



## Impact of a healthy body image program among adolescent boys on body image, negative affect, and body change strategies

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### ABSTRACT

This study evaluated the effectiveness of a healthy body image program. In total, 421 adolescent boys completed a five-session intervention program or a wait list control group. There were no differences between the intervention and the control group at post-intervention or any of the follow-up times. Boys in the intervention group who were one standard deviation above the mean on body dissatisfaction at baseline, demonstrated a reduction in negative affect in the intervention group at post-test and 6 months follow-up. Prevention programs need to target boys who are at risk of adopting health risk behaviors, rather than being universally applied.

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### Introduction

Research in the last 20 years has demonstrated that boys experience body image concerns (Ricciardelli & McCabe, 2004) as well as health risks related to body change strategies (McCabe & Ricciardelli, 2006). As the focus of boys' body image concerns is on obtaining a toned and muscular body, many boys develop behavioral problems associated with the pursuit of muscularity (Labre, 2002; Pope, Phillips, & Olivardia, 2000). These include the use of anabolic steroids, extreme bodybuilding behaviors, exercise dependence, and other attitudes and behaviors associated with muscle dysmorphia.

Research on these health risk behaviors adopted by boys has demonstrated a link between extreme strategies to alter weight and negative affect and low levels of self-esteem (French, Leffert, Story, Neumark-Sztainer, Hannan, & Benson, 2001; McCabe & Ricciardelli, 2003a; Neumark-Sztainer & Hannan, 2000). It would appear that if boys perceive that their body does not conform to the muscular body ideal generated by society, this has an impact on their body image, broader aspects of their self-esteem and their mood. If left untreated, these problems may impact on their psychological adjustment and broader quality of life. For this reason, it is important to intervene to address these body image concerns and health risk behaviors among boys before they become entrenched. Since adolescence appears to be the time at which boys start to demonstrate concerns about their body

(McCabe, Ricciardelli, & Finemore, 2002), this may be the best time at which to implement an intervention strategy. A meta-analytic review conducted by Stice and Shaw (2004) on the effectiveness of eating disorder prevention programs indicated that these programs were most likely to be effective for females over the age of 15 years. It is likely that this result was due to the fact that most programs targeted females and weight loss, whereas males may be at risk of developing different types of health risk behaviors focused on increasing muscle size. The current paper reports on the results of a healthy body image program implemented with young adolescent boys. Previous intervention programs guided the selection of target variables in the current study. Only those programs that have been implemented with adolescent boys are included in the literature discussed below.

A program to address body image concerns by targeting general self-esteem was developed and implemented by O'Dea and Abraham (2000). This nine session program focused on building self-esteem among adolescent boys and girls. Although the program appeared to be more effective in reducing the drive for thinness among adolescent girls compared to adolescent boys, levels of body dissatisfaction reduced in both adolescent boys and girls following the intervention.

Wade, Davidson, and O'Dea (2003) reported on the outcomes from a five-session program that focused on increasing self-esteem among adolescent boys and girls. The effectiveness of this program was compared to a five-session program designed to educate the adolescents on the impact of the media on causing a negative body image, and the consequences of having such a negative body image. The results demonstrated a reduction in weight concerns in

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the group that completed the media literacy program, but not in the self-esteem group. Neither treatment significantly altered levels of dietary restriction or body dissatisfaction. These findings were similar for adolescent boys and girls.

The only program specifically designed for adolescent boys was developed by Stanford and McCabe (2005). This two session program focused on increasing levels of self-esteem and developing a greater acceptance of individual differences, and it focused on areas of relevance for adolescent boys. Although this was an extremely short intervention, the results demonstrated that boys in the program group evidenced higher levels of body satisfaction post-intervention compared to the boys in the control group. Further, the program led to increased levels of self-esteem and lower levels of negative affect among the boys in the intervention group compared to the control group. These results were maintained three months after the implementation of the program.

Neumark-Sztainer, Wall, Story, and Perry (2003) proposed that intervention programs for both boys and girls need to address socio-environmental (family functioning, weight-related behaviors of family and peers) as well as personal factors (personal concerns about body weight and shape). This proposal, as well as the literature reviewed earlier in this paper helped shape the current program. Given the importance of targeted self-esteem in the programs outlined earlier, self-esteem was also targeted in the current program. In addition, given the strong role of modelling on same-sex peers for adolescent boys (McCabe & Ricciardelli, 2005) we decided to focus on peer relationships in our intervention program. Previous research has clearly demonstrated the importance of peers in shaping body image and body change strategies among males (Ricciardelli & McCabe, 2004). In particular males have been shown to have a major influence on muscular ideal as well as strategies to increase muscles (McCabe et al., 2002). This program expanded the one developed by Stanford and McCabe (2005) by focusing on a broader range of factors related to improving self-esteem and peer relationship. It was also conducted over six sessions, and so was more intensive than the two session program developed by Stanford and McCabe. Since the program was designed to reduce the focus on obtaining the muscular ideal endorsed by society we would expect that the perception of messages from the media to achieve this ideal would be reduced.

The current study evaluated a program designed to prevent the development of body image concerns among adolescent boys. The novel aspect of this program was that it was specifically designed for adolescent boys, and focused on areas that have previously been shown to be associated with body image concerns in this population. In particular, areas that have been shown to be associated with body image concerns among adolescent boys are self-esteem and peer relationships (McCabe & Ricciardelli, 2005; Stanford & McCabe, 2005). The current program was designed to improve these two aspects of adolescent adjustment. As noted by McCabe and Ricciardelli (2001), early adolescence seems to be the age at which body image concerns start to develop, and younger boys are unlikely to evidence problems in this area (McCabe & Ricciardelli, 2003b). The program specifically focused on increasing levels of self-esteem and improving peer relationships.

It was predicted that at the completion of the program, boys in the intervention group compared to boys in the control group would evidence lower levels of body dissatisfaction, perceived media pressures to change weight, negative affect and strategies to change their body, as well as higher levels of self-esteem and better peer relationships. It was further predicted that these changes would be maintained at each of the follow-up sessions (3 months, 6 months, 12 months).

## Method

### Participants

A total of 421 boys in grade 7, 8 and 9 recruited from five Secondary Schools in Melbourne, Australia participated in the study. Participants ranged in age from 11 to 15 years. Two hundred and three participants were allocated to the intervention program (mean age = 12.96 years,  $SD = 0.78$ ), and 218 participants comprised the control group (mean age = 13.18 years,  $SD = 0.95$ ). The baseline mean BMI for the intervention group was 22.2 and for the control group was 21.9.

### Materials

#### Demographic data

Demographic data included age, grade, height, and weight. A tape measure and digital scales were utilized to obtain accurate measurements for height and weight. These data were used to calculate body mass index (BMI). As there were no differences between the intervention and control groups in BMI, and BMI did not play any role in the effectiveness of the intervention program, BMI was not used in any of the final analyses of the data.

#### Body image and body change strategies

All participants completed the Body Image Dissatisfaction Scale (10 items), and Strategies to Increase Muscles Scale (6 items) and Food Supplements Scale (10 items) from the Body Image and Body Change Questionnaire (McCabe & Ricciardelli, 2004). Responses to all items were recorded on a 5-point Likert scale from 1 = *extremely satisfied/always* to 5 = *extremely dissatisfied/never*. These scales have demonstrated high levels of internal consistency ( $\alpha = .80$  to  $.95$ ) and satisfactory test-retest reliability ( $r = .70$  to  $.85$ ) with adolescent boys (McCabe & Ricciardelli, 2004). Cronbach's alpha for the current study ranged from  $.72$  to  $.95$ .

#### Drive for thinness

The Drive for Thinness scale from the Eating Disorder Inventory (EDI) (Garner, 1991) was used to assess dietary restraint. This scale consists of seven items that were rated on a 6-point Likert scale ranging from 1 = *never* to 6 = *always*. Cronbach's alpha for this scale was  $.81$  (Shore & Porter, 1990) and the test-retest reliability over a 3 week period was  $.92$  (Wear & Pratz, 1987). Cronbach's alpha for the current study ranged from  $.74$  to  $.92$ .

#### Negative affect

The short version of the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995) was used to measure symptoms of depression, anxiety and stress. This scale contained 21 items that evaluated the extent to which participants had experienced each symptom over the previous week. Responses were on a 4-point Likert scale from 1 = *did not apply to me* to 4 = *applied to me very much or most of the time*. High levels of internal consistency for the three scales, Depression ( $r = .89$ ), Anxiety ( $r = .77$ ) and Stress ( $r = .87$ ) have been found for adolescent participants (Shepherd & Ricciardelli, 1998). Cronbach's alpha for the current study ranged from  $.92$  to  $.94$ .

#### Self-esteem

Self-esteem was assessed using the General Self Scale (10 items) from Marsh's Self-Description Questionnaire II (Marsh, 1990). Respondents were required to indicate how true each statement was for them on a 6-point scale that ranged from 1 = *false* to 6 = *true*. Higher scores indicate higher levels of self-esteem. Good reliability and validity data for the scale have been provided by Marsh (1990). Cronbach's alpha for the current study ranged from  $.81$  to  $.91$ .

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