Building Body Acceptance – Therapeutic Techniques for Body Image Problems

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(with thanks to Siân McLean)
Workshop Structure

- **8.30 – 9.00**
  - Aims and Introductions
  - Body image constructs
  - Risk and maintenance model
- **9.00 – 10.30**
  - Group interventions: motivation, internalisation/over-valuation, comparison, body checking, avoidance
  - Group role play
- **11.00 – 11.30**
  - Exploring an individual’s body image story, emotions and interpersonal relationships
- **11.30 – 12.00**
  - Movement and positive body experiences
  - Feedback and close
Aims

- Explore social context of body image;
- Understand body image concepts, risk and maintenance factors for body image concerns;
- Research support for group body image interventions in community and clinical samples;
- Understand and experience specific techniques for addressing risk and maintenance factors in groups;
- Working with individuals and exploring a case study;
- Enhancing body image with movement: experiential learning.
Body Dissatisfaction and Related Behaviours Are Common

- 34% of 5-year-old girls report moderate dietary restraint (Damiano, Paxton et al., 2015)
- 48-58% of 8-11 year old girls and 30-44% of 8-11 year old boys “think a lot about being thinner” (McCabe & Ricciardelli, 2003)
  - Girls – 37.4% Extremely or Very Concerned about their body image
  - Boys – 13.1% Extremely or Very Concerned about their body image
- In Australian men and women aged 45-54 years - regular episodes of binging (17.4%), purging (28.6%), and strict dieting or fasting (21.4%) (Hay et al., 2008)
Does Body Image Matter?

- **Source of distress**

- **Body dissatisfaction a risk factor for:**
  - Low self-esteem and depression *(Paxton, et al., 2006)*
  - Extreme weight loss or weight gain measures, binge eating *(Neumark-Sztainer, et al., 2006)*
  - Lower physical activity, increased smoking and sexual risk taking *(Kaufman & Augustson, 2008; Neumark-Sztainer, et al., 2006; Schooler et al., 2012)*
  - Onset of eating disorders (anorexia nervosa, bulimia nervosa and related disorders) *(Stice, 2002).*
Social Context
Multidimensional Body Image

- Appearance
- Emotion and sensation
- Action and function
Appearance Focus

- Appearance has become the major focus of attention, and the source of greatest distress;

- Focus on:
  - Thinness, weight and shape for females
  - Leanness and musculature for males

- Our problems may be seen through a body image lens and changing our body is seen to be the solution to our problems:
Clinical Body Dissatisfaction

- Intense dislike (loathing) of appearance, particularly shape and/or weight
- Preoccupation with shape/weight
  - Higher risk for eating disorders
- Over-evaluation of shape/weight
  - Associated with elevated eating-related psychological symptoms and depression
- Body Dysmorphic Disorders
Addressing Body Image

- When poor body image is the central problem. Although also often accompanied by disordered eating, body image problems may themselves be disabling and associated with significant functional impairment.

- In the context of a clinical eating disorder in which a disturbance in body image is a key diagnostic feature of clinical disorders
  - Cognitive evaluative problems such as over-evaluation of shape and weight are often present
  - Persistent body image problems predict poorer outcomes and relapse (Fairburn et al., 2003).
Body Image Continuum

Body satisfaction / healthy eating

Moderate body dissatisfaction and eating concerns

Clinical body dissatisfaction / eating disorders

Health promotion/Prevention

Early intervention

Clinical treatment
Low self-esteem, depression, perfectionism, adverse life events

Internalization of body ideals
Body comparison tendency

Body dissatisfaction

Body size

Unknown genetic & biological factors

Media, friends/peers, & family environments, teasing

Body disparagement
Body checking
Body avoidance

Extreme weight loss behaviours, binge eating, eating disorder
Body dissatisfaction

Low self-esteem, depression, perfectionism, adverse life events

Internalization of body ideals

Body comparison tendency

Body dissatisfaction

Body size

Body Avoidance

Body Disparagement

Body checking

Extreme weight loss behaviours, binge eating, eating disorder

Unknown genetic & biological factors

Media, friends/peers, & family environments, teasing
Body dissatisfaction

- Low self-esteem, depression, perfectionism, adverse life events
- Internalization of body ideals
- Body comparison tendency
- Media, friends/peers, & family environments, teasing
- Body size
- Unknown genetic & biological factors

Body dissatisfaction leads to:
- Body avoidance
- Body checking
- Body disparagement

Additional factors:
- Extreme weight loss behaviours, binge eating, eating disorder
- Media, friends/peers, & family environments, teasing
Low self-esteem, depression, perfectionism, adverse life events

Internalization of body ideals

Body comparison tendency

Body dissatisfaction

Media, friends/peers, & family environments, teasing

Body size

Unknown genetic & biological factors

Extreme weight loss behaviours, binge eating, eating disorder

Body Disparagement

Body checking

Body Avoidance
Internalisation of Body Ideals

- When the social appearance ideals become an individual’s own **personal value** (Jones, 2011)
- When a person comes to believe that their own value and sense of worth is defined by how they look not who they are or what they do.
- If a person is in a very appearance conscious environment they may learn this standard from others.
- However, for most people it is impossible to achieve the body ideal and this **leads to dissatisfaction** with one’s own body (Stice, 2002)
Body Comparison

- Comparison of one’s body with others
  - Peers, celebrities, media images, strangers

- Appearance comparisons highlight perceived inadequacies due to **upward** nature
  - Selective both for the attribute about themselves on which they compare, and for the target with whom they choose to compare
    - Comparing oneself on features that are **not liked**
    - Select “**better**” people with whom to compare, e.g., people who have the desired quality
Understanding emotions and cognitions

Media literacy, changing “fat talk” and environments

Enhance coping with media, friends/peers, & hostile family environment, teasing

Self-monitoring; cognitive restructuring; behavioural experiments

Acceptance

Low self-esteem, depression

Challenging attitudes through cognitive dissonance; role play; surveys

Reduce internalization of body ideals

Reduce body comparison tendency

Body acceptance

“Normalise” eating behaviours

Reduce body avoidance

Reduce body checking

Disparagement

Cognitive restructuring; short term behavioural strategies; exposure and response prevention

Engage with body through movement and self-care
Prevention, Early Intervention and Therapy

Happy Being Me: School-Based Prevention
(Richardson & Paxton, 2010; Bird et al., 2013; Dunstan, Paxton & McLean, 2016)

My Body, My Life Early Intervention
(Heinicke et al., 2007)

Set Your Body Free Therapy
(Paxton et al., 2007; McLean et al., 2011)

Manuals available in DropBox
Set Your Body Free - Young Adults

- 8 session, manualised, therapist-led, CBT intervention explores:
  - Understanding body image, eating patterns and motivation to change;
  - Strategies for identifying and changing disorder eating
  - Relationships among body image, self-esteem, emotions and interpersonal relationships;
  - Managing social pressures to be thin and body comparison;
- Between session activities and agenda for each session.
- Face-to-face and internet delivery:
  - 90 minute small group sessions (6-8 per group).
Body Shape Questionnaire

BSQ T1 to T2 Difference

No change
Small
Medium
Large effect

Face-to-Face  Internet  Delayed t't
Internalisation of the Thin Ideal

- Face-to-Face
- Internet
- Delayed Treatment

SATAQ T1 to T2 Difference

No change
Small
Medium
Large Effect
Physical Appearance Comparison

PACS T1 to T2 Difference

-7
-6
-5
-4
-3
-2
-1
0
1
2

Face-to-Face
Internet
Delayed t't

No change
Small
Medium
Large effect
Bulimic Symptoms

BULIT T1 to T2 Difference

Face-to-Face  Internet  Delayed t't

No change
Small
Medium
Large effect
Dietary Restraint

DEBQ T1 to T2 Difference

Face-to-Face  Internet  Delayed t’t

-1.4  -1.2  -1.0  -0.8  -0.6  -0.4  -0.2  0  0.2  0.4

No change  Small  Medium  Large Effect
Beck Depression Inventory

BDI T1 to T2 Difference

Face-to-Face  Internet  Delayed t't

No change  Small  Medium  Large Effect

Clinically meaningful change
Interventions for Midlife Women

- Our research with midlife women shows addressing other factors is important (McLean et al., 2010):
  - Accepting of age related changes
  - Low body-related self-care – making time for physical activity and not feeling guilty about it
  - Healthy eating when caring for a family and working
  - Healthy weight management
SYBF - Midlife

- **Session 1** – Exploring motives to change, influence of body dissatisfaction
- **Session 2** – Implications of giving up dieting in midlife context
- **Session 3** – Emotional and environmental triggers to over-eating
- **Session 4** – Learning self-care through body movement activity
- **Session 5** – Socio-cultural pressures on body image in midlife women
- **Session 6** – Learning healthy eating patterns
- **Session 7** – Accepting age-related changes to appearance, challenging beliefs, changing physical activity patterns
- **Session 8** – Enhancing body-related positive self-talk and review
Body Dissatisfaction

![Graph showing body dissatisfaction scores](image-url)

- BSQ Difference Score
- No Change
- Small
- Medium
- Large

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<th>Baseline to post-test</th>
<th>Baseline to 6-mth follow-up</th>
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<td>Control</td>
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Emotional Eating

DEQ Em Difference Score

Baseline to post-test  Baseline to 6-mth follow-up

-1.2 -1.0 -0.8 -0.6 -0.4 -0.2 0 0.2

No Change

Small

Medium

Large

Intervention  Control  Intervention

Intervention
Dieting
Psychological Distress

K10 Difference Score

-8 -7 -6 -5 -4 -3 -2 -1 0

No Change
Small
Medium
Large

Baseline to post-test
Baseline to 6-mth follow-up

Intervention
Control
Intervention
Body Image Interventions for Clinical Eating Disorder Patients

- **Morgan et al. (2014)**
  - Adult inpatients with anorexia nervosa
  - Group based manualised mirror exposure

- **Trottier et al., (2014)**
  - Adult women with a clinical eating disorders
  - Used a systematic desensitization paradigm – developed and then worked through a body image exposure hierarchy
Understanding emotions and cognitions

Low self-esteem, depression

Challenging attitudes through cognitive dissonance; role play; surveys

Media literacy, changing Fat Talk

Enhance coping with media, friends/peers, & hostile family environment, teasing

Reduce internalization of body ideals

Body acceptance

“Normalise” eating behaviours

Reduce body comparison tendency

Reduce body Disparagement

Reduce body avoidance

Reduce body checking

Self-monitoring; cognitive restructuring; behavioural experiments

Engage with body through movement and self-care

Cognitive restructuring; short term behavioural strategies; exposure and response prevention
Group Body Image Treatment

- Role playing group interventions -

1. Each table needs group participants, a group leader and/or observer – choose!

2. Each participant needs a role; leader and observer need instructions
Group Work: Motivation

Each participant:
Reads and think about Task 1. Your life
Writes Task 2a. Pros and Cons

Leader and observer plan group discussion:
Group work 1.A Pros & Cons; Your Future
Activity Review

- Impact of body image problems
- Motivation from review of future possibilities
- Conflicts over change – pros and cons
Internalisation of Appearance Ideals and Over-Evaluation of Weight and Shape

- In Group challenge social beauty ideals
  - Understanding and challenging values
  - Dissonance activities
Appearance Comparisons: Treatment Strategies

- **Aims**
  - Increase awareness - understand impact
  - Reduce frequency of comparisons
  - Facilitate a change in the balance between upward and downward comparisons
  - Alter negative affective outcomes of comparisons
Appearance Comparisons - Monitoring

- **Procedure – Monitoring Sheets**
  - Self-monitoring - detailed information about comparisons
    - Situation (trigger), comparison targets, attribute for comparison, consequences of the comparison (e.g., feel inadequate)
  - Provides awareness and insight
    - Recognize that comparisons are upward
    - Comparisons are habitual (happen frequently), but conscious choices about the behaviour can be made
    - Identify opportunities for intervention
      - Cognitive restructuring
      - Behavioural techniques
Appearance Comparisons: Behavioural Experiment

- Behavioural Experiment –
- Imagine that you are engaging in a behavioural experiment
  - You are highly self-conscious about your body or a particular aspect of your body.
  - You engage in a range of avoidance behaviours to hide yourself

Your Tasks: 1. Written task: Pre-session 5 Monitoring
Choose one comparison to use in experiment
Appearance Comparisons: Behavioural Experiment: Group Discussion

- Examine results
  - Group feedback and comments
  - Differences in outcome between Part A and Part B
    - Situation, comparison targets, attribute for comparison and consequences of the comparison

- Discuss conclusions
  - Aims to provide further evidence to the client that
    - Upward comparisons lead to bias in the way that people view themselves in comparison with others
    - Assumptions about themselves are fed by the way in which they engage in comparisons
      - Changing the type of comparison, or stopping comparisons has the potential to improve outcomes
Body Checking

- Checking: habitual, ritualised behaviour
  - Reassurance seeking, e.g., seek relief for not having gained weight
  - For control, e.g., to control weight; know how much to restrict
  - Debilitating due to frequency and negative consequences

Strategies for body checking
  Mirror work
Body Avoidance

- **Avoidance**: of behaviours or situations that provoke concern about appearance
  - Weighing, wearing close fitting clothes, physical intimacy, clothes shopping, socialising, seeing reflection
  - Put off activities until the “right” body is achieved
    - Fear of negative evaluation
Don’t Wait

- Exposure activity for body avoidance

1. Identify situations or activities that are avoided because of body image concerns
2. What effect has the avoidance had on your life?
3. Choose a situation to change.

4. In groups, help each group member identify a first step – challenging but not overwhelming
Self-talk and cognitive restructuring

- Used to identify and challenge
  - negative body image and eating-related thoughts
  - Body comparison

- Let’s look at one negative thought you may have.
Body and Self-Care

- Gradual progress from committing to, and engaging in, body-related self-care and nurture
- Shifts the body focus – away from appearance and towards experiences and sensation
- Self-care commitment
  - Explorations of guilt, body worth, etc
- Self-care activity schedule
- Sensuality and body nurture
  - A more intimate and personal engagement with one’s body – deriving positive feelings from physical sensations
Self-Care Commitment

"COMMITMENT TO BODY, MIND AND HEALTH"

NAME: _______________________

I will make a commitment to myself and try to attend to my needs.
I will make a strong attempt to value myself as a person and not just for my weight.
I will try to challenge the negative attitudes I have towards myself.
I will try to ‘normalize my eating behaviour’ during this program.
I will make a commitment to take care of my body and learn to be responsive to my body’s real needs.
I will make every effort to stop punishing myself.

SIGNATURE: _______________________

DATE: _______________________

Task 4.3 - Self-Care Activity Schedule

Choose four days upon which you will deliberately undertake different self-care activities. For each day that you engage in a self-care activity, write down:

- The planned self-care activity.
- The purpose of the self-care activity.
- The effect of the activity on your experience of your body, e.g. how you think and feel about your body.
Working in Groups

- Strengths and limitations
Individual Therapy

Case example: Tessa

- Assessment
- Body image story/History
- Interpersonal aspects
- Maintaining behaviours
- Function of body image issues
- Motivation for change
Individual Therapy

Tessa- Treatment

- Motivation and valued direction
- Address maintaining behaviours – comparison, avoidance, checking
- Interpersonal function of body image
- Internalisation
Case Discussion

Body Image Acceptance

- BI Story Formulation
- Positive Body Experiences
- Over-evaluation Values
- Self Emotions Relationships
- Maintaining Thoughts and Habits
Using Body Attending in the Therapeutic Relationship

• Reduce body avoidance
• Work on specific body areas in session
• Compassionate exposure
• Present moment focus
• Increase emotional awareness and connection
• Slow down
• Reduce rationalisation
Movement in Body Image Treatment

- Provide reparative experiences of movement as:
  - owned, sensed, pleasurable
  - non-compulsive or avoided
- Help clients re-evaluate the place of movement in their lives and try things that are right for them
- Identify community resources
- Group and individual interventions
Multidimensional Body Image

- Appearance
- Emotion and sensation
- Action and Function
Review

- Questions...
- Thoughts.....