BODY CONFIDENT YOUNG PEOPLE
INFORMATION AND TIPS FOR PROFESSIONALS WORKING WITH YOUNG PEOPLE

Presented by
The Butterfly Foundation

thebutterflyfoundation.org.au
BUTTERFLY

Is Australia’s largest charity that supports people suffering from eating disorders & negative body image

- Clinical Services
- Education Services
- Advocacy and Awareness
- Fundraising

www.thebutterflyfoundation.org.au
Body Image...
Is the perception that someone has of their physical self and the thoughts and FEELINGS they experience as a result of this perception.
SOME STATISTICS

• 1 in 2 (50%) of Australian teenage girls have dieted; and more than half are unhappy with their bodies
• An estimated 3% of adolescent boys use muscle enhancing drugs to help achieve their ‘ideal’ body
• An Australian study found that over 75% of girls aged 14-16 years wanted to weigh less. 63% of them believed they were overweight - with only 16% actually being overweight for their height.
• Similarly, 70-76% of Australian high school aged girls consistently express the desire for a thinner body

## The Reality of the Issue

### Healthy Behaviour
- **Normal Eating**: Responding to hunger and satiety cues.
  - *Positive Body Esteem*: No ‘good’ or ‘bad’ foods, mostly positive feelings about body shape/size, regular moderate exercise.

### Unhealthy Behaviour
- **Dieting**: Limiting amount and type of food consumed for a period of time.
  - **Increased Body Dissatisfaction**: Preoccupation with body shape/size and eating, don’t like the way parts of their body looks or consistently feels like losing a few kilos, frequent thinking about food, eating and body, sometimes feel guilty or bad for what you have eaten and may ‘make up for it’ with exercise and/or restriction, occasional binge eating.

### Disordered Eating
- **Frequent Unhealthy Eating Behaviours**: Frequent food restriction, use of unhealthy weight loss behaviours and binge eating.
  - **High Level of Body Dissatisfaction**: Distress about body shape/size and eating, thinking about food, eating and body interferes with daily activities, rigidity with eating patterns, cutting out meals and food groups, working hard to change body and compensating for eating by vomiting, fasting, extreme exercising with significant weight loss, binge eating.

### Mental & Physical Illness
- **Sub Clinical Eating Disorder**: Some symptoms of an eating disorder but not all.
- **Severe Body Dissatisfaction**: Distress about body shape/size and eating, thinking about food, eating and body interferes with daily activities, rigidity with eating patterns, cutting out meals and food groups, working hard to change body and compensating for eating by vomiting, fasting, extreme exercising with significant weight loss, binge eating.

### Clinical Eating Disorder
- **Anorexia Nervosa, Bulimia Nervosa, Eating Disorder Not Otherwise Specified (EDNOS), Binge Eating Disorder**
A FEW MORE STATISTICS

• Disordered eating is the highest predictor of the development of eating disorders (1)
• Even without an ‘eating disorder’ diagnosis, Disordered Eating is associated with physical, mental & social issues (1)
• A person with disordered eating issues has a 20% chance of developing an eating disorder (1)
• Eating disorders have increased threefold in the last 50 years (2)
• Approx 10% of the population is afflicted with an eating disorder (2)
• 90% of the cases of eating disorders are young women and adolescent girls (2)

(1) Commonwealth Dept, Health & Aging (2010) - NEDC
(2) Eating Disorders Victoria
EATNG DISORDERS

• Eating disorders are psychological and physical illnesses. Eating, exercise and body weight/shape concerns become all-consuming to an individual and are a way of coping with severe underlying psychological issues (1)

• Nothing in isolation causes the development of an eating disorder. Biological, Psychological, Social-Cultural and Environmental factors contribute to their development (2)

• There are four types of clinical Eating Disorders:
  - Anorexia Nervosa (AN)
  - Bulimia Nervosa (BN)
  - Eating Disorders Not Otherwise Specified (EDNOS)
  - Binge Eating Disorder (BED)

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(2) Eating Disorders Victoria
WARNING SIGNS

• Preoccupation with Food, Weight, Image, Recipes, Cooking, Diets
• Self starvation, restriction
• Dramatic Weight Change
• Anxiety around meal times
• Compulsive Exercise
• Frequent Trips to the Bathroom After Meals
• Avoiding Social Situations With Food
• Wears baggy clothing
• Rigid practices (food prep, activity)
• Change in attitude and performance
EARLY INTERVENTION

• If you are concerned about your child, intervening early is key.

• Professional support and advice to help you and your child is available.

• Intervening early can help to reduce the severity and duration of the illness and make a full recovery more likely.
A NOTE ABOUT OBESITY

Obesity is not an Eating Disorder, but both are eating related problems and sit at the same end of the spectrum.
OBESITY

- Hysteria about obesity may cause more eating related problems.
- BMI is not an accurate measure for health.
- Emphasis on weight is resulting in an increase in dieting.
- Dieting causes people to gain weight over time.
- Dieting is a major predicator in the development of ED’s
- ‘Weightism’ is the last of the socially acceptable ‘ism’s’
- Media portrays overweight in a stereotypical way.
- Stigma is attached to being overweight – lazy, unlovable, unhappy, unsuccessful or out of control.
- Messaging requires a shift in focus:
  - from weight or shape to health.
  - from negative motivators (fear) to positive ones
WHAT ABOUT MALES?

- Limited research and programs for males
- Males are engaging in dangerous dieting and exercise practices
- Popular culture a very real impact such as music videos
- Male grooming is now booming
- More males are undergoing cosmetic surgery
- Areas of focus – height, muscle, overall size, body fat, hair, complexion
THERE ARE MANY INDIVIDUAL AND ENVIRONMENTAL INFLUENCES THAT CAN IMPACT A PERSON'S BODY SATISFACTION.
INFLUENCES ON BODY IMAGE

INDIVIDUAL

- Self Esteem
- Personality Traits
- Internalisation of appearance and beauty ideals
- Body Comparison Tendencies
INFLUENCES ON BODY IMAGE

ENVIRONMENTAL

• Family
• Peers & Friends, Boyfriends & Girlfriends
• Teachers /Youth Mentors
• Coaches/Dance Teachers
• Social Networking Sites
• Media/Popular Culture/Advertising
TODAY’S WORLD IS VERY DIFFERENT TO THE ONE WE GREW UP IN.
UNDERSTANDING THEIR WORLD

A little bit of research can go a long way
• What friendship group do they ‘belong’ to?
• What shows are they watching?
• Which celebrities (movie/music) are ‘IT’
• Which music videos are popular?
• What video games are they playing?
• Who are the sporting stars they admire?
• Are they on facebook?
WHAT WORKS FOR PREVENTION?

Focusing on risk factors that can be changed:
- Thin ideal internalization
- Body dissatisfaction
- Peer pressure, bullying and fat talk
- Perfectionism

Increasing protective factors:
- Social support
- Self esteem
- Non competitive physical activity (sport for fun)
- Healthy eating behaviours and attitudes
- Respect for diversity
SUCCESSFUL APPROACHES?

**Media Literacy** – promoting the critical evaluation of images and ideas presented in print, broadcast and electronic media. Media literacy education can produce long term improvements in disordered eating and internalization of the thin ideal.

**Dissonance based** education – encouraging young people to adopt an alternative and more critical perspective to the thin ideal.

**Self esteem** – programs based on improvement of self esteem have achieved success in reducing body dissatisfaction and disordered eating.

**Interactive multi session** education – getting young people fully engaged in activities over many sessions.
EXPOSE THE MYTHS!

**Image is valued over substance**
How I look is more important than who I am.

**Denial of biological diversity**
Anyone can be slim if they work hard enough. Fatter people eat too much. Fat is bad.

**Denial of the consequences of dieting**
Dieting is an effective weight loss strategy.

**Discounting the value of health**
Eat drink and be merry – there is no need to make healthy choices; it’s too much like hard work!
PRINCIPLES AND PRECAUTIONS FOR MESSAGES ABOUT HEALTH, WEIGHT AND SIZE

Don’t
• Use directive words or rigid rules (e.g. do’s and don’ts; “never” and “always”)
• Use appearance language to address weight issues (e.g. “thin” or “fat”)
• Label foods or food groups as ‘good’ or ‘bad’
• Attribute virtues (such as success, popularity, intelligence) to people based on their appearance or weight
• Use images of extreme body weights or shapes
• Use language or images that ridicule or stereotype people based on their appearance
• Use personal physical measurements such as BMI, weight, waist measurements etc

Do
• Promote healthier and balanced thinking on body image, shape, eating and weight, nutrition and exercise
• Accurately convey the impact that lifestyle behaviours have on overall health
• Respect individual and cultural diversity including body diversity
• Promote and encouraging self esteem, body satisfaction, self worth and resilience
• Enable critical evaluation of media messages
• Challenging stereotypes and stigmatisation

www.nedc.org.au
WE CAN TRY TO TEACH AND PREACH ABOUT POSITIVE BODY IMAGE... BUT SHOWING THEM CAN BE MOST POWERFUL!
BE A POSITIVE ROLE MODEL

Is about doing simple, positive things:

• Avoid making negative comments about your body or appearance (photos too) in front of your child.
• Speak kindly about all body shapes – celebrate diversity
• Focus on what your body can DO
• Avoid fad diets, diet foods & excessive exercise regimes
• Use positive words to describe food and exercise
• Demonstrate self pride over self obsession
• Disengage from ‘Fat Talk’...
WHAT IS ‘FAT TALK’?

‘I’m going for a run, I need to work off that cake…’

“You look great... Have you lost weight?”

‘Those pants are HOT, they make you look so skinny!’

Language and dialogue that reaffirms the thin and beauty ideals is FAT TALK!
BODY IMAGE BOOSTERS

• Encourage them to talk about their feelings
• Engage in gentle (not rigorous or punishing) activity
• Journal Writing
• Music - Listening to or playing an instrument
• Art – draw, paint or make something
• Use positive affirmations - encourage them to write something positive and carry it with them to refer to at those moments!
• Wear their favourite colour or item of clothing
• Encourage good hygiene and self pride
BODY CONFIDENT YOUNG PEOPLE

- See themselves as a whole person, not just physical ‘things’
- Are working on accepting themselves
- Have days when they like their body and days when they don’t
- Don’t act on negative body image feelings in a negative way.
- Do their best not to bully their own body, or others
- Know that puberty is ‘uncomfortable’ but a natural part of it is weight gain and body shape change
- Are finding a clothing style that suits their body shape
- Strive to do and be their best, rather than be perfect
- Don’t engage in Fat Talk and are a role model to their peers
NEED SUPPORT?

Butterfly Support Line
T: 1800 33 4673 (1800 ED HOPE)
E: support@thebutterflyfoundation.org.au

National Eating Disorder Collaboration Website
www.nedc.org.au

Butterfly Education Services
Presentations, Workshops, Resources
www.thebutterflyfoundation.org.au