

# The Media's Impact on Body Image: Implications for Prevention and Treatment

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JULIE SHAW  
GLENN WALLER

*Recent research has demonstrated that media images of "ideal" female models have an impact upon women's body image, leading to dissatisfaction and perceptual distortion. The evidence for this link between media presentation and body image distortion is reviewed, and theoretical models are advanced to explain the link. In particular, women's use of social comparison in establishing their self-concept seems to be an important psychological construct in understanding the impact of the media upon body image. Based on empirical evidence and proposed psychological mediators, a number of measures are suggested that might prevent media effects or that might be used to treat those effects. In particular, psychoeducational preventative measures and group-based treatments seem to offer the greatest promise.*

Ever since it was first noted that women with eating disorders had distorted images of their own bodies (Bruch, 1962; Slade & Russell, 1973), efforts have been made to define that disturbance. These efforts have met with failure. Studies have found differences in distortion according to the

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Julie Shaw, M.A., is Senior Lecturer in Social Science, Rotherham College of Arts and Technology. Glenn Waller, D.Phil., is Senior Lecturer in Clinical Psychology, University College London. Address correspondence to: Glenn Waller, Sub-Department of Clinical Health Psychology, 1-19 Torrington Place, University College London, Gower Street, London WC1E 6BT, UK.

definition of body image used (e.g., body concept vs. body percept), the method of measurement (whole-body vs. body-part), the groups studied, and the experimental conditions (e.g., the nature of the task instructions). Overall, the literature yields the message that eating-disordered women overestimate their body size more than others, particularly when estimating the size of body parts rather than their whole body (e.g., Slade, 1985; Slade & Brodie, 1994). But overestimation varies widely according to the characteristics of the study. Therefore, it is impossible to arrive at a definitive picture of body image distortion from these studies. This conclusion led Hsu and Sobkiewicz (1991) to question the clinical utility of the concept of body image distortion in understanding eating disorders.

It is clear that any attempt to find an accurate measure of body image will founder on the fact that there is no one, fixed body image. Authors (Myers & Biocca, 1992; Slade & Brodie, 1994) have made the point that body image is an elastic construct that varies according to the conditions under which it is assessed. Therefore, it seems more important to consider the variability of body image distortion than to try to arrive at a definitive index. After all, therapists attempt to modify individuals experience of distress over their body image, not the objective level of any distortion. To summarize, we should consider the factors that lead to different levels of body image disturbance, rather than concentrating our efforts on achieving a perfect methodology for assessing that disturbance. Some of these factors will be relevant to therapy, while others will not, but understanding the factors that limit the generalizability of our measures of body image is likely to be a more productive enterprise than attempting to achieve a "reliable" and "valid" measure.

Several methodological factors have been identified as influencing our measurement of body image distortion. Some of these are probably not of direct therapeutic significance (e.g., measure used, body part measured). However, others are worthy of consideration, if only for their indirect implications for therapy. For example, literature demonstrating the impact of instructions upon body size estimation (e.g., Bowden et al., 1989; Crisp & Kalucy, 1974; Proctor & Morley, 1986) might suggest strategies to modify the individual's emotional interpretation of external events. It is important to determine other, real-life factors that have an influence on body image distortion (e.g., Haimovitz, Lansky & O'Reilly, 1993). There appears to be some evidence that events such as menstruation (Altabe & Thompson, 1990; Faratian et al., 1984) and sexual abuse (Byram et al., 1995; Waller et al., 1993) are associated with increased disturbance of body image. However, the factor that has probably been cited most often as an influence upon body image disturbance is the media (e.g., Women's Study Group, 1978). This paper will briefly review the evidence that the media's presentation of ideal images might be causally linked to body image disturbance, will present possible theoretical mechanisms to explain that association,

and finally will consider implications for the treatment and prevention of the eating disorders.

## RESEARCH

Anecdotal evidence suggests that the media contribute to women's poor self-image. However, the evidence to support this contention has not been strong until relatively recently. Initial studies concentrated on the nature of typical representations of women in the media. Some of these studies have considered media representations that women themselves are relatively unlikely to encounter frequently, such as models in *Playboy* magazine and participants in Miss America contests (Garner et al., 1980; Wiseman et al., 1992), but other have used photographs and articles from magazines targeted to a female readership (Andersen & DiDomenico, 1992; Morris et al., 1989; Nemeroff et al., 1994; Silverstein et al., 1986). However, the paucity of data on prevalence for eating disorders prior to the 1970s makes it impossible to assume that media representation is correlated with eating disorders. Even if such a correlation could be demonstrated, assumptions about causality based on such research could be erroneous, since it might be that media representation of the ideal female form was actually following existing demographic trends toward that morphology. Abramson and Valene (1991) found associations between the extent of media use and eating attitudes, but they were unable to conclude causal directions from their findings.

More recent research has adopted an experimental approach to understanding the media impact on self-concept, and this development has allowed for stronger statements. Irving (1990) demonstrated that media images of an ideal female form reduced the self-esteem of women who saw them. Murphy (1993) reached a similar conclusion about the impact of typical media images of males upon men, although this study was experimentally flawed. While these studies could be seen as relevant to body image, they actually address a broader component of the self-concept.

Other research has considered media impact upon body image more directly. Using pictures from fashion magazines, Hamilton and Waller (1993) demonstrated that anorectic and bulimic women's body size estimation increased following 6-7 minutes of looking at the images. The same effect was not found for non-eating-disordered women, but these comparison women showed less "healthy" scores on the scales of the Eating Attitudes Test (Garner et al., 1982) that reflect restrictive eating behavior (Waller et al., 1992). Similarly, Richins (1991) found that exposure to such images made women less satisfied with their own attractiveness (a disturbance of the body concept.) It appears that the media have their greatest impact on women who have reason to be sensitive to their body size and shape, since adolescents (Shaw & Waller, 1994) and pregnant women (Sumner et al.,

1993) show the same increase in body size overestimation after viewing such images.

While these studies suggest that the media have the effect of enhancing body image distortion in a "pathological" direction, it should be noted that Myers and Biocca (1992) found that body size overestimation was decreased by viewing television pictures involving images of ideal women's bodies. It is likely that this difference was due to either the nature of the sample used (non-eating-disordered undergraduates) or the duration of the exposure (30 minutes), since Waller and colleagues (1994) found no impact upon eating-disordered or non-eating-disordered women of watching 6-7 minutes of such television images. Further research is needed to determine the reason for this contradictory finding. It is also important to obtain a clearer picture of whether the same pattern of conclusions holds among men, given that the vast majority of media messages about ideal bodies are still targeted to women (Andersen & DiDomenico, 1992; Nemeroff et al., 1994; Silverstein et al., 1986). Such research should be important in targeting efforts at treatment and prevention.

### PSYCHOLOGICAL PROCESSES

The research outlined above indicates that the media have an impact upon body image distortion among women with reasons to be concerned about their eating or body shape, and that this impact is related to women's existing concern with their morphology. In other words, it would be hard to suggest that the media cause eating disorders, but more reasonable to conclude that the media's presentation of an ideal female form can exacerbate this feature of eating psychopathology. Slade's (1982) model of the eating disorders suggests that the media (among other sociocultural factors) contribute to the development of a general dissatisfaction with oneself and with one's body, but does not expand on the theoretical links that would explain why media images should contribute to body image distortion. We need to look to the cognitive-social psychological literature for an appropriate understanding of how sociocultural patterns might have an influence on the individual's body image.

While there are a number of social psychological theories that might be relevant to the association between the media and the development of eating psychopathology, such as social identity theory (Tajfel, 1978) and social learning theory (Bandura, 1977), it appears that the most appropriate model is provided by social comparison theory (Festinger, 1954). This theory suggests that evaluation of one's own abilities and attitudes is based on comparison with perceptions of other people. While the original formulation dealt with the effects of direct comparison, comparison may be made with individuals and groups where there is only indirect contact (Richins, 1991)

such as models used in the media. If it is the case that women are encouraged to use media images as a reference point when evaluating their own body, the use of an ideal body shape (that is, one that is unattainable by the vast majority of the population) is likely to make women more dissatisfied with their own body image.

There is some preliminary evidence that this social comparison process is a factor in the development of body image disturbance. First, Richins (1991) found that young women reported comparing themselves with the images of women used in the media, and those comparisons led the women to be less satisfied with their own appearance. Second, Waller et al. (1994) confirmed the hypothesis that women's body image would be affected only when they saw whole-body pictures of fashion models (i.e., when they could compare bodily shape), and that there would be no such effect in viewing head-only shots (i.e., when no direct comparison could be made with the model's body). Finally, Shaw, Waller and Conner (in preparation) examined relevant psychological characteristics that might be associated with the responsiveness of adult and adolescent women's body images to media images of ideal women. The tendency to make social comparisons was measured through use of Snyder's (1974) Self-Monitoring Scale. They found that the adolescents with the greatest degree of responsiveness to media images were those who had the greatest tendency to make social comparisons when appraising themselves overall (not simply in relation to body image). There was no equivalent significant association among adults, suggesting that adolescence—when "self-monitoring" is greater—is a time when body image is particularly vulnerable to the effect of media images. It remains to be seen whether women with eating disorders or unhealthy eating attitudes also have high levels of using social comparison, although such a pattern would certainly fit with clinical experience. It is also necessary to discover whether younger children are vulnerable to such media effects, since it is clear that body image distortion can be found in both childhood and adolescence (Collins, 1991; Ohtahar et al., 1993; Salmons et al., 1988).

Thus far, it has been established that there is an impact of the media's presentation of an ideal female form upon the body image of women with reasons to be sensitive to their body shape, and that this impact appears to be mediated (at least in part) by the psychological process of social comparison, particularly among female adolescents. The experimental studies to date have shown relatively short-term enhancement of body image distortion, but there is a clear case for arguing that the all-pervading presence of such images in real life will have a longer-term impact upon these women. Given these conclusions, what recommendations can be made regarding treatment and prevention of body image distortion, particularly among women with eating problems?

## IMPLICATIONS FOR TREATMENT AND PREVENTION

Given the multifactorial nature of eating disorders (Lacey, 1986; Slade, 1982), it is clear that treating any one symptom in isolation is unlikely to be sufficient to remove an eating problem. Nor are prevention programs likely to be successful if they target a single characteristic. Therefore, any suggestions made here should be seen in the context of broader prevention and treatment programs. However, given that a distorted body image is related to some extent to greater levels of eating and associated psychopathology (Hartley, 1989) and to therapeutic progress (Touyz et al., 1988), it seems important to consider possible means of reducing the media's impact on this characteristic. The therapeutic and preventative possibilities outlined here are suggestions for future practice, since there is no literature to support them as yet.

### Prevention

Preventing any disorder or symptom involves identifying the pathogenic factor, targeting those who are at risk (including understanding the relevant carrier mechanism), and developing a means of reducing the pathogenic influence. In the case of media influence on women's body image distortion, images of ideal women have been identified as the pathogenic factor, and it has been possible to target those who are at particular risk (women who have reason to be sensitive to their own body images and those who tend to compare themselves with others in order to define their own identity). Given these findings, what suggestions can be made about the prevention of media effects on body image distortion?

The media could be encouraged to move away from the use of a narrow range of "ideal" female forms, and to present a wide range of female body shapes as acceptable. As long as women compare themselves with a limited set of images (whether the ideal form is considered tubular or curvaceous), the great majority of women will fail to meet those standards and hence may make social comparisons that are self-denigratory. When body image is already a concern, that self-denigration is likely to be associated with a more disturbed body image. However, while this approach would be likely to have the broadest impact on the prevalence of this one pathogenic factor, it has two drawbacks. First, the media have a very different agenda (sales, advertising), which would make them reluctant to change. Second, such an approach would not address the issue of broader sociocultural stimuli.

A related approach to prevention could be to reduce the individual's exposure to such images by encouraging a more selective use of the visual media. However, the pervasive nature of the media makes it difficult to achieve a substantial reduction in such exposure.

Probably the most feasible preventative measure that could be taken is

psychoeducational. If the impact of media on body image depends upon the individual's use of media images for social comparison, it might be valuable for the individual to be discouraged from making such comparisons. An educational approach might target making individuals less willing to assume that the media presentation of "ideal" must be accepted. In particular, encouraging adolescent females to question their own acceptance of such images might be of the widest benefit, since this group seem to show the greatest use of social comparison (Shaw et al., in preparation). Such an approach should be started early in adolescence (if not before), and might sensibly be seen as part of the academic curriculum.

### **Treatment**

In contrast to a broad preventive approach, treatment for a distorted body image can target those who are known to need such an intervention, such as women with eating disorders. Eating disorders are notoriously difficult to treat once established, and any intervention that contributes to a weakening of the system is valuable. Body image therapies (Norris, 1984; Thompson, 1990) might incorporate an element that addresses the individual's acceptance of media messages about the ideal female body. Such an element could be encompassed in a therapy that was individual centered (e.g., cognitive-behavioral, psychodynamic). However, given the apparent importance of social comparison processes, such an intervention might also be considered as part of a group-based therapy (either therapist-led or self-help). Both cognitive-behavioral and group therapies already have some proven record in reducing body dissatisfaction (Fairburn et al., 1991; Wolf & Crowther, 1992), and there would be a clear place for this topic in psychoeducational group work. Addressing the media influence on body distortion in such a context might add to the short- and long-term benefits of the intervention.

### **CONCLUSION**

It has been demonstrated that media use of an ideal female form can have the effect of increasing women's dissatisfaction with their own bodies and their degree of body size overestimation, although the generalizability of this conclusion has still to be established through further research. While a number of theories might be advanced to explain this phenomenon, we have found that social comparison theory offers a particularly useful framework for understanding the media impact. In particular, this theory offers suggestions for the ways in which one might attempt to introduce change through prevention and treatment. In particular, it would seem valuable to consider a psychoeducational approach to prevention and a group approach to therapy.

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