to evade or forestall the development of disordered eating by protecting current states of health and effective functioning. Prevention subsumes avoidance of disease and disability, as well as promotion of enhanced health by increasing resilience to predictable or unforeseen stressors, such as the early adolescent transition.

Primary prevention—universal

One basic form of prevention tries to improve the well-being of very large groups (populations) of people. This type of "primary" prevention is also called "universal prevention" or "public health prevention." It focuses on changing public policies, communities, and significant institutions. Objectification of girls and women plays an important role in the development and maintenance of negative body image in females. Therefore, an example of a universal prevention program would be a collaborative effort between the United States Department of Education and its National Institute of Mental Health to eliminate sexual objectification and harassment from public schools.

Primary prevention—selective

A second type of "primary" prevention is called *selective* because the programs focus on people who do not yet have the target problems, including negative body image, but who are at high risk due to biological, psychological, and/or sociocultural factors. One example would be an intervention enabling parents with bulimia nervosa to help their children, who are vulnerable due to modeling and genetic factors, to avoid this eating disorder. Piran's (1999a, 1999b) work with male and female students in an elite ballet school is another example of selective prevention. Classroom curricula, designed for general use with adolescent girls in schools throughout the United States, Canada, Great Britain, and Australia, are somewhere on a continuum between universal (supported by public policy and intended for large groups within the general public) and selective (focused on adolescent girls as a high-risk population) primary prevention. For technical accuracy, we refer to such curricula as a "universal-selective" form of prevention. The status of curricular interventions on a continuum of prevention is complicated by the fact that a significant minority of adolescent girls in regular classroom settings will already have a negative body image and features of disordered eating.

Secondary prevention—targeted

A third category is called targeted or "indicated" prevention (or in older parlance, secondary prevention). The audience here does yet not "have" the full-blown problem (e.g., eating disorder not otherwise specified), but is at risk because of the presence of clear precursors (e.g., negative body image). An example of targeted (secondary) prevention would be a manualized cognitive-behavioral program to help improve body image in young college women who are seeking help for their body image problems and who have high scores on the Body Shape Questionnaire.

Two prevention models

Social cognitive theory

Sociocultural factors create, shape, and maintain the beliefs, emotions, motives, and behaviors that