



From appearance to health: preventive work

Thomas Parling,
PhD, licensed psychologist, Uppsala University,
Sweden

The body

- Needs exercise, more fruits and vegetables.....
- The body is central in sports and athletics
- High awareness of *appearance* and functionality among athletes and the general population

Body Image

- The internal representation of your outer appearance
 - **Affect:** distress, anxiety, social physique anxiety
 - **Cognitions:** negative thoughts about body
 - **Behaviors:** avoidance, dieting, exercising
 - **Perception:** estimation of own body size
- Negative Body Image is highly prevalent $\approx 50\%$
 - The difference between current and ideal body shape

Body Image

A sociocultural approach

Thin is good – fat is bad

The thin-ideal

Females: thin and toned
(low % body fat + fit)



Males: lean and muscular
(low % body fat +
muscular)



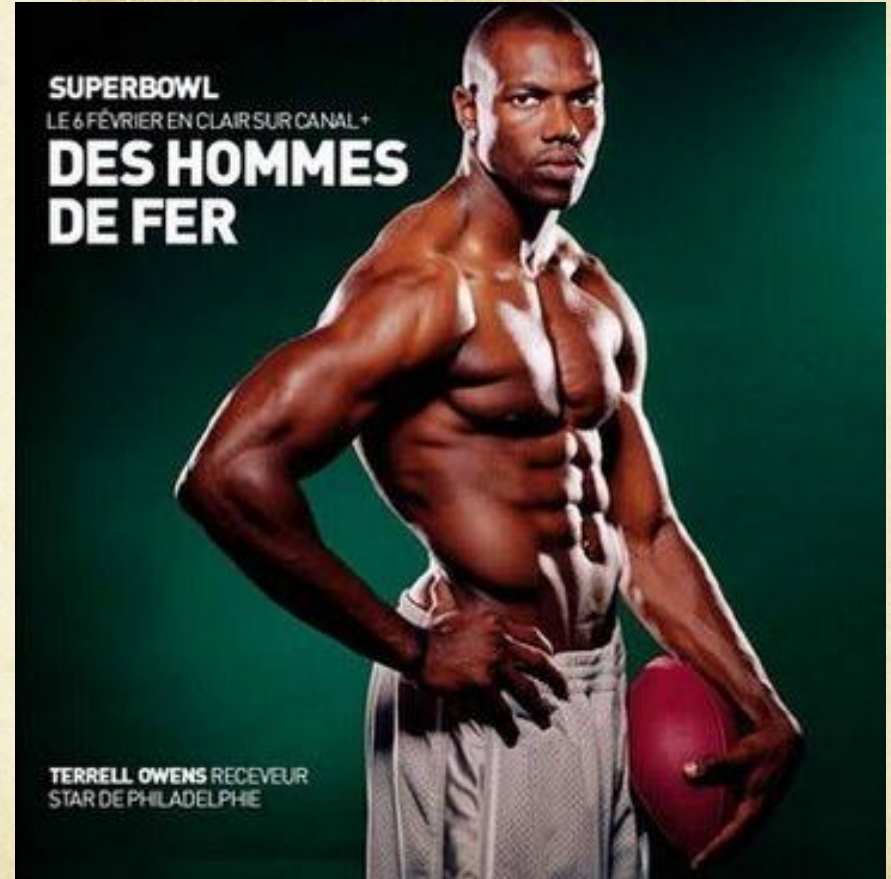
Virtually impossible to achieve unless you exercise
and/or diet!

The athletic-ideal

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Thin-ideal internalization

- The thin body shape is accepted as the reference
- The self and the body is judged with this reference in mind
- Drive for thinness
- Drive for muscularity

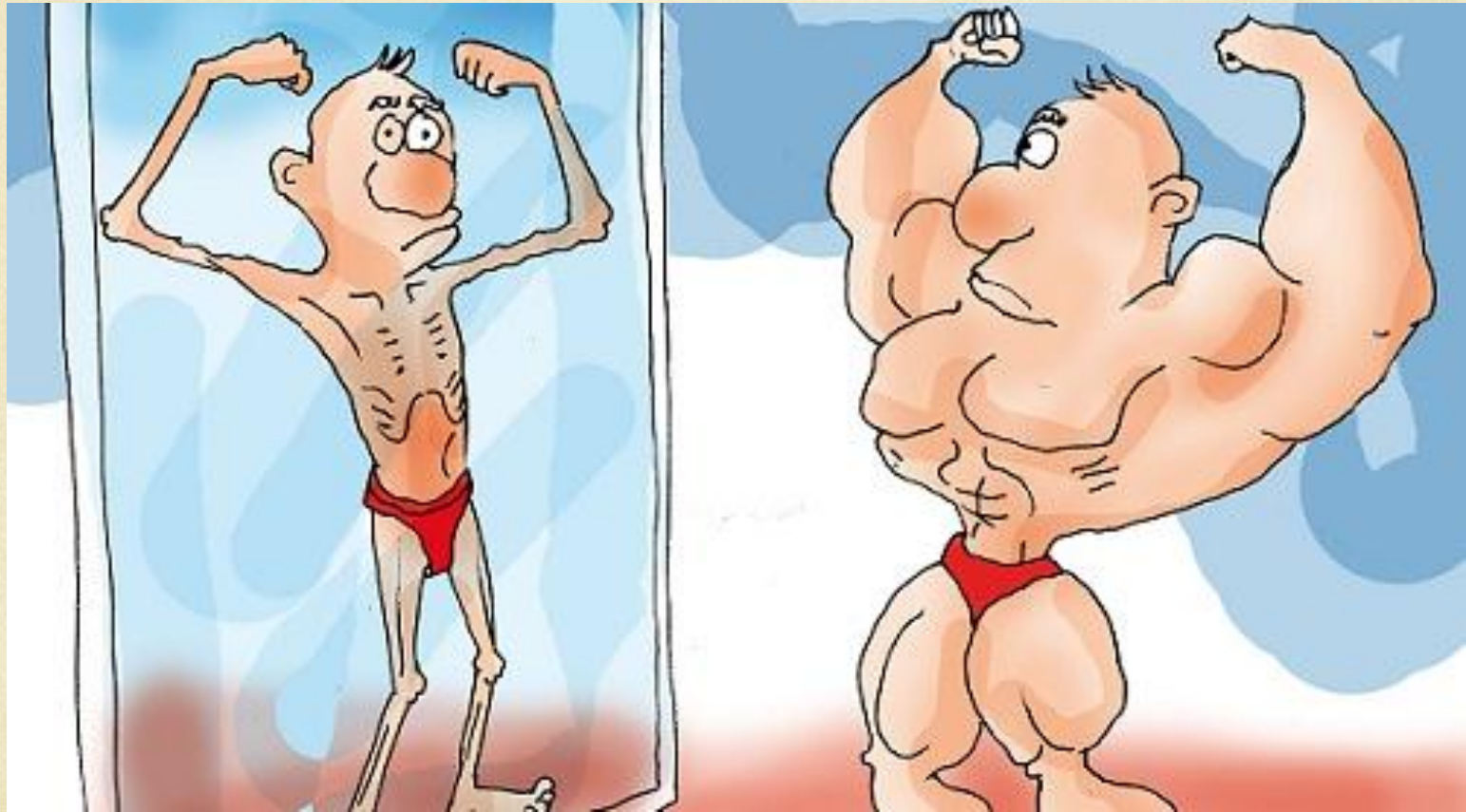
Body Image

- Body dissatisfaction is higher among athletes involved in sports that promote leanness
- Athletes have more positive body image compared with non-athletes, but the effect size is small!
- Diagnostic criteria for
 - Eating Disorders (5 - 7%)
 - Anorexia Nervosa; Bulimia Nervosa
 - Eating disorders not otherwise specified
 - Body Dysmorphic Disorder (1,7 - 2,4%)
 - Muscle dysmorphia (Reverse anorexia) ()

Eating disorders among athletes

- More eating problems among *female* athletes vs nonsport
 - But very small risk, effect size ($d = 0.07$)
 - Dance / performance sports: high risk ($d=0.42$)
- Elite athletes in Norway, population studies
 - **18% of females had an ED!** (Sundgot-Borgen, 1994, $n=522$)
 - **20% of females and 8% males had an ED!** (Sundgot-Borgen, 2004; $n= 1259$)
 - endurance (M&F), weight class (M&F), aesthetic (F)

Muscle dysmorphia



Muscle dysmorphia

- Subset of Body Dysmorphic Disorder, DSM-IV
- Preoccupation of "too small" or insufficiently muscular
 - obsessive
- Predominantly male (suggested data below!!)
 - 1 in 5 use anabolic steroids
 - More common among weight lifters (cirka 10%)
 - High suicide risk
- MUCH more research is needed!

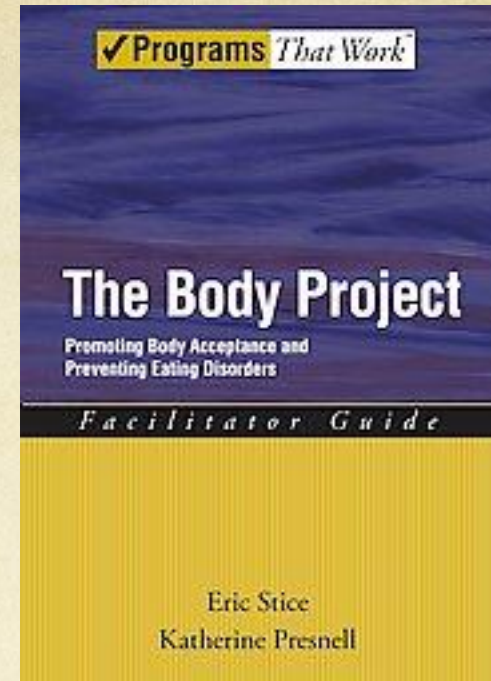


Prevention: eating disorders

- Universal prevention works and targeted prevention works better
- Interactive programs are best
 - Specialists better than laypeople when it comes to the internalization of the thin ideal
- Cognitive dissonance based programs better than focusing on healthy weight

Dissonance based program

- Criticize the thin-ideal for women
 - Verbally, written and in behavior
- Learn
 - Respond to thin-pressure
 - How models are "photoshoped"
 - 3 minutes of Fashion magazine gazing → depressed, guilt, body shame
- Discuss; why do they do it? How do you feel about it?
- Write down non-appearance qualitys you like
- Identify fat talk, identify thin-pressure message
- Practice talking back



Prevention: ED and athletes

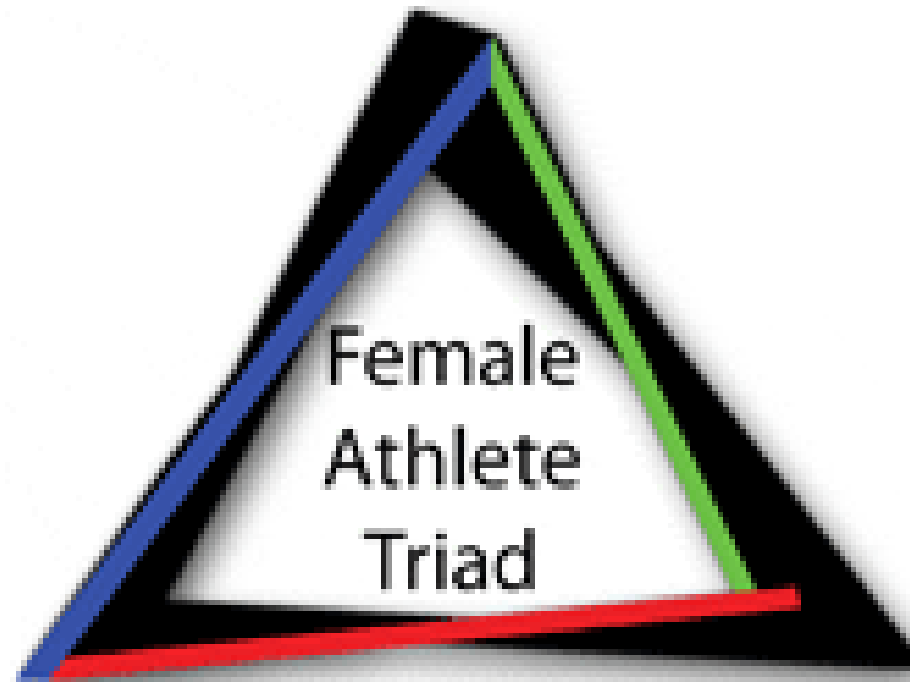
- Athletes@Risk
 - Decrease female athlete triad - no data yet
 - www.womenscollegehospital.ca/programs/program105.html
- Female Athlete Triad Awareness and Prevention Program
 - www.nysphsaa.org/programs/triad.asp
- Body sense
- ATHENA

Example: ATHENA

- Athletes Targeting Healthy Exercise and Nutrition Alternatives
- team-based intervention which targets modifiable risk and protective factors associated with disordered eating and body shaping drug use.
- control of negative moods, nutritional practices for athletes, risks of steroid use and unhealthy weight loss, resistance to media messages, pressure from coaches to be thin, and peer norms for eating disorders and steroid use.
 - **Works for substance and steroid use**
 - Not for eating disorders

The female athlete triad

Low Energy Availability/Disordered Eating



Bone Loss/Osteoporosis

Menstrual
Disturbances/Amenorrhea

<http://www.femaleathletetriad.org/>

Conclusion

- **Eating disorder prevention works**
- Need for evaluation of programs for
 - Eating disorders among athletes, long term follow ups
 - Muscle dysmorphia (much more basic research needed)
- Educate trainers
- Promote healthy exercise patterns and body *function* over appearance

THANK YOU FOR LISTENING!

Thomas.parling@psyk.uu.se