New possibilities in the prevention of eating disorders: The introduction of positive body image measures

Niva Piran*

Department of Applied Psychology and Human Development, University of Toronto, Toronto, ON, Canada

A R T I C L E   I N F O

Article history:
Received 28 January 2015
Received in revised form 11 March 2015
Accepted 19 March 2015

Keywords:
Prevention
Positive body image
Embodiment
Attenuation
Self-care
Measurement

A B S T R A C T

Delineating positive psychological processes in inhabiting the body, as well as quantitative measures to assess them, can facilitate progress in the field of prevention of eating disorders by expanding outcome evaluation of prevention interventions, identifying novel mediators of change, and increasing highly needed research into protective factors. Moreover, enhancing positive ways of inhabiting the body may contribute toward the maintenance of gains of prevention interventions. Integrated social etiological models to eating disorders that focus on gender and other social variables, such as the Developmental Theory of Embodiment (Piran & Teall, 2012a), can contribute to positive body image intervention development and research within the prevention field. Using the Developmental Theory of Embodiment as a lens, this article explores whether existing prevention programs (i.e., Cognitive Dissonance and Media Smart) may already work to promote positive body image, and whether prevention programs need to be expanded toward this goal.

© 2015 Elsevier Ltd. All rights reserved.

Introduction

The article aims to discuss the possible impact of the introduction of positive psychological processes of inhabiting the body, as well as corresponding positive body image measures, on the practice of prevention. The article starts by describing the current state of prevention research. It then describes different measures developed to assess positive ways of inhabiting the body, highlighting shared dimensions across these measures. The following section examines the way in which positive body image measures may enhance research into protective factors to the development of eating disorders. The Developmental Theory of Embodiment is discussed next, exemplifying the way in which using a positive measure of inhabiting the body as a yardstick of well-being has led to the emergence in research of three domains of protective factors: physical freedom, mental freedom, and social power. The article ends with a discussion of the ways in which two currently practiced prevention programs, the Cognitive Dissonance and the Media Smart programs, may enhance positive body image. This concluding section also suggests that the introduction of positive body image measures will likely further shape the practice of prevention.

A Brief Review of the Field of Prevention of Eating Disorders

Prevention work in the area of eating disorders started in the 1980s, yielding an accumulating body of research and leading to important progress in the practice of prevention. A meta-analysis conducted in 2007 of 66 controlled outcome studies found small but significant effect sizes to prevention interventions (the mean correlation coefficient, or MR, was selected as the index of effect size; Stice, Shaw, & Marti, 2007). For example, the average effect size for reduction in the internalization of the thin ideal was MR = .11 in children and early adolescents and MR = .23 in late adolescents and young adults, and the average effect size for reduction in body dissatisfaction was MR = .08 and MR = .18, for younger and older participants, respectively. This meta-analysis also highlighted approaches and target groups where prevention work has been more successful, specifically: the use of interactive paradigms and repeated sessions administered by professionals with participants older than 15 years of age and who reported higher levels of body dissatisfaction and weight concerns. Several selective prevention programs for older adolescents or young adults at high risk for developing disordered eating patterns have been repeatedly studied and found to yield larger effect sizes and maintenance of gains at follow up such as the Cognitive Dissonance approach (Becker, Bull,
Schaumberg, Cauble, & Fanco, 2008; Stice, Marti, Spoor, Presnell, & Shaw, 2008) and the Student Bodies multimedia psychoeducational program (Taylor et al., 2006). However, other approaches, such as a weight maintenance program (Stice et al., 2008) and a body acceptance program (Kaminski & McNamara, 1996) also showed larger effect sizes, leading to the conclusion that the mediators of change in these programs may differ and need to be clarified in further research.

Overall, prevention work with youth up to late adolescence and the implementation of universal approaches to prevention have led to smaller effect sizes, around $M_r = .10$, on measures of body dissatisfaction or drive for thinness, and to low maintenance of gains at follow up (Stice et al., 2007). Though there is consensus that successful universal prevention programs could be important to the well-being of youth (Neumark-Sztainer et al., 2006), the pattern of results to date has led to ongoing questions regarding the advisability of implementing universal prevention programs. Yet, there are several promising trends (Piran, McVey, & Levine, 2014). In particular, several studies revealed that a media literacy approach was associated with favorable changes on measures of shape and body concerns, internalization of the thin ideal, and body dissatisfaction (Neumark-Sztainer, Sherwood, Celler, & Hannan, 2000; Wilksch et al., in press; Wilksch & Wade, 2009). Further, there is some indication that systemic interventions with peers, teachers, and whole school approaches may lead to positive outcomes as well (Elliot et al., 2006; Haines, Neumark-Sztainer, Perry, Hannan, & Levine, 2006; McVey, Tweed, & Blackmore, 2007; Piran, 1999a, 1999b, 2010). However, more research is needed in the domain of universal prevention with youth (Piran, 2010; Piran et al., 2014).

Public health approaches to the prevention of eating disorders aim to “alter some of society’s norms of behavior” so as to “shift the whole distribution of exposure” to a relevant risk factor in a favorable direction (Rose, 1985, p. 37). Such an approach could involve, for example, legislation prohibiting dissemination of thin and airbrushed model images in the media, or providing tax incentives to companies promoting healthier ideals for girls and women (McLaren & Piran, 2012). However, such initiatives need to be rigorously assessed. For example, a series of studies suggests that adding a disclaimer regarding computer alterations of thin media images actually leads to extended gaze at the altered images by viewers, with associated higher body dissatisfaction (Bury, Tiggemann, & Slater, 2014; Tiggemann, Slater, Bury, Hawkins, & Firth, 2013).

Clearly, the field of prevention requires further advances that include: improving the efficacy and effectiveness of prevention programs, especially of universal prevention programs with children; expanding the assessment of outcomes of systemic interventions at all levels of the social environment; and expanding the research of risk and protective factors to the development of disordered eating patterns as well as of mediators and moderators of prevention outcome (Piran et al., 2014). Articulating positive processes of inhabiting the body and corresponding measures of positive body image will likely contribute toward these goals through enhancing the understanding of individuals’ experiences of inhabiting their bodies, guiding new studies of protective and risk factors, enriching theories of body image development, and informing the practice of prevention programs.

Ways of Inhabiting the Body: Positive Body Image Measures Delineate Health-Promoting Psychological Processes

Processes and related psychometric measures that address ways in which people live in their bodies can shape developments in the field of prevention of eating disorders. This can be exemplified by examining the relationships between the processes of “negative body image” and “internalization of the thin ideal” and prevention interventions. Within the field of eating disorders, negative body image, assessed most often via the cognitive evaluation and investment in one’s body parts and the associated affective reactions, has been accorded a central role in the diagnosis and treatment of eating disorders. A well-established risk factor to the development of disordered eating patterns, negative body image became a target of change for prevention programs. However, negative body image may be the outcome of varied psychological processes, such as an experienced gap between one’s weight and one’s internalized idealized weight as shaped by the media (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004), unfavorable body appearance comparisons to one’s peers (Schutz, Paxton, & Werthem, 2002), and/or peer teasing (Bucchianeri, Eisenberg, Wall, Piran, & Neumark-Sztainer, 2014), to name a few. Accordingly, since the 1980s, prevention programs have aimed to reduce negative body image by engaging participants in varied tasks and different foci in relation to hypothesized mediators of change. Such mediators of change include educating youth about the unrealistic norms of thinness and about natural body weights (Kater, Rohwer, & Londre, 2002), teaching media literacy (Irving & Berel, 2001), encouraging activism and empowerment in relation to the media (Levine, Piran, & Stoddard, 1999), enhancing self-esteem (O’Dea & Abraham, 2000), and conducting critical dialogues in groups about social pressures and setting new peer norms about body issues (Piran, 1999a, 1999b).

However, following the introduction of the internalization of the thin ideal and its measurement (see Thompson & Stice, 2001), specific approaches were developed by two research groups to counter thin-ideal internalization. The cognitive dissonance approach for individuals at high risk to develop eating disorders (Stice et al., 2008), and the related universal program for female students in sororities (Becker, Bull et al., 2008), have aimed to specifically counter internalization of the thin ideal and are important additions to the practice of prevention. Further, identifying the psychological process of thin-ideal internalization has informed newer media literacy programs (Wilksch et al., in press; Wilksch & Wade, 2009) as well as other studies examining the relationship between exposure to the media and disordered eating patterns (Levine & Harrison, 2009). This pattern of results reflects the strong ties between identifying psychological processes associated with inhabiting the body and the practice of prevention.

Since its inception, the more recent field of positive body image diverged from overall evaluative measures of body parts (Avalos, Tylka, & Wood-Barcalow, 2005). Instead, it has aimed to highlight specific psychological processes inherent to positive experiences of inhabiting the body. Examining together the range of proposed theoretical constructs and measures that represent these positive processes reveals that, in addition to being inversely related to negative body image and disordered eating patterns, they share important key dimensions. The original and revised Body Appreciation Scales (Avalos et al., 2005; Tylka & Wood-Barcalow, 2015) evaluate favorable ways of assessing the body, acceptance of the body and its “imperfections” or unique characteristics, rejection of media ideals, and attending to body needs. The body image flexibility construct and the related Body Image-Acceptance and Action Questionnaire (Sandoz, Wilson, Merwin, & Kellum, 2013; Webb, Butler-Ajibade, & Robinson, 2014) aim to capture the ability to respond effectively, even in the presence of disturbing thoughts and feelings about the body. As Webb et al. (2014) indicate, this ability relates to affect regulation in combination with specific cognitive processes (e.g., perceived body image-related threats). The Body Responsiveness Scale (Daubenmier, 2005), found to be associated with lower self-objectification, greater body satisfaction, and fewer disordered eating attitudes, measures responsiveness to bodily needs. Cook-Cottone (2006) has similarly emphasized self-attunement and mindful self-care in understanding eating.
disorders and has developed the Mindful Self-Care Scale (MSCS), which is currently under study (see Cook-Cottone, 2015).

In contrast to the mainly one-dimensional measures of positive ways of inhabiting the body identified in the previous paragraph, Piran and colleagues (Piran, 2002, 2014a; in press-a; Piran, Legge, & Nagasawa, 2005) have used emergent methodologies to explore the experience of both positive and disrupted embodiment, defined in line with Merleau-Ponty’s work as the “experience of engagement of the body with the world” (Allan, 2005, p.177). Three studies involving 87 interviews in a 5-year prospective study with girls (ages 9–14 during the first year of study), 30 interviews with young adult women (ages 20–30), and 52 with older adult women (ages 50–70), led to the emergence and cross-validation of positive and disrupted embodiment as a multi-dimensional construct. The five dimensions (processes) of positive embodiment include: (a) positive body connection enhanced by positive self-talk that counters adverse experiences, (b) experiences of agency and functionality, (c) attuned self-care, (d) positive experiences and expressions of bodily desires, and (e) inhabiting the body as a subjective rather than as an objectified site (Piran, 2014a; Piran & Teall, 2012a). The emergent themes led to the development of the fully structured Experience of Embodiment Scale (Piran & Teall, 2006; Piran & Teall, 2012b), which has cross-validated the multi-dimensional nature of the experience of embodiment construct and garnered psychometric support (Piran & Teall, 2012a; Teall, 2014; Teall & Piran, 2009). Two of the five dimensions of the positive embodiment construct correspond with other measures developed to assess positive ways of inhabiting the body: the maintenance of positive connection with the body and related self-talk that counter ongoing challenges in the social domain (Avalos et al., 2005; Piran & Teall, 2012a; Tyllka & Wood-Barcalow, 2015; Webb et al., 2014), and attuned self-care (Avalos et al., 2005; Cook-Cottone, 2006; Daubenmier, 2005; Piran & Teall, 2012a; Tyllka & Wood-Barcalow, 2015).

Altogether, these psychological processes and measures provide an important yardstick of positive ways of inhabiting the body and new goals for health promotion interventions. Indeed, the World Health Organization (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). Without a yardstick of well-being, efforts at prevention continue to involve exclusively the reduction of adverse body-anchored processes. Measuring positive ways of inhabiting the body, such as continued ability to engage in positive and resistant cognitive processing in relation to social challenges (e.g., body image-related threats), attuned self-care, experiences of functionality and agency in the body, pleasurable connection to eating, and a focus on subjective body experiences, expands researchers’ and practitioners’ ability to determine the success of health promotion activities in the domain of the body.

Describing positive processes of inhabiting the body may also help identify some of the mediators of change in prevention studies, an ongoing research agenda in the field of prevention of eating disorders (Piran et al., 2014; Stice et al., 2007). It is conceivable that existing programs aimed at reducing risk factors may concurrently enhance positive ways of inhabiting the body. For example, the Cognitive Dissonance program that focuses on reducing thin-ideal internalization (Stice et al., 2008) may also increase participants’ agency in the world by inviting them to write and speak in front of peers about profits incurred by corporations from the thin ideal or generate strategies to help younger girls resist the thin ideal. However, since living in the body with agency has only recently been identified as a process of inhabiting the body positively (Piran, 2002, 2014a; Piran & Teall, 2012a), the impact of this potential mediator has not been studied. Similarly, writing an essay that holds a critical stance toward the objectifying thin ideal may concurrently increase attunement to internal experiences (Avalos et al., 2005; Cook-Cottone, 2006; Piran, 2014a; Piran & Teall, 2012a) such as anger or protest, or enhance self-compassion and positive self-talk (Daye, Webb, & Jafari, 2014). Measures of positive ways of inhabiting the body can therefore support ongoing research about mediators of change of prevention programs.

Further, informed by processes that indicate positive ways of inhabiting the body, researchers and practitioners of prevention can aim to actively validate, reinforce, and amplify them, in particular during critical phases along the life span that are commonly associated with bodily changes, for example: puberty, early adulthood – such as first years at university, pregnancy, or the onset of illness such as diabetes in childhood or adolescence. Enhancing positive processes of inhabiting the body toward the goal of prevention leads to a discussion of protective factors to the development of disordered eating patterns.

Risk and Protective Factors: Expanding Protective Factors Research

Etiological models, including the delineation of risk and protective factors, provide the basis for prevention work (Battistich, Schaps, Watson, & Solomon, 1996; Cicchetti & Toth, 1997). To date, almost all the research on factors that may shape the development of disordered eating patterns has focused on risk factors (Piran et al., 2014). Several risk factors have been found to consistently predict the development of disordered eating patterns in prospective studies, including: negative body image, body weight and shape concerns, internalization of the thin ideal, and appearance pressures (Stice, 2002). Yet, the predictive value of most risk factors is relatively low (Stice, 2002), suggesting the importance of interactions between factors, as well as the operation of other, unexplored variables (Piran et al., 2014; Stice, 2002). Indeed, Smolak and Piran (2012) suggested the importance of multifactorial integrated etiological models in guiding prevention work. Project EAT (Neumark-Sztainer, Larson, Fulkerson, Eisenberg, & Story, 2010) is a rare example of prospective research that has included both protective and risk factors, suggesting the protective role for girls of regular family meals and positive atmospheres during meals, while confirming the risk factors of girls’ own weight preoccupation as well as teasing and weight preoccupation in one’s familial and peer environments. An integrated etiological model of risk and protective factors may provide the best predictive power and guide the development of prevention programs that address both (Smolak & Piran, 2012).

Delineating positive psychological processes in inhabiting the body, as well as quantitative measures to assess them, is therefore likely to increase highly needed research into protective factors. Just like thin-ideal internalization comprises a psychological process that has been established as a risk factor, key psychological processes such as positive body connection and associated cognitive processes or positive self-talk, attuned self-care, agency and functionality, and subjective immersion while engaging with the world, may prove to be protective to the development of eating disorders. Establishing these psychological processes as protective factors will involve their study in prospective and experimental designs, as well as in prevention studies. This should be a central research agenda next in the field of positive body image with immediate implications to prevention work.

If the psychological processes tapped by measures of positive body image are found to be protective of the development of disordered eating in prospective studies, specific interventions can be developed to enhance these processes. For example, consider positive connection with the body described above, a connection that is bolstered by associated cognitive processes such as affirming self-talk regarding adverse social influences. Programs can work to enhance individuals’ critical perspective toward these social pressures, especially during vulnerable periods, such as the onset.
of puberty. Piran (2014b) has described the common occurrence of critical views among pre- and early pubertal girls about varied aspects of the widely sanctioned idealized representations of girls and women via quotations from interviews such as:

The ideal girl has a stick for a body… because girls are generally like supposed to be really skinny… she is blonde, like straight kinda fake hair. She doesn’t have feet. That’s not important! Feet don’t matter. She doesn’t need to walk (laughs); she’s just on display… (13-year-old Jessica1; Piran, 2014b)

Critical comments, such as the one above, address not only thinness, but also other aspects of idealized images, such as hair, body characteristics, and brand name clothing. Amplifying these critical comments at the onset of puberty, when girls start to receive social penalties, such as lost popularity or absence of dates, for not complying with these standards of appearance could be an important aspect of a prevention program. For example, working with gender-cohesive groups in schools, Piran (2001) encouraged students to reflect on and express their critical observations about social stereotypes that they found constricting or demeaning, so that students were validated and supported by each other. It is even more powerful if a prevention program makes these critical comments normative within one’s peer group, educational, familial, and larger media environments (Piran, 1999a, 1999b, 2001, 2010, 2013a). Amplification of resistant voices at the same critical phase can relate to attuned self-care as well:

The ideal girl wears a halter top, tight skirt, and high heels to make you look taller. But I would say: no, I’m comfortable the way I am, but thank you! She is not feeling comfortable because her clothes are tight and her skin is showing. (9-year-old Erica; Piran, 2014b)

Dressing in a way that is attuned to one’s comfort decreases with puberty when compliance with feminine standards of appearance increases (Piran, 2014b). As girls are going through puberty, they “normatively” lose vital embodied experiences of engaging with the world positively (Piran, 2013a). Interventions that amplify processes associated with living in the body comfortably, subjectively, and with agency and attuned care, are likely to contribute to the prevention of eating disorders.

Further, while mental health professionals and researchers most often intervene at the individual level, prevention interventions need to be informed by the multi-level model of causality advocated by the discipline of public health, “…risks behaviors are obviously manifested in individuals, but they are generated and reinforced [emphasis added] within an ecopsychosocial context and they are strongly related to social position” (McKinlay & Marceau, 1998, p. 297). Accordingly, prevention programs informed by intra-individual psychological processes found to be protective factors to the development of disordered eating patterns need to consider the social structures at the familial, institutional, and larger societal levels that reinforce these processes and aim at constructive systemic changes as part of the interventions (Piran, 1999a, 1999b, 2010; Piran et al., 2014). Being male, for example, is a higher order gender-related protective factor to the development of disordered eating patterns, likely related to different social processes. One gender-related social process that has been highlighted is body functionality. Body functionality and engagement in physical activities is a central experience for boys as contrasted with that of girls, who instead engage in appearance-related activities (Tatangelo & Ricciardelli, 2013). As described earlier in this article, body functionality and agency is one dimension of positive embodiment (Piran, 2014a; Piran & Teall, 2012a). Further, Piran’s (2013b) prospective study with girls revealed that experiences of body functionality and agency in young girls are often disrupted by the onset of puberty. Multiple social factors shape this disruption. The social construction of gender supports body functionality in boys and men while girls and women that inhabit muscular and athletic bodies may be viewed as “unfeminine” and receive social penalties, such as being teased about their “masculine” appearance or being labeled a “dyke” or “lesbian” in a demeaning way (Adams, Schmitke, & Franklin, 2005; Nagasawa, 2013; Piran, 2013a, 2013b; Smolak & Piran, 2012). Further, more resources are allocated to boys’ and men’s sports at all levels of the social environment (Allender, Cowburn, & Foster, 2006; National Women Law Center, 2011; Sabo & Veliz, 2012). Moreover, girls’ and women’s clothing, sport uniforms, and strict appearance standards prohibit a full engagement and immersion of girls and women in sports, for example, by clothes being too tight or exposing, or by needing to appear tidy or not sweaty (Allender et al., 2006; Nagasawa, 2013; Piran, 2013b). As an anecdote, in 2004, during the first year following the introduction of Lycra bodysuits, instead of shorts and t-shirts, as uniforms for netball, the 4th most popular organized sport for girls and women in Australia, there was a reduction of 35,000 in the number of girls and women who engaged in this sport (Dubeci, 2007). A host of social factors therefore aggregate at multiple levels of the social environment to disrupt girls and women from experiencing agency and functionality in their bodies – a dimension of positive embodiment and a likely protective factor to disordered eating. Clearly, related prevention work needs to take place at multiple levels of the social environment to address this potential protective factor: laws, policies, and norms that shape girls’ and women’s engagement in pleasurable physical activities (Piran, 2010).

This discussion suggests that processes of, and measures that assess, positive ways of inhabiting the body will therefore likely guide the search for protective factors at all levels of the social environment and inform prevention interventions, whether conducted directly with youth or through systemic interventions. The search for protective factors, in turn, can be most enriched by developmental research that examines the relationship between intra-individual psychological processes, and “macro” level social factors, such as gender, social class, weight, or ethno-cultural heritage. As the developmental psychologist and researcher, Bronfenbrenner (1977) suggested, “…social structures, both formal and informal, that do not themselves contain the developing person, but impinge upon or encompass the immediate settings in which that person is found, thereby influence, delimit, and even determine what goes on there” (p. 515). Several social theories have been proposed to explain the higher prevalence of eating disorders among girls, focusing exclusively on risk factors. For example, the Tripartite Influence Model, containing pressures for thinness and corresponding risk factors of internalization of the thin ideal and body comparison, has been widely accepted (e.g., Thompson & Stice, 2001). Another theory is Objectification Theory (Fredrickson & Roberts, 1997), which focuses on the adverse impact of objectification and sexualization of girls. The tripartite Adverse Social Experiences Model (ASEM; Piran, 2001; Piran & Thompson, 2008) examines three dimensions: (a) disruptions to body ownership, (b) constraining social constructions, and (c) exposure to harassment and teasing.

In contrast to the aforementioned risk-only models, the Developmental Theory of Embodiment (DTE; Piran & Teall, 2012a) has aimed to examine both protective and risk factors to positive ways of inhabiting the body, first through conducting emergent research with girls and women prospectively and retrospectively, and then by testing the emergent constructs quantitatively in cross-sectional designs. The next section focuses on the implications of the DTE

---

1 The given names of girls and women quoted throughout this article are pseudonyms.
to enhancing positive embodiment by outlining a number of protective factors delineated by this theory (see Fig. 1). The goal in this discussion is not to construct a specific program, but rather to describe key protective elements found to relate to positive ways of inhabiting the body.

The Developmental Theory of Embodiment – Protective Factors and Prevention

The DTE suggests that the range of gender-related social experiences that shape the experience of embodiment and body image, as they intersect with social class and other social variables, can be grouped into three domains: (a) the physical freedom domain, (b) the mental freedom domain, and (c) the social power domain. For a thorough review of the theory and the program of research, see Piran and Teall (2012a), and for a diagram of its protective factors, see Fig. 1.

Physical Freedom Domain

The Physical Freedom Domain, which centers on the physical care of the body, describes four types of protective factors that could inform prevention programs to the promotion of positive body image: (a) pleasurable engagement in physical activities and the associated freedom from forced compliance with harsh appearance standards, (b) safety, (c) attuned self-care, and (d) pleasurable connection to desires. The first protective factor involves the encouragement, freedom, and access to engage in physical activities that are pleasurable, joyful, and enhance connection to the body, such as noncompetitive team sports that support a range of body weights and comfortable clothing, hiking or wilderness trips in nature, and yoga. These activities are contrasted with joyless activities aimed at body “repair” and fitting harsh external standards, such as feeling compelled to do a rigid number of sit-ups after eating a meal, which inevitably involve experiences of struggle and efforts at control. As described earlier in the article, ample research documents barriers most girls, and some boys (e.g., those residing in unsafe neighborhoods and with no access to athletic facilities), face in participating in physical activities. In addition, research strongly documents that pleasure in physical activities enhances participation (Paxton, Estabrooks, & Dzewaltowski, 2004).

In line with the DTE, a prevention program would include engagement in activities that involve immersion and pleasure in movement and action, and positive body connection, with input from students about choice of activities and clothing (Azzarito & Solomon, 2005). In a prevention program, the impact of engagement in activities such as yoga, freestyle dance to music, nature projects, or team sports on positive body connection could be enhanced by participants’ descriptions in their own journals and also publicly in groups of their positive experiences in their bodies during these activities. These descriptions could include themes such as body needs for immersed movement, comfort, pleasures, and strengths. An agency enhancing empowering component that has been used in different prevention programs for eating disorders (e.g., Becker, Bull et al., 2008; Stice et al., 2008; Wilksch et al., in press) could involve participants describing how their experiences may help other girls live more positively in their bodies. Concurrently, as Piran (1999a, 1999b, 2010) has advocated repeatedly, systemic changes need to co-occur, including, for example, the allocation of equitable resources (funding, sites of engagement within school yard territory, intramural sports) to female and male physical activities, inclusive programming to offer opportunities of engagement to girls and boys of varied backgrounds, and critical dialogues and education aimed at shifting oppressive norms about diverse bodies and physical action, such as adverse social constructions of femininity and sports.

Concurrently, girls and boys need to experience freedom from pressures to comply with harsh appearance standards in their social
environment regarding weight for girls and muscularity for boys, wearing “feminine” tight and exposing clothing, and performing forced body practices such as body hair removal or make up for girls, or needing to look like a “jock” for boys. Girls’ and women’s narratives indicate increased pressures as they approach puberty to comply with harsh appearance standards (Piran, Carter, Thompson, & Fajouhandeh, 2002; Piran & Teall, 2012a). Contrast the experiences of external pressures (e.g., “My dad got me a razor and put it in my pocket.” “My dad told me that I should wear makeup because my skin is fair,” or “My mom put everybody on an Atkins diet”) with the experience of freedom from such pressures (e.g., “I’m going to be like my mom and teach my kids about eating right and I want them to play sports. I’m not going to try and change them, just let them be who they are”; Piran, 2013b). Prevention interventions conducted with parents, with school staff, in health settings, and with peers in schools should follow a body acceptance theme (see Tylka et al., 2014).

Within the Physical Freedom Domain, the second component found to be associated with positive connection to the body in the DTE qualitative and quantitative research program is a social environment that is safe and free of violations (Piran & Teall, 2012a; Teall, 2014). Safety maintains the body as a site of positive connection, agency, subjective attunement, and pleasure, while violations lead to dissociation, disrupted connection with the body, blocked agency, disrupted attunement, and a host of negative feelings (Van der Kolk, 1996). Sexual harassment and other violations are very common during adolescence (Tjaden & Thoennes, 2000; Young, Grey, & Boyd, 2009), and while violations are a general risk factor to multiple expressions of disrupted embodiment and not a specific risk factor to disordered eating, they are just as relevant to prevention work (Piran, 2010). The provision of safety is challenging to achieve as it is tied to widely accepted ideologies and social structures of power and privilege (Senn, Gee, & Thake, 2011).

The third component within the physical freedom domain according to the DTE that enhances positive ways of inhabiting the body are social experiences that teach, support, enhance, and model attuned self-care of the body. Attuned self-care of the body involves both awareness of internal cues and acting in line with these cues (Cook-Cottone, 2006, 2015; Piran, 2014a). Notwithstanding the well-established role of learning self-attunement and regulation within primary relationships in the life of the developing child (Shore, 1994), and in line with Bronfenbrenner’s conceptualization of development, social variables shape attuned self-care as well. For example, through norms associated with the construction of gender, girls and women tend to self-silence their own needs in their role as the “natural carers” while boys and men tend to silence their emotional expression to comply with the social construction of masculinity as strong and invulnerable (Ussher & Perz, 2010). A quotation from Reni, a woman in her 60s, reflects this experience:

You’re sick and, you know, we just still have to get up and do what we have to do normally, you know. I have learned to play my role what is expected of me. . . If I was a boy, my mother would have overprotected me, you know, nourished me over a girl. . . If there was food left, she would have given me more than my sister. . . Girls are expected to do cooking, cleaning, vacuuming, and everything. . . I basically went to school and came home to help my mom. I still have that engrained in my mind. . . I’ve continued that way, and then my husband also expects me to do all the housework and cooking. Yeah it’s like when I’m busy or when I’m tired or when I’m you know depressed or something then I don’t want to do it but I do. (Piran, in press-a)

As children’s bodies change, attuned adults play a vital role in supporting youth in inhabiting their bodies positively. The prospective study with girls and the life history studies with younger and older women (Pelletier, 2011; Piran et al., 2002, 2009) highlighted the importance of the availability of significant adults who can help girls stay attuned to, and comfortable in, their changing bodies, addressing issues such as menarche, purchasing a bra and other clothing, sexual negotiations in dating, and intensified pressures to engage in body alteration practices, such as body hair removal. Several examples may clarify the different ways in which attuned adults can support a healthy connection with the body. For 12-year-old Amber, her mother’s encouragement to stay physically active while menstruating helped her accept her changing body, “my mom was like, ‘Nothing, you carry on with life as usual’” (Piran, 2013b). Similarly, 12-year-old Alice felt more comfortable than other girls staying engaged in sports while developing as her mother bought her a sports bra when she started feeling awkward. Fourteen-year-old Lauren’s mother responded with attunement to her daughter’s distress about the pressure to wear exposing “feminine” shorts by cutting longer pants to the length that maintained her daughter’s wish to continue and feel comfortable in her body:

I don’t like tight clothing. I don’t like skirts… because you can’t run in skirts, and I like to be able to run… Shorts for girls have really been getting shorter and shorter and shorter so I’d feel weird when I sat down cause I don’t like my butt sticking out of the side so I couldn’t find shorts that I liked, so my mom would take an old pair of my pants and she’d just cut them off really loose or really long and then I had the shorts that I loved so that worked really well. Those were really comfortable. (Piran, 2013b)

Attuned discussions about ways to approach dating and sexual- ity by trusted adults are also vital to continued positive connection with the body, as Jane, a woman in her early 20s, describes her experience at the age of 14:

My mother was very uncomfortable talking about sex, but she tried real hard, so I’d also got that kind of perspective on it, and it was ‘please hold out as long as you can… until you are ready’… and I’m glad I didn’t force myself into a sexual relationship with somebody because I felt it was important to be in a comfortable relationship… I describe myself as a very sexual person because I was always very much in touch with the sexual feelings that my body had. . . feeling sexual was a very positive thing. (Piran, 2014a, p. 21)

Similarly, support with continued healthy eating during and following puberty often related to attuned responses by adults, such as 15-year-old Ashley’s description of her mother’s response to her beginning concerns with food intake following puberty:

‘Some people have different types of bodies. And you’re the type of body that has really slow metabolism so you need to realize that and you can’t always be comparing yourself to other people. You can only compare yourself to what’s healthy for you.’ And so I was like you know what, I can’t judge myself upon other people’s standards, I have to know when I’m feeling good and what’s healthy for me and things like that. (Piran, 2014a, p. 26)

The range of examples of attuned responses by adults to the challenges experienced by youth in the body domain highlights the opportunities adults have in contributing to positive body image in youth. Yet, to date, mainly the adverse impact of critical comments by adults, and adults’ own preoccupation with their bodies, have been highlighted. Health promotion interventions should aim at creating relational spaces with youth where their concerns in the body domain are invited (Piran, 1999b, 2001). This can involve same-gender school based programs, physical education, or health classes. Educational activities with significant adults, such as parents, teachers, coaches, and health professionals can help toward that goal.
In line with the DTE, the fourth component within the Physical Freedom Domain that enhances positive ways of inhabiting the body is positive connection to the bodily desires of appetite and sexual desire (Piran & Teall, 2012a). Positive connection to desires involves both experiencing desires and responding to these desires in attuned and self-caring ways. Positive role modeling and guidance in responding to appetite in a pleasurable and self-caring way and in owning sexual desire are important, especially for girls and young women, as researchers have repeatedly documented the multiple disruptions to girls’ ownership of desires (Fine, 1988; Piran & Teall, 2012a; Tolman, 1994). Family meals associated with a positive atmosphere provide a good opportunity to model the role of appetite in guiding eating, the savoring of food, and the social functions of eating with others (Neumark-Sztainer et al., 2010). Further, as described previously in this article, providing adolescent girls and young women with relational spaces to discuss their own sexual desires and needs, and ways to communicate and dialog with partners about sexuality, can comprise a component of health promotion programs.

**Mental Freedom Domain**

The Mental Freedom Domain of the DTE relates to the systems of internalizations of social constructions, stereotypes, and roles. Under this category, the DTE describes three protective factors: (a) freedom of voice, assertive action, and passionate engagement in activities that are unrelated to appearance; (b) freedom from and a critical stance toward stereotypes of gendered appearance standards; as well as (c) freedom from and a critical stance toward constraining stereotypes of gendered behavior. This range of protective factors reflects that the DTE considers the impact of a broader range of internalizations of social discourses on the experience of inhabiting the body and not only the discourse of thinness (Piran, 2013a, in press-a, in press-b; Piran & Cormier, 2005; Teall, 2014). Two appearance-related social discourses commonly internalized by girls and found in this research program to be related to body image are that the body is an object to be gazed at (self-objectification) and that the female body is a deficient site requiring ongoing repair (including, but not restricted to, weight loss). Two non-appearance social discourses found to be related to the experience of body discomfort were that girls and women should act submissive (e.g., put others’ needs first, be “deemure” and not be too powerful, passionate, or opinionated) as well as control their desires such as appetite and sexuality. Another internalized “feminine” discourse addressing interpersonal patterns was also found to relate to negative body image: the expected sexualization of all relationships with men and the concurrent competition with other girls over social resources leading to harsh peer comparisons and mutual “policing” by girls.

Similar to other studies (e.g., Murken & Smolak, 1997; Murken & Smolak, 2009), the findings of the research program related to the DTE are that girls and women who inhabit their bodies in ways that counteract varied “feminine” discourses live in their bodies in a more positive way. In particular, girls who are brought up in a social environment that protects them from the experience of being an object to be gazed at or counteracts social pressures for ongoing body repair, have a more positive body image. Similarly, girls who are raised in social environments that nurture their assertive voice, power, passionate involvement in meaningful activities, and freedom to act in the world assertively have a more positive body image. Further, these social environments encourage the development of critical perspectives toward limiting social stereotypes, a critical stance that translates to resistant self-talk.

While the studies leading to the emergence of the DTE were conducted with women and girls, constraining social constructions of boys and men can similarly make them feel negatively about their bodies if they do not fit within “masculine” stereotypes, such as masculinity or strength (Smolak & Piran, 2012; Tatangelo & Ricciardelli, 2013). In line with the DTE, prevention programs need to encourage students to examine social stereotypes, their expression through visual images, and their adverse or limiting impact, with the goal of fostering critical perspectives toward these stereotypes. The goal of targeting a broader range of social stereotypes, beyond thinness, is that it invites discussion on domains of experience related to body image and body representations that are reflected in children’s narratives, and yet are often not addressed explicitly (Piran, 2001, 2013a, 2013b; Piran et al., 2009). Further, broadening the domains of discussion with youth beyond thinness invites a deeper analysis of the social context related to femininity and masculinity, social class, race or ethno-cultural factors, and avoids a focus on thinness. Moreover, beyond content, the process of prevention programs should aim to counteract constraining or demeaning discourses related to “femininity/masculinity” or “youth” by providing ample opportunity for students to voice critical perspectives and act with power through taking social action, educating others, staging a play, or publishing the outcome of a critical inquiry in a public forum (e.g., Becker, Bull et al., 2008; Cook-Cottle, 2006; Haines et al., 2006; Levine et al., 1999; Piran, 1999a, 1999b; Stice et al., 2008; Wilksch et al., in press). The impact of such programs is more likely to be maintained if a critical stance toward social stereotypes and labels becomes normative among peers (Becker, Bull et al., 2008; Piran, 1999; Piran, 2001, 2010; Piran et al., 2014).

**Social Power Domain**

The Social Power Domain of the DTE relates to the body as social capital (Bourdieu, 1986), namely individuals’ social privilege and access to resources are related to the diverse bodies they live in terms of their social location on variables such as gender, social class, racial and ethno-cultural heritage, sexual orientation, age, and physical ability. A study in North America with girls of diverse backgrounds, inviting them to draw and describe the “ideal girl” (Piran, 2014b), found that the visual images represented the intersection of all these dimensions of social location. The images consistently portrayed thin, blue eyed, blond and straight haired, hetero-sexualized, and physically able-bodied girls or young women, mostly clad in brand named clothing and material gadgets. It is important to consider that the dimension of thinness as social capital reflects two different systems of idealizations related both to gender and social class: the physically confined “feminine” body, and the materially privileged thin body achieved via access to more costly foods, time, and money for diet and varied practices such as exercise regimens or plastic surgeries (McLaren, deGroot, Adair, & Russell-Mayhew, 2012; Piran, 2014b). To date, important research has consistently documented the adverse impact of exposure to weight prejudice and appearance-based teasing and harassment on negative body image and disordered eating patterns (e.g., Buchianieri et al., 2014). However, cross-sectional research has also indicated the adverse impact on body image and disordered eating patterns of prejudicial treatment and harassment related to gender, race, and social class (e.g., Buchianieri et al., 2014; Piran & Thompson, 2008).

The DTE outlines a number of protective factors in the Social Power Domain. These include: (a) freedom from exposure to prejudicial treatment and discrimination related to the individual’s social location (gender, race/ethnicity/religion, weight, social class, sexual orientation, health); (b) a social environment that provides experiences of social power and equity that are unrelated to one’s appearance characteristics; (c) empowering relational connections that provide acceptance, validation, and role-modeling; as well as (d) a positive connection to one’s embodied social location.

Please cite this article in press as: Piran, N. New possibilities in the prevention of eating disorders: The introduction of positive body image measures. *Body Image* (2015), http://dx.doi.org/10.1016/j.bodyim.2015.03.008
Additional protective factors involve having a relational forum for critical discussions about social prejudices and for developing effective resistance strategies, as well as a sense of connection to a desired community.

Translating these protective factors to interventions to promote positive body image can be conceived of as involving the creation of communities that counter societal prejudicial treatment at any level of the social environment, from socially wide changes, to changes in specific institutions such as the media, schools, or the work place, to specific groups such as classrooms or intervention groups, to families. A school site intervention could include implementing: (a) zero-tolerance policies against body-based (weight, other appearance characteristics) and gender/race/other forms of harassment, (b) a curriculum that honors the contribution of females and other diverse groups (Sigall & Pabst, 2005), (c) the presence of strong women and role models of other diverse groups and staff who have had the opportunity to critically examine their own prejudices, (d) an equitable allocation of resources to both genders (for example to girls’ sports), and (e) relational forums to voice, discuss, contest, and resist prejudicial systems. In particular, it would be useful for staff and students to learn about and understand connections among the ways the body is used to: establish social privilege and social justice (e.g., in relation to weight; Puhl & Heuer, 2010), determine acceptance in different social groups or clubs, and to select students for different leadership or representa
tional roles at or for the school. At times, even transient changes in body characteristics, such as lagging behind in pubertal development in relation to the reference group, can shift a student’s social options and make the student a target for teasing. All these processes relate to acceptance or rejection by a student’s reference group, and a critical discussion of these processes with peers can shift the acceptance norms of groups.

In considering the field of prevention toward enhancing positive body image, integrated etiological models to eating disorders that focus on gender and other social variables can guide further developments in the field. The DTE delineates protective factors along three domains of social experiences (i.e., the physical freedom, mental freedom/social construction, and social power), and generally suggests broadening the scope of prevention programs. The goal of promoting embodied agency and attuned self-care, according to the DTE, will likely work to reduce not only eating disorders, but also other expressions of disruptions in the body domain, such as substance abuse or self-harm behaviors.

### How Can Prevention Programs Promote Positive Body Image? Present and Future

Before concluding the discussion of ways in which positive processes and measures of inhabiting the body may affect the practice of prevention, it is important to consider whether existing prevention programs may already promote positive body image, and whether prevention programs need to be expanded toward this goal. As a detailed review of all existing prevention programs is beyond the scope of the article, this section reviews two programs: (a) the Cognitive Dissonance program which is a selective prevention program for older adolescents and university students (Stice et al., 2008), and (b) the Media Smart program which is a universal program for children in Grades 7 and 8 (Wilksch et al., in press). Both programs have demonstrated positive results in a number of studies including a partial maintenance of gains during long-term follow-ups, and a lower incidence of clinically significant cases of weight preoccupation or disordered eating patterns among the intervention groups (Stice et al., 2008; Wilksch et al., in press). However, there is a wealth of worthwhile programs and approaches that have been put forward toward the prevention of eating disorders, and this richness is important to maintain and consider as the field continues to develop. Other programs have led to positive outcomes (for reviews, see Levine, McVey, & Piran, 2014; Piran et al., 2014; Stice et al., 2007). In addition, not all promising programs have been part of a consistent research endeavor. In reviewing the Cognitive Dissonance and Media Smart programs, the author uses the DTE as a theoretical lens through which the promotion of positive body image can be examined.

### Cognitive Dissonance Program

The Cognitive Dissonance program, developed by Eric Stice and collaborators (Stice, Shaw, Burton, & Wade, 2006; Stice et al., 2008) aims to reverse thin-ideal internalization by inviting adolescent girls and young adult women, in three group sessions with graduate student facilitators and undergraduate students as co-facilitators, to write essays, participate in role plays, publicly critique the thin ideal and the benefits derived from this ideal to corporations, and behave in ways that contradict the internalization of the slender beauty ideal. Participants also engage in a mirror exercise at home, whereby they record only positive physical, behavioral, social, or emotional attributes of themselves that they later share with the other group participants. Further, group facilitators suggest to participants that their ideas may be helpful for younger girls who are dissatisfied with their bodies.

The Cognitive Dissonance program utilizes different components in its content and process that would be considered protective factors by the DTE and will likely result in favorable changes within measures of positive ways of inhabiting the body. In terms of participants’ experiences in the Physical Freedom Domain of the DTE, the program enhances positive body ownership by encouraging participants to practice inhabiting their bodies in the way they wish, such as wearing shorts even if they do not feel thin enough. In terms of the Mental Freedom Domain of the DTE, the participatory process of the program positions the participants as active agents in constructing strategies and knowledge such as contesting a demure, submissive, “docile” gendered position. Further, by criticizing culture rather than the body, the body is not presented as a deficient domain, a theme further reinforced by the mirror exercise that involves the listing of only positive attributes about oneself. By not including visual images of thin models, the program does not contribute to self-objectification, and may even minimize it by inviting participants to consider the functionality of their bodies. In terms of the Social Power Domain of the DTE, the program empowers participants by actively supporting a critical perspective toward social structures (e.g., financial institutions), thereby problematizing these institutions rather than individuals’ bodies. In addition, through intensive dialogues and role plays with peers (i.e., graduate and undergraduate facilitators), participants work collaboratively to create alternative peer norms regarding acceptable dialogues that reject fat talk and sanction resistant dialogues. A further empowerment component includes having adolescents write a letter to an imagined peer who is weight preoccupied. Altogether, the program engages in content and process that (a) supports participants’ active voices that are also attuned to their own experiences, (b) promotes appreciation and positive connection to their bodies and the way they can act with agency in the world, and (c) has participants practice resistant self-talk.

The Cognitive Dissonance program has been found to produce significant changes on measures of internalization of the thin ideal, body image, dieting, and bulimic symptomatology, with effect sizes mainly in the small range compared with assessment-only and expressive writing control groups (Stice et al., 2006). A 3-year follow-up study revealed that, while a number of the effects observed at post-test were not maintained at follow up, the intervention group was associated with a significantly lower risk for the
onset of clinically significant eating pathology, especially the onset of bulimic symptomatology (Stice et al., 2008). Based on the program’s content and process, one could infer that the program would enhance body appreciation, attunement, positive body talk, and the experience of positive connection with the body as well. Indeed, a brief 1-hr Cognitive Dissonance intervention was found to increase body appreciation from baseline to post-intervention (Halliwell, Jarman, McNamara, Risdon, & Jankowski, 2015). This finding is promising; however, more rigorous evaluations are needed.

One of the most interesting developments related to the Cognitive Dissonance program has been its adaptation to universal administration by Carolyn Becker. Using the Cognitive Dissonance principles of intervention, Becker developed the Sorority Body Image Program (Becker, Cao, & Smith, 2008), which involved working collaboratively with Trinity University’s sorority system and training peer leaders to administer the program. A key aspect of Becker’s work has been the study of the program’s effectiveness in real life contexts with minimal involvement of professionals, which has resulted in its wide dissemination (Becker, Bull et al., 2008; Becker, Cao et al., 2008). A second unique aspect of Becker’s work has been the training of peer student leaders, who, in turn, work in their own sororities to change the culture into a “thinness resistant” environment. Piran (1999a, 199b, 2001, 2010) has considered changes in group norms a strong factor in the maintenance of gains of prevention programs. As Becker et al. (2010) describe, “peer-facilitators, who have the greatest exposure to the program, are encouraged to push their fellow sorority members to ‘live’ the overarching message of the program…on a daily basis even after the interventions are completed” (p. 286). A changed peer culture, where the thin ideal is normatively rejected, enhances the social power and acceptance of program participants who aim to “live” in their bodies as resistors, hence enhancing their embodied agency and body esteem. Having established the program effectiveness, Becker and Stice then collaborated with the Tri-Delta Sorority organization to develop the Reflections: Body Image Program (Becker, Plasencia, Kipla, Briggs, & Stewart, 2014), which, similarly aimed to apply cognitive dissonance principles to Tri-Delta sororities, mainly through establishing a training center for peer leaders. Between 2005 and 2012, the Tri-Delta sorority system and Becker disseminated a 2-day workshop for peer leaders to over 100 campuses within the U.S. and Canada (Becker et al., 2014). While the Reflections: Body Image Program is no longer in operation, there has been a similar collaboration with a center in England, entitled the Succeed Body Image Programme (Becker et al., 2014). Becker and Stice continue to aim for a wide-scale dissemination of the program, now branded the Body Project (Becker et al., 2014). What is unique about these developments is the process of turning a well-studied selective prevention intervention into a universal, widely applied program, breaking down the barrier between individual-level interventions and social change.

Media Smart Program

The Media Smart program, devised by Wilksch and Wade (2009), is an interactive 8-lesson media literacy program developed for mixed-gender, universal audiences in Grades 7 and 8. The program is based on the key concepts of literacy, activism, and advocacy. The program starts with analyses of cultural stereotypes of women, men, and other stereotypes portrayed in visual advertisements and continues with students constructing a poster that reflects these stereotypes. The program then highlights altered advertisements via a video that portrays the physical manipulation of models’ bodies (e.g., the use of tape) in photo shoots. Students are invited to consider social pressures and think about personal qualities they admire about themselves. They work in pairs to devise strategies for younger peers on how to protect themselves from media pressures, as well as engage in a class about “putting pressure on the media which involves emailing either praise or protest letters to advertisers who convey healthy or unhealthy messages” (Wilksch et al., in press). Next, the program involves participants in preparing and conducting group presentations about the topic of “Is advertising harmful: What do you think?” The program ends with a summary discussion of how to use all this information and deal with still wanting to look like media images while concurrently having a critical stance toward the media.

It appears that the Media Smart program utilizes a number of components that are likely to enhance positive body image. Considering the Physical Freedom Domain of the DTE, problematizing the actual physical alteration of idealized models’ bodies provides a message about the way in which even idealized bodies are not treated respectfully, and even violated. In a recent chapter, Piran (in press-b) described the way in which sharing a short media literacy video about computer airbrushing techniques and physical manipulation of models’ bodies with girls ages 10–14 led to discussions on the physical vulnerability and compromised safety of teen models, and on their own experiences of compromised safety, their rights for physical safety, and strategies they would adopt to enhance safety at their schools. In contrast, the airbrushing component resulted in a mixed impact: the students were still taken by the achieved “beauty,” and were not as stirred to discuss this component of the video. The right for safety and respectful ownership of the body is an important component of positive embodiment according to the DTE. In terms of the Mental Freedom Domain of the DTE, the Media Smart program starts with a critical discussion of social stereotypes of gender, which is a critical stance that can work toward relieving students from needing to abide by physical images of social stereotypes. As described earlier in this article, there are advantages to examining social stereotypes of gender, including but not limited to thinness, especially with students who are not selected based on weight preoccupation. In terms of the Social Power Domain of the DTE, the Media Smart program empowers participants in several ways. First, it relies on students’ own constructions, analyses, and active voices. Second, it likely increases group cohesiveness and quality of relational dialogs through shared discussions of social stereotypes, group presentations, and advocacy plans. Third, it invites a critical look at the media as a social institution and encourages advocacy and activism in relation to it. Further, the program also encourages supporting younger peers and invites students to describe their positive attributes. Altogether, the Media Smart program has components that are likely to increase positive ways of inhabiting the body, in addition to reducing thin-ideal internalization.

The Media Smart program has been found to produce significant changes on measures of thin-ideal internalization, body image, dieting, and shape and weight concerns compared with a no intervention control group (Wilksch, Tiggemann, & Wade, 2006). A 30-month follow up study revealed the maintenance of program gains on dieting and body dissatisfaction, as well as on a measure of shape and weight concerns associated with clinical symptoms, compared with a no intervention control group (Wilksch & Wade, 2009). Further, the program has been found to be effective on several of the outcome measures when delivered by usual classroom teachers (Wilksch, 2015). A recent study (Wilksch et al., in press) found that the program had significantly lower incidence of new cases of clinical concerns about shape and weight at a 12-month follow-up compared to a no-intervention control group, although there were no significant differences between the Media Smart program and the control group on measures of shape and weight concerns, media internalization, body image, or dieting.

The examination of the Cognitive Dissonance and the Media Smart programs suggests that these programs likely enhance positive ways of inhabiting the body, in addition to reducing negative
body image, thin-ideal internalization, and body weight and shape concerns. Both programs engage participants in constructing their own critical voices in relation to social pressures. They further include relational forums that provide support in developing resistant strategies, as well as self- and body appreciation exercises. The effects of these and other prevention programs on positive ways of inhabiting the body have been studied. Further, studying which dimensions of inhabiting the body positively show the expected outcome, and which dimensions remain unchanged, may suggest ways in which prevention programs could be enhanced. For example, specific programs may enhance the experience of agency and functionality, or even body appreciation and resistant self-talk, but may not change attuned self-care. This finding could suggest the possible contribution of adding a component that enhances body attunement and attuned self-care. Another question to be answered is whether enhancing positive ways of inhabiting the body contributes to the maintenance of gains. Further, since positive measures of inhabiting the body may address different dimensions of well-being, such studies may include other outcome measures that indicate a positive connection with the body.

Conclusions

The field of prevention of eating disorders has progressed a great deal during the past 20 years and needs to continue to develop. The most impressive results to date involve a lowered incidence of clinically significant cases in intervention compared with control groups, which were found in a few studies during long-term follow-up periods; indeed, more long-term follow-up studies are needed. Nonetheless, outcome studies reveal mostly effect sizes that are within the small range and the fading of favorable outcomes during long-term follow-up periods. The field of prevention, overall, has shifted during the past 20 years to involve participants more actively constructing critical discourses. It is possible that the development of processes and corresponding measures that assess positive ways of inhabiting the body can be an important component of further progress in the field. In particular, integrating such positive body image measures in prevention programs could (a) expand the lens of assessing outcomes to include positive changes and not only symptom reduction as well as (b) enhance research into mediators of change and protective factors. Such research, in turn, can inform the practice of prevention. Further, in line with the tenets of positive psychology (Seligman & Csikszentmihalyi, 2000), a focus on embodied well-being may resonate with the goals of youth, and those of parents, teachers, schools, and research boards.

Acknowledgement

This work was supported by the Social Sciences and Humanities Research Council of Canada.

References


Please cite this article in press as: Piran, N. New possibilities in the prevention of eating disorders: The introduction of positive body image measures. Body Image (2015), http://dx.doi.org/10.1016/j.bodyim.2015.03.008

G Model
BODYIM-707: No. of Pages 12


Please cite this article in press as: Piran, N. New possibilities in the prevention of eating disorders: The introduction of positive body image measures. Body Image (2015), http://dx.doi.org/10.1016/j.bodyim.2015.03.008


Please cite this article in press as: Piran, N. New possibilities in the prevention of eating disorders: The introduction of positive body image measures. Body Image (2015), http://dx.doi.org/10.1016/j.bodyim.2015.03.008


Please cite this article in press as: Piran, N. New possibilities in the prevention of eating disorders: The introduction of positive body image measures. Body Image (2015), http://dx.doi.org/10.1016/j.bodyim.2015.03.008