

Body Image and Health

2002

Preamble

Body image is how an individual conceptualises his/her personal appearance including the size, shape, and weight of his/her body¹

Body image dissatisfaction affects lifestyle choices and is related to mental and physical health, and both health promoting and health risk behaviours. A person's body image is not static over time and is dependent on cultural and social norms, individual attitudes, cognitive and affective variables, individual psychopathology and biological variables. Once established, body image dissatisfaction can continue through adult life.

The medical profession leads in the treatment of eating disorders, and in plastic and reconstructive surgery; and has a long history of community advocacy about body image, healthy eating and exercise. It is appropriate that our profession share with other health professionals and the community, the responsibility to develop a greater awareness of body image issues as part of a holistic approach to healthy living. Broader awareness of body image issues can contribute to prevention and early intervention approaches that benefit the community's physical and mental health. According to the World Health Organisation Collaborating Centre for Mental Health and Substance Abuse, medical practitioners have an important role in fostering healthy beliefs about body weight and shape by challenging unrealistic thoughts, beliefs and values, providing education and providing referral for therapy².

Body image attitudes develop during childhood and dissatisfaction tends to increase during adolescence and young adulthood especially in females. Young people are dieting and expressing dissatisfaction with their body shapes at an increasingly young age. This is of great concern, as dieting is a known precipitant factor in the development of eating disorders. Eating disorders are serious psychiatric illnesses associated with a high level of suicide. Research indicates that even if young people recover from an eating disorder, they may suffer long-term health problems as a result of their illness³.

There are many factors that contribute to a particular individual becoming above or below his or her most healthy weight. This includes a complex mix of behavioural, psychological and biological variables^{3,4}. Increasingly weight, within a narrowly defined range, is used as an indicator of good health and yet, what is a healthy weight varies significantly between individuals.

While on average people weigh more than they did 20 years ago; the perceived 'ideal' body type is getting thinner. This dissonance has been found to contribute to body dissatisfaction in both men and women⁵. Extreme dieting restrictions and vigorous exercise regimes would be needed to obtain this 'ideal' body type for most people. Additionally for some males, the added pressure to achieve the 'ideal' muscular body may lead to the use of steroids and bulimic behaviour. Pressures to conform to ideal shapes and a narrow band of acceptable facial features and skin colour are also sources of body image dissatisfaction.

While some can be commended for their healthy portrayal of body image in the media, marketing and advertising portrayals of physical perfection create particular social pressures that impact on a person's body image. There is a growing body of research evidence suggesting that the impact of idealised images in the media can be hazardous especially for individuals who have certain vulnerability's such as low self-esteem⁴. Young people are especially susceptible to social pressures to conform to ideal stereotypes.

1. Role of Medical Practitioners

- 1.1 The AMA recommends that medical practitioners include poor body image and dieting as part of their systematic lifestyle risk assessment when taking a medical history, as patients may present with symptoms that appear unrelated.
- 1.2 General practitioners should work closely with other health professionals including dietitians, nutritionists, psychologists, and psychiatrists to address body image and related issues with patients, and provide advice and referral for patients to achieve optimum health.
- 1.3 Medical practitioners play a vital primary health care role in educating patients on the benefits of following advice such as that included in the Australian Guide to Healthy Eating⁶ and the National Physical Activity Guidelines⁷ and providing patients with the skills to modify their behaviours.
- 1.4 Before prescribing medications, it is important to consider the possible influence that certain side effects, including effects such as weight gain or weight loss, may have on a person's body image and self-esteem.
- 1.5 Medical practitioners should examine their own attitudes towards, or prejudices regarding issues of weight and shape, as they may affect their professional relationships with their patients and may contribute to a patient's stress, ill health, and exclusion from activities that would otherwise benefit them and the community.

2. Weight Management

- 2.1 The AMA recommends healthy eating habits and an active lifestyle as outlined in documents such as the Dietary Guidelines for Australians⁸ and the Dietary Guidelines for Children and Adolescents⁹.
- 2.2 It is crucial that medical practitioners understand the complex process of behaviour change needed to address a patient's concerns regarding weight management. Any weight management plan must be monitored and reviewed regularly.
- 2.3 The AMA advises against the use of fad or crash 'diets', which make claims of dramatic weight loss, weight gain, or performance enhancement, are often not nutritionally balanced and do not promote healthy eating habits. Effective long-term weight loss from such dieting is relatively rare and can negatively affect mental and physical health.

4. Marketing/Advertising and Media

- 2.3 While acknowledging the impact of other social pressures to conform to idealised body types, the AMA recommends that publishers, programmers and advertisers promote a more realistic range of body images and role models.
- 2.4 Articles should not portray the wide range of normal bodily changes as pathological or be used to advertise body image products in ways that target younger audiences, as found in child and adolescent magazines.
- 2.5 Direct to consumer advertising of pharmaceutical products designed to play on body image and weight concerns is an unacceptable practice.
- 2.6 The teaching of critical literacy and advocacy skills to children and adolescents is essential to encourage constructive analysis of media content.

4. Cosmetic Surgery

- 4.1 The AMA recognises the increasing popularity of cosmetic surgery and that some doctors operate outside the framework of organised medicine¹⁰. The AMA supports the need for measures such as those identified by the 1999 NSW Health Care and Complaints Commission's Inquiry into Cosmetic Surgery, to ensure safety and quality of practice¹⁰.
- 4.2 The AMA discourages the promotion of cosmetic surgery, being particularly mindful that advertising and other promotions which appeal to youth encourages people to consider cosmetic surgery as an easy solution to personal issues including body image dissatisfaction.
- 4.3 The AMA believes that it is essential for people considering cosmetic surgery to discuss the issues with their General Practitioner. Access to such appropriate impartial pre and post surgery counselling is recommended, so that patients may be fully informed of the potential health risks, and have realistic expectations of what can be achieved by cosmetic surgery.
- 4.4 The AMA recognises the importance of restorative surgery required as a result of accident, injury or surgery, on body image satisfaction.

5. Fitness and Health

- 5.1 It is important that safe and supportive environments are provided to facilitate access, increase participation and willingness to engage in a range of healthy physical activities by people with body image concerns.
- 5.2 The AMA encourages the fitness industry to actively promote participation in physical activity as a preventative health strategy rather than to achieve the 'ideal' body. The emphasis needs to be on appropriate levels of daily activity as recommended in documents such as the National Physical Activity Guidelines for Australians⁷.

6. Eating Disorders

- 6.1 The AMA recognises that eating disorders (Anorexia Nervosa, Bulimia Nervosa and Eating Disorder Not Otherwise Specified) are serious psychiatric illnesses. Medical practitioners should therefore be aware of the adverse impact of eating disorders not only on the physical and mental health of patients, but also on their families, friends and colleagues.
- 6.2 All medical practitioners should be aware of the risk factors associated with the development of eating disorders and should take every step towards intervening at the earliest stage of illness development. Where an eating disorder is suspected, a thorough medical, nutritional and psychosocial assessment should be undertaken.
- 6.3 In the management of eating disorders, medical practitioners need to recognise the long-term nature of the illness and the need for continuity of care and coordinated and collaborated multi disciplinary management including general practitioners, psychiatrists, dietitians, paediatricians, physicians and psychologists.

7. Education and Schools

- 7.1 Schools need to provide students with knowledge and skills that can increase resilience and enable students to make informed decisions on their health care, particularly in relation to body image, nutrition and physical activity.

- 7.2 There is a need for increased understanding of body image issues and the way they are promoted in the whole school community including the role of support staff, teachers, parents, General Practitioners, psychologists and other mental health practitioners.
- 7.3 The AMA recommends that school communities, when developing their school bullying policy, recognise the impact that bullying may have on body image.

8. Research

- 8.1 More research is needed into the impact of media on body image, particularly among children and adolescents.
- 8.2 There should be more research into the risk factors for developing eating disorders as well as the protective factors that appear to result in a greatly reduced incidence of eating disorders in certain sectors of the population (e.g. men, certain ethnic minorities)⁴.
- 8.3 More research is required into the health impact of long term body image dissatisfaction and linked behaviours such as disordered eating as these conditions are occurring across the age spectrum, amongst women in particular, but also increasingly amongst men.

9. Funding

- 9.1 AMA calls for funding to provide for a peak national body image network for educators, teachers, program managers, researchers and policy makers to be established to co-ordinate a national approach to this increasing problem.
- 9.2 More funding is needed for increased education and training for medical practitioners mental health and allied health professionals in identification, diagnosis, early intervention and longer term management of eating disorders and other body image problems such as dysmorphic disorder.
- 9.3 The AMA calls for increased government commitment to public education on the association between diet, physical activity and health, and the health risks associated with eating disorders.
- 9.4 The AMA supports funding for initiatives aimed at effective media advocacy for the promotion of positive images of a greater diversity of body types, features, skin colour and age groups.

References:

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