

**The Social Body: Development and Treatment of Body Dissatisfaction in Context**

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### **Abstract**

Body dissatisfaction is a distress that occurs when a person's feelings about their body image are predominantly negative. Body dissatisfaction is the result of sociocultural influences exacerbated by specific mechanisms, to which people have varying degrees of vulnerability. The manifestations of these influences and the state of a person's vulnerability greatly depend on the context. This project explores how adolescents and young adults may develop, protect themselves against, or recover from body dissatisfaction. The influences, mechanisms, and vulnerabilities mentioned previously are also explored in context to the identified demographic. Following a literature, practical therapeutic applications are suggested for counsellors seeking to understand and improve the lives of clients with body image distress.

*Keywords:* body dissatisfaction, body image, body satisfaction, sociocultural theory, systemic theory, social comparison theory, self-compassion, Power Threat Meaning Framework, counselling

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**Dedication**

To my wife, Robyn, my son, Reid, Nancy Pelosi, and Lizzo.

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## Chapter 1: Understanding Body Dissatisfaction

The human body is in constant conversation. It is, of course, involved in vocalizations, gesticulation, posture, and subtle articulations that seek to respond and convey ideas to those around us. It is also subject to hearing. The possession of a body means that one will constantly receive information about that body. The set of information, though partially of functional assistance, also includes implicit and explicit judgements about the quality of the body, particularly in comparison to a socially-identified ideal. A body in a social space means that quality statements about that body will occur. These quality judgements can be particularly harmful to adolescents and young adults, who, upon receiving these judgements, may adapt their thinking, behaviours, and cognitions in order to socially survive, but at great cost.

The following project is intended to develop an understanding of this state, known as *body dissatisfaction*, for use in a therapeutic setting with clients ages 15-25. This first chapter will provide an overview of body dissatisfaction, detail the purpose and goals of the project, and describe the theories and motivation that serve the project. The second chapter is a literature review that details research theories, social influences, personal vulnerabilities, and successful intervention strategies. The final chapter is a proposed approach to successful body image counselling with this population.

### Overview of Body Dissatisfaction

Grogan (2016) defines the concept of *body image* as inclusive of both positive and negative evaluations of one's appearance, either as body satisfaction or body dissatisfaction. When negative attitudes become the most prominent or begin to cause distress, then a person can be said to be experiencing *body dissatisfaction* (Grogan, 2016). Worldwide, body dissatisfaction and desire for thinness tends to be more of an issue in countries with higher socioeconomic status

and with increased exposure to Western media (Swami et al., 2010). The majority of prevalence data comes from the United States. According to one survey, body dissatisfaction may affect up to a third of American adults (Fallon et al., 2014). Ricciardelli and McCabe (2001) found that body size satisfaction in adolescents was as low as 12% in girls and 16.6% in boys.

It is also important to recognize an expression of body dissatisfaction, *social appearance anxiety*, the concern that one's appearance will be evaluated negatively by others (Hart et al., 2008; Levinson & Rodebaugh, 2016). Social appearance anxiety is important in context with body dissatisfaction, as it describes an individual's cognitive (e.g., repetitive negative thinking, Reilly et al., 2018) and emotional responses (e.g., fear, Hart et al., 2008), the possibility of social consequences due to appearance (Kenny et al., 2017; Voelker et al., 2015), and the sociocultural nature of body dissatisfaction (Tiggemann, 2012). Though there is an academic distinction between social appearance anxiety and body dissatisfaction, social appearance anxiety is a brief but helpful way to describe how body dissatisfaction could increase distress in a person's life.

Body dissatisfaction may be confused with *body dysmorphic disorder*. As defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), body dysmorphic disorder is primarily described as an irrational perception of a physical flaw, either by presence or degree, alongside an intense preoccupation with the flaw (American Psychiatric Association, 2013). A person diagnosed with body dysmorphic disorder is obsessed with either slight or unobservable shortcomings and, at some point, has engaged in repetitive behaviours to cope with the resulting stress (American Psychiatric Association, 2013). It is important to note that the DSM-5 categorizes body dysmorphic disorder as related to obsessive-compulsive disorder, indicating that repetitive coping is key to a diagnosis.

Most appearance-related distress would, by definition, not fall within body dysmorphic disorder. Markey (2010) described the environment of body image issues in this manner:

“Understandably, interest in body image has come to researchers’ attention most often under conditions of extreme distortion or dissatisfaction. Body dysmorphic disorder, anorexia nervosa, and bulimia nervosa represent psychiatric disorders hallmarked by negative body image. However, the range of normal and pathological body image experiences is broad and has psychological, behavioral, and developmental consequences all along its spectrum.” (p. 1387)

In comparison to body dissatisfaction, rates of body dysmorphic disorder are much lower in broad study samples from North America and Europe, around 0.7% (Otto et al., 2001) to 1.7% (Rief et al., 2006), but as high as 2.4% (American Psychiatric Association, 2013). Schneider et al. (2017) found that 1.7% of adolescent boys and girls were probable body dysmorphic disorder diagnoses, with a higher prevalence in older adolescents than younger. Using these studies and the data presented previously, that leaves an approximate 81-86% of adolescents dissatisfied with their bodies to varying, sub-pathological degrees.

According to body dissatisfaction manipulation studies, distress can be highly contextual. The context can be the format in which ideals are transmitted to the individual, such as through mass media (Uchôa et al., 2019), social media (Casale et al., 2019), parental suggestion (Schaefer & Blodgett Salafia, 2014), or peer conformity (Kenny et al., 2017). Context could also come from the quality of relationships an individual has, which could either exacerbate or protect against the effects of harmful social influences (Dailey, 2010; Kenny et al., 2017). In addition to format and quality, the context of what specifically happened may be influential. Body dissatisfaction behaviours may increase in response to feelings of rejection (O’Driscoll & Jarry,

2015; Rieger et al., 2017). Alternatively, a person may experience more dissatisfaction when in social competition (Ferguson et al., 2011; Krones et al., 2005) without any rejection experience. Adolescents are much more likely to develop body dissatisfaction if their parents, siblings (Schaefer & Blodgett Salafia, 2014), or peers tease them about their appearance (Webb & Zimmer-Gembeck, 2014).

Body dissatisfaction is developed alongside social experiences and influences, in relationship to both the intentions and happenstance occurrence of the experience. It is impossible to separate this distress from the context. Along those lines, researchers tend to use two theoretical frameworks when studying body dissatisfaction: the Tripartite Influence model of body dissatisfaction (van Den Berg et al., 2002) and sociocultural theory (Tiggemann, 2012). Briefly, both theories contend that body ideals are transmitted to individuals through social and cultural influences. The emergence of body dissatisfaction in an individual depends on psychological and biological vulnerabilities unique to that individual. Distress is developed and maintained through predictable mechanics.

As for improving body image, some of the most effective interventions delineate between diminishing body dissatisfaction and increasing body satisfaction, favouring the latter as the important target. According to Wood-Barcalow et al. (2010), the *absence* of body dissatisfaction is not the *presence* of body satisfaction. Targeting body satisfaction in clients means not only reducing the vulnerability to catalysts of distress, but also bolstering appreciation and acceptance of themselves. Positive changes in body image have come from rejecting ideals presented by the media (Stice & Presnell, 2007), emphasizing body appreciation (Andrew et al., 2015), and developing self-compassion as a path to self-acceptance (Moffitt et al., 2018; Pullmer et al., 2019).

The focus population for this capstone is adolescents and young adults, specifically between 15 and 25 years old. The reason for this selection is both personal and research-based. On a personal level, my previous career and volunteering experience involved working extensively with this age range. I found this demographic to be both extremely susceptible to sociocultural influence and highly adaptable to change and improvement. The life of a young person has unequalled potential for positive change, especially if prosocial, caring, and attentive people become involved. Research indicates that body image development is a critical feature of middle adolescence, subject to influence from parents (Dailey, 2010), peers (Kenny et al., 2017), media (Uchôa et al., 2019), and pubertal timing in comparison to others (Ackard & Peterson, 2001). Adolescence therefore seems rife with opportunity for negative experiences, during which a positive intervention could make all the difference. These risks extend to early adulthood, where the influences mentioned previously, including pubertal timing, continue to impact body dissatisfaction (Grower et al., 2019; Harper & Tiggemann, 2007; Rieger et al., 2017; Webb et al., 2018). Early adults are at particularly high risk of experiencing body dissatisfaction (Eisenberg et al., 2011; Mayo & George, 2014; Taylor et al., 2006). As adolescence appears to represent a turning point of body image development and young adulthood is the highest risk age for body dissatisfaction, this age range is the most logical target to develop maximally effective intervention approaches.

### **Purpose Statement**

The purpose of this capstone is to develop a clear understanding of what social influences and individual traits contribute to the development of body dissatisfaction, and what may be done to reduce the associated distress. This research topic was chosen for two reasons. Firstly, body image has become a major topic in North American culture at large, with increased

presence and discussion in social media, music, and identity politics. Secondly, despite its presence, the communication of body dissatisfaction research and mitigation strategies is inadequate. Body dissatisfaction speaks to an aspect of the cultural zeitgeist for which professional counsellors are underprepared.

The research component of the capstone will answer three fundamental questions: How do sociocultural elements transmit body image ideals to cisgender individuals ages 15-25? What factors predict an individual's level of vulnerability to these sociocultural influences? What clinical interventions have been effective at decreasing sociocultural vulnerability or body dissatisfaction?

The intended audience for this capstone is counselling therapists, though the research and conclusions would be helpful for any professional (e.g., teachers, coaches) working with adolescents or young adults. At the end of this project, the work will be circulated to counselling therapist peer groups and formally presented to professionals working with the demographic.

### **Theoretical Framework**

I will use two theoretical approaches to analyze the literature and develop the content of chapter three: Bowen and Family Systems Theory (Kerr & Bowen, 1988) and the Power Threat Meaning Framework (PTM; Johnstone & Boyle, 2018). Family Systems Theory can be defined as recognizing that the “function of the individual is often incomprehensible without the context of relation in a group” (Skyttner, 2006, p. 193). Body dissatisfaction distress relates to a perceived cultural ideal (rather than being dissatisfied by being sick, injured, etc.), and therefore, interpersonal perspective is critical to understanding the distress. Family systems theory is also relevant to family and small group (e.g., peer) dynamics, both of which are vital to body

dissatisfaction research (Dailey, 2010; Ferguson et al., 2014; Markey, 2010; Patton et al., 2014; Taniguchi & Dailey, 2020).

PTM is similar in that it includes all psychobiosocial factors as potential influences on mental distress (Johnstone & Boyle, 2018). A PTM-like approach would not attempt to identify a single reason for distress, nor place blame on the individual. The PTM lens emphasizes that social power differentials, threats from power, and an individual's meaning-creation response are important factors for understanding distress. I approach this work through a transformative lens that recognizes unreasonable social expectations of the individual, and I seek to move clients from an object that is solely the recipient of judgement to a subject-agent who acts in spite of unreasonable pressures. Both family systems and PTM are absent from the literature review in order to maintain as unbiased an approach as possible.

### **Contribution to the Field**

The goal of this capstone is to produce a greater understanding of body dissatisfaction and apply that understanding to distressed individuals. In acknowledging that goal, I also acknowledge that counselling therapists and community facilitators in similar roles are under-educated in the area, particularly when working with adolescents and young adults, a population with an elevated risk of experiencing body dissatisfaction (Eisenberg et al., 2011; Mayo & George, 2014; Ricciardelli & McCabe, 2001). Part of this capstone is an attempt to address one of the baseline facts about any client that comes into a session: they possess a body that exists in context to an entire society, and society constantly comments on the corporeal client. How does that affect the client's life? And how can we help?

I do not believe that body dissatisfaction comes from abstract individual neuroticisms or psychopathologies. The behaviours and thought patterns often identified through reified jargon

are, instead, responses to the outside world in a specific context. As an individual lacks the means or opportunity to define the world, distress is a series of unhealthy-yet-logical coping strategies that come from striving to survive within an unreasonable set of sociocultural expectations. I think that this project is especially important in that it actively seeks to depathologize the distress of body dissatisfaction by framing it in this way. By identifying similarities in distress *within the context of active responses*, the category of “experiencing body dissatisfaction” can then be made helpful. The path to being an effective counselling researcher is not through sorting clients into natal archetypes, but rather recognizing similar responses to shared problems.

Beauty standards are something that was simply *made up*, a story told by those with power to keep power, and can therefore be dismissed as that without intrinsic worth. Client improvement comes from by helping clients to see that *they*, rather than the ideals, have intrinsic worth because they exist, and are therefore worthy of love and happiness. The counsellor can then assist the client with ways to acknowledge this worth in context to their lives. The third chapter of this capstone will directly address this approach.

This capstone adds to the field of counselling therapy study by framing a widespread distress within a sociocultural context. As the ease of communication increases due to advances in technology, individuals will need tools to evaluate messages and reinforcement strategies from family, peers, and other important individuals. Within the power discrepancy between one versus an entire culture, it will be necessary to have strategies to mitigate the threat of that power. In addition, this capstone uses a view of distress as a response to power structures, rather than a failing of the individual to meet a manufactured mass ideal. The goal of this capstone is to

convey to counsellors the necessary knowledge to explore what contributes to a client's experience of body dissatisfaction and to find ways they may thrive in spite of it all.

### **Reflection and Positionality of the Researcher**

In the interest of improving transparency and limiting bias, I must state that my personal experiences with body dissatisfaction and bullying are the motivation for exploring this topic. In my early teenage years, I became a bullying victim. The focus of the bullying was primarily my weight and appearance, and that was a consistent theme for many years. These experiences formed the foundation for social and generalized anxiety, though I never sought nor was given any diagnosis. In an attempt to "cure" myself, I focused on the attributed causes of my bullying and began a lifelong pursuit of physical health and wellbeing. Unfortunately, I found that neither my body dissatisfaction nor anxiety waned even after significant athletic development. The effects of the bullying trauma and subsequent self-judgement and critique had outlasted my efforts to own and improve my contemporary physical image. My distress came in spite of the fact that I am a white, heterosexual, cisgender man. Even at my most physically fit, the ideal standards were impossible. The road to recovery involved examining the process by which I internalized body dissatisfaction narratives and learning to express self-compassion.

Since my therapeutic process began, I have had several conversations with friends during which they expressed dysmorphic or dissatisfied symptoms similar to my experience. Throughout our discussions, we all easily recognized each other's irrational cognitions and yet struggled to accept our own. It was clear that the way our society spoke about body image was unhelpful. Finding fault with one's body was far too easy and common a response. The realization of this discrepancy made it clear that the mechanisms perpetuating body dissatisfaction were much more than logical errors of evaluation and must include sociocultural

influences. I hope to help redirect the conversation around body image to one based in positivity, a diversity of experiences, and inclusion. Both my experiences of distress and the inspirational honesty of my friends motivate this study.

### **Outline of Capstone Project Chapters**

This following chapters will accomplish two goals. Chapter two, a literature review, will provide necessary background on the theoretical conceptualization, social transmission, individual variables, and reduction strategies for body dissatisfaction, some of which has been described briefly in chapter one. Chapter two is divided into sections devoted to each of these background areas. The reader will learn about how sociocultural ideals, specifically thin or athletic bodies, are transmitted through mass and social media, and how peers, parents, and social media reinforce and monitor adherence to those ideals. The idiosyncrasies of transmission for each social group are explored as well. As all people are exposed to sociocultural ideals, the reader will also learn about how individual psychological and biological variation can alter a person's potential vulnerability to body dissatisfaction. Finally, the chapter concludes with an overview of some of the most successful interventions, specifically related to the sources and mechanisms of social transmission or individual response strategies defined in the rest of the chapter.

Chapter three develops the end purpose of the capstone based on the understanding derived from the literature review. I make recommendations intended to aid counselling therapists in individual and group work, either as preventative or intervention. Chapter three is framed from a systemic, response-based style of counselling. It is heavily influenced by the Power Threat Meaning Framework, sociocultural theory, and my practicum supervisor, Allan Wade. With that in mind, there is no attempt to define a single answer to *why* a person feels

dissatisfied with their body, nor is there any abstraction that one might find in psychodynamic or other depth psychology approaches. The emphasis of chapter three will be helping clients, or adolescents and young adults in general, understand *what* contributes to body dissatisfaction, and how they can, and have already, respond to sociocultural pressures in ways that create safety. Some of these response strategies include self-compassion (Moffitt et al., 2018; Neff, 2011) and media analysis (Golan et al., 2013; Stice & Presnell, 2007).

### **Conclusion**

Body dissatisfaction is distress built from sociocultural influences. The context in which the distress develops is critical to understanding how best to help an individual. This project is important because body image issues are often viewed as the problem of the individual, rather than the unreasonable standards and framing a young person may hear from parents, peers, or media. The goal of this project is to aid counsellors to understand body dissatisfaction from this theoretical lens, and then apply interventions that help clients respond to those social demands in helpful ways. The next chapter in this project is a literature review, in which body dissatisfaction theory, sociocultural influences, individual vulnerabilities, and successful interventions are detailed.

## **Chapter 2: Literature Review**

Body dissatisfaction benefits from a large volume of research. Researchers have sought to understand how social experiences shape a person's body image and what contributes to the variability of expression in individuals. Following that history, this literature review will explore three important research questions about body dissatisfaction. Firstly, how do sociocultural elements transmit body image ideals to cisgender individuals ages 15-25? Secondly, what factors predict an individual's level of vulnerability to these sociocultural influences? Finally, what clinical interventions have been effective at decreasing sociocultural vulnerability or body dissatisfaction? Prior to exploring these questions, it is also important to examine what theories are applied to body dissatisfaction and what is important to understand about the identified demographic as it pertains to the overall topic.

The following chapter describes the relevant background to the current project. There are five primary sections: Dominant Theories, which discusses theories currently applied to body dissatisfaction discourse; Population, which describes how body dissatisfaction is associated with the 15-25 demographic; Social Transmission, which explores how body ideals are transmitted and reinforced through different social pathways; Predictors of Body Dissatisfaction, which explores how individual factors alter vulnerability to social transmissions; and Decreasing Body Dissatisfaction, which overviews how researchers have attempted to decrease body dissatisfaction in experimental settings. Each of the last three sections relates back to the information detailed in the Dominant Theories section.

### **Dominant Theories in Body Dissatisfaction**

Body dissatisfaction literature tends to operate under a few central theories that model the development of distress. The theories are attempts to explain three primary aspects of distress

development: how body image ideals are expressed to the individual, how social pressures reinforce the need to achieve ideals, and how the individual responds to these pressures in a way that develops or maintains distress. The following section details two major models of body dissatisfaction and three theories of internal processes that are consistently applied in the research.

### **Michel Foucault and the Panopticon**

Though not explicitly referenced in the literature, Michel Foucault's work is an important precursor to body image theory, specifically *Discipline and Punish: The Birth of the Prison* (1975/1978) and the metaphor of the panopticon. Foucault's concept of discipline applies power differentials to an individual body, a power which sets requirements for all aspects of the body. The panopticon concept is the application of reinforcement of those requirements. According to Foucault, bodies are influenced primarily through observation that can be real, implied, and assumed. A feeling of constant observation is, therefore, the way to keep a group of people behaving according to the restrictions of a power institution.

### **Sociocultural Theory of Body Image**

Sociocultural theory describes social and cultural pressures that can alter a person's self-image, primarily through family, peers, and media (Tiggemann, 2012). Tiggemann (2012) describes the theory as a five-step process: beauty ideals exist in a culture, those ideals are transmitted through diverse social routes, individuals adopt or internalize the ideals, the individual compares themselves to the ideal and experience some level of body dissatisfaction, which finally has behavioural or emotional consequences. The important mediation mechanics, which describe how the ideals alter a person's body image, are internalization of sociocultural ideals and social comparison. Both of these mechanics will be described in greater detail later in

this section. Originally, in sociocultural theory, requirements for women's appearance were biased towards a thin-ideal that was both unattainable for most women and widespread (Thompson et al., 1999). Tiggemann (2012) has described a similar effect in men, albeit with different standards of body shape, but continuing to influence body image via internalization of social values. The researcher argued that simply following this process would mean that all people would suffer from extreme body dissatisfaction. As this is not the case, there must be psychological and biological variables that alter the vulnerability of each individual that moderate the effects of sociocultural demands.

Sociocultural models continue to be an important framework for researchers in the area of body dissatisfaction (Matera et al., 2013; Rodgers et al., 2015; Turel et al., 2018; Webb et al., 2018). Rodgers et al. (2015) found longitudinal evidence for sociocultural influences to body dissatisfaction, and suggest targeting the internalization and comparison stages for effective intervention. Further, Webb et al. (2018) found that family influences can reduce the effectiveness of body appreciation and mindful eating interventions in college-age women.

Though internalization is a part of other psychological models, it is vital to the study of body dissatisfaction. Internalization is a process in which outside information or opinions, external processes, or interpersonal events exist inside the mind of an individual (Vygotsky, 1978). Internalizing cultural ideals of appearance means that an individual has accepted and believes the ideal, either through assimilation or accommodation (Fitzsimmons-Craft et al., 2012). However, Zittoun and Gillespie (2015) describe the use of *internalization* as much more complex, dynamic, and multifaceted than the somewhat simple metaphorical application in which the word was originally used. Zittoun and Gillespie argued that internalization happens through a long-term building of social contexts and experiences, which "creates a layering up of

perspectives within the individual, and it is this layering up that we can talk about the social structure of society, or even the voices of society, being internalized” (2015, p. 483). This last interpretation dovetails well with the contextual perspectives of sociocultural theory, as it promotes the idea of including a multitude of sources (i.e., the “structure of society”) that encourages a narrowed perspective from which to compare oneself, resulting in sexualized objectification.

The concept consistently appears in the literature around body dissatisfaction as a way to describe how social interaction changes a person’s beliefs about their body (Mendes & Ferreira, 2019; O’Hara et al., 2016; Pearl & Puhl, 2014; V. Swami et al., 2011; Trekels & Eggermont, 2017; Turel et al., 2018; Webb et al., 2018). Unfortunately, it is most frequently used as if it is a common, well-understood term, closer to Vygotsky (1978) than Zittoun and Gillespie (2015), and rarely described as to how it functions. Internalization frequently appears as an outcome metric (Swami et al., 2011; Yamamiya et al., 2008) or a risk factor related to media ideals (Levine & Smolak, 2016). It is perhaps most helpful to understand internalization as learning that is specific to sociocultural attitudes (Fitzsimmons-Craft et al., 2012), where those sociocultural voices can be varied and contextual (Zittoun & Gillespie, 2015).

### **Tripartite Influence Model of Body Dissatisfaction**

van den Berg et al. (2002) proposed the Tripartite Influence model, another sociocultural approach, to describe how an individual may develop and maintain body dissatisfaction.

According to the model, three areas of influence, parents, peers, and media, lay the groundwork for individual development of body image and disordered eating problems. The researchers proposed that *influence* included “teasing, modeling, general attitudes regarding weight and appearance, and perceived pressure to meet appearance ideals” (2002, p. 1009). Building on the

preceding body of literature, the Tripartite model includes two mediation mechanics that are hypothesized to lead to body dissatisfaction: appearance comparison and media internalization.

Tylka (2011) applied the Tripartite model to undergraduate men (mean age of 20), adding dating partners as an area of social pressure and describing both muscularity dissatisfaction and fat dissatisfaction as dual pathways to distress. Interestingly, Huxley et al. (2015) found that the Tripartite model may have limited application beyond white heterosexual women, as it did not appear to describe the pathway by which lesbian women experienced sociocultural pressures. However, there was some cross-cultural support from a study by Yamamia et al. (2008), which, in a similar sample of undergraduate women in Japan, was able to mostly replicate the results of van den Berg et al.'s (2002) North American population.

### **Social Comparison Theory**

Social comparison theory, first proposed by Festinger (1954), is an important theoretical framework for conceptualizing body dissatisfaction as an interpersonal process, widely used in the research on body dissatisfaction (Maher et al., 2021; Matera et al., 2013; Schaefer & Blodgett Salafia, 2014; C. Schneider et al., 2017; Smith & Farrimond, 2019; Turel et al., 2018). Festinger (1954) argued that that humans will naturally compare themselves to others, particularly on qualitative dimensions of measurement, and can be either upward or downward comparison (Lew et al., 2007). Upward social comparison is when an individual compares themselves to someone they deem *better*, resulting in a negative or low self-evaluation (Tesser, 1988). Downward social comparison is contrast drawn to someone deemed inferior, which usually results in positive self-evaluation (Wills, 1981). Wills (1981) argued that a negative affect may encourage a person to engage in downward comparison to make themselves feel better.

Lew et al. (2007) and Moreno-Domínguez et al. (2019) both describe body dissatisfaction as socially-constructed distress derived primarily from upward social comparison. Myers and Biocca (1992) argued that media presents the opportunity for constant appearance-based upward comparison, thus perpetuating distress. Comparison has been directly implicated as a mediator between teasing and body dissatisfaction in adolescent boys and girls (Schaefer & Blodgett Salafia, 2014). Downward social comparison is relevant to research on altering reactions to media, such as in Lew et al. (2007). Both upward and downward social comparison are contextual (Tiggemann & Zaccardo, 2018; Wills, 1981) and depends on both the subject and the evaluative metric (Andrew et al., 2015; Lew et al., 2007).

### **Objectification Theory**

One of the other guiding theoretical frameworks to describe the effect of cultural ideals on women is objectification theory, proposed by Fredrickson and Roberts (1997). As originally proposed, this theory suggests that females are taught sociocultural expectations for behaviour and appearance, and women are rewarded for adherence to those expectations with attention. Therefore, the consistent sociocultural objectification of women's bodies promotes the adoption of self-objectification as an adaptive mechanism (Fredrickson & Roberts, 1997; Grogan, 2016). Grogan (2016) explains that the theory identifies both state and trait objectification. State objectification occurs after attention is pointed towards a person's body in a contextual situation. This kind of objectification can occur during the perception of idealized body standards, such as media exposure, and has been negatively correlated with body appreciation (Andrew et al., 2015). Trait (i.e., personality) objectification is when thoughts, attitudes, or behaviours align with cultural overvaluation of appearance, resulting in body monitoring, shame, appearance anxiety, and other manifestations of distress (Grogan, 2016). Though important in distinction

because they describe different stages and adaptations of body dissatisfaction, the two types of objectification are rarely distinguished between in the literature.

Being objectified means that people “are valued primarily for their outward appearance, and their body parts and sexual functions may be separated from their personhood, reduced to the status of mere instruments, or regarded as capable of representing them entirely” (Wade, 2017, para. 2). In objectification theory, a cultural metric isolates appearance as the representation of a person and promotes adherence to appearance standards as the path to social reward. Trekels and Eggermont (2017) found that adolescents made this same connection, identifying closeness to appearance ideals as the path to peer acceptance.

### **Body Dissatisfaction in Adolescents and Young Adults**

Body dissatisfaction in adolescents receives consistent attention in the literature, attributable to both the prevalence of body dissatisfaction and the relationship to longitudinal consequences (Paxton et al., 2006). According to Ricciardelli and McCabe (2001), only 12% of adolescent girls and 16.6% of adolescent boys were satisfied with their body size. Part of this may be due to the change inherent in adolescence, as growth during puberty may increase social comparison risk for both boys and girls (McCabe & Ricciardelli, 2003; O’Dea & Abraham, 1999) and appearance-related teasing (de Vries et al., 2016; Reel et al., 2015). O’Dea and Abraham (1999) also found that boys have higher body satisfaction post-puberty than pre- or mid-puberty. Warren (1983) noted that adolescent girls’ physical changes, such as pubertal weight gain, often move them further from the cultural ideal. This shift comes at a time when, according to Shaefer and Blodgett (2014), teasing and criticism serve to convey how young girls fail to meet the social expectation to maintain body ideals.

Parent (McCabe & Ricciardelli, 2003) and peer (Jones & Crawford, 2006) influences may have an increased impact on adolescents' body image compared to other ages. Parental messaging and feedback plays an important role in how body image develops (Kosmidou et al., 2017; McCabe & Ricciardelli, 2003; Schaefer & Blodgett Salafia, 2014). Low parental support (e.g., lack of intimacy, guidance, affection, and admiration) at adolescence has been linked to body dissatisfaction in later years (Bearman et al., 2006), and specific feedback may be related to more severe disordered eating behaviours (McCabe & Ricciardelli, 2003). With peers, Jones and Crawford (2006) found adolescent boys and girls feel high levels of peer pressure related to their body image. In the study, adolescent girls experienced higher levels of appearance conversation, whereas boys experienced more pressure and teasing. Many studies have since explored how peers may promote body dissatisfaction in other adolescents through body ideal communication and competition (Calzo et al., 2012a; de Vries et al., 2016; Vandebosch & Eggermont, 2016). Paxton et al., in a five-year longitudinal study, found "less stability in body dissatisfaction and greater influence of peer factors" in adolescents (2006, p. 897), perhaps indicating that adolescents are particularly vulnerable to changes in body image based on peer influences.

University-age women (Eisenberg et al., 2011; Taylor et al., 2006) and men (Mayo & George, 2014) have an especially high risk for body dissatisfaction. In addition to the associated distress, body dissatisfaction is a risk factor for developing disordered eating behaviours in this population (Brosof & Levinson, 2017; Griffiths et al., 2015; Laporta-Herrero et al., 2018). Though undergraduate females are a common sample population for studies on sociocultural ideal transmission and body dissatisfaction (Fitzsimmons-Craft et al., 2012; Li et al., 2011; T. A. Myers et al., 2012; O'Hara et al., 2016), Griffiths et al. (2015) found a similar association with undergraduate men, who not only experienced body dissatisfaction from pressure to conform to

masculine norms, but also body dissatisfaction and eating disorder risk related to feminine norms generalized to men. Tiggemann (2012) describes a parallel process for men and women, where both gender ideals are nearly impossible for most people to achieve without unhealthy or extreme interventions, such as over-exercising, cosmetic surgery, or steroid use. The current project recognizes the importance of adolescent body image development, combined with the consequences of that development in undergraduate age.

### **Social Transmission**

Social interactions actively play a role in the development and maintenance of a person's self-image. These influences are multi-tiered and impact an individual in different ways. The following section explores the three primary influences from the Tripartite model that transmit a sociocultural expectation to achieve specific body ideals. Each section, Media, Parents, and Peers, explores the ways in which that transmission may occur, specifically through variations of self-objectification, internalization, and social comparison. Social Media, which can function as both a media and peer influence, and sports, a highly social activity particularly relevant to the demographic focus of this project, will also be explored.

#### **Media**

Research continues to support the influence of media imagery on individual body image perceptions. Self-objectification and body dissatisfaction have been shown to increase after viewing idealized media images in adolescents and young adults (Harper & Tiggemann, 2007; Lew et al., 2007; Moreno-Domínguez et al., 2019; Uchôa et al., 2019). Uchôa et al. (2019) found that male and female adolescents internalized media ideals, which then increased the chances of presenting body dissatisfaction. After viewing sexualized images from mass media, adolescents have been shown to take on body ideals as their own personal goals, which then increases self-

objectification and self-monitoring for behaviours related to ideal body development (Vandenbosch & Eggermont, 2016). Lew et al. (2007) found that intentionally promoting female undergraduates' comparison to fashion models' appearance increased body dissatisfaction. When encouraged to compare based on non-appearance dimensions (e.g., intelligence), participants in this study could protect themselves from the negative effects of idealized media imagery versus those that paid greater attention to appearance. The researchers stated that shifting the attention to something other than appearance promoted downward social comparison by the participant, which resulted a smaller increase in body dissatisfaction. However, Harper and Tiggemann (2007) found that female undergraduates did not need to be asked to evaluate their bodies to feel an increase of self-objectification. Instead, the researchers argued that exposure to thin-ideal images encouraged a third-person perspective on the self, followed by social comparison to the model in an image. The mechanism connecting media to body dissatisfaction may be suggestion of an outside critical eye, which may increase appearance critique to the exclusion of other factors as "the body and its appearance become more salient points of reference for women in describing the self after...media exposure" (Harper & Tiggemann, 2007, p. 655). In line with social comparison theory, Moreno-Domínguez et al. (2019) found that exposure to models deemed *less* attractive than the participant promoted increased body satisfaction in female undergraduates (i.e., a positive self-evaluation).

Images and the context in which they are presented can have varying effects on the viewer, but the image itself may have the most impact. When self-improvement messages accompanied ideal body images from magazines, Veldhuis et al. (2017) found that body satisfaction actually increased among female undergraduate participants. This subtle change not only negated the negative impact of ideal images on body image, but also appeared to use social

comparison to promote improvement (Veldhuis et al., 2017). However, Tiggemann and Zaccardo (2018) found some complications to this effect in a study of *fitspiration* (an image which is intended to promote health, fitness, and strength) on the social media site, Instagram. In an analysis of 600 images with the fitspiration hashtag, the researchers found that women in these images had exclusively thin and toned body types. Additionally, quotations that accompanied the images ranged from generally positive and helpful to potentially dysfunctional. Tiggemann and Zaccardo (2018) argued that regardless of whether or not dysfunctional language was present, overrepresentation of thin and toned women still promoted body dissatisfaction, now with the additional pressure that women not only maintain a thin-ideal body, but also be toned and fit. Boepple and Thompson (2016) did a similar comparative analysis of websites featuring fitspiration and *thinspiration*, which are images that promote an extreme thin-ideal (i.e. “pro-ana,” or pro-anorexia). Thinspiration sites emphasized the need to lose weight, restrict diet, and promoted eating guilt, and contained more of this content than fitspiration sites in general (Boepple & Thompson, 2016). However, the researchers argued that even though the emphasis of fitspiration is on personal growth and development, the content may be thematically similar to thinspiration, and thus similarly harmful, even when claiming devotion to healthy activities. Regardless of the seemingly supportive accompanying language, sociocultural theory maintains that the existence of a consistent thin-ideal is what perpetuates negative effects (Thompson et al., 1999; Tiggemann, 2012; Tiggemann & Zaccardo, 2018).

## **Parents**

Parents play a key role in conveying social ideals to their children. Dailey (2010) synthesized parental impact on body image into a framework called confirmation theory, which describes the fundamental need of validation as critical to developing a sense of self. According

to Dailey (2010), parents influence their children's body image through either *accepting* or *challenging*. Parental acceptance, which involves warmth and support, is related to positive body image (Taniguchi & Dailey, 2020). Ellis (2002) found that confirming behaviour improved global self-worth and self-perception of appearance. Similarly, Boutelle et al. (2009) studied parent-child connectedness (i.e., behaviours defined in confirmation theory as *accepting*) over a five-year period, and found that high connectedness was associated with body satisfaction. *Accepting* may improve wider social connections as well. Patton et al. (2014) found that strong parental attachment improved resistance to social pressures and body dissatisfaction, but did so through promoting secure friendships and romantic relationships. Similarly, de Vries et al. (2019) found that the degree to which social media exposure increases adolescent body dissatisfaction could be reduced if there was a strong parental relationship, particularly with the mother.

*Challenging*, on the other hand, is intended to push a person to achieve greater body-image outcomes, is related to poorer outcomes (Taniguchi & Dailey, 2020). For example, fathers play a key role in conveying appearance messages to their daughters (Dixon et al., 2003). Dixon et al. (2003) found that fathers who emphasized idealized attractiveness and associated food control were significantly more likely to have daughters with bulimic behaviours. *Challenging* can continue to negatively influence body image even into early adulthood (Taniguchi & Dailey, 2020). Parents may also challenge body image through teasing. Shaefer and Blodgett (2014) found that appearance-based teasing served to highlight the requirement to conform to social ideals, thus increasing body image concerns especially in girls, who had significant associations between appearance-based parental teasing and body dissatisfaction. Schaefer and Blodgett (2014) also found that although siblings did more appearance-related teasing than parents, the

amount was significantly correlated, indicating that siblings may model the behaviour of their parents within the family, thus increasing the amount of teasing a child received. Teasing, or any other appearance feedback, may then promote appearance-based social comparison in adolescents as a method of determining paths to self-improvement and positive evaluation (Shroff & Thompson, 2006; Smolak et al., 2005). Smolak et al. (2005) found that middle-school boys were more likely to use muscle-building supplements and steroids if they received teasing or size-based comments from their parents.

### **Peers**

Peers can be another influence on body dissatisfaction. This sphere of social interactions is particularly important to consider in youth and young adults, as individual resistance to peer influence is significantly lower at middle adolescence (14-18) than it is later on (Steinberg & Monahan, 2007). While adolescents gradually develop the skills to operate independently of peer influence (Steinberg & Monahan, 2007), they are uniquely susceptible to risky behaviour and social influences of their peers (Albert et al., 2013). Peer interactions may do more than just influence adolescents' behaviour; they appear to be a normative part of the body-image development process (Markey, 2010). Ferguson et al. (2014) assessed peer relationships to be the most important factor to body dissatisfaction in adolescent girls, over both social media and television. The following section illustrates two mediation mechanics through which peers may influence an individual's body-image: requirements for conformity to cultural ideals and peer competition. This section also describes how peer interaction can change interactions with media.

The reinforcement of cultural ideals is a path by which peers impact body dissatisfaction, thus existing as a core component of influence from a sociocultural standpoint. Webb and

Zimmer-Gembeck (2014) found that peers reinforced body ideals and emphasised appearance in adolescents, and also increased the perception of pressure to conform to those ideals. In other words, though peer groups did not create the concepts of ideal body types, they serve to emphasize the ideals as requirements. There is also pressure to conform to peer appearance norms, intensified through “surveillance activities,” such as monitoring at school for boys and monitoring through social media for girls (Kenny et al., 2017, p. 787). If a person fails to meet the standards of the peer group, consequences were found to include victimization, judgement, and ostracism (Kenny et al., 2017). Voelker et al. (2015) found that adolescents could be treated harshly with weight-based bullying and victimization, resulting in the elevation of weight and appearance as salient attributes, overemphasizing a cultural thin-ideal. This issue is compounded by weight-specific targeting. van Geel et al. (2014) found that overweight and obese youth experience significantly more bullying than their peers. Compounding yet again, appearance-based negative peer interactions, such as teasing or other victimization, can increase feelings of body dissatisfaction (Webb & Zimmer-Gembeck, 2014; Zimmer-Gembeck & Webb, 2017). Bullying has been shown to alter self-image. Adolescents that are cyberbullied were to twice as likely to consider themselves overweight, whereas the same correlation between cyberbullying and feeling underweight may not exist (Kenny et al., 2018).

In some cases, pressure to conform may appear as peer support rather than consequences. Support appears to help body image, but the method by which it occurs is complex and can easily perpetuate body dissatisfaction depending on the interaction (Kenny et al., 2018). Kenny et al. (2017) found that adolescents claimed that peer compliments, encouragement to lose weight, and appearance advice all served to bolster body image. However, the participants stated that this help “was most beneficial for those who are overweight, as it prevents them from

looking bad in the presence of others and may motivate them to lose weight and become fit” (Kenny et al., 2017, p. 785). The researchers argued that this understanding of peer support only serves to increase body image issues in overweight adolescents. This study encourages caution when exploring how helpful peer relationships can be, in ways similar to fitspiration media content discussed earlier.

Appearance comparison is an important mediator of peer interactions and body dissatisfaction. Krones et al. (2005) experimented with in-person (rather than photographic) exposure to both thin-ideal and more average body type confederates under the guise of doing a dating study. The participants, females aged 17-22, that interacted with the thin-ideal confederate rated a higher feeling of body dissatisfaction. Body dissatisfaction in women and girls may increase in the presence of social competition. When in the presence of an attractive male and competitive females, Ferguson et al. (2011) found that young females felt more body dissatisfaction. The researchers argued that comparison against other present young women, this case in the context of sexual competition, was more influential than comparison to the media. Timing of puberty and body change *in relation to the changes of peers* can also increase body dissatisfaction and other contributing factors, as females who perceive themselves to be larger or start puberty earlier have a higher risk of body dissatisfaction (Ackard & Peterson, 2001). Some research suggests that early pubertal timing not only affects current, but also long-term body image (Grower et al., 2019). Grower et al. (2019) showed that undergraduate white women who experienced early puberty reported lower body appreciation, an increase in appearance self-monitoring, and a stronger relation of sex appeal to self-worth.

Peer group responses may also elicit protective strategies in individuals. Rieger et al. (2017) induced feelings of social acceptance and rejection on female participants (mean age of

20) with computer avatars. Participants that tended to base their self-worth on appearance and experienced acceptance were more likely to avoid thin-ideal images versus individuals who experienced rejection. The researchers argued that image avoidance could be a pre-existing adaptive mechanism for maintaining self-worth, and that behaviour was encouraged following social acceptance. O'Driscoll and Jarry (2015) found that women with higher appearance-based self-worth had higher body satisfaction than a control following perceived social rejection in an experimental condition. The researchers argued that this surprising increase in body satisfaction was a protective mechanism in response to the perceived threat of peer rejection. However, in those with lower body satisfaction, rejection may increase the risk of decreased self-worth and disordered eating behaviours (Rieger et al., 2017). When a difference between the self-image and the ideal (i.e., the next level up in the social scale) is perceived, "the individual is motivated to engage in behaviours...perceived as necessary to reach the standard of comparison" (Rieger et al., 2017, p. 84).

### **Social Media**

Social media is an important area to view the intersection of the dominant theories in body dissatisfaction study. Firstly, the research on social media appears to point toward the two previously identified mediation mechanics of the Tripartite model and sociocultural theory perspectives: the reinforcement of ideals and social comparison (Ferguson et al., 2014; Kenny et al., 2017). Secondly, increased social media use is related to increased self-objectification, mediated by both social comparison and internalization (de Vries et al., 2019; Fardouly et al., 2018). Thirdly, social media can function as either media or peer influence (Boepple & Thompson, 2016; Kenny et al., 2017), two of the three sources in the Tripartite model, and may mediate the relationship between the two influences. Internalization of media-presented ideals

may also serve to increase the amount of time adolescents spend looking at social media from peers perceived as closer to the cultural ideal (Vandenbosch & Eggermont, 2016), thus exacerbating the effects of media, social media, and social comparison.

An increase in social media usage can predict body dissatisfaction in adolescent boys, adolescent girls, and young women (de Vries et al., 2016; Fardouly et al., 2018). de Vries et al. (2016) found that an increase in time spent on social media was associated with more appearance-related feedback for adolescents. The consequences of increased feedback have previously been discussed. As for young men, Casale et al. (2019) found that they did not respond to social media with increased muscle or fat dissatisfaction, nor with increased attention to body image. However, the researchers did not suggest that young men should be neglected in further study, citing the possibility of less homogeneity in male populations or the need for greater exposures to produce the same results.

Kenney et al. argued that social media functions as “a forum through which peer comparisons are made” (2017, p. 787). This forum may also serve as a method of exerting more appearance-related peer influence (de Vries et al., 2016). “Forum” participation includes both viewing other people’s photos and posting photos of the self (i.e., “selfies”), both of which can have consequences. McLean et al. (2019) found that the negative outcomes of social media in adolescents came from seeking to elicit feedback on selfies, elevating the importance of feedback, and viewing the selfies of others. These results that clearly parallel the theories of self-objectification, internalization of ideals, and social comparison, and other studies have validated these findings. Kenny et al. (2017) found that adolescent girls tended to use social media to monitor conforming behaviour from their peers and evaluate their similarities to others. Similarly, Ferguson et al. (2014) argued that social media increases appearance-related distress

by increasing social comparison. Chua and Chang (2016) found that female adolescents felt pressure to match a social ideal when posting images, which encouraged cautious selection and editing prior to publication. The researchers reported that peers served as both judges and comparison targets.

### **Sports**

It should be noted that the topic of sports and body dissatisfaction could easily be the subject of an entire research project. Here, sports are explored briefly as they are important from a participation sense to this demographic, as well over half of 15-18 year-olds participate in organized sport (Department of Canadian Heritage Policy Research Group, 2010). The literature reviewed here describes how parent, peer, and coach demands for body shape exist within a sport context.

Though athletic endeavors can improve body appreciation in adolescents (Lanfranchi et al., 2015), there are significant body dissatisfaction-related risks as well, as pressure to conform to a body type may come from coaches in addition to peers and parents (Kosmidou et al., 2017). In a sample of females (mean age of 21.7), Kong and Harris (2015) found that upwards of 60% of elite athletes may experience pressure from coaches to conform to a body shape. This pressure can increase the risk of eating disorders as well, as elite male and female athletes, including those in undergraduate NCAA competition, both develop disordered eating behaviours at a high rate when compared to general populations (Karrer et al., 2020).

Elite athletes may feel elevated levels of pressure to conform to very specific physical ideals. Though the levels of body dissatisfaction in elite male athletes has been found to be both higher and lower than general population, they still feel pressure to adapt specific changes, such as an increased volume of muscle tissue in a defined area (Karrer et al., 2020). For example, that

may mean that evaluation and social comparison may come down to the quality of development in the shoulder girdle (Karrer et al., 2020). Similarly, Kosmidou et al. (2017) found that adolescent female rhythmic gymnasts, swimmers, and ballet dancers felt significant pressure from peers, parents, and coaches to be thin and thus conform to sport-related idealized body type. The specificity of body type assessed as a requirement for elite sport participation may therefore exacerbate both pressure-to-conform and self-objectification. Additionally, sport-specific conclusions about athlete risk may be exacerbated by overlapping risk factors. Kong and Harris (2015) found that athletes in leanness-focused sports of all skill levels and elite athletes from any sport reported higher body dissatisfaction, meaning that both emphasizing a lean-body type and elite skill are both risk factors for athletes. The highest risk athlete is therefore one who participates at a high level in a sport with a very specific or lean-body requirement and feels additional pressure to conform appearance from parents or coaches.

The social transmission of cultural ideals can come from the three primary groups of media, parents, and peers, as originally stated in the Tripartite model. These sociocultural influences transmit ideals to an individual resulting in internalized appearance standards, which may be maintained, exacerbated, or developed by self-objectification and social comparison. Current social media literature may further augment these interactions, but it appears to function largely along the same mechanisms.

### **Predictors of Body Dissatisfaction**

In accordance with the Tripartite and sociocultural models of body dissatisfaction, positive and negative distress predictors are anything that alters an individual's vulnerability to parents, peers, and media through the mechanics of appearance comparison, media internalization, and social value internalization, resulting in self-objectification, body

dissatisfaction, and other behavioural consequences. The factors contributing to vulnerability explored here are not meant to be an exhaustive, causal list by any means. Tiggemann (2012) describes these predictors in broad categories of biological variables, psychological moderators, and sociocultural transmitters. As sociocultural transmission was explored in detail earlier, this section will emphasize biological and psychological factors – that which exists within the individual, within the social environment. Some of the factors may have implications beyond the 15-25 year old demographic, however, the research presented here is specific to adolescents or young adults, and the participant ages are identified.

### **Biological Variables**

#### ***Body Mass Index***

Body Mass Index (BMI) is a one-number metric that describes a person's relationship between height and body weight, intended to represent the amount of body fat a person has (American Psychological Association, 2020). In body dissatisfaction and eating disorder studies, BMI appears almost universally as a demographic measure included in modeling or statistical analysis. With a high level of consistency, the literature indicates that increased BMI is a risk factor for body dissatisfaction (Brosof & Levinson, 2017; Cella et al., 2020; Levinson et al., 2013; Levinson & Rodebaugh, 2016; Mendes & Ferreira, 2019; Preston & Ehrsson, 2018; Swami et al., 2011; Turel et al., 2018; Webb et al., 2018). In accordance with Thompson et al.'s (1999) original description of sociocultural theory, the unattainable thin-ideal required for women would then devalue "fatness," and thus increased body weight would be related to body dissatisfaction, with similar effects in men (Tiggemann, 2012).

There are some qualifiers of which to be aware. With regards to gender, girls above the 50<sup>th</sup> percentile for BMI are at higher risk for developing body dissatisfaction, whereas boys that

report the most body dissatisfaction are either above the 75<sup>th</sup> or below the 10<sup>th</sup> percentile (Calzo et al., 2012b). Jones and Crawford (2005) attributed this difference to muscularity concerns in adolescent boys, meaning that a lack of higher BMI is perceived as the problem. Therefore, high BMI-related body dissatisfaction for boys only occurs at measurements associated with obesity (Calzo et al., 2012b). The differences between cisgender girls and boys may continue through adulthood (Calzo et al., 2012b).

Another complication of which to be aware is the exclusion other BMI-related risk factors. A logical supposition would be that if higher BMI is associated with greater risk for body dissatisfaction, then lower BMI should be the opposite, and therefore a negative indicator of risk. However, lower or average BMI may increase risk of other types of body dissatisfaction and eating disorder behaviours, such as diet restriction (Zarychta et al., 2020). One could similarly suppose that a decrease in BMI could decrease body dissatisfaction, but some research invalidates this idea. Karcher and Cherikh (2015) found that lowering BMI is not necessarily an effective way to improve body dissatisfaction.

There are some issues with using BMI as a metric. Rothman (2008) outlines several crucial issues with BMI's representation of the body, such as its indirect measurement of adipose tissue and its general lack of specificity. Of particular importance to the current project, Rothman (2008) stated that due to the differences in weight between muscle and adipose tissue, people with wildly different body types may have the same BMI. Thus, though a high BMI is meant to indicate an above-average amount of body fat, a person with a high BMI could be extremely lean. The difference here is partially exemplified in the earlier exploration of the differences between boys and girls (Calzo et al., 2012b). BMI as a mediator of distress may also be spurious, as it appears that body dissatisfaction is a predictor of depression regardless of several

demographic stratifications, including BMI (Richard et al., 2016). Simply put, body “types” cannot be used as reliable predictors of body dissatisfaction, especially when categorized by an unreliable measure.

Similarly, just because a person has a specific BMI does not mean that they will develop body dissatisfaction. Rosewall et al. (2019) explained cognitive and emotional interactions in young adult university women with lower or higher body dissatisfaction than would be predicted by their BMI. Participants who felt lower body dissatisfaction also felt less anxiety, and “may have been more likely to be calm and optimistic, and possibly less hypervigilant about their weight...with greater self-assurance, assertiveness, and confidence in their identity” (Rosewall et al., 2019, p. 6). The results of this study indicate that thought processing has much to do with whether or not BMI can predict body dissatisfaction individually.

### *Gender*

Gender is a key consideration for body dissatisfaction. As noted in the Dominant Theories section, most conceptualization of body dissatisfaction was originally done with young women as the focus. That emphasis tends to continue to the present day. The majority of research on body dissatisfaction is with female participants, frequently citing elevated pressure on women to conform to thin-ideals (Andrew et al., 2015; Mendes & Ferreira, 2019) display disordered eating behaviours (Brosof & Levinson, 2017), or more widespread feelings of body dissatisfaction (Moffitt et al., 2018).

In line with Tiggemann’s (2012) presentation of sociocultural theory, Preston and Ehrsson (2018) suggest that gender differences around body dissatisfaction may be associated with muscle mass being a more significant contributor to male body ideals and to the increased social demands on women to maintain the thin-ideal. In Tylka’s (2011) development of the

Tripartite model, muscularity and body fat were both implicated as areas for possible dissatisfaction. In other words, though the primary contributing factors to body dissatisfaction may be different between binary gender, it does not mean that women objectively experience body dissatisfaction more. The studies that use male participants illustrate that body dissatisfaction is a significant issue among men, though muscle size is implicated as a contributing dissatisfaction factor, particularly in males over 19 years old (Preston & Ehrsson, 2018; Turel et al., 2018). In general, gender predicts *how*, rather than *if*, a person might develop body dissatisfaction, either through approximating what messages may be internalized or describing the ways one might self-objectify.

Body dissatisfaction in men is more frequently studied as *muscle dysphoria*, which “represents the pathological pursuit of muscularity and is characterised by an intensely distressing preoccupation that one is of insufficient muscularity” (Murray & Touyz, 2013, p. 206) and is usually categorized as an eating disorder (Murray et al., 2010; Murray & Touyz, 2013). However, body dissatisfaction research with males is steadily growing. In that body of research, some literature has been able to identify possibilities for the assumption that women experience body dissatisfaction more than men.

Part of the obfuscation of male body dissatisfaction results could be attributed to the assumption of the thin-ideal. The *Stunkard Body Figure Scale (BFS)* (Stunkard et al., 1983) and *Photographic Figure Rating Scale (PFRS)* (Swami et al., 2008) are both widely-used measures designed to quantify the difference between one’s perceived self-image and one’s ideal self-image using a series of images of increasing body mass, though the latter only uses female images. In 2018, Turel et al. did a male-exclusive follow-up to previous female-exclusive experiment by Gitimu et al. (2016) and compared the results of both, finding similarities and

differences between males and females. Most importantly, a similar number of men and women reported being dissatisfied with their body size (65.2% and 68.6%, respectively). However, 47.7% of men reported wanting a body smaller than their own, whereas all of the 68.6% of women reported wanting a smaller body. Turel et al. (2018) argued that this is central to the reason that most studies on body dissatisfaction focus on women. If looking at the BFS scale and using *only the desire to be smaller*, the researchers stated, one could assume that significantly more women than men suffer from body dissatisfaction. However, 17.5% of men wanted a body larger than their own. When included, the numbers of males and females that experience body dissatisfaction are very close indeed, the difference resulting instead from misinterpreted results from measures like the BFS and PFRS. In addition, Jankowski et al. (2018) found that young men are likely to minimize their experiences of or vulnerability to body dissatisfaction, in spite of recognizing that an ideal male body type exists. Thus, the assumption that females are more susceptible to body dissatisfaction may be a combination of errors in measurement interpretation and the limitations of self-report data.

### **Psychological Moderators**

#### ***Depression***

Depression may be a contributor, risk factor, or predictive symptom with body dissatisfaction. In young women, the two distresses are frequently comorbid (Olivardia et al., 2004). Richard et al. (2016) found that depression was associated with body weight dissatisfaction regardless of age, sex, or BMI. In young men, personal muscle belittlement, where the subject considers themselves less muscular than they are, is associated so strongly with depression that it could be used appropriately as a screener for both depression and disordered eating (Olivardia et al., 2004). It is possible that this relationship works in the reverse

direction as well. Stice et al. (2000) found that body dissatisfaction in adolescent girls may predict major depression in adulthood. However, it was unclear whether body dissatisfaction itself predicted depression, or a similar set of contributing factors contributed to both body dissatisfaction and depression development (Stice et al., 2000).

### *Anxiety and Anxiety Subtypes*

Rosewall et al. (2019) found that anxiety was a moderator between body size and the development of body dissatisfaction in university-age women. The researchers argued that anxiety encourages obsession and perfectionism, which possibly promotes unreasonable thinness standards. Similarly, the researchers also concluded that anxious women may view weight loss as a method of increasing self-confidence in social situations. Some body dissatisfaction distress may come before social interactions have even begun, in the form of a specific anxiety subtype, social appearance anxiety. Hart et al. conceptualized social appearance anxiety as a “fear of situations in which one’s overall appearance, including but not limited to body shape, may be evaluated” (2008, p. 49). This subtype has been related to anorexia, bulimia, and binge eating (Brosof & Levinson, 2017) in a way that non-appearance-exclusive social anxiety is not (Levinson & Rodebaugh, 2016).

Individual mental processes may exacerbate this effect. Reilly et al. (2018) examined how repetitive negative thinking affected social appearance anxiety in young female undergraduates, finding a positive correlation with increased appearance-focused repetitive negative thinking. This correlation would indicate that both fear and rumination are implicated as developmental or maintenance behaviours for social appearance anxiety. These fears are likely specific to appearance-related social anxiety rather than social anxiety in general in this age

group (Titchener & Wong, 2015), similar to the disordered eating behaviour relationship described previously.

### *Executive Functioning and Cognitive Biases*

Thought processing may moderate interactions between some predictive contributors and the development of body dissatisfaction (Reilly et al., 2018; Rosewall et al., 2019). For example, some of the relationship between depression and body dissatisfaction may be due to related cognitive challenges, such as executive functioning deficits (Knouse et al., 2013), which have also been related to anorexia nervosa (Wilsson & Wade, 2006). Similarly, challenges with cognitive flexibility and attention shifting appeared in young women (mean age of 19) who binge eat, though it is difficult to say if those challenges occurred before or after binge eating episodes (Kelly et al., 2013). For example, when considering attention shifting in context with the Rieger et al. (2017) study on attentional biases towards thin-ideal imagery, a person with executive functioning challenges exposed to body dissatisfaction-increasing media would have a more difficult time ignoring those images, and thus be at risk for increased body dissatisfaction. It appears that difficulties with executive functioning most likely serve to either exacerbate or maintain body dissatisfaction beliefs.

Cognitive biases may also serve to exacerbate the influence of social ideals. In a critical synthesis of cognitive bias literature specific to body dissatisfaction, Rodgers and DuBois (2016) found attentional biases towards appearance-related stimuli in those with body dissatisfaction as compared to those who were satisfied with their body image. The researchers argued that these attentional biases are generalized as representational, as in, a small subset of thin-ideal body imagery is further interpreted as representative of the whole population. Further, memory biases towards appearance-related imagery may also increase the amount of time a distressed person

spends ruminating on appearance (Jiang & Vartanian, 2016; Rodgers & DuBois, 2016). Memory bias may also be at play with media influence. Jiang and Vartanian (2016) argued that bias towards remembering appearance-related imagery may actually be of greater importance to young undergraduate women's body image than the actual exposure. Memory bias can also alter the impact of comments from other people. Overweight women with binge eating behaviours may be more likely to disregard positive weight-based comments than overweight women without eating disturbances, though both are similarly inclined towards negative weight-based comments (Svaldi et al., 2010). This may also be a function of selective auditory filtering. In a sample of undergraduate women age 18-24, participants with body dissatisfaction showed bias towards words related to their weight concerns, even when those words are not directed at them (Li et al., 2011). Once a person feels that their body image is the primary indicator of social success, there appear to be cognitive mechanisms that aid in the continual evaluation of appearance as a survival mechanism.

Psychological variables, such as depression, anxiety, and cognitive patterns, along with biological variables, such as gender and BMI, may all contribute to an individual's relative vulnerability to body dissatisfaction. These predictors serve to describe how an individual may be more or less likely to develop body dissatisfaction within a similar environment. A collection of predictive factors, such as a female with depression, executive functioning difficulties, and social appearance anxiety, may approximate a relatively higher risk of body dissatisfaction as compared to other individuals.

### **Decreasing Body Dissatisfaction and Increasing Positive Body Image**

Though research has tended to predominantly focus on negative aspects of body image (Avalos et al., 2005), a growing number of researchers are working to emphasize ways to

develop positive body image. Wood-Barcalow et al. (2010) argued for the necessity of this shift and stated that an absence of body dissatisfaction does not necessarily indicate the presence of body satisfaction. Avalos et al. stated that body satisfaction is comprised of four qualities: “(a) favorable opinions of the body (regardless of actual physical appearance), (b) acceptance of the body in spite of weight, body shape, and imperfections, (c) respect of the body by attending to its needs and engaging in healthy behaviors, and (d) protection of the body by rejecting unrealistic body images portrayed in the media” (2005, p. 286). The following section presents approaches that identify the development of some of these qualities, including challenging sociocultural body ideals, challenging cognitions, acceptance and appreciation of one’s body, and self-compassion. It is not an exhaustive list of interventions, as that would be beyond the scope of the project. Instead, presented are approaches that correspond with social transmission influences and individual vulnerabilities discussed previously, and generally narrowed to those that have had success.

### **The Body Project**

The Body Project (Stice & Presnell, 2007) is a group-format cognitive-dissonance intervention program originally intended for adolescent and young adult women. The program is intended to be delivered in four one-hour group sessions over consecutive weeks, each addressing ideals through different experiences and discussion topics (Stice & Presnell, 2007). The intention of the program is to directly address sociocultural expectations for a thin-ideal through direct identification of cultural expectations. The role of the facilitator is to create opportunities for participants to identify and critique ideals themselves, rather than behave as an instructor. The researchers stated that by encouraging participants to identify and argue against the thin-ideal themselves, particularly in a public setting (i.e., the intervention group),

participants created a state of cognitive dissonance which “reduce[s] their subscription to the thin ideal” (Stice & Presnell, 2007, p. 4).

The Body Project has been adapted in other forms. A version for men has been shown to be effective for decreasing body dissatisfaction up to one month following intervention in ages 18-30 (Brown et al., 2017). Kilpela et al. (2016) ran the Body Project with a mixed-gender university-age group. As compared to a female-only intervention group, the mixed-gender was less successful at decreasing body dissatisfaction in women. However, the researchers found that the mixed-gender delivery was effective for men up to six months following intervention. Olson et al. (2018) also successfully adapted the Body Project for use with women designated as overweight or obese. A literature review by Becker and Stice (2017) argued that the Body Project continues to be an effective and easy-to-administer intervention program to treat eating disorder risks and symptoms, particularly in adolescent and young adult women.

### **In Favor of Myself**

Golan et al. (2013) evaluated the effects of *In Favor of Myself*, a program similar to the Body Project, but targeted to adolescents. *In Favour of Myself* is a group-format, mixed-gender interactive program that promotes healthy body image and personal well-being through the “enhancement of global issues such as promoting self-care...and better immunization to harmful external influences” (Golan et al., 2013, p. 2). The program emphasizes development in areas that correspond to internalization, social comparison, and self-objectification theories. The researchers found that the program was effective for developing media awareness and a reduction in attributing self-worth to appearance, but did not significantly reduce body dissatisfaction, though ratings of body dissatisfaction in the sample population were low prior to intervention.

### **Cognitive and Behavioural Programs**

In general, cognitive and behavioural treatments have a long history of work in body image and eating disorder treatment. Rosen et al. (1995) used a broad CBT approach with women diagnosed with body dysmorphic disorder (BDD). In eight two-hour group sessions, the participants received exposure therapy, body checking behavioural elimination, and cognitive modification for intrusive thoughts and overemphasis on physical appearance. The majority saw improvement in BDD following intervention, with a slight decline in intervention performance at a two-week followup. Trottier et al. (2015) found that body image exposure therapy was effective for reducing body image avoidance (i.e., a key component of anorexia nervosa behaviours) and reducing inaccurate evaluation of body shape, but not weight.

In more recent years, researchers have looked to identify specific aspects of cognitive treatment that are effective with body dissatisfaction and eating disorders. These studies often emphasize body image assessment. Gledhill et al. (2017) addressed cognitive bias in young women diagnosed with anorexia nervosa. The participants were asked to judge images as either fat or thin, each assessed to have a correct or incorrect response by the experimenters. By presenting these assessments as objective, the researchers stated that participants' fat/thin category boundaries were altered to less extreme assessment. However, Bradatsch et al. (2020) found that an interpretation bias modification was ineffective at treating body dissatisfaction in adult women (mean age of 23 years), even though interpretation bias is implicated as a distress maintenance behaviour. A case study by Metral and Mailliez (2018), the researchers found that a 24-year old woman with anorexia nervosa improved her body image assessment scores following a body size reassessment intervention. The researchers argued that, following the task, the subject reduced their body image distortion and formed a new internal representation. According

to Metral and Mailliez (2018), the resulting positive impact may be because of new emotional cues that influence heuristic (i.e., automatic and associative) processing.

According to Margolis and Orsillo (2016), CBT approaches yield mixed results. The researchers hypothesized that the limitations of CBT on body dissatisfaction is due to the difficulty of exploring individual thoughts in the context of wider sociocultural pressures. The researchers compared cognitive restructuring, where they asked participants to evaluate their thoughts as a method of changing attitudes, to an acceptance condition, where participants were taught to normalize their body dissatisfaction feelings and mindfulness-based responses. Margolis and Orsillo (2016) found that both the cognitive restructuring and acceptance interventions similarly offered helpful, but not complete, protection against a body dissatisfaction induction experience in university women. The researchers argued that both areas of reducing body dissatisfaction are worthy of emphasis.

### **Appreciation and Compassion-Based Approaches**

One's self-concept has been shown to be perhaps the most effective protective measure against body dissatisfaction in both female undergraduates and female adolescents (Andrew et al., 2015; Duchesne et al., 2017). In young adult women already experiencing body appreciation, an aspect of body satisfaction identified by Avalos et al. (2005), Andrew et al. (2015) observed that higher body appreciation protected against body dissatisfaction increases following exposure to thin-ideal media. The researchers found that the protective effect of body appreciation extended beyond only decreasing comparison, perhaps indicating a deeper and more meaningful change than only reducing upward social comparison. This relationship may have to do with self-esteem, which is implicated as a mediating factor between body dissatisfaction and depression or anxiety in female undergraduates (Duchesne et al., 2017). That is, an increase in

self-esteem could reduce the effect that body dissatisfaction has on other distresses, therefore making body dissatisfaction interventions easier to accomplish.

Self-compassion approaches appear to be an effective strategy for reducing body dissatisfaction. Moffitt et al. (2018) compared self-compassion, self-esteem, and control interventions for body dissatisfaction and self-improvement motivation in female undergraduates. Participants experienced a body dissatisfaction induction experience, during which they viewed images of thin-ideal models, and then the experimental intervention. In the self-compassion intervention, participants were asked to complete a three-minute long self-addressed writing exercise “expressing kindness, compassion, and understanding towards yourself regarding your weight, appearance and body shape” (Moffitt et al., 2018, p. 70). The researchers found that self-compassion was more effective at reducing body dissatisfaction than either of the other conditions. This connection has been shown in other ages and in males. Maher et al. (2021) found evidence supporting the relationship of self-compassion to low body dissatisfaction in male undergraduates.

Pullmer et al. (2019) found longitudinal support for lower body dissatisfaction and high self-compassion in adolescents, particularly in girls. The researchers suggest that self-compassion improves body satisfaction and decreases risk for disordered eating behaviours by reducing psychological distress. Pullmer et al. (2019) identify self-compassion as an important target for intervention. Rodgers et al. (2018) explored the efficacy of *BodiMojo*, a mobile app aimed at adolescents and young adults, at improving body image and self-compassion in adolescents over a six-week period. The *BodiMojo* app intervened with intervention messages (either affirmation or psychoeducation, twice daily), mood tracking, and gratitude journaling. The researchers found improved appearance esteem and self-compassion as compared to the

control group. Rodgers et al. (2018) did not find improvements in body comparison, and speculate that targeting comparison could lead to even better results, but still argued that the findings suggest a brief self-compassion intervention can be effective for treating body dissatisfaction.

### **Conclusion**

This chapter explored sociocultural transmission of body ideals, individual predictors of vulnerability, and effective clinical interventions for reducing body dissatisfaction. In line with both the Tripartite model and sociocultural theory, a wide body of literature supports the idea that parents, peers, media, and social media all transmit cultural ideals to adolescents and young adults. The mechanisms of social comparison, internalization, and objectification can serve as body-ideal transmitters, while also promoting, augmenting, or maintaining body dissatisfaction in individuals. As Tiggemann (2012) argued, individual psychological and biological moderators serve to illustrate how some people may be more vulnerable to influences and more likely to behave in line with body dissatisfaction mechanisms. Effective clinical interventions have focused on all of the aspects mentioned, including the breakdown of sociocultural ideals, combatting mechanisms, and providing healthy and effective coping and survival strategies.

The final chapter of this project will provide recommendations for counselling therapists working with body dissatisfaction in clients, body image-focused therapy groups, and psychoeducation for schools and social or athletic clubs.

### **Chapter 3: Clinical Recommendations**

This chapter intends to develop compassionate and well-informed approaches to working with body dissatisfaction in adolescent and young adult clients. In doing so, the process must recognize the difficulty of body dissatisfaction distress, identify how the literature review informs treatment options, and encourage orienting treatment to client context. Included first is a condensed overview of the literature with the addition of critical analysis. Following the critique are the recommendations for working with adolescent and young adult clients with body dissatisfaction. The recommendations are broken into two stages: contextual targets for the client and body satisfaction development. In the first stage, the counsellor explores contextual influences relevant to the client's development and experience of body dissatisfaction. The second stage, based heavily in the work of the first, helps the client develop and maintain body satisfaction within their context.

#### **Literature Overview**

In the literature review, I proposed three research questions. The first question was: How do sociocultural elements transmit body image ideals to cisgender individuals ages 15-25? The research indicated that this age group was subject to influence primarily from parents, peers, media (Tiggemann, 2012), and social media (Kenny et al., 2017), the last of which functioned as an extension of peers and media. Many studies explored exposure to media, finding it to be mainly deleterious to body image (Lew et al., 2007; Moreno-Domínguez et al., 2019). However, peers and parents could have similar effects depending on the relationship (Dailey, 2010; Kenny et al., 2017). Generally, social media was an extension of peer relationships, a tool by which social conformity could be monitored and reinforced (Ferguson et al., 2014; Kenny et al., 2017). Sociocultural influences consistently exacerbated the mechanics of upward social comparison,

internalization of ideals, and self-objectification. Of those mechanics, upward social comparison appeared to be the most central, as internalized ideals provided the basis of what is compared against, and self-objectification is more of a state resulting during or after comparison.

Reinforcement of sociocultural body ideals also emerged as an important theme. Individuals who failed to meet these ideals were subject to aversive consequences such as teasing, bullying, and other victimization (Voelker et al., 2015). Similarly, social rewards were either a positive reinforcer or motivator to achieve the ideal body type.

The second research question was: What factors predict an individual's level of vulnerability to these sociocultural influences? The two most frequently studied predictors were gender and body mass index (BMI), which appeared as demographic metrics regardless of the emphasis of the study. Most research aligned with the theory that females are subjected to more sociocultural influences due to higher appearance expectations, which increases pressure and vulnerability (Andrew et al., 2015; Mendes & Ferreira, 2019). However, several factors emerged that indicated similar levels of body dissatisfaction and sociocultural expectations for males (Jankowski et al., 2018; Turel et al., 2018). Above-average BMI was frequently associated with increased vulnerability (Brosos & Levinson, 2017; Cella et al., 2020), but several studies indicated that average and below-average BMI was not a protective factor (Karcher & Cherkh, 2015; Zarychta et al., 2020). Neither gender nor BMI appeared to be a reliable indicator or vulnerability, except on a very large scale. Other cognitive difficulties and emotional states, such as depression (Richard et al., 2016), anxiety (Rosewall et al., 2019), and memory and attentional biases (Rieger et al., 2017) also emerged as psychological variables that could increase vulnerability.

The third research question was: What clinical interventions have been effective at decreasing sociocultural vulnerability or body dissatisfaction? There appeared to be two approaches to resolving this distress. One emphasized either protecting against or reducing body dissatisfaction, and the other emphasized increasing factors that contribute to body satisfaction. Cognitive approaches primarily addressed the former. These studies focused on the mechanisms by which one develops or maintains body dissatisfaction, such as attentional bias towards appearance, identification with cultural ideals, and body image self-assessment (Gledhill et al., 2017; Golan et al., 2013; Stice & Presnell, 2007). Several studies were aimed directly at increasing body satisfaction through self-appreciation and compassion (Andrew et al., 2015; Moffitt et al., 2018). The goal of these interventions was not to avoid appearance-related thinking, but rather to express positive emotions and thoughts to replace criticism and negativity. All of these taken together appear to be worthwhile skills for maintaining a positive body image in the midst of constant sociocultural pressures.

Not surprisingly, the literature had some shortcomings, particularly around the study of individual vulnerabilities. For instance, associations between body dissatisfaction and depression were unclear. Stice et al. (2000) recognized that depression could be a predictive factor for body dissatisfaction, or vice versa, or each a symptom of the other. I would argue that the same could be said for any other vulnerability, with the one exception of gender. Cognitive biases could be a *response* to experiences of judgment, where an individual learns to pay more attention to appearance in order to avoid judgement in the future. Even the measured BMI of an individual could be a response to body dissatisfaction experiences of the past. These associations may be particularly difficult with adolescents, as high levels of hormone activity could impact mood and body composition. The variables are confounded.

The emphasis on BMI, in particular, needs to end. In the literature review, I identified the reasons that BMI is a poor metric for health. This revelation is not new. Any cursory study of physical health should reveal that weight-focused health measurement is one of the poorest ways to determine physiological vitality, and yet the research continues to perpetuate this approach. BMI, rather than heart rate variability, insulin sensitivity, or any other more appropriate and specific variable continues to appear. The reason for body image research should be to improve the lives of those in distress, and yet in the process, it seems as if the researchers continue to ask, “Exactly how fat are our participants?” Taking a BMI demographic measurement itself is likely enough to imply judgement. What if measuring BMI during intake was, by itself, enough to promote feelings of body dissatisfaction in participants? Research has already indicated that people can feel dissatisfied regardless of BMI. It is time to move on to more helpful approaches that have less spurious ethics.

### **Recommendations for Clinical Work with Body Dissatisfaction**

In the interest of maximally improving the lives of clients, the focus of this project is to not only to reduce body dissatisfaction, but to actively promote body satisfaction. To those ends, this section will emphasize four aspects of body satisfaction, adapted from Avalos et al. (2005):

- hold acceptance for everything about one’s body
- maintain favourable self-assessment of the body, regardless of appearance
- show respect to one’s body by attending to needs and promoting health
- protect this acceptance, assessment, and respect from all outside negative influences

In the first stage of work, it will be necessary to understand the specific context in which a client will need to apply those four aspects. The outline for contextual understanding is

developed out of the literature review, divided into categories that represent both the specific sociocultural environment (e.g., parents, peers, media and social media consumption) and individual demographics (e.g., age, gender, feeling too skinny versus too overweight) or responses (e.g., feeling anxiety, depression, engaging in disorder eating behaviours) within the client's context. The goal of the contextual stage is to understand what contributes to, sustains, alleviates, or protects against body dissatisfaction in the client's life. For example, maintaining a favourable body self-assessment in a sporting environment may entail an appreciation for being able to perform as an athlete. In another context, it could be appreciation for one's ability to observe pleasure from any of the senses. Similarly, protection would look very different when applied to parent influences versus media or social media. Parents may be helpful for developing media analysis skills in their children. Alternatively, parents may exacerbate conforming tendencies to body ideals, and the client may have found media outlets or online support groups that help maintain a positive body image. All of these examples could change when filtered through the client's gender experience. Starting with context focuses all sessions on *how* a client experiences body dissatisfaction, rather than *why* or *if*. This approach removes counsellor assumptions that could impede understanding and rapport, such as presuming that a skinny male has never been dissatisfied with his body.

The second stage addresses the four aspects of body satisfaction more directly. The first three aspects (hold acceptance, maintain a favourable self-assessment, and show respect) will be addressed primarily through self-compassion interventions and coping strategy replacement or implementation. The last aspect (protection from outside negative influences) can occur through a variety of positive coping mechanisms. Rodgers et al. (2018) suggested reducing social comparison alongside self-compassion as an effective strategy for improving body image. The

literature review supported the idea that social comparison was a primary body dissatisfaction development and maintenance mechanic. Therefore, reducing social comparison will be the main theme for protecting body image against negative influences. All self-compassion intervention and social comparison reduction should be tailored directly to the client's experience based on the understanding developed from the first stage.

### **Stage One: Contextual Targets**

Counsellors should work to identify targets of intervention that are specific to the client's experience. In this exploration, the goal is to bring to light the opportunities for improvement that the client already possesses. This approach places the availability of strengths and support within the client's context, removes the abstraction, and offers concrete examples specific to the client. Family Systems theory (Kerr & Bowen, 1988) and the Power Threat Meaning Framework (PTM; Johnstone & Boyle, 2018) inform this approach.

These targets are divided into two categories: sociocultural and individual. Sociocultural targets include parents, friends, online environments, social groups, media, or any other people that influence the client's body image. This category is likely to be a source of both distress and support, and it is the job of the counsellor to help identify each. Discussion that emphasizes sociocultural influences should focus on the context in which body image changes occur, or when body dissatisfaction or satisfaction is promoted. Individual response targets emphasize how a client thought about their situation, made meaning from it, and acted following their sociocultural context. This category should include finding individual strengths (e.g., when the client treated their body with dignity, maintained a sense of self in a crowd, reduced their emphasis on appearance as a primary metric) and identifying coping responses. Coping includes unhealthy or maladaptive coping (e.g., diet restriction, bulimia, or obsessive social media

posting) as well as helpful strategies that the client has already used to improve or maintain their body image amid outside judgement.

### ***Sociocultural Targets***

Within the family and peer groups, the counsellor is encouraged to follow a family systems approach, and ask the client to ask who contributes to the client's body image. Do they hear ideas primarily from their friends, or primarily at home? Who talks the most about body image? Who says things about the client's body? Where do most of the messages come from? In what format do those messages arrive? Does anyone say positive things about the client's body? Are those positive things more evaluative or accepting in nature? How does the client respond when these things happen? These systemic questions emphasize the array of pressures and influences that an individual is attempting to survive under on a day-to-day, moment-to-moment scale. The context can detail the difference in recruiting parent support and discussing possible coping strategies for dealing with parents as the source of distress. The client's body dissatisfaction *is a response* to the requirements and expectations reinforced by those around them.

Similarly, the client is influenced by larger social power structures and idealism, and that influence is not limited to the client. PTM is a helpful framework for exploring larger social interactions, either with media, social media, or cultural sub-groups. A PTM approach involves exploring what has happened in the client's life, inclusive of all experiences. In PTM, the counsellor works to identify what and how power has altered a client's life, how that power threatens the client, and how the client made sense or meaning from that experience. Finally, the client's responses to threat (regardless of adaptiveness or resulting harm) are explored. While discussing these aspects, the counsellor is encouraged to continue to ask systemic questions.

Who validates the power? Who holds the power? What went through your mind when you were threatened by that power?

As applied to body image, media and social media can be viewed as widespread expressions of ideological power. The “ideal body” limits the ways in which a person can self-express and find happiness independent of the ideal. When an ideal is defined, it creates its own economy. Approaching and maintaining the ideal requires resources, identification with the ideal has rewards, and separation from the ideal has consequences. As with a financial economy, those in possession of power are encouraged to hold and maintain their social status, which by nature requires favourable comparisons to those with lower status. An adolescent who receives or perceives social rewards for their physical appearance (e.g., positive comments on their social media posts) is encouraged to validate the ideological measures that support them. The possession of power means that someone will be without it. What threats arise without power? Therefore, the counsellor is encouraged to understand how the power structure of body image is expressed in the client’s life and where those messages came from, be it media, patriarchal or traditional standards, family values, or smaller social environments (e.g., a school culture, sports team). Subsequently, the counsellor should explore what threat the client experiences. Will they lose friends? Do they get bullied? Are they teased by their family? In what ways does this alter their life?

To summarize the idea of sociocultural targeting, the counsellor should seek to cast as wide a net as possible.

“...While research seeking very specific causal pathways between adversity and outcomes has useful aspects, it fails to acknowledge that such pathways do not, and in all likelihood cannot, exist in relation to human thoughts, feelings, and behaviors. This is

because causality in human affairs is generally highly probabilistic, with an ‘on average’ character; it is contingent, that is, the effects of any one factor are mediated by and dependent on others; and it is synergistic in that influences can magnify one another’s effects” (Johnstone & Boyle, 2018, p. 6)

All sociocultural questions will be some variation of: Who or what contributes to your assessment of your body? It is important that these questions emphasize that myriad influences all contribute to the distress. No single factor produces body dissatisfaction, and counsellors should be wary of any source that argues for a kind of single-item determinism. There is no inherent “why,” but rather a constellation of factors that, over time, *teach* the client how to view their body. This idea is particularly relevant to the age group, who is actively learning to express themselves in a social context, both on the doorstep of adulthood and in its earliest experiences. It is vital that the counsellor take this point of view as it reduces the blame on an individual who already sees themselves as inadequate.

Thus far, sociocultural targets have largely been about negative body image influences, but this is only part of the conversation. The discussion of negative influences is intended to identify how the client is not at fault, but instead is responding. As implied earlier, a second aspect of sociocultural targets is finding who supports the client. The support could come from any source and does not need to be explicitly about supporting the client’s physical self-image. In fact, it is preferable to find a friend, teacher, or coach that validates the client on something other than their body. The counsellor is not trying to find evidence that contradicts the client’s self-image, as the client is likely to reject that kind of blatant cheerleading, and very likely already did when it occurred. The counsellor is instead trying to encourage de-emphasizing appearance by looking for people that see the client as a whole person. Who accepts the client?

Who is always happy to see the client? Who tells the client that they have value? How does that happen? How does the client know? It does not matter how seemingly small or insufficient this support is; the intention is to find exceptions to the wall of negativity in a way that begins to source strength within the client's existing context. Ideally, the proportion of time spent on positive sociocultural contexts will increase as therapy progresses. This proportion could be an appropriate metric by which the counsellor can gauge therapy effectiveness.

### *Individual Targets*

Individual response targets include several categories. Some of those are physiological and psychological vulnerabilities discussed in the literature review. Other targets include the client's responses to sociocultural influence. Individual vulnerabilities, such as gender and anxiety, provide more context in which the client experiences body dissatisfaction.

Body dissatisfaction is not limited to one body type (Brosf & Levinson, 2017; Zarychta et al., 2020) or gender presentation (Tylka, 2011). It is clear from the literature review that this distress may be present in any client, even those that are subjectively fit, attractive, or as close to the sociocultural ideal as one may deem possible. Counsellors must be aware that the divergence from or the relative adjacency to the cultural ideal is not the appropriate metric with which to assess body dissatisfaction; the distress is derived from a negative self-assessment based on outside information. It is appropriate to listen for how body image-related factors may have influenced a client's life. The biggest trap would be for the counsellor to assume that their personal assessment of the client's physical presentation is accurate to the client's image of themselves. Body dissatisfaction is defined by the client.

Though the literature review did reveal that both males and females experience body dissatisfaction to comparable degrees (Turel et al., 2018), this recognition is important for

limiting assumptions and approximating experience. Males and females are both at similar risk for body dissatisfaction, but not in the same ways. Counsellors should recognize the degree to which gender presentation and sociocultural expectations impact the client, and in what ways that happens. Fat and muscle dissatisfaction is a prime example, as multiple studies indicate that males and females may be distressed by different aspects of their size (e.g., males are more likely to be distressed about being underweight) (Griffiths et al., 2015; Tiggemann, 2012; Turel et al., 2018). In addition, as Jankowski et al. (2018) found, males may be more inclined to minimize their experiences of body dissatisfaction. So, with males, an increase in the discussion of body dissatisfaction or a revelation of an experience previously minimized can be interpreted as an improvement for the client. Female clients, on the other hand, may experience more outside explicit objectification, either by media or personal interactions. The differences of experience here, particularly when considered alongside puberal body change, could be dramatic, but the difference alone does not diminish the existence of body dissatisfaction. This example should encourage counsellors to be aware of the ways that clients have been taught to communicate about their bodies, in addition to the ways they have been taught to evaluate it. The variance in experience will be relevant to the path to improvement.

As body dissatisfaction literature tends toward an emphasis on both BMI and gender, these factors must be considered as risk indicators for body dissatisfaction. Based on the evidence, though, it is categorically false to assume that only overweight women experience body dissatisfaction. Gender and body size are not black-and-white indicators. Instead, it is more appropriate to view these factors as possible filters through which a person may individually receive the message that their body is not good enough. Gender presentation and body size may

indicate or approximate ways that the client has experienced pressure or consequence. However, these factors do not limit the degree to which a person may experience body dissatisfaction.

It is also important to recognize that care must be taken when addressing gender and weight, particularly the latter. Commenting on the client's weight as a reason they are dissatisfied, without the client having said this themselves, is very clearly a misstep. Doing so will only increase the perception of external critique. However, weight is likely to be part of contextual discussion at some point. In fact, clients may come asking for assistance with goals related to weight loss, diet, or exercise. They may have been forced by their parents to attend and stay completely focused on their body size as the path by which the counsellor can help. Perhaps counselling therapy is a part of the client's whole-body rejuvenation regimen. At this point, it is recommended that the counsellor emphasize the client's motivation for wanting to change. Instead of arguing that body change will not fix the client's distress, though there is supporting evidence, the counsellor should focus on what encourages the client to make a change. Is the client starting a diet and exercise program to avoid social consequences? Or are they starting in order to show respect to their body through health-promoting activities? The former is an indicator of body dissatisfaction, while the latter supports satisfaction. Even though the answer to the question of motivation is likely to be in the former category, the exploration of this will promote co-alignment (as the counsellor is working to see the client's point of view) and develop vital context.

Individual responses are also a part of this contextual background. Client responses include coping strategies, decision making, and resourcing, and the exploration of these responses should always reference the context in which they were developed. PTM's framing parallels this organization. The individual response targets include how a client has created

meaning out of perceived threat, based on their position in structural power and the people around them, and how the client has responded to this threat.

Like sociocultural targets, individual response targets may progress from generally “negative” to generally “positive” coping. These evaluations are in quotations marks, as it is important for the counsellor to recognize *all responses* as efforts to survive to sociocultural demands, while at the same time being aware of potentially harmful adaptive strategies. It will be up to the counsellor to decide whether or not to label any behaviour as negative or positive with the client, though I would encourage these labels to come at a time when they are helpful, rather than blaming, to the client. In the interest of safety, the counsellor should also be constantly aware of developing or existing potential for self-harm resulting from adaptive strategies. Though disordered eating behaviours are most commonly associated with body dissatisfaction, associated increases in intentional self-harm or suicidality are certainly possible. Harmful or potentially dangerous behaviour may need to be considered in the context of *duty to report* ethical codes, particularly with adolescents.

Starting with the potentially harmful responses, a common counsellor approach may be to identify ways that the client has been exacerbating their distress (e.g., they compare themselves to others too often, they are unrealistic in their expectations, they spend too much time on social media). However, it is important that the exploration of one area of distress does not develop into producing a list of smaller client failings that they now need to solve. The counsellor should view these responses as ways the client has attempted to survive in an unforgiving environment. For example, the client is not dissatisfied with their body because they compare themselves too frequently. Rather, they frequently compare themselves because failure to align with the cultural ideal has social consequences, so they must monitor their body’s changes in an effort to mitigate

against bullying. The client is not distressed because of time spent on Instagram. Instead, they look for signals that indicate conformity or social validation. These cognitions and behaviours may exacerbate their distress, but they are not the cause. The client is responding to the social threat of objectification with the goal of survival through inclusion and acceptance. If sociocultural influences are already teaching the client that their body is not good enough, counsellors should not perpetuate that experience by expressing how the client's cognitions and behaviours are not good enough.

The counsellor should also be cautious with identifying client responses such as self-objectification and internalization. These two mechanisms are points of view that the client adapted from cultural pressure, and not things that they have done to themselves. The client would not have *chosen* to self-objectify if they were not encouraged and reinforced to do so. Though it may indeed be important to discuss the mechanisms in session, self-objectification and internalization should always be framed as part of an adaptation strategy that the client learned, rather than created from some inborn inadequacy. "These ideals become internalized," is vastly different from, "You internalized these ideals."

### **Stage Two: Body Satisfaction**

Ideally, by the time that it is appropriate to directly address body satisfaction, the client has already had a depathologizing, blame-reducing experience where they felt heard and seen by their counsellor. In itself, the work up until this point can be transformative; all that follows may have already started. In those instances, the counsellor's work is to recognize the capacity of the client in a way that allows the client to see it for themselves. Secondly, the counsellor can seek to add to the repertoire of adaptive strategies and responses that can perpetuate resilience and body satisfaction in the midst of an unchangeable environment. The goal of increasing body

satisfaction is not to remove the client from environments that promote body dissatisfaction; that would be both nigh impossible and unethical. Instead, counsellors are working to inoculate the client against assaults on their mental health.

This inoculation comes in the form of stable body satisfaction. To review, body satisfaction is made up of four aspects:

- hold acceptance for everything about one's body
- maintain favourable self-assessment of the body, regardless of appearance
- show respect to one's body by attending to needs and promoting health
- protect this acceptance, assessment, and respect from all outside negative influences

The strategies that follow are intended to promote these four aspects. These aspects should be addressed in ways that fit the client's context, emphasizing that which would make the biggest impact on the client's life. The contextual specificity with which these are approached will also inform how the counsellor approaches additional interventions, such as bibliotherapy and referrals. Here, three intervention strategies are suggested as ways to elevate all aspects of body satisfaction. They are: offering self-compassion, identifying social comparison, and developing positive coping responses.

### ***Offer Self-Compassion***

Self-compassion is perhaps the most important approach for dealing with body dissatisfaction. Neff (2011) defines compassion as a recognition of suffering, resulting feelings of kindness, a desire to help, and "recognizing our shared human condition, flawed and fragile as it is," with self-compassion consisting of these same elements (2011, p. 10). The three traits that Neff identifies are highly compatible to the four aspects of body satisfaction, which reflect an

appreciation of oneself with all qualities considered. The shift to acceptance of the whole is near opposite to self-objectification, which promotes constant evaluation of a single attribute.

Of all the interventions reviewed, self-compassion appeared to have the most long-term effectiveness, ease of use, and diversity of application. The approach encourages clients to spend less time critiquing their bodies, shifting the efforts to embracing everything that is included in the experience of having a body. Self-compassion is arguably the inverse of self-objectification and upward social comparison. In fact, one exercise from Kristin Neff's book, *Self-Compassion: The Proven Power of Being Kind to Yourself* (2011) is particularly relevant to acceptance. Neff asks that people write out five traits for which they are above average, at average, and below average. Following, Neff says, "Being human does not mean being better than others. Being human means you encompass the full range of human experience, the positive, the negative, and the neutral...Can you celebrate the experience of being alive on this planet in all your complexity and wonder?" (2011, p. 23). Neff's work contains many other writing exercises to develop self-compassion, but other researchers have also proposed successful exercises. Moffitt et al. (2018) used a relatively generic expression of self-compassion to considerable success. It is likely that whatever route is taken, it must be appropriate to the client's context and evaluated for ease of use.

Starting self-compassion can be very challenging for clients, especially those that are practiced at self-objectification, high levels of critique, and a running monologue of negativity. In those instances, I propose two strategies for starting. Firstly, clients can begin by simply noticing the times that they self-objectify or make an upward social comparison. The overall goal plan is not to stop comparison or objectification altogether but instead to offer self-compassion during these times, so identifying the times they are *not* being self-compassionate gives an

effective starting point. The counsellor should present this task in as neutral a way as possible. The client only needs to notice what is already happening. If there is only one successful identification following the initial request, it should be compared to no awareness at all, which is a significant improvement. These awareness moments can be slowly built over time, with each moment's discussion in session referencing the context in which it happened, what the client thought during the experience, and how they responded following. A second approach applies when a client thinks they are not worthy of compassion, they need to earn it, or that compassion means that they will not improve their bodies or health. In these times, the counsellor can encourage the client to consider themselves as if they are speaking to a friend or child. How would the friend feel if the client used the same words? Would the friend feel motivated? Depressed? Angry? Scared? The outsider perspective should be appropriate to the client's age (e.g., speaking to a child may not be as effective for an adolescent) and could reference people important to the client, borne out of sociocultural context discussions. Scripted lovingkindness meditations would be an excellent choice for this approach.

### ***Identify Moments of Social Comparison***

Rodgers et al. (2018) suggested that self-compassion would be more effective if combined with reducing social comparison. I would argue that these approaches already dovetail if the counsellor is aware of the dangers of social comparison. Social comparison is perhaps the most detrimental mechanism to body image and should be an important part of any body image discussions. One method of reducing body dissatisfaction used in the literature is altering the object of social comparison. Lew et al. (2007) is one example of this; the experiment encouraged participants to measure themselves against fashion models based on factors such as intelligence, rather than appearance. Though downward social comparison did seem to protect participants

from an increase in body dissatisfaction, the study still relied on social comparison to produce the protective effect. In the literature review, upward social comparison was consistently implicated as a way that body dissatisfaction was developed, exacerbated, or maintained. Encouraging social comparison, albeit in another context, does not offer an adequate method of addressing the detrimental results of the initial comparison. The client may be able to say, “Yes, I could be smarter, wittier, or nicer than the model. I may be better looking than someone else in my city. *Yet, I still do not reach the ideal.*” It is the last of these three statements that suggests the core disturbance. Altering the emphasis of social comparison could be particularly unhelpful in adolescents, as they are in the midst of pubertal changes (and therefore changing physicality) and experience a high degree of peer conformation demands.

Downward social comparison may be a modestly successful intervention for body dissatisfaction, but it is unlikely to produce long-term changes. If happiness, satisfaction, or clinical improvement may only be derived by improving the client’s relative position to other people, positive effects will surely be short-lived, antisocial, and context dependent. Counsellors would need to encourage clients to limit their exposure to the world, rather than helping them identify and strengthen their resistances to it. The way to alleviate body dissatisfaction is not by inverting the perpetuating mechanisms, but to stop referencing them. In addition, as counsellors, we must consider what social effect results from promoting social comparison. Downward social comparison may result from negative affect in an effort to improve mood, and depending on the context, this could mean that an individual takes advantage of a situational opportunity for favourable comparison by actively degrading another person (Wills, 1981). Trying to leverage social comparison for client improvement means doing so at the risk of promoting antisocial

behaviours. The likelihood of negative or short-term results from perpetuating comparison are two strong reasons for working to diminish social comparison instead.

Diminishing social comparison is relevant to at least three of the aspects of body satisfaction but is particularly relevant to protection from outside influence. Sociocultural ideal demands, such as those from media, function well because individuals feel *less than*. The idea behind diminished social comparison is not to remove the client from influential environments, but again, to inoculate them to the stimuli so that it no longer produces any degree of response.

In a similar way to starting self-compassion, the client can begin to notice times that they are encouraged to compare, either explicitly or implicitly. Explicit comparison could be the words of peers about the client's appearance, teasing from their family, or evaluations by a coach, and will be much more obvious. Implicit comparison could be the result of social power structures (e.g., patriarchy, ethnocentrism) or ostracism interpreted as appearance-based. The client can then explore what the comparison does to help them, how it is relevant to what they think, and then evaluate the satisfaction they derive from social comparison. At this point, self-compassion becomes a vital intervention strategy. Any time the client feels encouraged to compare themselves to someone else, they can take a moment to offer themselves self-compassion, and then evaluate the comparison. Is there anything about the comparison that was helpful? What promoted the comparison? How did they respond following self-compassion? Is there anything they learned from the moment?

### ***Develop Positive Coping Responses***

Positive coping responses may either replace unhelpful strategies or develop new helpful ones in areas that were previously unaided. The list of positive coping though patterns, strategies, and behaviours is extensive and well detailed by other writers. The intention of this section is not

to give an exhaustive list of coping strategies, but rather to note the how those strategies can relate to body satisfaction development. CBT intervention books, which have been written for specific audiences and demographics, would be a great resource for counsellors to develop their repertoire for implementation.

Counsellors can help aid coping specificity with a few specifiers borne out of the contextual background. Here is a list of questions that the counsellor can consider:

- Is there a behaviour already occurring that can be improved on for safety, health, or longevity?
- Does a new strategy need to be implemented?
- Does the client present their body dissatisfaction with depression?
- Does the client present their body dissatisfaction with anxiety?
- Does the client experience body dissatisfaction primarily from media, personal interactions, or something else?
- Does the client currently display any self-harm or suicidal behaviours?
- Which aspect(s) of body satisfaction are trying to be improved?

These questions all direct and specify the coping strategies that could be appropriate. For example, when considering the four aspects of body satisfaction, coping that shows respect to the body would be different than coping for protection from outside influence. The former could include recognizing when the body needs rest and recovery for someone who is prone to over-exercising. The latter could include limiting social media exposure or taking ten deep breaths every time they felt like scrolling fitspiration websites.

When focusing specifically on promoting the client's ability to protect their body satisfaction from sociocultural influences, the counsellor should promote the client's own skill as

the top priority. Part of the earlier process of contextual exploration is helping the client experience an analysis of possible influences, which can then become a tool for their own use. Similar to the experiences promoted by the Body Project (Stice & Presnell, 2007), the counsellor should give the client as much opportunity to analyze sociocultural ideals for themselves, rather than engaging in didactic discourse.

### **Conclusion**

Young clients will come asking for help with a problem that feels like their fault. Their assumption is logical; all sociocultural messaging is intended to promote individual problem ownership. As a person can alter their physical appearance to some extent, the negative judgement they perceive must be the result of a personal deficit, because if they had only worked harder or eaten better, then perhaps they would not receive critique. Or for some, there is instead something inherently *broken*. The client would never, under any circumstances, meet the ideal, and must therefore receive the punishment of ostracism and derision for their entire lives. These messages will very likely persist. The intention of this work is not to change sociocultural body ideals; the intention is to make them as irrelevant as possible to the happiness of the client. Instead of negating the referenced ideal, body satisfaction comes from negating *reference* itself.

Our clients will come bearing these messages, and our job as counsellors is to explore what contributes to the intensity of those messages, what or who helps resist the influence, and how they may survive despite efforts to the contrary. This exploration should naturally extend to the nuance of the client's contextual experience. Though research has given us many reasons as to why a person may feel distress, the counselling work is only worthwhile if we understand the literature as an academic starting point that encourages an emphasis on the environment in which

the client exists. Our task is to reorient the client from the object of judgement to the subject that persists.

### References

- Ackard, D. M., & Peterson, C. B. (2001). Association between puberty and disordered eating, body image, and other psychological variables. *International Journal of Eating Disorders*, 29(2), 187–194. [https://doi.org/10.1002/1098-108X\(200103\)29:2<187::AID-EAT1008>3.0.CO;2-R](https://doi.org/10.1002/1098-108X(200103)29:2<187::AID-EAT1008>3.0.CO;2-R)
- Albert, D., Chein, J., & Steinberg, L. (2013). The teenage brain: Peer influences on adolescent decision making. *Current Directions in Psychological Science*, 22(2), 114–120. <https://doi.org/10.1177/0963721412471347>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American Psychological Association. (2020). *APA Dictionary of Psychology*. <https://dictionary.apa.org/internalization>
- Andrew, R., Tiggemann, M., & Clark, L. (2015). The protective role of body appreciation against media-induced body dissatisfaction. *Body Image*, 15, 98–104. <https://doi.org/10.1016/j.bodyim.2015.07.005>
- Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: Development and psychometric evaluation. *Body Image*, 2(3), 285–297. <https://doi.org/10.1016/j.bodyim.2005.06.002>
- Bearman, S. K., Presnell, K., Martinez, E., & Stice, E. (2006). The skinny on body dissatisfaction : A longitudinal study of adolescent girls and boys. *Journal of Youth and Adolescence*, 35(2), 229–241. <https://doi.org/10.1007/s10964-005-9010-9>
- Becker, C. B., & Stice, E. (2017). From efficacy to effectiveness to broad implementation: Evolution of the body project. *Journal of Consulting and Clinical Psychology*, 85(8), 767–

782. <https://doi.org/10.1037/ccp0000204>

Boepple, L., & Thompson, J. K. (2016). A content analytic comparison of fitspiration and thinspiration websites. *International Journal of Eating Disorders, 49*(1), 98–101.

<https://doi.org/10.1002/eat.22403>

Boutelle, K., Eisenberg, M. E., Gregory, M. L., & Neumark-Sztainer, D. (2009). The reciprocal relationship between parent-child connectedness and adolescent emotional functioning over 5 years. *Journal of Psychosomatic Research, 66*(4), 309–316.

<https://doi.org/10.1016/j.jpsychores.2008.10.019>

Bradatsch, S., Vahl, M. D., Potterton, R., Gordon, G., Schmidt, U., Brockmeyer, T., & Brockmeyer, T. (2020). Interpretation bias modification to reduce body dissatisfaction - a randomized controlled pilot study in women with elevated weight and shape concerns.

*Journal of Eating Disorders, 8*(34), 1–12. <https://doi.org/10.1186/s40337-020-00305-4>

Brosos, L. C., & Levinson, C. A. (2017). Social appearance anxiety and dietary restraint as mediators between perfectionism and binge eating: A six month three wave longitudinal study. *Appetite, 108*, 335–342. <https://doi.org/10.1016/j.appet.2016.10.015>

Brown, T. A., Forney, K. J., Pinner, D., & Keel, P. K. (2017). A randomized controlled trial of The Body Project: More Than Muscles for men with body dissatisfaction. *International Journal of Eating Disorders, 50*(8), 873–883. <https://doi.org/10.1002/eat.22724>

*Journal of Eating Disorders, 50*(8), 873–883. <https://doi.org/10.1002/eat.22724>

Calzo, J. P., Sonnevile, K. R., Haines, J., Blood, E. A., Field, A. E., & Austin, S. B. (2012a).

The development of associations among body mass index, body dissatisfaction, and weight and shape concern in adolescent boys and girls. *Journal of Adolescent Health, 51*, 517–523.

<https://doi.org/10.1016/j.jadohealth.2012.02.021>

Calzo, J. P., Sonnevile, K. R., Haines, J., Blood, E. A., Field, A. E., & Austin, S. B. (2012b).

- The development of associations among body mass index, body dissatisfaction, and weight and shape concern in adolescent boys and girls. *Journal of Adolescent Health*, 51(5), 517–523. <https://doi.org/10.1016/j.jadohealth.2012.02.021>
- Casale, S., Gemelli, G., Calosi, C., Giangrasso, B., & Fioravanti, G. (2019). Multiple exposure to appearance-focused real accounts on Instagram: Effects on body image among both genders. *Current Psychology*. <https://doi.org/10.1007/s12144-019-00229-6>
- Cella, S., Iannaccone, M., & Cotrufo, P. (2020). Does body shame mediate the relationship between parental bonding, self-esteem, maladaptive perfectionism, body mass index and eating disorders? A structural equation model. *Eating and Weight Disorders*, 25(3), 667–678. <https://doi.org/10.1007/s40519-019-00670-3>
- Chua, T. H. H., & Chang, L. (2016). Follow me and like my beautiful selfies: Singapore teenage girls' engagement in self-presentation and peer comparison on social media. *Computers in Human Behavior*, 55, 190–197. <https://doi.org/10.1016/j.chb.2015.09.011>.
- Dailey, R. M. (2010). Testing components of confirmation: How acceptance and challenge from mothers, fathers, and siblings and are related to adolescent self-concept. *Communication Monographs*, 77, 592–617. <https://doi.org/10.1080/03637751.2010.499366>
- de Vries, D. A., Peter, J., de Graaf, H., & Nikken, P. (2016). Adolescents' social network site use, peer appearance-related feedback, and body dissatisfaction: Testing a mediation model. *Journal of Youth and Adolescence*, 45, 211–224. <https://doi.org/10.1007/s10964-015-0266-4>
- de Vries, D. A., Vossen, H. G. M., & van der Kolk–van der Boom, P. (2019). Social media and body dissatisfaction: Investigating the attenuating role of positive parent–adolescent relationships. *Journal of Youth and Adolescence*, 48(3), 527–536.

<https://doi.org/10.1007/s10964-018-0956-9>

Department of Canadian Heritage Policy Research Group. (2010). *Environmental scan 2010:*

*Trends and issues in Canada and in sport*. <http://www.ncbi.nlm.nih.gov/pubmed/24687936>

Dixon, R. S., Gill, J. M. W., & Adair, V. A. (2003). Exploring paternal influences on the dieting behaviors of adolescent girls. *Eating Disorders, 11*(1), 39–50.

<https://doi.org/10.1080/10640260390167474>

Duchesne, A. P., Dion, J., Lalande, D., Bégin, C., Émond, C., Lalande, G., & McDuff, P. (2017).

Body dissatisfaction and psychological distress in adolescents: Is self-esteem a mediator?

*Journal of Health Psychology, 22*(12), 1563–1569.

<https://doi.org/10.1177/1359105316631196>

Eisenberg, D., Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011). Eating disorder symptoms

among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health, 59*(8), 700–707.

<https://doi.org/10.1080/07448481.2010.546461>

Ellis, K. (2002). Perceived parental confirmation: Development and validation of an instrument.

*Southern Communication Journal, 67*(4), 319–334.

<https://doi.org/10.1080/10417940209373242>

Fallon, E. A., Harris, B. S., & Johnson, P. (2014). Prevalence of body dissatisfaction among a

United States adult sample. *Eating Behaviors, 15*, 151–158.

<https://doi.org/10.1016/j.eatbeh.2013.11.007>

Fardouly, J., Willburger, B. K., & Vartanian, L. R. (2018). Instagram use and young women's

body image concerns and self-objectification: Testing mediational pathways. *New Media and Society, 20*(4), 1380–1395. <https://doi.org/10.1177/1461444817694499>

- Ferguson, C. J., Munoz, M. E., Contreras, S., & Velasquez, K. (2011). Mirror, mirror on the wall: Peer competition, television influences, and body image dissatisfaction. *Journal of Social and Clinical Psychology, 30*(5), 458–483. <https://doi.org/10.1521/jscp.2011.30.5.458>
- Ferguson, C. J., Muñoz, M. E., Garza, A., & Galindo, M. (2014). Concurrent and prospective analyses of peer, television and social media influences on body dissatisfaction, eating disorder symptoms and life satisfaction in adolescent girls. *Journal of Youth and Adolescence, 43*, 1–14. <https://doi.org/10.1007/s10964-012-9898-9>
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*(2), 117–140. <https://doi.org/10.1177/001872675400700202>
- Fitzsimmons-Craft, E. E., Harney, M. B., Koehler, L. G., Danzi, L. E., Riddell, M. K., & Bardone-Cone, A. M. (2012). Explaining the relation between thin ideal internalization and body dissatisfaction among college women: The roles of social comparison and body surveillance. *Body Image, 9*(1), 43–49. <https://doi.org/10.1016/j.bodyim.2011.09.002>
- Foucault, M. (1978). *Discipline and Punish: The Birth of the Prison* (A. Sheridan, Trans.). Pantheon. (Original work published 1975)
- Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*(2), 173–206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Gitimu, P., Jameson, M., Turel, T., Pohle-Krauza, R., Mincher, J., Rowlands, Z., & Elias, J. (2016). Appearance issues, depression, and disordered eating among college females. *Cogent Psychology, 3*(1). <https://doi.org/10.1080/23311908.2016.1196512>
- Gledhill, L. J., Cornelissen, K. K., Cornelissen, P. L., Penton-Voak, I. S., Munafò, M. R., & Tovée, M. J. (2017). An interactive training programme to treat body image disturbance.

- British Journal of Health Psychology*, 22(1), 60–76. <https://doi.org/10.1111/bjhp.12217>
- Golan, M., Hagay, N., & Tamir, S. (2013). The effect of “In Favor of Myself”: Preventive program to enhance positive self and body image among adolescents. *PLoS ONE*, 8(11), 1–10. <https://doi.org/10.1371/journal.pone.0078223>
- Griffiths, S., Murray, S. B., & Touyz, S. (2015). Extending the masculinity hypothesis: An investigation of gender role conformity, body dissatisfaction, and disordered eating in young heterosexual men. *Psychology of Men and Masculinity*, 16(1), 108–114. <https://doi.org/10.1037/a0035958>
- Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women, and adolescents* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315681528>
- Grower, P., Ward, L. M., & Beltz, A. M. (2019). Downstream consequences of pubertal timing for young women’s body beliefs. *Journal of Adolescence*, 72, 162–166. <https://doi.org/10.1016/j.adolescence.2019.02.012>
- Harper, B., & Tiggemann, M. (2007). The effect of thin ideal media images on women’s self-objectification, mood, and body image. *Sex Roles*, 58, 649–657. <https://doi.org/10.1007/s11199-007-9379-x>
- Hart, T. A., Flora, D. B., Palyo, S. A., Fresco, D. M., Holle, C., & Heimberg, R. G. (2008). Development and examination of the social appearance anxiety scale. *Assessment*, 15(1), 48–59. <https://doi.org/10.1177/1073191107306673>
- Huxley, C. J., Halliwell, E., & Clarke, V. (2015). An examination of the Tripartite Influence model of body image: Does women’s sexual identity make a difference? *Psychology of Women Quarterly*, 39(3), 337–348. <https://doi.org/10.1177/0361684314554917>
- Jankowski, G. S., Gough, B., Fawcner, H., Halliwell, E., & Diedrichs, P. C. (2018). Young

- men's minimisation of their body dissatisfaction. *Psychology and Health*, 33(11), 1343–1363.
- Jiang, M. Y. W., & Vartanian, L. R. (2016). The role of memory in the relationship between attention toward thin-ideal media and body dissatisfaction. *Eating and Weight Disorders*, 21(1), 57–64. <https://doi.org/10.1007/s40519-015-0196-x>
- Johnstone, L., & Boyle, M. (2018). The Power Threat Meaning Framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, 1–18. <https://doi.org/10.1177/0022167818793289>
- Jones, D. C., & Crawford, J. K. (2005). Adolescent boys and body image: Weight and muscularity concerns as dual pathways to body dissatisfaction. *Journal of Youth and Adolescence*, 34(6), 629–636. <https://doi.org/10.1007/s10964-005-8951-3>
- Jones, D. C., & Crawford, J. K. (2006). The peer appearance culture during adolescence: Gender and body mass variations. *Journal of Youth and Adolescence*, 35(2), 257–269. <https://doi.org/10.1007/s10964-005-9006-5>
- Karcher, B., & Cherikh, F. (2015). Self-esteem and body dissatisfaction. *Annales Medico-Psychologiques*, 173, 675–680. <https://doi.org/10.1016/j.amp.2014.06.007>
- Karrer, Y., Halioua, R., Mötteli, S., Iff, S., Seifritz, E., Jäger, M., & Claussen, M. C. (2020). Disordered eating and eating disorders in male elite athletes: A scoping review. *BMJ Open Sport and Exercise Medicine*, 6(1), 1–12. <https://doi.org/10.1136/bmjsem-2020-000801>
- Kelly, N. R., Bulik, C. M., & Mazzeo, S. E. (2013). Executive functioning and behavioral impulsivity of young women who binge eat. *International Journal of Eating Disorders*, 46(2), 127–139. <https://doi.org/10.1002/eat.22096>
- Kenny, U., O'Malley-Keighran, M. P., Molcho, M., & Kelly, C. (2017). Peer influences on

adolescent body image: Friends or foes? *Journal of Adolescent Research*, 32(6), 768–799.

<https://doi.org/10.1177/0743558416665478>

Kenny, U., Sullivan, L., Callaghan, M., Molcho, M., & Kelly, C. (2018). The relationship between cyberbullying and friendship dynamics on adolescent body dissatisfaction: A cross-sectional study. *Journal of Health Psychology*, 23(4), 629–639.

<https://doi.org/10.1177/1359105316684939>

Kerr, M., & Bowen, M. (1988). *Family evaluation*. Norton.

Kilpela, L. S., Blomquist, K., Verzijl, C., Wilfred, S., Beyl, R., & Becker, C. B. (2016). The body project 4 all: A pilot randomized controlled trial of a mixed-gender dissonance-based body image program. *International Journal of Eating Disorders*, 49(6), 591–602.

<https://doi.org/10.1002/eat.22562>

Knouse, L. E., Barkley, R. A., & Murphy, K. R. (2013). Does executive functioning (EF) predict depression in clinic-referred adults? EF tests vs. rating scales. *Journal of Affective Disorders*, 145(2), 270–275.

Kong, P., & Harris, L. M. (2015). The sporting body: Body image and eating disorder symptomatology among female athletes from leanness focused and nonleanness focused sports. *Journal of Psychology: Interdisciplinary and Applied*, 149(2), 141–160.

<https://doi.org/10.1080/00223980.2013.846291>

Kosmidou, E., Giannitsopoulou, E., & Moysidou, D. (2017). Social Physique Anxiety and pressure to be thin in adolescent ballet dancers, rhythmic gymnastics and swimming athletes. *Research in Dance Education*, 18(1), 23–33.

<https://doi.org/10.1080/14647893.2016.1223027>

Krones, P. G., Stice, E., Batres, C., & Orjada, K. (2005). In vivo social comparison to a thin-

- ideal peer promotes body dissatisfaction: A randomized experiment. *International Journal of Eating Disorders*, 38, 134–142. <https://doi.org/10.1002/eat.20171>
- Lanfranchi, M. C., Maïano, C., Morin, A. J. S., & Therme, P. (2015). Social Physique Anxiety and Disturbed Eating Attitudes and Behaviors in Adolescents: Moderating Effects of Sport, Sport-Related Characteristics, and Gender. *International Journal of Behavioral Medicine*, 22(1), 149–160. <https://doi.org/10.1007/s12529-014-9406-6>
- Laporta-Herrero, I., Jáuregui-Lobera, I., Barajas-Iglesias, B., & Santed-Germán, M. Á. (2018). Body dissatisfaction in adolescents with eating disorders. *Eating and Weight Disorders*, 23(3), 339–347. <https://doi.org/10.1007/s40519-016-0353-x>
- Levine, M. P., & Smolak, L. (2016). The role of protective factors in the prevention of negative body image and disordered eating. *Eating Disorders*, 24(1), 39–46. <https://doi.org/10.1080/10640266.2015.1113826>
- Levinson, C. A., & Rodebaugh, T. L. (2016). Clarifying the prospective relationships between social anxiety and eating disorder symptoms and underlying vulnerabilities. *Appetite*, 107, 38–46. <https://doi.org/10.1016/j.appet.2016.07.024>
- Levinson, C. A., Rodebaugh, T. L., White, E. K., Menatti, A. R., Weeks, J. W., Iacovino, J. M., & Warren, C. S. (2013). Social appearance anxiety, perfectionism, and fear of negative evaluation: Distinct or shared risk factors for social anxiety and eating disorders? *Appetite*, 67, 125–133. <https://doi.org/10.1016/j.appet.2013.04.002>
- Lew, A. M., Mann, T., Myers, H., Taylor, S., & Bower, J. (2007). Thin-ideal media and women's body dissatisfaction: Prevention using downward social comparisons on non-appearance dimensions. *Sex Roles*, 57, 543–556. <https://doi.org/10.1007/s11199-007-9274-5>
- Li, O., Jackson, T., & Chen, H. (2011). Attentional and memory biases among weight

- dissatisfied young women: Evidence from a dichotic listening paradigm. *Cognitive Therapy and Research*, 35(5), 434–441. <https://doi.org/10.1007/s10608-010-9312-4>
- Maher, A. L., Lane, B. R., & Mulgrew, K. E. (2021). Self-compassion and body dissatisfaction in men: Extension of the tripartite influence model. *Psychology of Men & Masculinities*. <https://doi.org/10.1037/men0000271>
- Margolis, S. E., & Orsillo, S. M. (2016). Acceptance and body dissatisfaction: Examining the efficacy of a brief acceptance based intervention for body dissatisfaction in college women. *Behavioural and Cognitive Psychotherapy*, 44, 482–492. <https://doi.org/10.1017/S1352465816000072>
- Markey, C. N. (2010). Invited commentary: Why body image is important to adolescent development. *Journal of Youth and Adolescence*, 39, 1387–1391. <https://doi.org/10.1007/s10964-010-9510-0>
- Matera, C., Nerini, A., & Stefanile, C. (2013). The role of peer influence on girls' body dissatisfaction and dieting. *Revue Europeenne de Psychologie Appliquee*, 63, 67–74. <https://doi.org/10.1016/j.erap.2012.08.002>
- Mayo, C., & George, V. (2014). Eating disorder risk and body dissatisfaction based on muscularity and body fat in male university students. *Journal of American College Health*, 62(6), 407–415. <https://doi.org/10.1080/07448481.2014.917649>
- McCabe, M. P., & Ricciardelli, L. A. (2003). Sociocultural influences on body image and body changes among adolescent boys and girls. *The Journal of Social Psychology*, 143(1), 5–26. <https://doi.org/10.1080/00224540309598428>
- McLean, S. A., Jarman, H. K., & Rodgers, R. F. (2019). How do “selfies” impact adolescents' well-being and body confidence? A narrative review. *Psychology Research and Behavior*

*Management*, 12, 513–521. <https://doi.org/10.2147/PRBM.S177834>

Mendes, C. B., & Ferreira, C. (2019). A social rank approach to disordered eating: Exploring relationships between shame, fears of compassion, striving, and body shame. *Psychology and Psychotherapy: Theory, Research and Practice*, 1–13.

<https://doi.org/10.1111/papt.12241>

Metral, M., & Mailliez, M. (2018). How certainty appraisal might improve both body dissatisfaction and body overestimation in anorexia nervosa: A case report. *Journal of Eating Disorders*, 6(1), 1–7. <https://doi.org/10.1186/s40337-018-0216-0>

Moffitt, R. L., Neumann, D. L., & Williamson, S. P. (2018). Comparing the efficacy of a brief self-esteem and self-compassion intervention for state body dissatisfaction and self-improvement motivation. *Body Image*, 27, 67–76.

<https://doi.org/10.1016/j.bodyim.2018.08.008>

Moreno-Domínguez, S., Servián-Franco, F., Reyes del Paso, G. A., & Cepeda-Benito, A. (2019). Images of thin and plus-size models produce opposite effects on women's body image, body dissatisfaction, and anxiety. *Sex Roles*, 80, 607–616. <https://doi.org/10.1007/s11199-018-0951-3>

Murray, S. B., Rieger, E., Touyz, S. W., & García, Y. D. L. G. (2010). Muscle dysmorphia and the DSM-V conundrum: Where does it belong? A review paper. *International Journal of Eating Disorders*, 43(6), 483–491. <https://doi.org/10.1002/eat.20828>

Murray, S. B., & Touyz, S. W. (2013). Muscle dysmorphia: Towards a diagnostic consensus. *Australian and New Zealand Journal of Psychiatry*, 47(3), 206–207.

<https://doi.org/10.1177/0004867412452018>

Myers, P. N. J., & Biocca, F. A. (1992). The elastic body image: The effect of television

advertising and programming on body image distortions in young women. *Journal of Communication*, 42(3), 108–133.

Myers, T. A., Ridolfi, D. R., Crowther, J. H., & Ciesla, J. A. (2012). The impact of appearance-focused social comparisons on body image disturbance in the naturalistic environment: The roles of thin-ideal internalization and feminist beliefs. *Body Image*, 9(3), 342–351.  
<https://doi.org/10.1016/j.bodyim.2012.03.005>

Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. William Morrow.

O’Dea, J. A., & Abraham, S. (1999). Onset of disordered eating attitudes and behaviors in early adolescence: Interplay of pubertal status, gender, weight, and age. *Adolescence*, 34(136), 671–679. <https://proxy.cityu.edu/login?url=https://www-proquest-com.proxy.cityu.edu/scholarly-journals/onset-disordered-eating-attitudes-behaviors-early/docview/195928464/se-2?accountid=1230>

O’Driscoll, L. M., & Jarry, J. L. (2015). Interpersonal rejection results in increased appearance satisfaction for women who rely on body weight for self-worth. *Body Image*, 12, 36–43.  
<https://doi.org/10.1016/j.bodyim.2014.09.003>

O’Hara, L., Tahboub-Schulte, S., & Thomas, J. (2016). Weight-related teasing and internalized weight stigma predict abnormal eating attitudes and behaviours in Emirati female university students. *Appetite*, 102, 44–50. <https://doi.org/10.1016/j.appet.2016.01.019>

Olivardia, R., Pope, H. G., Borowiecki, J. J., & Cohane, G. H. (2004). Biceps and body image: The relationship between muscularity and self-esteem, depression, and eating disorder symptoms. *Psychology of Men and Masculinity*, 5(2), 112–120.  
<https://doi.org/10.1037/1524-9220.5.2.112>

Olson, K. L. L., Thaxton, T. T., & Emery, C. F. (2018). Targeting body dissatisfaction among

- women with overweight or obesity: A proof-of-concept pilot study. *International Journal of Eating Disorders*, 51(8), 973–977. <https://doi.org/10.1002/eat.22874>
- Otto, M. W., Wilhelm, S., Cohen, L. S., & Harlow, B. L. (2001). Prevalence of body dysmorphic disorder in a community sample of women. *American Journal of Psychiatry*, 158(12), 2061–2063. <https://doi.org/10.1176/appi.ajp.158.12.2061>
- Patton, S. C., Alexander Beaujean, A., & Benedict, H. E. (2014). Parental bonds, attachment anxiety, media susceptibility, and body dissatisfaction: A mediation model. *Developmental Psychology*, 50(8), 2124–2133. <https://doi.org/10.1037/a0037111>
- Paxton, S. J., Eisenberg, M. E., & Neumark-sztainer, D. (2006). Prospective predictors of body dissatisfaction in adolescent girls and boys: A five-year longitudinal study. *Developmental Psychology*, 42(5), 888–899. <https://doi.org/10.1037/0012-1649.42.5.888>
- Pearl, R. L., & Puhl, R. M. (2014). Measuring internalized weight attitudes across body weight categories: Validation of the Modified Weight Bias Internalization Scale. *Body Image*, 11(1), 89–92. <https://doi.org/10.1016/j.bodyim.2013.09.005>
- Preston, C., & Ehrsson, H. (2018). Implicit and explicit changes in body satisfaction evoked by body size illusions: Implications for eating disorder vulnerability in women. In *PLoS ONE* (Vol. 13, Issue 6). <https://doi.org/10.1371/journal.pone.0199426>
- Pullmer, R., Coelho, J. S., & Zaitsoff, S. L. (2019). Kindness begins with yourself: The role of self-compassion in adolescent body satisfaction and eating pathology. *International Journal of Eating Disorders*, 52, 809–816. <https://doi.org/10.1002/eat.23081>
- Reel, J., Voelker, D., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: current perspectives. *Adolescent Health, Medicine and Therapeutics*, 149. <https://doi.org/10.2147/ahmt.s68344>

- Reilly, E. E., Gordis, E. B., Boswell, J. F., Donahue, J. M., Emhoff, S. M., & Anderson, D. A. (2018). Evaluating the role of repetitive negative thinking in the maintenance of social appearance anxiety: An experimental manipulation. *Behaviour Research and Therapy, 102*, 36–41. <https://doi.org/10.1016/j.brat.2018.01.001>
- Ricciardelli, L. A., & McCabe, M. P. (2001). Dietary restraint and negative affect as mediators of body dissatisfaction and bulimic behavior in adolescent girls and boys. *Behaviour Research and Therapy, 39*, 1317–1328.
- Richard, A., Rohrmann, S., Lohse, T., & Eichholzer, M. (2016). Is body weight dissatisfaction a predictor of depression independent of body mass index, sex and age? Results of a cross-sectional study. *BMC Public Health, 16*. <https://doi.org/10.1186/s12889-016-3497-8>
- Rief, W., Buhlmann, U., Wilhelm, S., Borkenhagen, A., & Brähler, E. (2006). The prevalence of body dysmorphic disorder: A population-based survey. *Psychological Medicine, 36*(6), 877–885. <https://doi.org/10.1017/S0033291706007264>
- Rieger, E., Dolan, A., Thomas, B., & Bell, J. (2017). The effect of interpersonal rejection on attentional biases regarding thin-ideal and non-thin images: The moderating role of body weight- and shape-based self-worth. *Body Image, 22*, 78–86. <https://doi.org/10.1016/j.bodyim.2017.06.002>
- Rodgers, R. F., Donovan, E., Cousineau, T., Yates, K., McGowan, K., Cook, E., Lowy, A. S., & Franko, D. L. (2018). BodiMojo: Efficacy of a mobile-based intervention in improving body image and self-compassion among adolescents. *Journal of Youth and Adolescence, 47*(7), 1363–1372. <https://doi.org/10.1007/s10964-017-0804-3>
- Rodgers, R. F., & DuBois, R. H. (2016). Cognitive biases to appearance-related stimuli in body dissatisfaction: A systematic review. *Clinical Psychology Review, 46*, 1–11.

<https://doi.org/10.1016/j.cpr.2016.04.006>

- Rodgers, R. F., McLean, S. A., & Paxton, S. J. (2015). Longitudinal relationships among internalization of the media ideal, peer social comparison, and body dissatisfaction: Implications for the tripartite influence model. *Developmental Psychology, 51*(5), 706–713. <https://doi.org/10.1037/dev0000013>
- Rosen, J. C., Reiter, J., & Orosan, P. (1995). Cognitive-behavioral body image therapy for body dysmorphic disorder. *Journal of Consulting and Clinical Psychology, 63*(2), 263–269.
- Rosewall, J. K., Gleaves, D. H., & Latner, J. D. (2019). Psychopathology factors that affect the relationship between body size and body dissatisfaction and the relationship between body dissatisfaction and eating pathology. *Frontiers in Psychology, 9*. <https://doi.org/10.3389/fpsyg.2018.02768>
- Rothman, K. J. (2008). BMI-related errors in the measurement of obesity. *International Journal of Obesity, 32*, S56–S59. <https://doi.org/10.1038/ijo.2008.87>
- Schaefer, M. K., & Blodgett Salafia, E. H. (2014). The connection of teasing by parents, siblings, and peers with girls' body dissatisfaction and boys' drive for muscularity: The role of social comparison as a mediator. *Eating Behaviors, 15*(4), 599–608. <https://doi.org/10.1016/j.eatbeh.2014.08.018>
- Schneider, C., Agthe, M., Yanagida, T., Voracek, M., & Hennig-Fast, K. (2017). Effects of muscle dysmorphia, social comparisons and body schema priming on desire for social interaction: An experimental approach. *BMC Psychology, 5*(1), 1–9. <https://doi.org/10.1186/s40359-017-0189-9>
- Schneider, S. C., Turner, C. M., Mond, J., & Hudson, J. L. (2017). Prevalence and correlates of body dysmorphic disorder in a community sample of adolescents. *Australian and New*

- Zealand Journal of Psychiatry*, 51(6), 595–603. <https://doi.org/10.1177/0004867416665483>
- Shroff, H., & Thompson, J. K. (2006). Peer influences, body-image dissatisfaction, eating dysfunction and self-esteem in adolescent girls. *Journal of Health Psychology*, 11(4), 533–551. <https://doi.org/10.1177/1359105306065015>
- Skyttner, L. (2006). *General systems theory: Problems, perspectives, practice* (2nd ed.). World Scientific Publishing Company.
- Smith, G., & Farrimond, H. (2019). Active ageing, emotional care and the threat of stigma: Identity management in older adults using sleeping medication long-term. *Health (United Kingdom)*, 23(3), 255–272. <https://doi.org/10.1177/1363459318762034>
- Smolak, L., Murnen, S. K., & Thompson, J. K. (2005). Sociocultural influences and muscle building in adolescent boys. *Psychology of Men and Masculinity*, 6(4), 227–239. <https://doi.org/10.1037/1524-9220.6.4.227>
- Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. *Developmental Psychology*, 43(6), 1531–1543. <https://doi.org/10.1037/0012-1649.43.6.1531>
- Stice, E., Hayward, C., Cameron, R. P., Killen, J. D., & Taylor, C. B. (2000). Body-image and eating disturbances predict onset of depression among female adolescents: A longitudinal study. *Journal of Abnormal Psychology*, 109(3), 438–444. <https://doi.org/10.1037/0021-843X.109.3.438>
- Stice, E., & Presnell, K. (2007). *Body Project : Promoting body acceptance and preventing eating disorders - facilitator guide*. Oxford University Press.
- Stunkard, A. J., Sorensen, T., & Schulsinger, F. (1983). Use of the Danish adoption register for the study of obesity and thinness. In S. Kety (Ed.), *The genetics of neurological and*

- psychiatric disorders* (pp. 115–120). Raven Press.
- Svaldi, J., Bender, C., & Tuschen-Caffier, B. (2010). Explicit memory bias for positively valenced body-related cues in women with binge eating disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 41*(3), 251–257.  
<https://doi.org/10.1016/j.jbtep.2010.02.002>
- Swami, V., Frederick, D. A., Aavik, T., Alcalay, L., Allik, J., Anderson, D., Andrianto, S., Arora, A., Brännström, Å., Cunningham, J., Danel, D., Doroszewicz, K., Forbes, G. B., Furnham, A., Greven, C. U., Halberstadt, J., Hao, S., Haubner, T., Hwang, C. S., ... Zivcic-Becirevic, I. (2010). The attractive female body weight and female body dissatisfaction in 26 countries across 10 world regions: Results of the international body project I. *Personality and Social Psychology Bulletin, 36*(3), 309–325.  
<https://doi.org/10.1177/0146167209359702>
- Swami, V., Salem, N., Furnham, A., & Tove'e, M. J. (2008). Initial examination of the validity and reliability of the female Photographic Figure Rating Scale for body image assessment. *Personality and Individual Differences, 44*, 1752–1761.
- Swami, V., Taylor, R., & Carvalho, C. (2011). Body dissatisfaction assessed by the Photographic Figure Rating Scale is associated with sociocultural, personality, and media influences. *Scandinavian Journal of Psychology, 52*(1), 57–63. <https://doi.org/10.1111/j.1467-9450.2010.00836.x>
- Taniguchi, E., & Dailey, R. M. (2020). Parental confirmation and emerging adult children's body image: Self-concept and social competence as mediators. *Communication Research, 47*(3), 373–401. <https://doi.org/10.1177/0093650218777575>
- Taylor, C. B., Bryson, S., Luce, K. H., Cuning, D., Doyle, A. C., Abascal, L. B., & Wilfley, D.

- E. (2006). Prevention of eating disorders in at-risk college-age women. *Archives of General Psychiatry*, *63*, 881–888.
- Tesser, A. (1988). Toward a self-evaluation maintenance model of social behavior. In *Advances in experimental social psychology* (pp. 181–227). Elsevier Science & Technology.  
[https://doi.org/10.1016/S0065-2601\(08\)60227-0](https://doi.org/10.1016/S0065-2601(08)60227-0)
- Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). Sociocultural theory: The media and society. In *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. (pp. 85–124). American Psychological Association.  
<https://doi.org/10.1037/10312-003>
- Tiggemann, M. (2012). Sociocultural perspectives on body image. In *Encyclopedia of Body Image and Human Appearance* (Vol. 2, pp. 758–765). Elsevier Inc.  
<https://doi.org/10.1016/B978-0-12-384925-0.00120-6>
- Tiggemann, M., & Zaccardo, M. (2018). ‘Strong is the new skinny’: A content analysis of #fitspiration images on Instagram. *Journal of Health Psychology*, *23*(8), 1003–1011.  
<https://doi.org/10.1177/1359105316639436>
- Titchener, K., & Wong, Q. J. J. (2015). A weighty issue: Explaining the association between body mass index and appearance-based social anxiety. *Eating Behaviors*, *16*, 13–16.  
<https://doi.org/10.1016/j.eatbeh.2014.10.005>
- Trekels, J., & Eggermont, S. (2017). Linking magazine exposure to social appearance anxiety: The role of appearance norms in early adolescence. *Journal of Research on Adolescence*, *27*(4), 736–751. <https://doi.org/10.1111/jora.12311>
- Trottier, K., Carter, J. C., MacDonald, D. E., McFarlane, T., & Olmsted, M. P. (2015). Adjunctive graded body image exposure for eating disorders: A randomized controlled

initial trial in clinical practice. *International Journal of Eating Disorders*, 48(5), 494–504.

<https://doi.org/10.1002/eat.22341>

Turel, T., Jameson, M., Gitimu, P., Rowlands, Z., Mincher, J., & Pohle-Krauza, R. (2018).

Disordered eating: Influence of body image, sociocultural attitudes, appearance anxiety and depression - a focus on college males and a gender comparison. *Cogent Psychology*, 5(1),

1–22. <https://doi.org/10.1080/23311908.2018.1483062>

Tylka, T. L. (2011). Refinement of the Tripartite Influence model for men: Dual body image pathways to body change behaviors. *Body Image*, 8, 199–207.

<https://doi.org/10.1016/j.bodyim.2011.04.008>

Uchôa, F. N. M., Uchôa, N. M., Daniele, T. M. da C., Lustosa, R. P., Garrido, N. D., Deana, N.

F., Aranha, Á. C. M., & Alves, N. (2019). Influence of the mass media and body

dissatisfaction on the risk in adolescents of developing eating disorders. *International Journal of Environmental Research and Public Health*, 16.

<https://doi.org/10.3390/ijerph16091508>

van Den Berg, P. A., Thompson, J. K., Obremski-Brandon, K., & Coovert, M. (2002). The

Tripartite Influence model of body image and eating disturbance: A covariance structure modeling investigation testing the mediational role of appearance comparison. *Journal of Psychosomatic Research*, 53, 1007–1020. [https://doi.org/10.1016/S0022-3999\(02\)00499-3](https://doi.org/10.1016/S0022-3999(02)00499-3)

[https://doi.org/10.1016/S0022-3999\(02\)00499-3](https://doi.org/10.1016/S0022-3999(02)00499-3)

van Geel, M., Vedder, P., & Tanilon, J. (2014). Are overweight and obese youths more often

bullied by their peers? A meta-analysis on the relation between weight status and bullying.

*International Journal of Obesity*, 38(10), 1263–1267. <https://doi.org/10.1038/ijo.2014.117>

Vandenbosch, L., & Eggermont, S. (2016). The interrelated roles of mass media and social

media in adolescents' development of an objectified self-concept: A longitudinal study.

- Communication Research*, 43(8), 1116–1140. <https://doi.org/10.1177/0093650215600488>
- Veldhuis, J., Konijn, E. A., & Knobloch-Westerwick, S. (2017). Boost your body: Self-improvement magazine messages increase body satisfaction in young adults. *Health Communication*, 32(2), 200–210. <https://doi.org/10.1080/10410236.2015.1113482>
- Voelker, D., Reel, J., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: current perspectives. *Adolescent Health, Medicine and Therapeutics*, 6, 149–158. <https://doi.org/10.2147/ahmt.s68344>
- Vygotsky, L. S. (1978). *Mind in society. The development of higher psychological processes*. (M. Cole, V. John-Steiner, S. Scribner, & E. Souberman (eds.)). Harvard University Press.
- Wade, T. (2017). Objectification theory model of eating disorders. In *Encyclopedia of Feeding and Eating Disorders*. Springer Science+Business Media.
- Warren, M. P. (1983). Physical and biological aspects of puberty. In J. Brooks-Gunn & A. C. Petersen (Eds.), *Girls at puberty: Biological and psychosocial perspectives* (pp. 3–28). Plenum.
- Webb, H., & Zimmer-Gembeck, M. (2014). The role of friends and peers in adolescent body dissatisfaction: A review and critique of 15 years of research. *Journal of Research on Adolescence*, 24(4), 564–590. <https://doi.org/10.1111/jora.12084>
- Webb, J. B., Rogers, C. B., Etzel, L., & Padro, M. P. (2018). “Mom, quit fat talking—I’m trying to eat (mindfully) here!”: Evaluating a sociocultural model of family fat talk, positive body image, and mindful eating in college women. *Appetite*, 126(July 2017), 169–175. <https://doi.org/10.1016/j.appet.2018.04.003>
- Wills, T. (1981). Downward comparison principles in social psychology. *Psychological Bulletin*, 90(2), 245–271. [https://doi.org/0033-2909/81/9002-0245\\$00.75](https://doi.org/0033-2909/81/9002-0245$00.75)

- Wilsdon, A., & Wade, T. D. (2006). Executive functioning in anorexia nervosa: Exploration of the role of obsessionality, depression and starvation. *Journal of Psychiatric Research*, 40(8), 746–754. <https://doi.org/10.1016/j.jpsychires.2005.10.006>
- Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). “But I like my body”: Positive body image characteristics and a holistic model for young-adult women. *Body Image*, 7(2), 106–116. <https://doi.org/10.1016/j.bodyim.2010.01.001>
- Yamamiya, Y., Shroff, H., & Thompson, J. K. (2008). The Tripartite Influence model of body image and eating disturbance: A replication with a Japanese sample. *International Journal of Eating Disorders*, 41(1). <https://doi.org/10.1002/eat>
- Zarychta, K., Chan, C. K. Y., Kruk, M., & Luszczynska, A. (2020). Body satisfaction and body weight in under- and healthy-weight adolescents: mediating effects of restrictive dieting, healthy and unhealthy food intake. *Eating and Weight Disorders*, 25(1), 41–50. <https://doi.org/10.1007/s40519-018-0496-z>
- Zimmer-Gembeck, M., & Webb, H. (2017). Body image and peer relationships: Unique associations of adolescents’ social status and competence with peer- and self-reported appearance victimization. *Journal of Adolescence*, 61, 131–140. <https://doi.org/10.1016/j.adolescence.2017.10.002>
- Zittoun, T., & Gillespie, A. (2015). Internalization: How culture becomes mind. *Culture and Psychology*, 21(4), 477–491. <https://doi.org/10.1177/1354067X15615809>

## Appendix

### List of Terms

Body dissatisfaction	“A person’s negative thoughts and feelings about [their] body” (Grogan, 2016, p. 4)
Body dysmorphic disorder	A DSM-5 diagnosis defined by an irrational perception of a physical flaw, either by presence or degree, alongside an intense preoccupation with the flaw. Characterized by obsession with either slight or unobservable shortcomings and repetitive behaviours intended to cope with the resulting stress (American Psychiatric Association, 2013).
Body image	One's complete set of attitudes, thoughts, perceptions, and cognitions of their physical body (Grogan, 2016)
Body mass index	A one-number metric that describes a person’s relationship between height and body weight, intended to represent the amount of body fat a person has (American Psychological Association, 2020)
Body satisfaction	Resulting from a positive body image, body satisfaction is comprised of four qualities: “(a) favorable opinions of the body (regardless of actual physical appearance), (b) acceptance of the body in spite of weight, body shape, and imperfections, (c) respect of the body by attending to its needs and engaging in healthy behaviors, and (d) protection of the body by rejecting unrealistic body images portrayed in the media” (Avalos et al., 2005, p. 286).

Downward social comparison	Contrast drawn to someone deemed inferior, resulting in positive self-evaluation (Wills, 1981).
Internalization	A process in which outside information or opinions, external processes, or interpersonal events exist inside the mind of an individual (Vygotsky, 1978).
Muscle dysphoria	“the pathological pursuit of muscularity...characterised by an intensely distressing preoccupation that one is of insufficient muscularity” (Murray & Touyz, 2013, p. 206)
Objectification	When people “are valued primarily for their outward appearance, and their body parts and sexual functions may be separated from their personhood, reduced to the status of mere instruments, or regarded as capable of representing them entirely” (Wade, 2017, para. 2).
PTM	Power Threat Meaning Framework – Lens that emphasizes responses to threats from social power. Promotes looking for multiple influences rather than single reasons (Johnstone & Boyle, 2018)
Self-compassion	“expressing kindness, compassion, and understanding towards yourself regarding your weight, appearance and body shape” (Moffitt et al., 2018, p. 70)
Social appearance anxiety	Fear that one’s appearance will be negatively evaluated by others (Hart et al., 2008); the manifestation of body dissatisfaction in social contexts

Sociocultural theory	Describes social and cultural pressures that can alter a person's self-image, primarily through family, peers, and media  (Tiggemann, 2012)
Tripartite model	A sociocultural approach that describes how an individual may develop and maintain body dissatisfaction. Includes three areas of influence (parents, peers, and media) and two mechanisms (social comparison and media internalization)
Upward social comparison	Contrast drawn to someone deemed superior, resulting in negative self-evaluation (Tesser, 1988).