

Body Image Among Female College Students

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Introduction

Eighty-five percent of college females believe that they are either slightly or seriously overweight. Body dissatisfaction is associated with excessive dieting, disordered eating, increased depression, and low self-esteem. Group counseling targeted at body image helps women overcome their distressing preoccupations with appearance. The following discussion of body image issues and treatment options is of interest to school and college counselors as well as LPC's working with females.

It is striking that only a minority of college women have normal eating habits and a positive body image. Although college women average 5% below their ideal weight, 85% believe that they are either slightly or seriously overweight (Kalodner & Scarano, 1992). Hoyt and Kogan (2001) reported that women who are underweight were no more satisfied with their body appearance than were normal or overweight women, supporting the notion it is one's own perception of body size that is of greatest importance.

Formation of attitudes about body image begins early in life. Children show preferences for thinness at increasingly younger ages. A recent study suggested that 5-year-old girls expressed a desire to be thin and preschool children exhibited aversions to overweight individuals (Markey, Tinsley, Ericson, Ozer, & Markey, 2002). Body image can be defined as the attitude towards one's body, particularly its shape, size, and aesthetics (Hoyt & Kogan, 2001). Body image refers to individuals' evaluations and affective experiences regarding

their physical attributes. Body image has three aspects (Brouwers, 1990): (a) physiological, or the brain's ability to detect weight, shape, size, and form; (b) the conceptual component, including formation of a mental picture of one's own body; and (c) the emotional element, or perceived feelings about one's body weight, shape, and size.

For women in particular, all of the biological developmental milestones of puberty, pregnancy, and menopause have the potential to increase body fat. Women typically gain approximately 10 pounds per decade throughout the life span (Kalodner & Scarano, 1992).

Recent studies have revealed that women's desires to be thinner do not diminish across age spans, nor does their preoccupation with being overweight or their satisfaction with appearance (Tiggemann & Lynch, 2001).

Behavioral scientists have studied physical appearance and how appearance influences individuals' lives. Research about attractiveness poses questions about how individuals' physical appearance affects how others perceive them and treat them. Researchers have found that people who are considered to be more physically attractive have an easier time getting jobs, have higher pay, are more socially competent, and are less lonely (Meltsner, 1993). Beautiful women are often viewed as more intelligent, fun, interesting, powerful, and successful (Brouwers, 1990). Thus, it is not surprising that so many women in America suffer to try to fit the image of an attractive person.

There is still considerable social consensus on what is considered physically attractive (Cash, 1995). Current standards for beauty inordinately emphasize the desirability for thinness, an ideal accepted by most women but one that is impossible for many to achieve. Over the past 30 years, the ideal shape presented in the media has become thinner while women have actually gotten heavier. As a consequence, many women experience dissatisfaction with their body size and shape, so many in fact, that this phenomenon has been called "a normative discontent" (Tiggemann & Lynch, 2001). Because normal is defined in relation to society and the majority of women regard themselves as overweight, it seems that "normal eating" with its emphasis on weight control, may actually be quite abnormal (Kalodner & Scarano, 1992).

The “set point theory” hypothesizes that animals and humans have a specific body weight that the organism is biologically “set” to defend (McNarma, 1989). Most people are set to maintain weight within what is considered to be a normal range, although this “normal” range may not be what an individual considers an ideal or desired range (McNarma, 1989). Again, this theory supports the idea that an individual’s perception of his or her body, or body image, is more important than body size itself.

Recent studies have provided convincing evidence that media images play a significant role in how women feel about their bodies. Teenagers are believed to be among the heaviest users of many forms of mass media, particularly magazines and television. Research has revealed that women do feel more guilty, anxious, and depressed after viewing thin models in the media (Hoyt & Kogan, 2001). Many recent studies have reviewed a number of magazines marketed for teenagers. The results of these studies showed that their content supports the notion that female happiness and success are tied to physical appearance, with ultra thinness being the preferred state of health and beauty as well as the most important form of self-improvement. The prevalence of diet and exercise articles in women’s magazines has grown exponentially, and the physical appearance of the average fashion model is achievable by only 3% to 5% of the population (Hoyt & Kogan, 1991).

Feminists (e.g., Wolf, 1991) have described the “beauty myth” as a means of objectifying women in order to control them. Just as women were once told their only proper role was working in the home, they are now bombarded with messages asking them to measure their self-worth and value in terms of their appearance. Wolf reported that in 1991 the diet industry earned \$33 billion, the cosmetics industry earned \$20 billion, and cosmetic surgery garnered \$300 million; it is, therefore, “good business” to make women anxious about their body images. Women are taught that by controlling their bodies, they can control their lives (Chapkis, 1986). Women simultaneously resist being judged solely by their appearance and use body image as a means of self-expression.

Body dissatisfaction is important because it has negative consequences in terms of excessive dieting, disordered eating, increased depression, and low self-esteem (Tiggemann & Lynch, 2001). A seriously distorted body image also characterizes a number of mental disorders. In fact, the gender difference in depression is substantially reduced when the effects of body dissatisfaction are controlled. Body image has also repeatedly been identified as the most important factor in the development of eating disorders (Hoyt & Kogan, 2001). A seriously distorted body image is a classic symptom and major diagnostic criterion for anorexia nervosa. The individual with anorexia nervosa perceives herself as “fat” even when she is emaciated. Women who have a poor body image might also suffer from bulimia, which is characterized by recurrent episodes of binge eating, a feeling of lack of control over eating behavior during binges, purging the food via self-induced vomiting, and persistent over-concern with body shape and weight (Brouwers, 1990).

It is possible that body image distortion may precipitate behavioral or emotional symptoms similar to those exhibited by those individuals with clinical eating disorders (Kalodner & Scarano, 1992). Even among individuals who cannot be diagnosed with an eating disorder, a few symptoms might remain. For example, Kalodner and Scarano reported that women who perceive themselves as overweight often engage in cyclic binge eating and fasting, characterized by a loss of control and eating in times of stress. The methods used by women who have poor body image are the same methods used by those with an eating disorder, only to a lesser extent.

Body image counseling aims to teach people to overcome their distressing preoccupations with physical appearance and to avoid stressful social situations or other triggering cues. Its effectiveness has been demonstrated in several controlled studies of weight-preoccupied college women (Ramirez & Rosen, 2001). Using cognitive behavioral therapy, Ramirez and Rosen reported that participants described more positive attitudes about their appearance and less avoidance of situations or clothing that might draw attention to being overweight. Their participants, on average, also retained a normal body image 1 year after treatment.

Brouwers (1990) reported that before working directly on body image, several other issues must be worked through. After confronting the typical minimization of the problem, clients need to understand that inappropriate fasting or purging is used as a coping mechanism to deal with feelings. Feelings about body image must be identified and discussed, working toward positive change.

Brouwers (1990) suggested using a multiphasic approach to treating body image dissatisfaction, including educational, sociocultural, cognitive, emotional, behavioral, and family components. Set point theory and nutrition are important concepts to explain. Many young women believe that they have sufficient knowledge of nutrition but, in reality, have distorted or inaccurate ideas about food and weight reduction. Brouwers stated that educating clients regarding the sociocultural messages they receive is the first step toward helping them understand that they do not need to blindly accept these devastating cultural expectations. A good way to educate women on the sociocultural aspect of body image is to talk about historical examples and standards within other cultures.

The author reported short-term cognitive therapy techniques are effective in decreasing negative thinking regarding body image as well as increasing body acceptance and self-esteem. Brouwers warned, however, that the timing of introducing cognitive techniques is crucial, because if they come too soon, the client may disregard them. Clients may not believe that their thoughts about their bodies are irrational and may instead believe that the counselor does not understand. There are two goals of cognitive work. The first is to help clients accept their own bodies. The second goal is to accentuate the function the body serves rather than its appearance. Emotional and behavioral components are also pivotal in effecting client change. Because body image dissatisfaction is laden with emotions, such as fear, anxiety, and depression, the client must be assisted in coping with such emotions. The goal is to help clients identify their emotions and to model expressions of the feelings. The behavioral component strives to help clients express positive attitudes about their bodies. Encouraging clients to change some of their self-defeating behaviors will also help them become less disapproving of their bodies.

Summary

Research on body image suggests that from an early age, girls begin internalizing cultural messages about thinness as measures of physical attractiveness, social acceptance, and happiness. It also appears the influence of these messages does not diminish as women move through the life span. Dissatisfaction with body size and shape, so prevalent in girls and women that it has been described as “normative discontent” (Tiggeman & Lynch, 2001), may have serious implications for women’s health in the form of body distortion, disordered eating, low self-esteem, and depression. Body image counseling appears to be effective in treating these problems. Interventions may include educational, sociocultural, cognitive, emotional, behavioral, and family components.

Conclusions

Because the concept of body image is a socially constructed belief, cognitive behavioral therapy, with its emphasis on corrective self talk, is likely to be effective at identifying cognitive distortions. Group counseling involves women in making their own decisions about comfort levels when using body image for the purposes of control and self-expression.

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